Bedrails

Clinical Considerations for AT Practitioners April 2019

A bedrail is used to prevent falling/rolling out of bed.

There are potential risks (some of which are serious) associated with the use of bedrails which include:

- Parts of a person's body can become trapped where there are gaps or moving parts, such as between the rails of the bedrail, between the mattress and bedrail, between the mattress and bed-head/bed-end, between the end of the bedrail and the headboard/footboard
- The risk of suffocation if the person's face is wedged against a soft surface (mattress or bedrail cover) restricting breathing
- Injuries from falls if the person climbs over the rails
- Injuries from falling or striking against the rails

Bedrails should only be considered after all other options to prevent rolling/falling out of bed have been fully explored. They are to be used in exceptional circumstances only

Clinical Assessment Considerations

- To guide clinical decision making about whether bedrails are appropriate refer to the flowchart on Page 4. A clinical decision should then be made with the person/carer as to what solution involves the **lowest/least likely risk** (i.e. bedrails, no bedrails or an alternative strategy).
- Document your clinical reasoning and decision in clinical notes
- Before providing bedrails ensure you have assessed alternative options to prevent falling/rolling out of bed, to minimise the risk to the person using the bed.

Many people can be safe in their beds without the use of bedrails.

Options other than bedrails include:

- Consider the need for a medical review (medication affecting sleep/settling, skin integrity, nutrition, pain management, circulation, etc.)
- Ensure needs are anticipated (e.g. drinks accessible, regular toileting, call bell available).
- Using tucked in sheets and blankets
- Lowering an electrically height adjustable bed close to minimum height for sleeping (use caution where person can independently transfer)
- Using a ultra low adjustable bed
- Placing a floor mat or mattress next to the bed if the person is at risk of falling out of bed (use caution re OH&S for carer(s) coming to assist person in bed)
- Providing a foam mattress with firm or raised edges / concave mattress or bumpers.
- Provision of a positioning device or system
- Use of monitoring systems/sensor alarms/alarm devices
- Increased supervision when in bed
- Using a larger bed
- Note – using a wall instead of a bedrail is not recommended as gaps and entrapment can occur against a wall as well as bedrail

- In some situations the alternatives above may not work for an individual person.
  The use of bedrails should only be considered after all other options have been eliminated.

- When using bedrails always consider that anywhere a gap or moving part exists there could be a potential hazard.

The most common areas for gaps are between:

- Rails of a bedrail
- Bedrail and mattress
- Bedrail and bed head or bed end
- Bedrail and clamp-on bed stick (where used together)

- Only prescribe bedrails suitable for the bed type, that attach to the bed and preferably use bedrails manufactured by same company or supplier: i.e. adjustable beds (bedrail will generally clamp on or need to be screwed into place but can also be part of the bed frame).
- **Slide under mattress bedrails** are not considered safe as they move and create gaps and enable entrapment. Slide in bedrails are not funded by SWEP.
- To guide clinical decision making about a persons level of bed entrapment risk, refer to the "**SWEP – Bed, Mattress & Bed Equipment Assessment Tool".** The level of bed entrapment risk will then guide the decision about the need to assess bed entrapment zones:
  - Low Risk: assessment of entrapment zones particularly for Zone 6 & 7 around head and foot board of bed
  - Moderate/High/Extreme Risk: Full assessment of entrapment zones must occur and are to be part of the SWEP Prescription
- To guide assessment of bed entrapment zones refer to "SWEP – Bed, Mattress & Bed Equipment Assessment Tool" Appendix 1.
- Be aware that some people may be at risk of climbing over the bedrails. A person may be at higher risk of this if they are significantly confused, and have enough strength and mobility to climb over the rails. Younger people may be at risk as their mobility develops.
- Consent needs to be provided by the person and/or carer(s) for the supply of bedrails if the bedrail is restricting the person from getting out of bed when they are capable of doing so and may wish to do so. **Consideration of restrictive practice needs** to occur in these situation.
- For all paediatric consumers it is recommended full length bedrails are used but individual requirements are to be taken into account.

Bedrail Covers – Mesh, material or padded cover that is placed over rail and secured

- If the person is at risk of entrapment bedrail covers may be considered to eliminate gaps between the rails. Ensure that the length of the bedrail covers cover the bedrail adequately to comply with bed entrapment zone guidelines and/or ensure person/carer(s) have been instructed in correct positioning and placement of bedrail covers if there are gaps.
- Consider use of breathable bedrail covers over other options.
- Be aware that a person could injure themselves on the bedrails. Consider padded covers for bedrails which can then decreases the breathability and can create entrapment areas due to padding being able to be compressed. Consider the least risk option.
- People may be more likely to knock the bedrails if they are confused, showing signs of agitation or challenging behaviours, do not understand the risks and/or their limitations, have epilepsy seizure, involuntary movements or muscle spasms, have a sensory impairment and or are unable to alert others.
- Bedrail covers can be fabricated from a variety of materials. Consider mesh for ventilation and padding where the client is at risk of knocking the bedrails.
- Bedrail covers need to be firmly fitted with no movement in the covers or loose fixture points which could enable a person to push against them and create a gap.
- Consider whether covers need to be removed to raise and lower rails and ease of doing this.

