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Document Title: Using Bedrails Safely and Effectively		Version Number: 6
		Status: Ratified
Scope: Specifies how bedrails and the training around them are managed. Relevant to all staff who make decisions about their use or who may lift or lower them in making patient contact.		Classification: Organisational
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Replaces: Version 5.1, Using Bedrails Safely and Effectively (hospital inpatients), Corp/SOP/011 Safe and Effective Use of Bedrails (CPFT), Pol-001-047		Head of Department: Anna Smith, Health and Safety Manager
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Which Principles of the NHS Constitution Apply? 3 - Highest standards of excellence and professionalism 4 - Patients at the heart of everything we do	Which Staff Pledges of the NHS Constitution Apply? 3 - provide all staff with personal development 4 - support and opportunities for staff to maintain their health, wellbeing and safety	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes		
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) 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 Royal College of Nursing¹ identifies that bed rails constitute a form of restraint and as such should only be used when all other methods of managing the identified risk are not considered suitable or have failed. Bedrails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed. Bedrails used for this purpose are not a form of restraint.

Below is a definition of restraint that helps NHS staff understand the ethical difference between helping a patient avoid doing something they do not want to do (fall out of bed) and stopping a patient from doing something they want to do (get out of bed).

Restraint is defined as 'the intentional restriction of a person's voluntary movement or behaviour ...' (NPSA 2007)². Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails are not intended as a moving and handling aid.

Bedrails are not appropriate for all patients, and using bedrails also involves risks. Based on reports to the Medicines and Healthcare Related products Agency (MHRA)³, the Health and Safety Executive (HSE)⁴, and the National Patient Safety Agency (NPSA)², deaths from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years, and most incidents occurred in community care environments. These could have been prevented if adequate risk assessments and appropriate risk management had been carried out (MHRA 2013³). Staff should continue to take great care to avoid bedrail entrapment, but need to be aware that there is a greater risk of harm to patients from falling from beds. NHS England⁵ defines entrapment in bed rails as a 'Never event'

Decisions about bedrails are only one small part of preventing falls. Use UHMB Slips, Trips and 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.

2. PURPOSE

This SOP aims to:

- 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 MHRA, HSE and NPSA advice.
- enable staff to make considered and sound decisions about the use of bedrails for the benefit and safety of both patients and staff.

3. SCOPE

This SOP provides instructions for all staff of UHMB involved in the care of patients and the decision to use (or not to use) bed safety rails.

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This SOP should also be applied to the use of trolleys and where necessary an appropriate risk assessment will be in place which ensures that constant supervision is required where rails do not comply or the patient is particularly vulnerable.

Grab handles are not designed to prevent falls from bed and are not covered by this SOP.

4. STANDARD OPERATING PROCEDURE

4.1 Patient choice and consent

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care as outlined in Policy for consent to examination or treatment UHMBT. This means:

- The patient should decide whether or not to have bedrails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of bedrails once these have been explained to them;
- 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. However, relatives or carers cannot make decisions for adult patients (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005)⁶;
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interests. The matrix in the Patient Safety Bundle MUST be referred to in all cases where the patient is confused and/or unable to make their own decision.

UHMB provides a leaflet for patients, relatives and carers giving information on bedrails and preventing falls found on SharePoint.

UHMB does not require written consent for bedrail use, but discussions and decisions should be documented by staff and the Patient Safety Bundle risk assessment completed – See Appendix 1.

4.2 Individual Patient Assessment

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

Bedrails should **not** usually be used:

- if the patient is agile enough, and confused enough, to climb over them;
- if the patient would be independent if the bedrails were not in place.
- If the patient has periods of being confused, restless, agitated, disorientated or anxious.

Other methods of care should be used before considering the use of bed rails, such as:

- moving the patient to a more easily observed area of the ward
- Increasing nurse-patient contact and levels of supervision (use UHMB SOP Observation and Care of Patients at Imminent Risk of Harm (2013))
- Limiting transfers of patients between clinical areas
- Using beds with variable heights in the lowest position

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- Using soft cushioning on the floor to break the patient's fall
- Motion sensor alarms

Bedrails should usually be used:

- At all times when the patient is being transported on their bed/ trolleys;
- In areas where patients are recovering from anaesthesia or sedation and are under constant observation.

