



Prescription and Supply of Slide-In Bed Rails for Non-Admitted Patients Guideline

1. Guiding Principles

This guideline applies to use of slide-in (not fixed) bed rails that are prescribed for the purpose of assisting non-admitted patients to transfer into and out of the bed within their home for residential use. The potential benefits of slide-in bed rails include:

- Increase independence in bed mobility
- Reduce effort required to change position
- Improve safety with transfers in / out of bed – reduce risk of falls
- Provide stability and sense of reassurance when transferring
- Reduce manual handling load on carer if they assist the client transfer in / out of bed

However, careful consideration is required when prescribing and supplying the use of a slide-in bed rail. Bed rails can pose risks to the user and may cause injury or death through entrapment and subsequent asphyxiation, if they are used incorrectly and/or if the user has impaired cognition and/or physical ability to use them safely. The potential risks of slide-in bed rails include:

- Suffocation / injury in the event a client's body/head/neck/chest becomes entrapped in a gap between the rail and another surface (mattress, headboard)
- Injury to head/neck/chest/limbs from contacting the bed rail when moving in bed
- Injury from fall onto bed rail whilst transferring

Bed rails are not to be used to restrain clients or restrict their voluntary movement. It is suggested that they be referred to as bed 'transfer' rails to make this clear to clients and carers. For information regarding restraint minimisation refer to the WACHS [Restraint Minimisation Policy](#).

Slide-in bed rails are to be prescribed and supplied in accordance with the WA Health MP0168/21 [Provision of Assistive Technology and Home Modifications Policy](#) and the WACHS [Provision of Loan Assistive Technology and Home Modifications Guideline](#).

1.1 In Scope

This guideline applies to the prescription, supply and use of slide-in bed rails to individuals in the following situations:

- WACHS non-admitted patients for home and residential use
- Non-admitted patients in WACHS-funded residential care facilities

1.2 Out of Scope

- WACHS admitted patients occupying a hospital bed. Information about the prescription and supply of bed fixed rails for admitted patients is available in the WACHS [Decision Making for Use of Bed Rails Procedure](#).
- Where fixed or integral side rail devices are in situ. Hospital beds have standard integral side rails and profiling mattresses, so the use of slide-in devices is not appropriate in these settings and is contraindicated.
- WACHS does not support the use of bed poles due to the significant risk of asphyxiation from entrapment between a bed pole and the mattress.

2. Guideline

Risk Assessment for Slide-In Bed Rails

- 2.1 Slide-in bed rails are to be prescribed and supplied in accordance with the WA Health MP0168/21 [Provision of Assistive Technology and Home Modifications Guideline](#) and the WACHS [Provision of Loan Assistive Technology and Home Modifications Guideline](#).
- 2.2 Slide-in bed rails will be prescribed by a suitably qualified health professional who is trained to use clinical judgement in their assessment of individual clients, the bed and mattress being used, and the care/supervision available. In most instances this is an Occupational Therapist or Physiotherapist.
- 2.3 Prior to issuing a slide-in bed rail, a comprehensive risk assessment of the bed and client is to be completed by the assessing therapist. The [WACHS Slide in Risk Assessment Matrix \(Appendix 1\)](#) will assist decision making, in addition to considering the following factors:

Client Factors

- Does the client have a history of falls out of bed not related to transferring?
- Does the client have a physical impairment/movement disorder which may affect their ability to use the bed rail safely?
- Does the client have a cognitive or perceptual difficulty that may impede their ability to use a rail safely?
- What level/type of assistance does the client require and what is the availability of the assistance?
- Does the client take any medications that may compromise their ability to use a bedrail safely?
- Does the client have any attachments that may become entangled with the bed rail (Intravenous lines, oxygen tubing)?
- Consider the capacity of the client, carer, and/or support staff to regularly monitor the equipment and reposition daily.
- Consider if the client has pre-existing injuries, pain or other medical conditions affecting upper limbs, neck and back which may affect bed rail use or be aggravated by bed rail use.

Bed Type

- Slide in style rails are not to be used on electrically adjustable bed unless the bed rail is compatible with the brand of electrically adjustable bed and recommended by the bed manufacturer.
- Rails are unlikely to be safe on water beds, due to the potential for gap creation with movement at edges of the mattress.
- Slide-in bed rails must not be tied or fixed to the bed, unless the manufacturer recommends doing so and supplies additional devices such as straps specifically for the purpose of attaching the rail to the bed base
- The client should have a bed with a solid base on which the device will sit flat and securely. If needed a separate base board may be used to cover a slatted bed base. The base board may be fixed to the bed, but the rail should not be fixed to the base board.

Entrapment Zones

- Consider whether entrapment zones exist:
 - within the rail - between top horizontal component of the rail and the top of the mattress.
 - Between the vertical component of the rail and the mattress
 - Between the rail and the head of the bed
 - Between any aspect of the rail and another object i.e. bed side table, chair next to bed.
- Check surrounding furniture placement (e.g. bed side table) and ensure that this will not create an additional entrapment risk with its proximity to the bed rail.
- Ensure that a bedrail can sit flush with the edge of the mattress and no gap will exist.
- Assess whether there is potential for the rail to slide/move or mattress edges compress which may create a potential gap.
- Ensure gaps between the headboard and the bed rail will be either less than 60mm or more than 250mm to limit the possibility of entrapment.
- The gap between the top of the mattress (uncompressed) and the top of the rail should be >220mm to limit the possibility of entrapment. Check mattress height to ensure this is possible. Refer to [Figure 1](#) for correct placement of a bed rail.

