

Please Note: This policy is currently under review and is still fit for purpose.

THE SAFE USE OF SAFETY SIDES

Note: The Safe Use of Safety Sides to be reviewed and incorporated into PAT/PS 11 at the next review.

Please read in conjunction with PAT/PS 11 v.2 – Patient Falls Prevention and Management Policy

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Target Audience	Clinical Staff – Trust Wide

WARNING: Always ensure that you are using the most up to date policy or procedure document. If you are unsure, you can check that it is the most up to date version by looking on the Trust Website: www.dbh.nhs.uk under the headings → 'Freedom of Information' → 'Information Classes' → 'Policies and Procedures'

THE SAFE USE OF SAFETY SIDES**Amendment Form**

Version	Date	Brief Summary of Changes	Author
Version 2 amended	16 February 2015	<ul style="list-style-type: none"> • Extended review date to October 2016 in line with review of Patient Falls Prevention & Management Policy. • Changed link from CORP/HSFS 8 v.1 to PAT/PS 11 v.2 • Updated link to Mental Capacity Act 2005 Policy and Guidance. 	Per Mandy Dalton, Victoria Barradell and Deborah Swift
Version 2	May 2009	<ul style="list-style-type: none"> • Amendment form and contents page added. • P 4 - Reference information updated. • P 4 - Definition of restraint. • P 5 - Link to CORP/HSFS 8 v.1 • P 5 - Addition to reflect patient information • P 5/6 - Additions to 'Actions' section. • P 6 - References added • P 7 - Additions to Fitting and Safety Guidelines • P 9 - Appendix 3 – Patient and Carer Information Leaflet 	Pat Johnson

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THE SAFE USE OF SAFETY SIDES

1.0 INTRODUCTION

- 1.1 For the purpose of this policy, the term `Safety Side` will be used, other terms often used are: Cot Sides, Side rails, Bed Sides, Safety Sides or Bed Guards.
- 1.2 This document is intended for all Clinical Staff working within Doncaster and Bassetlaw Hospitals NHS Foundation Trust.
- 1.3 The only appropriate use of Safety sides is to reduce the risk of patients accidentally slipping, rolling or falling out of bed.
- 1.4 National evidence suggests that there have been a number of adverse incidents, involving the use of safety sides resulting in injury or death. Supporting evidence relating to safe use of safety rails can be found in MDA S001(35) MDA/2004/007 and MHRA DB2006(06)
- 1.5 Although applying equally to patients of either sex, for simplicity throughout the policy, the patient will be referred to as male

2.0 DEFINITION

2.1 Safety Sides

Safety sides are devices used to prevent patients from rolling from their beds; they are not intended to prevent patients from leaving their beds voluntarily.

2.2 Entrapment

The potential for becoming trapped, or caught. Entrapment may take one of two forms;

- Entrapment of a part of the body, e.g. limbs, head, or neck.
- Entrapment of equipment, e.g. Catheter tubing or Intra-Venous tubing, can be caused when raising or lowering the safety side.

2.3 Agitated

Confused, or mentally disorientated, displays violent, or irregular movements. Has potential for attempting to climb over safety sides

2.4 Restless

Unsettled, displays movement of body or limbs. Has potential for knocking limbs against safety sides, or placing limbs through safety sides.

2.5 Restraint

The intentional restriction of a person's freedom of movement or behaviour.

3.0 PURPOSE

- 3.1 To promote the safe use of safety sides within the Trust, preventing injury to patients and Staff.
- 3.2 The Trust has a responsibility to ensure that all safety sides are used appropriately.
- 3.3 This policy is intended to be used in conjunction with the Trust's Patient Falls Prevention and Management Policy – [PAT/PS 11 v.2](#)

4.0 AIMS

- 4.1 To prevent injury or harm to the patient.
- 4.2 To establish a criteria for appropriate use of safety sides.
- 4.3 To identify a process for Risk Assessment of patient prior to the use of Safety Sides.
- 4.4 To establish Guidelines for safe and appropriate use of Safety Side equipment.
- 4.5 To inform patients and, where appropriate, their relatives about the appropriate use of safety Sides.

5.0 ACTIONS

- 5.1 Identify the need for the use of Safety Sides, using Patient Risk Assessment form (Appendix 2). This is now within the Combined Risk Screening and Assessment tool.
- 5.2 Ensure the correct and appropriate use of Safety Sides, using Equipment Guidelines (Appendix 1).
- 5.3 It is recommended that bed sides be used in the following circumstances:
 - When moving a patient on an accident and emergency trolleys.
 - When moving a patient on a theatre trolley.
 - When moving a patient between departments/areas on a bed.(Refer to the Manual Handling Risk Assessment folder)
- 5.4 Safety sides should not be used as a moving and handling aid.
- 5.5 Safety sides **must not** be used as a restraint: Safety Sides will be used “to help a patient avoid doing something they do not want to do (fall out of bed)

and **not** to stop a patient doing something they do want to do (get out of bed)".