This list is not exhaustive, but may act as a prompt when using clinical judgement during assessment.

Bedrails could be used but with care:

- For patients who are very immobile but are confused or disorientated
- For patients with some dependency and some mobility but who are drowsy

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, alongside the risk matrix in the patient safety bundle, to consider the risks and benefits for individual patients:

If bedrails are not used, 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?

If bedrails are used, 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.

Decisions about bedrails may need to be frequently reviewed and changed.

4.3 Documentation

For Acute In-Patients: The decision to use or not use bedrails should be recorded on the electronic patient record in Lorenzo. See Appendix 1 for relevant assessment form.

For Community hospital In-Patients: The risk assessment and bed safety check for community hospitals are found on EMIS – see Appendix 2

For Community nursing: Appendix 3 is the risk assessment for community nursing.

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4.4 Using Bedrails

4.4.1 Using Bedrails with adults

UHMB has taken steps to comply with MHRA³ and HSE⁴ advice through ensuring that: The Trust has taken the decision to significantly reduce the risk from bedrails by prohibiting the use of third party demountable bedrails on any bed. Where bedrails are required for a patient they will be integral to the bed. Only bedrails compliant with MHRA Guidance 2013 v 2.1: *Bedrails: Safe management and use* and HSE Guidance⁴ will be used.

- all beds with integral rails have an asset identification number and are regularly maintained on contract via the supplier; Electronic profiling beds have the correct bed rail dimensions but they must be assessed regularly by the user to ensure they are in good working order.
- 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 except for bariatric beds which must be used with a compatible extra-wide mattress.
- Full replacement mattresses will be used rather than overlays wherever practicable. Where the overlay or replacement systems are used and they result in bedrails being rendered non-compliant, the bedrail risk assessment should identify additional controls required to achieve a comparable level of safety

Whenever frontline staff use bedrails they should carry out the following checks: Are there any signs of damage, faults or cracks on the bedrails? See E-learning package on TMS for more detail. If so, do not use and label clearly as faulty, report for urgent repair and request the bed to be removed.

4.4.2 Using bedrails with children

Most bed rails are designed to be used only with adults over 1.5 m in height (4' 11"), which is also the height of an average 12 year old child. A risk assessment should always be carried out on the suitability of the bed rail for the individual child or small adult, as bar spacing and other gaps will need to be reduced.

When purchasing or making assessments of bed rails for children, seek guidance on suitable rails from the manufacturers and assess their compatibility with the size of the individual and the specific circumstances of use.

It is recommended that all gaps between the rail bars should be a maximum of 60 mm.

4.5 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**, then consideration must be given to the use of a bumper. This must be the right fit for the bed rail and should be air permeable to avoid suffocation risk. If fitted correctly and monitored regularly for correct positioning, these are an effective protector however if they become compressed, are loose or incorrectly fitted they can cause an entrapment risk themselves.

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Careful observation of patient and bumper is required.

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 split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care. These could include changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits.

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, unless their condition changes.

Beds 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.

4.6 Reporting incidents

A clinical incident report must be completed following:

- any fall from bed whether bedrails are in use or not
- any injury sustained as a result of coming in to contact with a bedrail
- any incident of entrapment relating to the use of bedrails, bedrail bumpers etc.

All incidents will be investigated in accordance with the reporting and Investigation of incidents including Serious Incidents Policy.

Appropriate onward reporting via STEIS or to the Health and Safety Executive will be carried out by the Governance Division.

4.7 Education and Training

UHMB ensures 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 supply, maintain or fit bedrails have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within UHMB
 - all staff who have contact with patients, including students 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.
-
- Training will be delivered through eLearning via TMS, assigned on induction and on a 3 year refresher

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4.8 Supply, cleaning, purchase, and maintenance

Beds will only be procured via the Supplies Department to ensure that beds are fitted with compliant bedrails.

UHMB aims to ensure bedrails, bedrail covers and special bedrails can be made available for all patients assessed as needing them. Bed rails must be cleaned with detergent between patients - or with an approved disinfectant between infectious patients taking care to rinse the disinfectant off any exposed bare metal.

