Healthier Communities, Outstanding Care

BED RAILS POLICY: Using Bed Rails Safely and Effectively

POLICY

Reference	CPG-TW-BRP		
Approving Body	MEMD clinical governance		
Date Approved	06/11/2026		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
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Review Date	Nov-2029		
Sponsor (Position)	Chief Nurse		
Author (Position & Name)	Leanne Minett Corporate Matron		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Nursing – Falls Service		
Position of Person able to provide Further Guidance/Information	Falls Prevention Practitioner		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
Not Applicable	Not Applicable
Template control	June 2020

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1.0 INTRODUCTION

The Bed Rail Policy is issued and maintained by the Chief Nurse on behalf of the Trust and supersedes and replaces all previous versions.

This policy has been based on guidance from:

- National Patient Safety Agency (NPSA)
- Health and Safety Executive (HSE)
- Medicines and Healthcare Regulatory Authority (MHRA)

The MHRA continues to receive reports of adverse incidents involving bed rails. The most serious have included injury and death by asphyxiation after entrapment of the head, neck or chest (MHRA, 2023).

2.0 POLICY STATEMENT

The Trust aims to take all reasonable steps to ensure the safety and independence of its patients and respects the rights of patients to make their own decisions about their care. The Bed Rail Policy is aligned to the Prevention of Falls Policy.

Bed rails are used extensively in the acute, community and homecare environments to reduce the risk of bed occupants falling out of bed and injuring themselves. The benefits and risks of bed rails should be carefully considered before they are used on an individual patient. Bed rails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling, or rolling out of a bed. Bed rails should never be used to restrain patients or limit their level of freedom from leaving their bed. Bed rails must not be used for restraint purposes in any circumstances as this would prove to be ineffective and in contraindication of Trust Deprivation of Liberty Safeguards Policy. Bedrails are not intended as a moving and handling aid unless specifically adapted to do so.

This policy aims to:

- Ensure that each individual patient has an adequate bed rail assessment undertaken on nervecentre
- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- Support patients and staff to make individual decisions around the risks of using and of not using bedrails
- Ensure compliance with Medicines and Healthcare Related products Agency (MHRA) and National Patient Safety Agency (NPSA) advice
- Prevent the occurrence of a ‘Never Event’ i.e. death by entrapment in bed rails

This policy applies to all areas within Sherwood Forest Hospitals NHS Foundation Trust and is aimed at staff with responsibility for assessment, provision, use and maintenance of bed rails.

Staff group(s)

- All staff caring for adult patients e.g. doctors, nursing staff, therapy staff, allied health professionals, midwifery staff

Clinical area(s)

- All sites – King's Mill Hospital, Newark Hospital, Mansfield Community Hospital
- All adult in-patient clinical areas
- All assessment areas e.g. Emergency Assessment Unit
- Emergency Department, King's Mill Hospital
- Urgent Treatment Centre (UTC), Newark Hospital

Patient group(s)

- Adults
- Midwifery patients where bed rails are in use for purposes other than transport

Exclusions

- Patients under the care of the paediatric departments and wards
- Patients cared for in domestic or community settings

3.0 DEFINITIONS/ ABBREVIATIONS

Bedrail	Bedrails are safety devices to prevent a patient from accidently slipping, sliding, rolling or falling out of bed.
The Trust	Sherwood Forest Hospitals NHS Foundation Trust.
Staff	All employees of the Trust including those managed by a third party organisation on behalf of the Trust.
MHRA	Medicines and Healthcare products Regulatory Agency.
NPSA	National Patient Safety Agency.
HSE	Health and Safety Executive
Mental Capacity	The ability to make a decision about a particular matter at the time the decision needs to be made. A legal definition is contained in section 2 of the Mental Capacity Act 2005.
MEMD	Medical Equipment Management Department

4.0 ROLES AND RESPONSIBILITIES

The Trust Board:

- Will identify a group member with responsibility for the prevention of patient falls who will be responsible for providing regular feedback on fall related issues to the Chief Executive and the Trust Board and producing an annual report for presentation to the Trust Board

The Falls Prevention Practitioner

- Will report adverse bed rail events to the Clinical Outcomes and Effective Care Meeting

Divisional Managers Clinical Directors and Deputy Directors of Nursing

- Will have responsibility to ensure that the policy is followed within clinical areas
- Investigate incidents where patients have sustained injury following the use of bedrails
- Responsible for ensuring compliance with this policy, supporting training, audit, reviewing results and implementing change where appropriate

Ward Leaders

- Responsibility for ensuring all their staff are aware of and comply with the policy and that staff report any examples of non-adherence to the policy through the hospital incident reporting system

