Pennine Care
NHS Foundation Trust

DOCUMENT CONTROL	
Title:	**Using Bedrails Safely and Effectively Policy**
Version:	**5**
Reference Number:	**CL047**

Scope:

This policy applies to all staff caring for adults and children in inpatient areas and community services of Pennine Care NHS Foundation Trust.

Purpose:

The purpose of this document is to:

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails.
- Provide staff with guidance on risk assessing patients/individuals for the provision of 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), HSE/CQC Guidance and British Standards BS EN60601-2-52:2010 that came into force in April 2012 and supersedes the existing standard.

Requirement for Policy

National Standards, CQC Guidance, HSE, Care Act, MHRA

Keywords:

Bedrail, bed, cot sides, safe sides, safety rails

Supersedes:

Version 4

Description of Amendment(s):

- Inclusion of guidance from the HSE 2016
- Inclusion of CQC standard 12 guidance
- Inclusion of Care Act 2014
- Added to new template

Owner:

Moving & Handling Co-ordinator – Lois Lees

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

- Lois Lees, Moving and Handling Coordinator

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: • Medical Devices Committee	
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Next review date:	October 2021
Responsibility of:	Moving and Handing Co-ordinator – Lois Lees

Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL002	Consent to Examination or Treatment Policy
CL004	Infection Control Policy
CL048	Falls Prevention and Management Strategy
CL092	Decontamination Policy
CO010	Incident Reporting Management and Investigation Policy
CO016	Medical Devices Policy

Policy Associated Documents:	
TAD_CL047_01	Risk Assessment for Bed Rails
Other external documentation/resources to which this policy relates:	
	MHRA Device Bulletin 2006(06) v2.1 Dec 2013 HSE Safe Use of Bedrails 2016 BS EN 60601-2-52:2010 (2012/13) Never Events List DOH (2018) NICE 2013 Falls in older people: assessing risk and prevention (CG161)
CQC Regulations **This guideline supports the following CQC regulations:**	
Regulation 9	Person-centred care
Regulation 11	Need for consent
Regulation 12	Safe care and treatment

Contents Page

1. INTRODUCTION

Pennine Care NHS Foundation 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.
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. Restraint is defined as *"the intentional restriction of a person's voluntary movement or behaviour….."'* 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, unless they have been tested under the British Standards 52-10.

Bed rails are used extensively in hospitals, nursing homes, residential homes and within the community setting to prevent patients from falling from their beds. During recent years the Medical Devices Agency (MDA) – Medicines and Healthcare products Regulatory Agency (MHRA) has received adverse incident reports involving bed rails that have led to injury and death. The MDA/MHRA Device Bulletin (2012) states that the majority of these incidents occurred in community care environments, in particular residential and private nursing homes rather than in hospitals. However, most of these deaths could have been avoided if a thorough risk assessment had been carried out. Incidents resulted from:

- Rolling over the top of the rail
- Climbing over the rail
- Climbing over the footboard
- Violently shaking and dislodging rails
- Violent contact with bedrail parts
- Insufficient material strength leading to premature mechanical failure
- Incompatibility or unsuitability of a bed rail for the bed type
- Incorrect or omitted risk assessment and consideration of the physical size of the bed occupant
- Bed occupants attempting to climb over the rails
- Inappropriate gaps:
    - Between the end of the bed rail and the headboard
    - Between the mattress and lowest rail of the bed rail device as a result of the patient's weight compressing the mattress
    - Poor design e.g. very large spacing between the rails
    - Movement of the bed rail away from the side of the divan mattress
    - Use of a mattress overlay which reduced the effective height of the device
    - Use of an air mattress, which was too light to keep the bed rail assembly in position on the divan bed
    - Bed rails in poor condition from lack of maintenance

- Gaps where the mattress does not fit the bed base correctly, causing an entrapment space.

2. DECISION MAKING

Decisions about bedrails need to be made in the same way as decisions about other aspects for treatment and care as outlined in *Pennine Care NHS Foundation Trust Consent Policy*. 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).
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interests.
- Where ever possible patients and carers must be involved in the decision making

Pennine Care NHS Foundation Trust does not require written consent for bedrail use, but discussions and decisions should be documented by staff

3. BEDRAILS AND FALLS PREVENTION

Decisions about bedrails are only one small part of preventing falls. Use Pennine Care NHS Foundation Trust Falls Prevention Strategy 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.