4.9 Monitoring and Auditing

Acute Inpatients: The impact of bedrail assessments is reviewed following any fall from/in immediate proximity of the bed or for any incident relating to bedrails. A regular bedrail assessment audit will be carried out as part of a suite of audits in development through the My Assure system.

Community inpatient unit: 5 x nursing care sensitivity audits are completed by the ward manager per month, this includes bed rails and FRAMP assessments.

Community nursing: The audit of community records which takes place 4 x per month contains the following bed rails questions

- Has a Bed Rails assessment been present?
- Is it fully and correctly completed (Including signed and dated)?
- Is there evidence of that all necessary actions have been taken?
- Is there evidence of appropriate follow up and review?

Clinical incidents relating to use of bed rails will be reviewed by each department and escalated to the Associate Chief Nurse / Divisional Governance Lead depending on the risk rating

4.10 Reporting of repairs and malfunctions

For Community Inpatient Units, ensure beds with damaged/ broken bedrails are reported to the Estates Department for initial assessment and repair.

For Acute Inpatient areas, contact Arjo Huntleigh direct and request the repair. Contact Patient Environment Services for movement to storage.

For Community patients' equipment, report to the Integrated Community Equipment Store.

4.11 Review of the procedure

The policy will be reviewed on a 3 yearly basis via Harm Free Care Operational Group.

4.12 Responsibilities

4.12.1 Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy but employer's duties will be delegated down through Directors to Managers, staff and formal groups.

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4.12.2 Executive Chief Nurse

Holds responsibility for the strategic development and implementation of this policy and procedures relating to the patient safety management system for risks from bedrails.

4.12.3 Governance Director

Responsible for ensuring the implementation of all Health and Safety legislation, policies and procedures and for supporting the Executive Chief Nurse in safe management of the risks from bedrails.

4.12.4 Divisional Management Teams (Triumvirates)

Ensure that responsibility for bedrail risk management is properly and clearly assigned to Matrons and Nursing Leads and that the management of bedrail risk is effectively delegated.

4.12.5 Acute In- Patient Ward and Department Managers

Ensure that all relevant staff have completed their training and that new staff complete their E-Learning training within one month of commencement.

Ensure that scheduled audits are undertaken to confirm correct use of the bedrail risk assessment tool and appropriate decision making is being carried out by ward staff.

Carry out careful and considered investigations into incidents where bedrails are implicated and feedback findings to appropriate groups.

Be responsible for offering timely advice and information to all levels of staff to ensure that they can fulfil their legal duties with respect to safe use of bedrails

4.12.6 Community Quality and Safety Leads

Are responsible for:

- Leading the implementation of the bed rail policy.
- Leading and coordinating an audit programme to monitor the effectiveness of the policy.

4.12.7 Senior Network Managers (Community)/Community Hospital Managers are responsible for:

- Supporting line managers to release staff for trainings/meetings
- Working directly with line managers to address issues raised by bed rail policy, bed rail assessments and/ or any incidents related to bed rails.

4.12.8 Professional leads (Community) are responsible for:

- Identifying training requirements across their areas of practice and ensuring these are addressed in staff development and training.
- Responsible for offering timely advice and information to all levels of staff to ensure that they can fulfil their legal duties with respect to safe use of bedrails
- Ensure Community inpatient units review all risk assessments weekly

4.12.9 All Registered Nursing Staff and Community Occupational Therapists

All nursing staff, have a responsibility to:

- familiarise themselves with this procedure and to adhere to its process.
- Report faults, breakages and equipment malfunctions
- Incident report any incidents associated with bed rails.
- Undertake and document the bed rail assessment

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- Liaise with all relevant staff with regard to identified risk factors
- Act upon any alerts issued relating to beds and bedrails
- Reassess suitability and safety as required.

All relevant staff must ensure they complete initial training (E-Learning), and 3 yearly refresher training and that this is recorded on TMS.

All relevant staff are expected to raise concerns where they feel that a decision to use or not use bedrails requires review.

