

Bed Rails and Bed Standards- post the deadline

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Learning Objectives

- To recap of the MHRA guidance and the National Patient Safety Alert.
- To gain an idea of how different areas are implementing the actions outlined in the guidance.
- To discuss what needs to be included in a risk assessment for bed rails and bed lever

MHRA Guidance



Medicines & Healthcare products
Regulatory Agency

Guidance

Bed rails: management and safe use

Guidance on managing and using bed rails safely.

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<https://www.gov.uk/guidance/bed-rails-management-and-safe-use>

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MHRA Safety Alert



Medicines & Healthcare products
Regulatory Agency

Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls

Date of Issue:	30-Aug-23	Reference No:	NatPSA/2023/010/MHRA
This alert is for action by: All those responsible for the use, purchase, prescription and maintenance of medical beds, trolleys, bed rails, bed grab handles and lateral turning devices including all Acute and Community healthcare organisations, care homes, equipment providers, Occupational Therapists and early intervention teams			
This is a safety critical and complex National Patient Safety Alert. Implementation should be coordinated by an executive leader (or equivalent role in organisations without executive boards), supported by persons with responsibilities for discharge planning, training, equipment provision, maintenance and ongoing patient care.			
Explanation of identified safety issue:	Actions required		
<p>The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS.</p> <p>According to investigations, deaths were found to involve factors including inadequate risk assessment, maintenance issues and children and adults of small stature using beds which are designed for use by adults with typical body dimensions.</p> <p>Other risk factors (such as inappropriate use or incompatibility) are included in the MHRA's updated guidance on the management and safe use of bed rails and should be considered as part of an appropriate risk assessment. An example risk assessment is provided in Appendix 1 of the guidance. Assessment of appropriate bed rails should be routinely incorporated in the clinical assessment of all patients.</p> <p>There are two international standards for medical beds which include requirements for acceptable gaps in order to reduce entrapment risks. BS EN 60601-2-52:2010+A1:2015 is the standard for adult beds, and there is a separate standard, BS EN 50637:2017, for medical beds and cots for children and adults with atypical anatomy (in other words physical size less than 146 cm, mass less than 40kg or a body mass index of less than 17), as physically smaller patients can get trapped in smaller gaps.</p> <p>Children and adults with atypical anatomy should be using beds or cots compliant with BS EN 50637:2017 unless there is a clinical reason for using a non-compliant bed, which should be documented, including any steps which need to be taken to reduce risk. Older beds, which might previously have been intended for children, may not comply with the requirements set out in this standard, as it was introduced in 2017, and therefore there may be a higher risk of entrapment with these beds.</p>	<p>When: Begin as soon as possible and complete by 1 March 2024</p> <ol style="list-style-type: none">1. Update your organisation's policies and procedures on procurement, provision, prescribing, servicing and maintenance of these devices in line with the MHRA's updated guidance on the management and safe use of bed rails.2. Develop a plan for all applicable staff to have training relevant to their role within the next 12 months with regular updates. All training should be recorded.3. Review the medical device management system (inventory/database) for your organisation or third-party provider for devices within your organisation, including those which have been provided to a community setting (for example, the patient's own home). Keep this system up to date.4. Implement maintenance and servicing schedules for the devices in the inventory/database, in line with the manufacturer's instructions for use and/or service manual. Prioritise devices which have not had regular maintenance and servicing. If this is outsourced, compliance with the schedule should be monitored.5. Review patients who are children or adults with atypical anatomy as a priority. Ensure the equipment they have been provided with is compliant with BS EN 50637:2017 unless there is a reason for using a non-compliant bed. Record this on the risk assessment and put in place measures to reduce entrapment risks as far as possible.6. Review all patients who are currently provided with bed rails or bed grab handles to ensure there is a documented up-to-date risk assessment. Complete risk assessments for patients where this has not already been done and for each patient who is provided with bed rails or bed grab handles.7. Implement systems to update risk assessments where the equipment or the patient's clinical condition has changed (for example, reduction/improvement in weight or mobility), and also at regular intervals.		

At the MHRA we **continue to receive reports of adverse incidents** involving these devices. The most serious of these have led to **injury due to falls** and **death by asphyxiation** as a result of entrapment of the head, neck or chest.

From 1 January 2018 to 31 December 2022, we received **18 reports of deaths** related to bed rails and associated equipment, and **54 reports of serious injuries**.

Most incidents occurred in community care settings, particularly in nursing homes or the patient's own home. Adequate and appropriate **risk management** should be carried out **to prevent the occurrence** of such incidents. Healthcare professionals or competent persons should **carefully consider the benefits and risks** of bed rails before they are used for a patient.