- 5.6** Patients for whom safety sides may be indicated will be assessed using the Assessment documentation (Appendix 2) and the resulting decision recorded in the relevant section of the Combined Risk Screening and Assessment Tool, which will form part of the patient's Health Care Records.
- 5.7** The assessment will be discussed with the patient and/or carers, and the date recorded on the assessment document.
- 5.8** If the patient has been assessed as having Capacity, he should be included in the decision making process. For those patients lacking in Capacity, a decision made on his behalf should be done so in his best interest. This decision should be discussed with the patient's carers where appropriate.
- 5.9** Reassessment will take place when there is a change in the patient's condition, or situation (ward change).
- 5.10** It is recognised that patient' behaviour cannot always be predicted. If a patient assessed as meeting the criteria for using Safety Sides attempts to climb over the sides, or is found to be in a position which could lead to entrapment, he should have the Safety sides removed immediately.
- 5.11** Ensure that Safety Sides are removed from the bed, when not in use, as they can cause added injuries when the patient gets in or out of bed. They could also be inadvertently used for those patients for whom Safety Sides are not indicated.

References

Device Bulletin Safe Use of Bed Rails DB2006(06)

NPSA Safer Practice Notice 17 Using Bedrails safely and effectively

Bedrails – Reviewing the evidence. NPSA MARCH 2007

Patient Falls Prevention and Management Policy – [PAT/PS 11 v.2](#)

Mental Capacity Act 2005 Policy and Guidance [PAT/PA 19 v.4](#)

EQUIPMENT GUIDELINES

GENERAL GUIDELINES

- Ensure Safety Sides are in the lowered position when carrying out Interventions.
- Ensure that parts of the body, or pieces of equipment do not become entrapped, especially when raising or lowering the Safety Side.
- Extra consideration should be given when the patient is nursed on an overlay mattress, as the effective height of the Safety Side is reduced. It is recommended that extended height Safety Sides be used.
- Ensure that the Safety Sides are returned to their raised position, and that the bed is at its lowest position before leaving the patient unattended.
- These guidelines are intended for use with adult patients. Extra consideration may need to be given to children.

FITTING AND SAFETY GUIDELINES

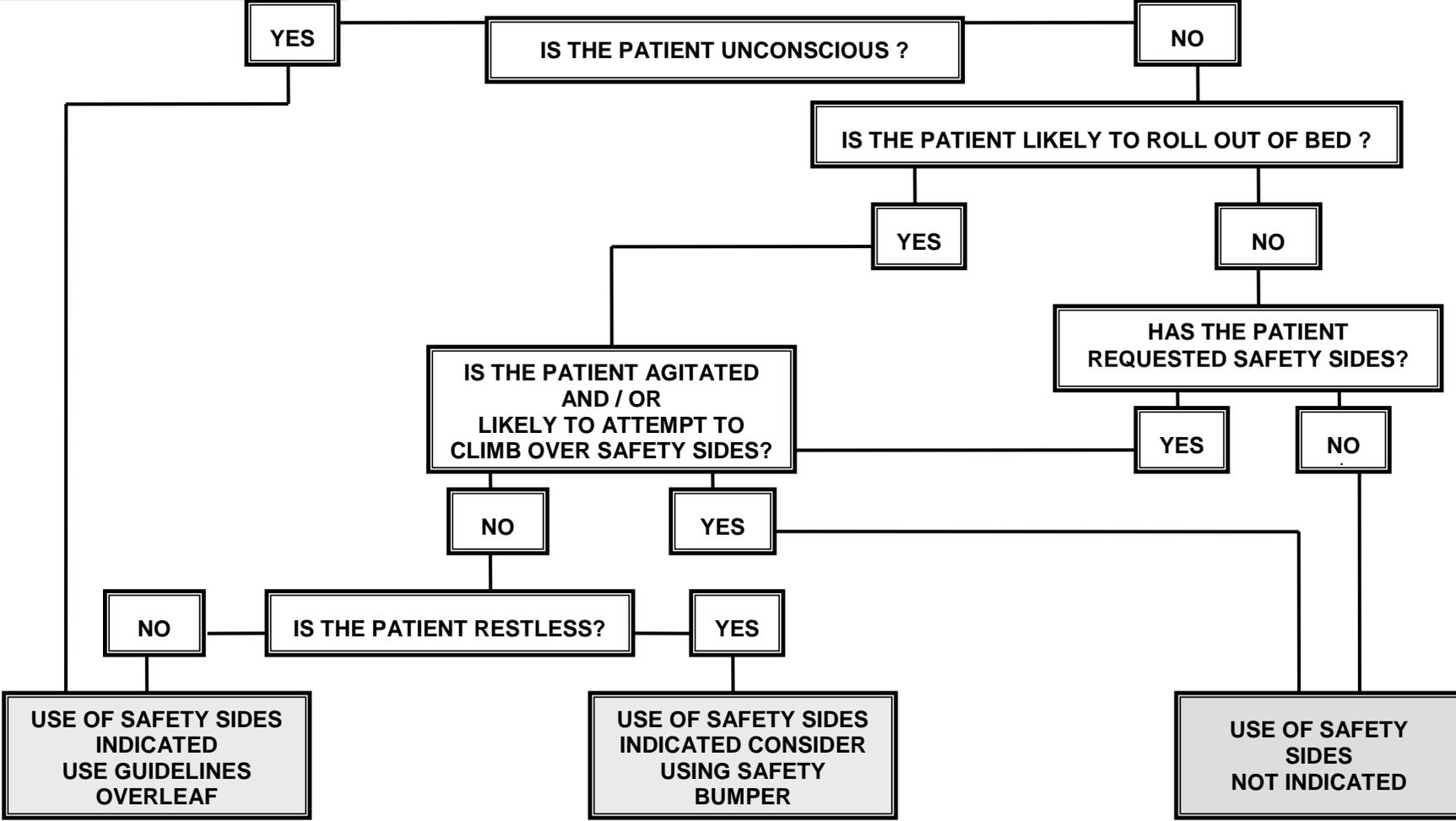
- Profiling beds have integral Safety Sides. Fitting Guidelines are intended for use with non profiling beds.
- Check all Safety Sides prior to use.
- Ensure that the brackets are a good, appropriate fit. e.g. a square bracket to be fitted to a square bed frame etc.
- Ensure that the safety Sides are clean, and in good repair.
- Ensure all moving parts are in good working order.
- Ensure that the bracket tightens sufficiently give a secure fit.
- Ensure that the gap between the Safety Side, and the head of the bed is less than 6cm or greater than 25cm
- Ensure that the gap between the end of the Safety Side and the foot of the bed is greater than 25cm
- Ensure that Safety Sides are removed from the bed when not in use.
- Safety Sides to be cleaned when removed from the bed.
- If bumpers are to be used with safety sides, they **must** meet infection control standards.