4. INDIVIDUAL PATIENT ASSESSMENT

There are different types of beds, mattresses and bedrails available, and each patient is an individual with different needs. The possible combinations of bed rails and beds together with the uniqueness and clinical condition of each patient mean that a careful assessment is necessary if serious incidents are to be avoided. The clinical condition of the patient may mean that they are at greater risk of entrapment in bed rails. Those at risk include elderly and immobile, people with dementia, cerebral palsy, Multiple Sclerosis.

Bedrails must not 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.
- As an aid to the patient to move around or to get in and out of bed.
- Risk of entrapment (involuntary movements, seizures)

Alternative solutions must be considered as early as possible.

Bedrails should 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.

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.

When considering the use of bed rails for a service user registered staff must complete the assessment in TAD_CL047_01 to determine the risks and appropriateness of using bed rails and ensure a copy is retained within the service user's health record. The use of bedrails should be reviewed

- 3 monthly for all inpatients
- For community first review after 3 months thereafter annually by completing the review form TAD_CL047_01 or sooner if any change in the service user/patient's condition is noted.

Assessment for the use of bed rails must be carried out by one of the following disciplines Occupational therapist, Physiotherapist, Registered Nurses, Moving and Handling coordinator/advisor. Staff must complete the approved risk assessment (TAD_CL047_01) to consider the risks and benefits for individual patients: The responsibility for the management of bed rails include both registered and non-registered staff including assistant practitioner's health care assistants and support workers.

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?

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 become entrapped in the bedrails or any gaps?
- 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 Pennine Care NHS Foundation 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. Even stable patients in rehabilitation, community settings or mental health setting can have rapidly changing needs when physical illness intervenes. Therefore, decisions about bedrails should be reviewed as per policy or when the patient's condition or wishes change.

All risk assessments for the use of bed rails should be filed in the patients/clients clinical file. For community service users a copy of the assessment should be kept in the service user's home.

5. USING BEDRAILS

Pennine Care NHS Foundation Trust has taken steps to comply with MHRA advice and HSE standards through ensuring that:

- All unsafe bedrails (e.g. two-bar bedrails, bedrails with internal spaces exceeding 120mm, bedrails not matched in pairs, and bedrails in poor condition or with missing parts) have been destroyed.
- All bedrails or beds with integral rails have an asset identification number and are regularly maintained;
- Types of bedrails, beds and mattresses are of compatible size and design, and do not create entrapment gaps for adults within the range of normal body size except for:
- mattress overlay should be used only with extra-height Bedrails. The extra-height bedrails mattress overlay has fixed high visible labels indicating this. It is essential to ensure that the height of the bed rails measured from the top of the mattress should be a minimum of 220mm.
- If using a Bariatric bed it must be used with a compatible extra-wide mattress to avoid gaps.
- Avoid using bed rails designed for use with a divan bed on a wooden or metal bedstead; this can create gaps which may entrap the patient.
- Do not use insecure fittings or designs which permit the bed rail to move away from the side of the bed or mattress, creating an entrapment hazard. This has been found to happen with many divan-type bed rails.
- Avoid gaps between the mattress and the bottom rail, footboard or headboard, if this is too large or the mattress compresses easily at its edge a space can be created, the bed occupant could slip through this or into the gap and become trapped.

The following standards must be adhered to reduce the risk of entrapment

- Distance between the bars on the bed rails must not exceed 120mm

- Distance between the end of the bed rail and the headboard must be **equal or less than 60mm only**
- Distance between the end of the bed rail and the footboard must be either less than 60mm **or greater than 318mm**
- The top of the bed rails must be more than 220mm above the top of the uncompressed mattress in at least 50% of the length of the mattress platform, and with the bed base in a flat position:
- Avoid any gap between the side of the mattress and the bed rail
- Do the dimensions and gaps comply with the current regulations
- Are there instructions that can be issued with the bed rails
- Consider gap between top of compressed mattress and bottom rail