4.12.10 Non-registered staff are responsible for:

- following the prescribed care and reporting any changes
- Read and adhere to this policy and manufacturers guidance
- Report faults, breakages and equipment malfunctions
- Incident report any incidents associated with bed rails.
- All employees who might change mattresses, beds or bed rails should be aware of the correct combinations and the safety implications

All relevant staff must ensure they complete initial training (E-Learning), and 3 yearly refresher training and that this is recorded on TMS.

All relevant staff are expected to raise concerns where they feel that a decision to use or not use bedrails requires review.

4.12.11 Divisional Governance Business Partners (Acute) and Quality and Safety Leads (Community)

Assist in the investigation of serious accidents, incidents or complaints relating to bedrails. Monitor all investigations and Root Cause Analyses/Rapid Reviews to completion and through the quality governance process.

4.12.12 Harm Free Care Operational Group

Review all falls once a quarter and make recommendations in relation to use of bedrails where this has been a factor

Ensure relevant lessons learned actions are implemented across all the Trust sites
Keep up to date with latest information regarding bedrails and falls from beds and cascade this information to the departmental managers

Review all root cause analyses involving bedrails and ensure the lessons learned from adverse incidents, are considered and make recommendations to all areas as appropriate. Escalate issues to the where direction is required.

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5. ATTACHMENTS	
Number	Title
1	Bedrails Risk Assessment - Acute
2	Bedrails risk assessment – Community patients
3	Bedrails risk assessment - Community inpatients
4	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/025	Slips Trips and Falls Policy http://uhmb/cs/tpdl/Documents/CORP-POL-025.docx
Corp/Proc/057	Policy for consent to examination or treatment http://uhmb/cs/tpdl/Documents/CORP-PROC-057.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	RCN (2008) Let's talk about restraint. Available from: https://www.rcn.org.uk/professional-development/publications/pub-003208 (accessed 25.4.18)
2	National Patient Safety Agency (NPSA) (2007) Safer practice notice: NPSA 2007/17 Bedrails Safer Practice Notice 17. Available from: http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59815 (accessed 18.4.18)
3	Medicines and Healthcare Products Regulatory Agency (MHRA) (2013) Bed rails: management and safe use. Available from: https://www.gov.uk/government/publications/bed-rails-management-and-safe-use (accessed 18.4.18)
4	HSE: Website http://www.hse.gov.uk/healthservices/bed-rails.htm (accessed 26.04.18)
5	NHS England (2018) Revised never events policy and framework. Available from: https://improvement.nhs.uk/resources/never-events-policy-and-framework/ (accessed 25.4.18)
6	Great Britain (2005) Mental Capacity Act 2005. Available from: http://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 18.4.18)
Bibliography	
Medicines and Healthcare Products Regulatory Agency (MHRA) (2007) MDA/2007/009: Beds rails and grab handles. Available from: http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=59974&type=full&servicetype=Attachment (accessed 18.4.18)	

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
UHMB	University Hospitals of Morecambe Bay NHS Foundation Trust
MHRA	Medicines and Health Related Products Agency
HSE	Health and Safety Executive
NPSA	National Patient Safety Agency

9. CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
Anna Smith	Head of Health, Safety and Security
Harm Free Care Operational Group	
Tracey Ellershaw	Quality and Safety Lead Community Care Group

10. DISTRIBUTION PLAN	
Dissemination lead:	Harm Free Care Operational Group, Health and Safety Lead , Divisional Governance Business Partners
Previous document already being used?	Yes
If yes, in what format and where?	Policy is on Procedural Documents Library
Proposed action to retrieve out-of-date copies of the document:	Retrieve and replace with new version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date
Head of Health, safety and Security	Update the Bedrails E-Learning package to include community equipment and arrangements	May 2018
Community Care Group	Staff to undertake Bedrails E-learning	Sept 2018