The Trust

- will proactively work with other agencies, health organisations and professionals at all levels to promote effective falls prevention practice

Professional Leads

The Falls Prevention Practitioner is responsible for:

- Undertaking audit of bed rail assessments for assurance
- Deliver training to staff on the safe use of bed rails for falls prevention
- Reporting incidents and near misses relating to patient injury involving the use of bedrails and link with the Governance Support Unit
- Promoting and developing good professional practice throughout the Trust
- Providing expert advice and support for fellow professionals

Registered Nursing Staff

- Read and adhere to this policy
- Report faults, breakages and equipment malfunctions
- Liaise with the Falls Prevention Practitioners when an incident occurs or if further training is required
- Undertake and document the bed rail assessment
- Communicate risk factors with all relevant staff
- Act upon MHRA alerts
- Perform reassessment as appropriate

5.0 APPROVAL

Following consultation (as recorded on the front sheet), this policy has been approved by the Trust's Clinical Outcomes Effective Care Meeting.

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

6.1. Introduction

Inpatient falls are common and can be life-changing for patients. An 800-bed hospital will have an average of 1,700 inpatient falls per year costing approximately £2,600 per patient. The cost of treating falls in hospitals in the UK has been estimated at £630 million annually (NHS

England, 2022). Falls are the most frequently reported incident affecting hospital inpatients, with 247,000 falls occurring in inpatient settings each year in England alone (National audit of inpatient falls 2022). Patients in hospital may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication. In England and Wales, over a single year there were around 44,000 reports of patients falling from bed. Bedrails are not appropriate for all patients, and using bedrails also involves risks. National data suggests around 1,250 patients injure themselves on bedrails each year, usually scrapes and bruises to their lower legs. Based on reports to the MHRA, the HSE, and the NPSA, deaths from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years and could probably have been avoided if MHRA advice had been followed. Staff should continue to take great care to avoid bedrail entrapment but need to be aware that in hospital settings there is a greater risk of harm to patients from falling from beds.

6.2. Responsibility for Decision Making

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care as outlined in the Trust's Consent Policy. This means:

- The patient should be given the relevant information about the decision in order to make an informed decision about whether or not to use bed rails
- If the patient has mental capacity, they have the right to make their own decision, including making a decision that others may consider unwise
- If there is concern that the patient lacks mental capacity to make the specific decision regarding the use of bedrails, their capacity should be assessed in line with the Mental Capacity Act 2005 (MCA) and this should be documented in the patient's clinical record
- If the patient lacks capacity, the decision as to whether use bedrails or not is made in the person's best interests, following the best interests checklist as outlined in the MCA, this will include giving regard to whether the patient's safety could be maintained in a lesser restrictive way, this should be documented in the patient's clinical record
- Staff can learn about the patient's likes, dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with relatives or carers, this is a vital part of establishing whether the use of bedrails or not is in the patient's best interests. However, relatives or carers cannot make decisions for adult patients (except where they hold a Lasting Power of Attorney for Health and Welfare under the Mental Capacity Act 2005, staff should follow the procedure outlined in the Trust's Mental Capacity Act policy when the patient has appointed an attorney to make decisions on their behalf when they lack capacity)
- It is important to remember that a patient's capacity can fluctuate or change over time, therefore if the patient has been assessed as lacking capacity and later their capacity improves, their mental capacity should be reassessed and if they are subsequently found to have capacity, their informed consent will be required

Please refer to SFHFT Mental Capacity Act Policy.

Those at greater risk of entrapment in bed rails could include older people or adults with;

- Communication problems
- Confusion, agitation or delirium
- Learning disabilities
- Dementia
- Repetitive or involuntary movements
- High of low body mass
- Atypical anatomy
- Impaired or restrictive mobility
- Variable levels of consciousness, or those under sedation

The Trust does not require written consent for bedrail use, but discussions and decisions should be documented by staff using the bed rail risk assessment tool.

6.3. Bedrails and Falls Prevention

Decisions about bedrails are only one small part of preventing falls. It is advisable to refer to the Trust's Prevention of Patient Falls Policy to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet.

6.4. Individual Patient Assessment

There are different types of beds, mattresses and bedrails available, and each patient is an individual with different needs.

Bedrails <u>should not</u> usually be used:

- if the patient is agile enough, and confused enough, to climb over them; or
- if the patient would be independent if the bedrails were not in place.

Bedrails <u>should</u> usually be used:

- if the patient is being transported on their bed;
- in areas where patients are recovering from anaesthetic or sedation and are under constant observation; or
- in specialist areas where clinical need dictates their use.