<https://www.gov.uk/guidance/bed-rails-management-and-safe-use#introduction>

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Actions required – by 1 March 2024

1. Update policies and procedures (procurement, provision, prescribing, servicing and maintenance)
2. Staff training within the next 12 months
3. Review medical device management system (database)
4. Implement maintenance and servicing schedules (those within database)
 - <https://www.gov.uk/government/publications/managing-medical-devices>
5. Review individuals who are (children or) adults with atypical anatomy as a priority
 - Ensure compliance with BS EN 50637
6. Review all individuals currently provided with bed rails or bed grab handles
7. Update risk assessments where equipment or an individual's clinical condition has changed

Hazel Gallagher OT Equipment Stores
Middlesborough County Council



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Supplier

- Product Compliance
- Product Information
- Compatibility
- Product reviews
- Training

Provider

- Policy and Procedures
- Information on Products
- Compatibility
- Range of Products to meet Requirements
- Maintenance and Servicing
- Training for staff – warehouse, technicians, trusted assessors...
- Training

Commissioner / Clinician

- Policy and Procedures
- Guidance for Clinicians
- Managing Multiple Partners
- Risk Assessments
- Reviews
- Training

Question 1- Reaction

What was your initial reaction when you received the National Patient Safety Alert?

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Question 2-Policy

What policy
amendments have you
had to make following
the alert?

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Question 3 - Training

How have you
trained your
staff around bed rail risks
and risk assessment?

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Question 4 –Reviews Bed rails

What processes
have you put in place to
review children /adults
with atypical
anatomy who have
bed rails?

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Question 5-Reviews Bed Levers

How you tackled the reviews of bed levers? Explain what processes you have in place?

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Medequip's Responsibilities

- We **must** provide comprehensive training to all our employees to help them understand their roles and responsibilities with regards to the changes needed.
- We **must** take measures to ensure that all our products comply with the prescribed guidelines, and only compatible products are used together.
- Our technicians **must** ensure that the installations are carried out safely and precisely, minimizing the risks involved.
- We **must** ensure that all information provided to our customers is accurate and documented in TCES.
- All applicable equipment is serviced and undergoes periodic Planned Preventative Maintenance (PPMs) to avoid any potential risks or concerns.
- All equipment returned through cleaning **must** be checked for compliance before it is returned to shelf – particularly Recycled Specials (RSPs).

Please note - prescribers **MUST** complete a written risk assessment for all orders of equipment, including the ones already in the community, to maintain strict vigilance and prevent any errors.

It is paramount that these actions are acted upon without exception as any mistakes could have severe consequences.

What we have done

The guidance given by the MHRA addresses various aspects, and the Clinical, SHEQ, Procurement and Operations departments have collaborated on a nationwide project to implement best practices and make necessary adaptations.

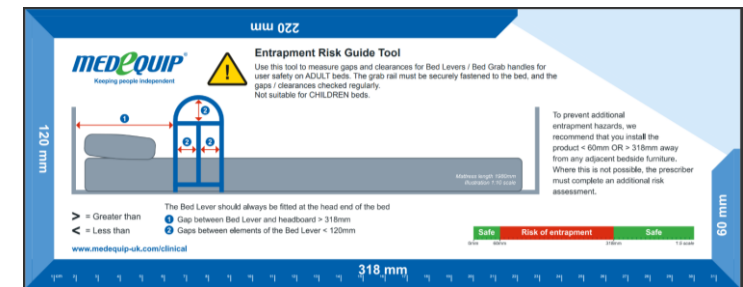
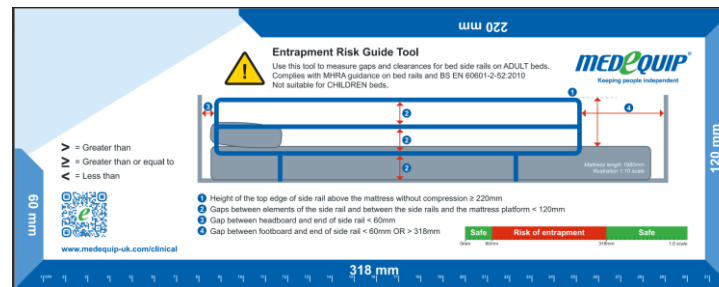
We have also assisted all our contracts in reviewing their SU data and catalogues; devising risk assessments; and creating informative guidance for prescribers and service users. We have also created training content for Trusted Assessors and Techs, which has been shared with contracts.