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2	Dec 2012	All	Reformatted and changes added to reflect HSE requirements	Dec 2015
2.2	Nov 2013	1.1 4.1 7.1 9.1 Appendix B and C	Removal of bedrail dimensions which have been revised and addition to reflect prohibition of demountable third party bedrails Clarification of “sensory impairment” Reinforced Supplies only route Relevant committee for reporting Changes to dimensions and removal of references to demountable bedrails.	Dec 2015
2.2	Nov 2013	Appendix A	Removal of falls risk assessment as no longer in use	Dec 2015
4.0	April 2015	P6 5.1 P7 5.2 P10 5.5 P5 4.0 P10 5.7 Throughout P15 Appendix 1 Appendices	Refer to SharePoint not Heritage Removal of criteria for using bedrails – deafness and blindness. Not appropriate. Removed need for annual refresher – now 3 yearly and not dependent on mandatory Training Workbook. 3 yearly refresher now specified. Removal of monthly checks of old type bedrails by matrons. Update governance arrangements to reflect Divisional Governance (WESEE) report. Revised reference to Harm Free Care Operational Group from Falls Prevention Group Replaced with revised version of Bedrail assessment tool	April 2016

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Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
		B&C in V3.0	Removed. No longer relevant	
5.0	March 2016	<p>Following review against all relevant standards and guidance the following amendments were made:</p> <p>P 3 Section 1</p> <p>P4 4.2</p> <p>P5 4.2</p> <p>P6 4.4.1</p> <p>P6 4.5</p> <p>P7 4.6</p> <p>P9 4.1.6</p> <p>P9 4.1.8</p>	<p>Addition of entrapment as Never Event Emphasis on requirements to review Patient Safety Bundle</p> <p>Removal of over contradictory statement for decision not to use bedrails</p> <p>Inclusion of accurate reflection of guidance re use of bedrails for immobile patient with care</p> <p>Update re Trust policy not to use overlay mattresses. Reference to E-Learning package added</p> <p>Emphasis on attention required with use of bedrail bumpers</p> <p>Inclusion of section re incident reporting</p> <p>Clarity about who is responsible for making decisions about bedrails including temporary staff</p> <p>Change of Harm Free Care Steering Group to SIRI</p>	01/05/2018
5.1	Nov 2017	Page 3	BSF Page Added	01/05/2018
6.0	April 2018	Front cover	Title changed – (hospital inpatients) removed	01/04/2021

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
		Summary P4	Added in sentence to refer to community setting.	
		Scope P5	Remove reference to Inpatients to extend reach across whole of organisation including community setting	
		4.2 P6	Remove reference to Patient Safety Bundle which is only relevant to Acute Inpatients	
		4.3 P6	Inclusion of the three different assessment forms found in different locations depending on context.	
		4.4.1 P7	Amendment to include recognition that in some areas overlay mattresses are used (short term assessment areas etc.) and that some full replacement systems render the bedrails non-compliant. MHRA guidance states additional controls are required to achieve equivalent safety.	
		4.7 P8	Removal of Corporate Induction – not now delivered in this way. Added to To Do Lists on induction and is on 3 year refresher	
		4.9 P9	Removal of reference to Practice Educator. Not their role. Change of monitoring checks for Acute Inpatients. Addition of monitoring and assurance checks carried out in Community Care Group settings Change of Job Title from Assistant Chief Nurse to Associate Chief Nurse	

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
		4.10 P9	Added section on reporting repairs	
		4.10 to 4.11.12	Numbers changed due to addition of new 4.10	
		4.12.4 P10	Added reference to Nursing Leads	
		4.12.5 P10 to 4.12.11 P11	Addition of roles for Community Care Group	
		4.12.12	Addition of frequency of review of bedrail incidents and development and dissemination of lessons learned.	
		Appendix 2 P20	Addition of Community Inpatients bedrails assessment	
		Appendix 3 P22	Addition of Community Nursing bedrails assessment	

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Appendix 1 – ACUTE IN-PATIENTS: Patient Safety Bundle Bedrails Risk Assessment