However, most decisions about bedrails are a balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients:

If bedrails <u>are not used</u>, how likely is it that the patient will come to harm? Ask the following questions:

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?

- Will the patient feel anxious if the bedrails are *not* in place?
- What could be the severity of harm?

If bedrails <u>are used</u>, how likely is it that the patient will come to harm?
Ask the following questions:

- Will bedrails stop the patient from being independent?
- Could the patient climb over the bedrails?
- Could the patient injure themselves on the bedrails?
- Could using bedrails cause the patient distress?

Use bedrails if the benefits outweigh the risks.

The behaviour of individual patients can never be completely predicted, and the Trust will be supportive when decisions are made by frontline staff in accordance with this policy.

Decisions about bedrails may need to be frequently reviewed and changed. For example, a patient admitted for surgery may move from being independent to semi-conscious and immobile whilst recovering from anaesthetic and then back to being independent in the course of a few hours. Bed rails should routinely be reassessed every 12 hours and whenever a patient's condition or wishes change, in line with the bed rail risk assessment tool on nervecentre.

6.5. Documentation

The decision to use or not use bedrails should be recorded on the bed rail risk assessment tool's initial assessment located on nervecentre. Staff should additionally record the rationale for use/non use, examples shown below;

- Bed rails not in use, patient is independent
- Bed rails used to prevent patient from rolling out of bed

6.6. Exceptions:

- in specialist areas where bedrail use is standard practice
- in maternity where bedrails are only used for transfer of women to the postnatal area following a general anaesthetic or as part of an individual plan of care

In these settings only exceptions to normal practice need be documented.

6.7. Using Bedrails

The Trust has taken steps to comply with MHRA advice through ensuring that:

- beds and their integral bedrails have an asset identification number and are regularly maintained
- types of bedrails, beds and mattresses used on each site within the organisation are of compatible size and design, and do not create entrapment gaps for adults within the range of normal body sizes. The Trust uses two types of Bariatric beds:
  - Baros bariatric bed with Saphire mattress. The headboard on this bed

increases and decreases in size depending on what size the bed is. If the bed is in its widest format, then the headboard should be increased in size to prevent entrapment of the patients

- VersaTech bed with Appollo air mattress. The headboard on this bed does NOT extend on tis bed as the gap is very wide there is no risk of entrapment at the head end

Whenever frontline staff use bedrails, they should carry out the following checks:

For all types of bedrail:

- Are there any signs of damage, faults or cracks on the bedrails or bed rail release knob? This includes distorted or bent bed rails
- If so, do not use and label clearly as faulty and have removed for repair;
- Is the patient at risk of entrapment?
- Check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice at *(MHRA bed rail poster*

6.8. Reducing Risks

For patients who are assessed as requiring bedrails but who are at risk of striking their limbs on the bedrails, or getting their legs or arms trapped between bedrails, bedrail bumpers are available from the Medical Equipment Library.

If a patient is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between spilt rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Similarly if a patient is found attempting to climb over their bedrail, or does climb over their bedrail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bedrails are likely to outweigh the benefits in these situations, unless the patient's condition changes. In these cases urgent changes must be made to the plan of care, such as the use of a low bed with bedrails down and crash mats at the bedside.

However, advice must always be sought from a senior member of staff or specialist and the bed rail risk assessment undertaken and adjusted.

The safety of patients with bedrails may be enhanced by appropriately checking that they are still in a safe and comfortable position in bed, and that they have everything they need, including toileting needs. However, the safety needs of patients when bedrails are not used who are vulnerable to falls are very similar. All patients in hospital settings will need different aspects of their condition checked, for example, breathlessness, anxiety and pain. Consequently, observing patients with bedrails should not be treated as a separate issue but as an important part of general observation within each ward/department.

Beds where practicable, should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bedrails are used. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height for their feet to be flat on the floor whilst they are sitting on the side of the bed.

Beds will need to be raised when direct care is being provided. Patients receiving frequent interventions may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

6.9. Supply, Cleaning, Purchase and Maintenance

The Trust aims to ensure correct type beds with bedrails and, bedrail bumpers can be made available for all patients assessed as needing them.

Any shortfall in equipment including appropriate beds and bedrail bumpers should be reported immediately to the appropriate manager and report the lack of equipment on the Trust's Incident Reporting System.

All beds and accessories must be cleaned and decontaminated according to the Trust's Infection Prevention and Control policies and guidelines.