Elements covered include:

- Bed Rails and Bumpers – compatibility and gaps
- Bed accessories (eg Accora junior kit)
- Mattresses and Beds compatibility and gaps
- Beds for children and adults of smaller stature
- Bed Levers, Lateral Turning Devices, Changing beds & plinths (with side rails)

Creative Solutions

- Reviewed catalogues and compatibility assurance
- New Risk assessments
- Embedded forms within Provider platforms
- Tool kits to support clinical decisions
- Training videos and guidance
- Leaflets and information for individuals using the equipment



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You must **NOT** move this bed lever from the installed position



Capacity for Reviews

One of the main challenges still being faced is the huge numbers of individuals who have equipment already at home and now need a review & risk assessment.

There are not enough clinical staff to cover these and especially with a commitment to review on a regular basis.

We must be able to find solutions together from within the sector and care environments to mitigate these risks.

For example, Medequip has a new Trusted Assessor service where our TAs visit service users to review their Bed Levellers and complete the local risks assessments on behalf of contracts.



Review of risk assessments



Appendix 1 – Example adult entrapment risk assessment checklist

This is an example of a basic risk assessment of a bed rail installation for an adult. It should not be adopted or used without adequate consideration of a specific bed occupant's needs and local policies and may need to be preceded by an assessment of whether rails are necessary at all. A separate checklist would be necessary for a child or very small adult user.

The checklist should be used in conjunction with the guidance in this document, together with the judgement of the nurse, therapist, user and carer involved.

Is the bed rail to be used with an adult-sized user (i.e. a patient taller than 1.46m/4'11")?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the bed rail been inspected and maintained regularly, if previously used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the manufacturer/supplier provide any information on special considerations or contra-indications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have enough information from the supplier to be able to select and fit the bed rail appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bed rail suitable for the intended bed, according to the supplier's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the fittings or mattress allow the bed rail to be fitted so that there is no excessive movement?	
Does the benefit of any special or extra mattress out entrapment risk by the bed rails created by extra corner mattress edge?	
Does the bed rail height take into account any in-mattress overlay?	
Have you made sure that there are no gaps present or additional overlay?	
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*Yes' boxes indicate the desired outcome of serious risk of entrapment with the proposed risk assessment should be carried out each significant change in the bed / equipment combination and regulate

Patient Centred Holistic Risk Assessment

This assessment must be reviewed if the service user's condition changes, falls from the bed or if the bed, mattress or type of bed rail is changed.

Service user's details:
 NHS Number:
 DOB:
 First name:
 Surname:

Assessors details (Print name):
 Job title:
 Signature:
 Date:
 Others present (Print name/s):

1. A1. Need for bed rails:

Please state what alternative solutions to bed rails were considered but found to be unsuccessful (if no alternatives were considered)

5. Environment	Y	N	Risks Identified	Has this changed since recommendations were made?
Is there sufficient room for the rail/grab handle/loop besides bed side table to prevent entrapment between furniture and rail?				
Is the mattress sufficiently stable for safe sitting on the side of the bed?				
Is there sufficient room for the use of the rail ie no clutter/commode etc directly by the bed?				
If the bed is a divan is it slatted base/sprung base/drawers underneath?				
Partners/carers views and choices?				
Person's views and choices?				
Following assessment will the provision of rails/levers/loop reduce the risk of incident or accident to the person?				
What alternative provision can be made that reduces the risk of incident or accident to the person?				

When tried and why they were not until they have been explored).

Review of risk assessments

Common themes (6)

- Cognition
- Involuntary Movements
- Size of Individual
- Reference to profiling bed

- Compatible with medical devices (4)
- Compatibility with bed frame/ mattress- reference to extra height bed rails (3)
- Review date (3)

- Getting up at night (3)

- Climbing over the side rails (2)
- Intended/ purpose of bed rail and bed lever (2)
- Document other methods tried (2)
- Specific gaps recorded (2)

Review of risk assessments

Who to contact if the rail is faulty?

Does the patient have access to a call buzzer at times?

Specific to bed lever risk assessment forms

-transfers, bed side tables, height of bed for the person



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July 11, 2024

Introducing the JuniorBed – how it can reduce risk for smaller individuals

In this webinar, we will provide an overview of the children's standard (BS EN:50637 2017), introduce the features, functions, and accessories of the JuniorBed range, and explore the clinical benefits of the ultra-low FloorBed® function.

July 11, 2024 2:00 PM

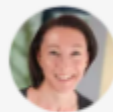
Duration: 1 hour

[Register now](#)

Learning Outcomes

- ✓ An overview of the children's standard (BS EN:50637 2017)
- ✓ Introduction to the features, functions and accessories of the JuniorBed range
- ✓ Discover the clinical benefits of the ultra-low FloorBed® function, including promoting independent transfers, enabling safe bed mobility and reducing risk of bed falls and associated injuries

Speakers



Debra Dunitz
Consultant OT

Thank you to those teams who took part in
this webinar

Questions

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Thank you for your time today

Name of speaker/speakers – Job title/Job titles

LinkedIn profile/profiles URL