		Mobility		
Mental State		Patient is very immobile (bed rest)	Patient is immobile or not independent	Patient can mobilise without help from staff
	Patient is confused / disorientated	Bedrails recommended but use with care	Bedrails NOT recommended	Bedrails NOT recommended
	Patient is drowsy	Bedrails recommended	Use bedrails with care	Bedrails NOT recommended
	Patient is orientated and alert	Bedrails recommended	Bedrails recommended	Bedrails NOT recommended
	Patient is unconscious	Bedrails recommended	N/A	N/A
Considerations				
When assessing risk, consider	<p>Patients who are confused enough and mobile enough to climb over bedrails should not be given bedrails</p> <p>Patients who want to get out of bed without help from staff should not be given bedrails</p>			
When assessing risk, consider	<p>Patients may be more likely to slip, roll, slide or fall out of bed if they:</p> <ul style="list-style-type: none"> have fallen from bed before or have been assessed as having a high risk of falling; are very overweight; are semi-conscious; have a visual impairment; have a partial paralysis, have seizures or spasms; are sedated, drowsy from strong painkillers or are recovering from an anaesthetic; are delirious or confused; affected by alcohol or street drugs; are on a pressure-relieving mattresses which 'gives' at the sides; use bedrails at home; have self-operated profiling beds. 			

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Reassessment is required on change of mental state or mobility, on indication of risk and at least weekly.

Ensure that staff have assessed the patient's capacity, where a patient is deemed to lack capacity to consent for this type of restrictive practice then a DoLS authorisation must be sought.

Please document Yes / No (Y/N) as appropriate

Date and sign								
Have you considered the above factors in making your decision?								
Are bedrails considered appropriate?								
Consent obtained where patient has capacity?								
Are bedrails in patient's best interest?								

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Risk Assessment re bed Rails

Patients Name.....DOB.....	Date	Date	Date	Date
Is it likely that the patient will fall out of bed?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Is it likely that the patient would be injured in a fall from bed?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Will the patient feel anxious if the bedrails are <i>not</i> in place?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Will bedrails stop the patient from being independent?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Could the patient climb over the bedrails?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Could the patient injure themselves on the bedrails?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Could using bedrails cause the patient distress?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Could the bed occupant's physical or clinical condition increase the risk of entrapment?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Can an alternative method of bed management be used?	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>
Are any of the following present <ul style="list-style-type: none"> <input type="checkbox"/> Communication problems or confusion <input type="checkbox"/> Dementia 	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>	Y <input type="checkbox"/> [N <input type="checkbox"/>

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<input type="radio"/> Cerebral Palsy	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N	<input type="checkbox"/>
<input type="radio"/> Very small or very large heads	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/>
<input type="radio"/> Repetitive or involuntary movements	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/>
<input type="radio"/> Impaired or restricted mobility	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [N	<input type="checkbox"/>

Outcome of assessment				
Signature of assessor				

The **bold responses** are the desired outcome. If any of the other boxes have been ticked there may be a risk of entrapment or falls. Review other alternatives such as low bed, alarm system, increased level of observations.

Use bedrails if the benefits outweigh the risks

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Appendix 3 – COMMUNITY NURSING

Bed, Bed Rails and Pressure Relieving Mattress Assessment for Adults.

This assessment/review form must be used when undertaking a bed or pressure mattress assessment by a competent person. Equipment should be reviewed whenever there is a significant change in the patient's condition, if the mattress/pressure relief equipment has been changed or at a minimum annually. This form should be kept with patients documents.

INITIAL ASSESSMENT or REVIEW (indicate as applicable)				
NAME:		DELIVERY / patient ADDRESS :		
DOB:		CONTACT NUMBERS :		
NHS NUMBER:				
Date ordered :		Date received:		
1	Considerations	YES	No	Prompts
1.1	Existing bed an appropriate height for interventions?			
1.2	Have you considered if the existing bed can be adapted? e.g. bed raisers, bed lever, mattress elevators			
1.3	Is any moving and handling equipment such as a hoist being used? Consider clearance under and over the bed.			
1.4	Have you considered the Height, weight, build and size of the patient?			Consider shorter or longer bed. Bed extension wedges should go at the top of the bed unless clinically indicated to go at the bottom. Consider longer bed rails with bed extensions.
2.	Assessing / reviewing the bed user			
2.1	Has the patient got capacity to consent to this equipment			Discuss with family/ carers
2.2	User at risk of, or has, tissue damage? (add Waterlow score)			
2.3	Is a pressure relieving mattress indicated? (Pressure Ulcer Prevention and Management Policy)			
2.4	User in bed for more than 18 hours?			
2.5	User experiencing breathing difficulties when in bed?			
2.6	Can user change their own position when in bed?			
3.	Assessing/reviewing the environment			
3.1	Assess where bed is to be placed within the property. Is there sufficient access for delivery of the bed? Complete delivery warning on ordering system if any issues/ stairs			Consider if upstairs or downstairs. Risk assessment can be completed with Community equipment store prior to delivery if required
3.2	Is there sufficient room for the bed?			
3.3	Can the room be cleared			
3.4	Is there sufficient room for Carers to access both sides of the bed? Consider hazards such as radiators			
3.5	Is there an accessible power supply nearby? Could need 2-3 plugs and without trip hazard.			
3.6	Is the floor surface non-slip /even/level?			
3.7	Is there a gas fire or coal fire in the room? If YES has it had its annual service? Consider room that bed is placed in, is there a carbon monoxide monitor in place?			Consider Home accident reduction team referral. Consider if patient needs to inform landlord in sleeping downstairs. Consider risk of air mattress in room with fire. Consider positive risk taking.
3.7	Does the user smoke? If Yes ensure they are aware of the dangers of smoking in bed			Risk assessment