Bed and integral bedrail maintenance is the responsibility of the Medical Equipment Management Department and also each user to ensure that the bed is fit for purpose, clean and fault free.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The policy will be monitored on an on-going basis through:

- Data collected via the Incident Reporting Procedure

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Bed and Bedrail maintenance	MEMD	Checks equipment before issued/ into the equipment library	As required and annual maintenance checks	The Medical Equipment Group
Nursing documentation/ Risk Assessment booklet	Nursing Metrics	Assessment of the documentation	Monthly	Ward Assurance
Assessments of nursing documentation	Ward Leaders	Ward audit tool	Monthly	Ward Team meetings/ Ward Leader meetings
Ward performance	Falls Prevention Practitioner	Report	Report monthly basis	Clinical Outcomes and Effective Care Group

8.0 TRAINING AND IMPLEMENTATION

Bedrail use awareness is reliant on staff having the appropriate training. This training must ensure that:

- All staff who make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so
- All staff who have contact with patients, including students, doctors and temporary staff understand how to safely lower and raise bedrails and know they should alert the nurse in charge if the patient is distressed by the bedrails, appears in an unsafe position, or is trying to climb over bedrails
- All staff using any medical equipment should complete evidenced bed training as directed in the Medical Equipment User Training Policy and complete bed competency documentation. The training includes the correct use of the bed and bed rails as a unit. The operation of the bed and bed rail equipment should not be undertaken until training has taken place

The training is achieved on the following training programmes:

- Clinical induction supports face to face training for the beds (not all are covered). It is the individuals responsibility to access the bed training via E-academy and complete the online training module. Staff are required to complete this every 3-years
- Doctors induction e-learning and revalidation Emergency Medical Equipment Training
- Mandatory Update
- Ward Falls Champions are also supported, by the Ward Leader to deliver relevant training to department staff in the safe use of bed rails.
- Ad hoc training within the clinical environment either by the Trainer /assessor lead or competent trainer user. Lead for training and clinical advisor for medical equipment

- This policy will be distributed via the Trust's Intranet system.

The Trust has made staff aware of this policy through:

- staff bulletin;
- education forums delivered by the Falls Prevention Practitioner

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix A
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

This policy has been based on:

- Medicines & Healthcare Products Regulatory Agency (MHRA)(2021) Safe Use of Bed Rails
- MHRA Device Bulletin 2006(06): *Safe use of bed rails* and Device Alert 2007/009: *Bed rails and grab handles;*
- National Patient Safety Agency (2022) Safer practice notice: *Using bedrails safely and effectively;*
- Health and Safety Executive (2026) Safe Use of Bed Rails [online]. Available at: https://www.hse.gov.uk/healthservices/bed-rails.htm [Accessed 15 May 2026].
- NPSA bedrails literature review

- Queensland Health (2003) *Falls prevention best practice guidelines for public hospitals* Queensland Government 2003 p37
- NPSA 2007 Resources to support implementation of safer practice notice *Using bedrails safely and effectively* www.npsa.nhs.uk

Related SFHFT Documents:

- Falls Prevention Policy
- Mental Capacity Act (MCA) Policy
- Consent to Examination, Treatment and Care Policy
- Infection, Prevention and Control Operating Policy
- Medical Equipment User Training Policy
- Medical Device Management Policy

11.0 KEYWORDS

Fall, falls prevention, bedrail, bedrails, cot sides

12.0 APPENDICES

- Appendix A – Equality Impact Assessment Form

APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Diane Wray		**Date of EIA completion:** 06/11/2026
Department: Governance Support Unit		**Division:** Corporate
Name of service/policy/procedure being reviewed or created: Review of 'Bed Rails Policy: Using Bed Rails Safely and Effectively'		
Name of person responsible for service/policy/procedure: Leanne Minett		
Brief summary of policy, procedure or service being assessed: Guidance for Trust staff 'Bed Rails Policy: Using Bed Rails Safely and Effectively'		
Please state who this policy will affect: Patients or Service Users, Staff		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	The bed rails policy and bed rail assessments are applied equitably regardless of age, disability, gender, race, religion, or other protected characteristics. This ensures that bed rails are provided and used safely, fairly, without discrimination, and with respect for an individual's autonomy, dignity, and mental capacity.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
None

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive						
High	**Medium**	**Low**				

If you identified positive impact, please outline the details here:
The policy covers all patients regardless of protected characteristics and does not have any negative impact on equality. This policy promotes good practise around all equality aspects. Only positive impacts have been identified. No requirement for stage 2 EIA.

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**
Race and Ethnicity		

Gender		
Age		
Religion		
Disability		
Sexuality		
Pregnancy and Maternity		
Gender Reassignment		
Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Signature: DWray *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form*
Date: 06/11/26