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

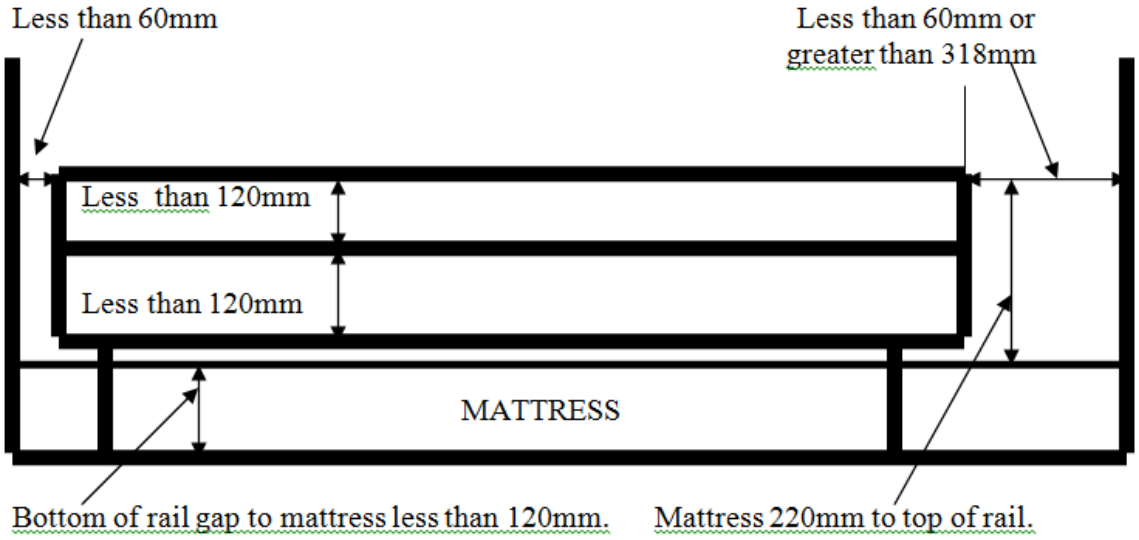
For all types of bedrails:

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use and label clearly as faulty and have removed for repair and report
- Is the patient an unusual body size? (For example, hydrocephalic, microcephalic, growth restricted, very emaciated). If so, check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice (this can be found on Risk Department webpage on Trust Intranet)

If using detachable bedrails:

- The gap between the top end of the bedrail and the head of the bed should be equal to or less than 6cm. The gap between the bottom end of the bedrail and the foot of the bed should be less than 60mm or greater than 318mm.
- The fittings should all be in place and the attached rail should feel secure when raised.

Standards from April 2013



When a patient and or carer choose not to adhere to the recommendations this must be documented in the patient's health records and the line manager informed immediately. Staff should complete an incident form. Staff have a responsibility to explain the risks associated with use or not using bedrails where considered appropriate.

If a health care professional visits a patient and discovers that bed rails have been provided but the service is unaware of the provision a risk assessment must be completed. If the risk assessment indicates the use for bed rails they will be left in place, if not a discussion must take place with the patient and or their carer explaining the risks associated with the continued use of bed rails and the bed rails removed. When the patient and or their carer chooses not to adhere to the clinical decision for removal of bed rails this must be documented in the patient's health record, the line manager informed immediately and an incident form completed the bed rails should be removed.

6. USE OF BEDRAILS WITH CHILDREN OR SMALL ADULTS

Most bed rails are to be used only with people over the age of twelve. A risk assessment must always be carried out on the suitability of the bed rail for the individual child or small adult, as bar spacing may need to be smaller.

'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.' (MHRA - DB 2006(06) v2.1 2012)

These are the only published standards on bed rails for children or small adults. When purchasing or making these assessments guidance must be sought on spacing between the rails by also referring to other published standards for products used in similar environments or those, which have requirements addressing similar hazards. For example:

1. BS EN 716-1: 1996 Furniture – Children's cots and folding cots for domestic use, Part 1. Safety Requirements. This specifies that the spacing between structural members (i.e. between bars etc) shall be 60 mm +5/15 mm
2. BS EN 747-1 Furniture – Bunk beds for domestic use, Part 1. Safety Requirements. This Standard is intended to minimise the risk of accidents happening to children. It specifies that the top bed safety barrier shall be designed so that the space between two adjacent retaining elements e.g. bands of filling bars does not exceed 75 mm and is not less than 60 mm.
3. BS 1694: 1990 Specification for "Hospital ward cots for children" This specifies that the spacing between adjacent bars of the drop sides shall be such that there are no gaps between adjacent rails of less than 70 mm or more than 78 mm.

None of these standards state that they have been completed with any particular age group in mind.

7. ADJUSTABLE/PROFILING BEDS

Additional vigilance is required when using bed rails with adjustable/profiling beds. Many beds have a single piece bed rail along each side of the bed; when the bed profile is adjusted entrapment hazards can be created which are not present when the bed is in the all-horizontal position.