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4.	Assessing /reviewing use of bedrails		
4.1	Is the patient likely to climb over the rails?		<i>If YES bedrails not recommended</i>
4.2	Is there a possibility that users head or body could pass: <ul style="list-style-type: none"> • Between the bars of the bedrails? • Through the gap between the bedrails and side of the mattress? • Through the gap between the lower bedrails bar and mattress at its edge? 		<i>If YES bedrails not recommended</i> <i>Refer to safe use of bed rail policy</i>
4.4	Bedrails – The Carer/relatives Family and carers told and able to understand the reasons for bedrails?		<i>If NO bedrails not recommended</i>

4.5	Guidance for use of bedrails - indicate section appropriate (If confusion fluctuates then treat as confused) appendix 3 Safe use of bed rail policy CPFT 2016			
		MOBILITY		
		Patient is immobile (never leaves bed or is hoist dependent)	Patient is neither independent nor immobile	Patient can mobilise without help from staff
MENTAL STATE	Patient is confused and disorientated	Use bed rails with care	Bed rails NOT recommended	Bed rails NOT recommended
	Patient is drowsy	Bed rails may be used	Use bed rails with care	Bed rails NOT recommended
	Patient is orientated and alert	Bed rails may be used	Bed rails may be used	Bed rails NOT recommended
	Patient is unconscious	Bed rails may be used		

DECISION: Bed, bedrails or pressure relief indicated?
List items required:

Assessor Name (print):	Designation
Assessor signature:	Date:

N.B This form is to inform and evidence your clinical reasoning for prescription of a bed and pressure relief. Once completed please discuss with the wider team, document on EPR and store in user's records.

- NB- Review patient equipment as soon as possible after delivery.**
- 1/ Ensure family/ carers are able to demonstrate safe use of equipment and feel confident to do so.
 - 2/ Ensure that the height to the top of the bed rail is 220mm above the mattress, with the bed board in a flat position- must include any pressure relief mattress or overlay? NB- Consider specialist mattress height Make sure mattress fits snugly onto bed and between rails if clinical indicated.
 - 3/ Ensure that the manufacturer booklet/ guidance is with the equipment.
 - 4/ Ensure that there is a contingency plan in place for the event of a power cut.
 - 5/ Consider specific care plan, i.e. tilt and turn mattress settings.

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Equality Impact Assessment Form

Department/Function	Health and Safety			
Lead Assessor	Anna Smith			
What is being assessed?	Health and Safety Policy			
Date of assessment	26 th April 2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details: Health and Safety Reps and Champions			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Select	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? <p>Neutral: This policy applies equally to all staff, visitors and contractors as appropriate and aims to offer protection to all under the Health and Safety At Work Act 1974.</p>
Disability (Including physical and mental impairments)	Select	
Sex	Select	
Gender reassignment	Select	
Religion or Belief	Select	
Sexual orientation	Select	
Age	Select	
Marriage and Civil Partnership	Select	
Pregnancy and maternity	Select	
Other (e.g. caring, human rights)	Select	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	N/A
--	-----

<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
--

Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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