Precautions/Recommendations

- Where possible use bedrails and mattresses made to go with the bed and are a 'good fit'
- Specify 'where on the bed frame' a bedrail is to be positioned. The person/carer(s) needs to be shown the specific position and/or mark bed frame so the position is clearly known
- Ensure bedrails are regularly checked to ensure that they are securely attached and have not become loose or moved from specified position
- Bedrails are not designed to help a person in bed to move in bed
  - Avoid using bedrails as a grab rail support when standing
  - Avoid using bedrails as a re-positioning aid
- If using bedrail covers, ensure they are firm fitting and securely attached
- Avoid using pillows or cushions to fill gaps as they may be highly compressible and not fit the space fully
- Avoid using bedrails to move the bed as this may loosen the rail attachments
- Consider if bedrail can be a restraint – preventing the person leaving the bed as they wish
- Consider the environment the bedrail is used in
- Walls can create entrapment zones and are not an alternative to bedrails

Installation Considerations

Must be installed by supplier with direction from AT Practitioner

Person/Carer(s) instructions

- Instruct person/carer(s) to check the bedrail DAILY to ensure no gaps have been created. Gaps can pose a risk of trapping parts of the body and causing injury
- Instruct person/carer(s) in monitoring of item and to report any issues with item safety and integrity
- Instruct person/carer(s) to check bedrail covers are positioned appropriately and fastened securely when placed on bedrails
- Educate carer(s) on use of the bedrail (i.e. lowering/raising the bedrail with safe manual handling techniques and ensuring the bedrail is locked into position)

Review

Every 12 months (where possible) and more frequently if the person has a progressive condition, or if the following changes occur, a person's:

- Condition deteriorates
- Cognition decreases
- Changes to medication are made, with significant side effects
- Communication ability decreases such that person can no longer make needs known
- Unintentional movements increase
- An entrapment incident occurs
- Carer(s) availability decreases

Check that:

- ☐ Item is still in place, in use and appropriate for the person
- ☐ Bed entrapment risk level assessed and assessment of entrapment zones occurs as required
- ☐ Person/care(s) given information sheet; "**Bedrail Fact Sheet"**

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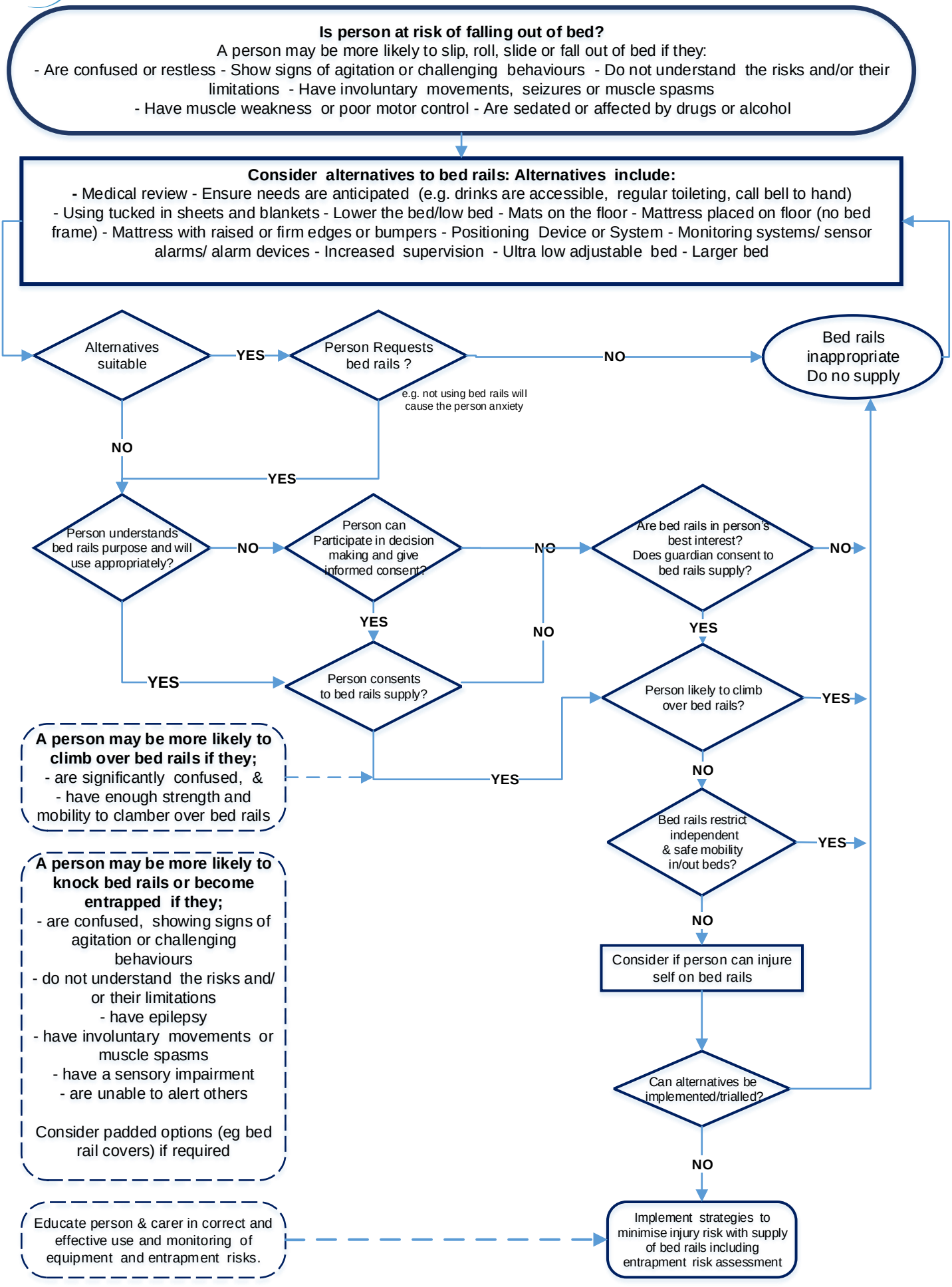
April 2019



Bedrail Clinical Considerations for AT Practitioners
Reference: Government of South Australia – Department for Communities Equipment Services (October 2015) with permission
Appendix 3 – SWEP - Bed Mattress and Bed equipment Assessment Tool – September 2017