Many beds, particularly special care beds such as low air loss beds often have two pairs of bed rails fitted, one pair at the head end and one pair at the foot end. Again additional vigilance is required when using these types of split bed rails because the space between the head and foot end rails varies according to the bed profile adjustment; therefore entrapment hazards may be created when the bed is adjusted to particular profiles.

Care should be taken to use the rails as instructed by the bed manufacturer e.g. both pairs (at each end of the bed) may be required to be used together when the patient/client is left unattended

8. FOOTBOARDS AND HEADBOARDS

If bed rails are already fitted, consider carefully whether headboards or footboards should also be provided. Boards with ornamental posts can provide a focus for clothing to become caught and should not be used for bed occupants who may not be in control of their movement.

9. BED RAIL BUMPERS

Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries but in some instances they can reduce the potential for entrapment. It must not be taken for granted that this is their intended purpose, as their use will not necessarily reduce the risk of entrapment.

Some covers are not air-permeable and may present suffocation risk. Risk assessment must always be completed prior to prescription

10. ALTERNATIVES TO BED RAILS

The prescribing, selecting and fitting of bed rails needs considerable care to ensure that the patient/client is not placed at risk. Alternative methods of bed care/management should first be considered such as:

- Wedges or bolsters.
- Tucked in sheets and blankets
- Beds with variable height used in the lowered position or low/floor beds with crash mat
- Soft cushioning on the floor to break a patient/client's fall – ensure that the introduction of a crash mat/mattress on the floor does not introduce further hazards i.e. trip/fall hazard.
- Patient/staff pressure alarm systems to alert carers that the patient/client has moved from their normal position.

- Body positioning devices (used to position patients/clients with specific clinical conditions, such as cerebral palsy.
- Repositioning of the bed, possibly against a wall.
- Review of patients' condition and medication.
- Inflatable systems
- 10 Internal foam surrounds/sleep systems.

All of the above require risk assessments.

For further advice staff should contact their local moving and handling coordinator.

11. REDUCING RISKS

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.

The safety of patients with bedrails may be enhanced by frequently 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 without bedrails 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 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.

12. EDUCATION AND TRAINING

Pennine Care NHS Foundation Trust ensures that:

- All staff that 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 Pennine Care NHS Foundation Trust.
- 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.

These points are achieved through:

- Ward induction packs.
- Corporate induction.
- Including the use of bedrails in training on falls prevention and, where relevant, level 2 moving and handling training.

The Trust Learning and Development department will keep a record of staff attendance at the required training please (see Trusts Training Needs analysis).

13. SUPPLY, CLEANING, PURCHASE AND MAINTENANCE

Pennine Care NHS Foundation Trust aims to ensure bedrails, bedrail covers and special bed rails can be made available for all patients assessed as needing them.

Metal/plastic bedrails should be cleaned before use for each individual patient

Bedrail covers/mesh rails/etc. should be cleaned.

Detachable bedrails no longer needed should be removed from beds and stored in locked area.

New beds, bedrails or mattresses can introduce new risks if they are not fully compatible with existing stock. To reduce this risk, all purchase orders for beds, bedrails, or mattresses of designs not already in use with Pennine Care NHS Foundation Trust will be forwarded by Pennine Care NHS Foundation Trust's Stores/Purchasing Department for authorisation before Pennine Care NHS Foundation Trust's Stores/Purchasing Department will process the order.

When special mattresses are hired, the requisition form requires the make and model of bed/bedrail to be stated, and the company renting the mattress will be asked to confirm the mattress is compatible with the bed and bedrail.

For in patient service areas bedrail maintenance is the responsibility of Pennine Care NHS Foundation Trust's Maintenance Department. All bedrails are asset identified (or are an integral part of beds which are asset identified).

Each community borough will have local procedure for the ordering and purchasing of bedrails and associated equipment.

14. REPORTING INCIDENTS

All incidents relating to the use of bedrails should be reported to the Risk Department, using the Trust incident reporting procedure.

15. DISSEMINATION

Pennine Care NHS Foundation Trust has made staff aware of this policy through:

- Ongoing training as outlined in section 9 above
- Staff newsletters
- Staff/Team meetings
- Borough and Divisional Integrated Governance Groups
- Falls Prevention Groups
- Medical Devices Committee
- Health and Safety Committee

16. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

17. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

18. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

19. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

20. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

21. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

22. REFERENCES

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Mental Capacity Act 2005