DO NOT USE ANY SAFETY SIDE WHICH IS IN POOR REPAIR OR BROKEN

**WITHDRAW FROM USE AND REPORT TO ESTATES DEPARTMENT
IMMEDIATELY**

PATIENT DETAILS
 NAME :
 REG NO :

**USE OF SAFETY SIDES
 PATIENT RISK ASSESSMENT FORM**



.....
NURSES SIGNATURE

.....
DATE

.....
DATE DISCUSSED WITH PATIENT/RELATIVE

Patient and Carer Information Leaflet

THE SAFE USE OF SAFETY SIDES**What are Safety Sides?**

Safety Sides are fitted to the sides of the bed, and are intended to stop patients from falling out of bed. (They are sometimes also called bed rails or cot sides).

Safety Sides are not used to stop patients getting out of bed, nor are they used to help patients move more easily in bed.

When would Safety Sides be Useful?

Sometimes, because of their condition, or as a result of treatment, patients may be prone to rolling or falling out of bed.

Some patients use electric beds, which may put them at risk of falling when using the controls to change the position of the bed

Some patients use special mattresses which are filled with air. These may make it easier for the patient to accidentally roll out of bed

Sometimes patients are worried about falling out of bed, and believe that Safety Sides would help them to feel safer.

Most patients, who fall from their bed, sustain only minor injuries, but a few patients have been seriously hurt in the past. The use of Safety Sides can prevent such accidents from happening.

When would Safety Sides not be Useful?

Recent research has shown that in some instances Safety Sides can actually be more of a risk to some patients.

Some illnesses can cause patients to be so confused that they may try to climb over the Safety Sides. This means they would fall from a greater height.

There is a slight risk that a patient could bang themselves on the Safety Sides, or trap their arm or leg between the bars. This can be painful, and cause bruising.

If a patient is well enough, the use of Safety Sides will make it difficult for them to be independent.

If Safety Sides are left on the bed when not needed by the patient, they can cause injury when getting in and out of bed. Also it is possible to use Safety Sides when not indicated for the patient simply because they are still attached to the bed. This will cause a greater risk for the patient.

Who Decides Whether Safety Sides will be Used?

If the patient is well enough, they will be involved in the decision. Where patients are too unwell, the decision will be made by the team of staff caring for them, using a risk assessment form which will be kept in the patients Care Plan. The decision will always be made on the basis of what is best for the individual patient,

What are the Alternatives to Safety Rails?

If you are still concerned about falling out of bed then talk to the team of staff caring for you. They may be able to suggest other ways to make you feel safer, for example, keeping the bed at its lowest height, making sure that your belongings are within easy reach or making sure that nightlights are switched on.