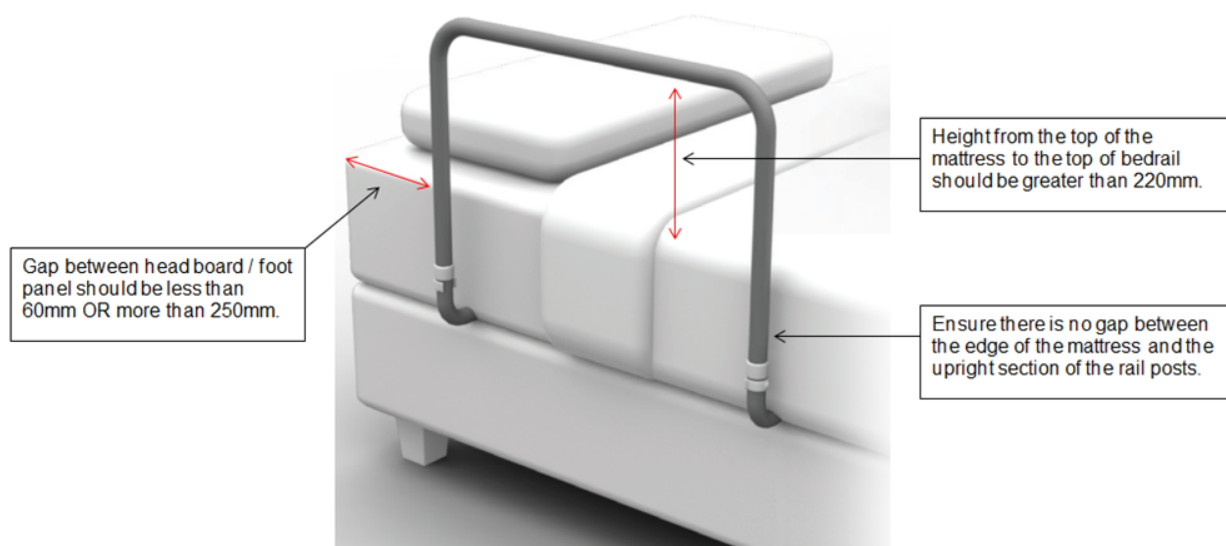


Figure 1: Placement of a Slide-In Bed Rail

- 2.4 If a slide-in bed rail is considered beneficial following the risk assessment, the rationale for bed rail prescription is to be documented in the client's medical file and the WACHS [MR61.1.6 Slide-In Bed Rail Assessment](#) form is to be completed.
- 2.5 Where a bed rail is not issued, reasons for non-issue are to be documented in the medical file.
- 2.6 Slide in Bed Rails are NOT suitable in the following situations:
- There is a gap between the vertical component of the bedrail and the mattress which cannot be eliminated.
 - There is any potential for a gap between the vertical component of the bedrail and the mattress should the rail or mattress move.
 - The user has a history of recurrent falls from bed – not related to transferring.
 - The user has an impairment in cognition (diagnosis or compromised due to medication) or behavioural issues which prevents them from using the bedrail safely.
 - Where the user usually requires supervision/assistance for mobility and has no access to immediate assistance.
 - The bed mattress does not provide sufficient weight for the rail to be used safely.
 - Electronically adjustable (unless specifically supported by the bed provider) or water beds.

Issuing Slide-in Bed Rails


- 2.7 When a slide-in bed rail is deemed suitable:
- The bed rail will be installed as per manufacturer guidelines.
 - The client and/or carer will be informed of the risks of entrapment that may lead to injury and/or fatality.
 - The client/carers will be provided with:

- [WACHS Slide-In Bed Rails Instruction for Use Handout \(Appendix 2\)](#)
- The manufacturer's use and safety instructions
- A copy of the WACHS Slide-In Bed Rail Assessment Form (*in development*) will be provided to the client and/or carer to advise of circumstances in which the bed rail should be removed.

Monitoring and Review

- 2.8 The prescribing therapist will provide education to the client and/or carer at time of issue regarding correct positioning of rail, monitoring of position and client condition.
- 2.9 Client and/or family will be informed that the slide-in bed rail should be removed immediately, and reassessment sought by the prescribing therapist. Changes that warrant review include:
- Cognitive deterioration
 - Mobility deterioration
 - Falls out of bed
 - Medication changes with side effects
 - Communication changes in ability to call for assistance
 - Entrapment or near miss occurs
 - Changes to carer status or availability
 - Change in bed or mattress

3. Definitions

<p>Slide-In Bed Rail</p> 	<p>A lightweight, powder coated 'U' shaped rail secured under the end by sliding the base between the mattress and the base of the bed. It is designed to assist the user to transfer in and out of bed, and manoeuvre in bed. These rails are sometimes referred to as "third party" types as they are not specific to any particular model of bed.</p>
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<p>Slide-In Bed Pole or Bed Stick</p> 	<p>A lightweight powder-coated vertical pole that fits between the mattress and bed base and is designed to assist the user in transferring in and out of bed.</p>
<p>Slide-In Drop Side Rail</p> 	<p>A rail with a similar right angled configuration to the slide-in bed rail, with the addition of a moving component that raises and lowers the side rail. The base is secured by sliding the base between the mattress and the bed base.</p>
<p>Profiling Mattress Base</p> 	<p>Where the base of the bed is able to be adjusted to different positions or settings. Hospital beds commonly have profiling mattresses.</p>
<p>Integral Bed Rails</p> 	<p>These rails are designed to be fitted to specific models of bed and may be incorporated into the bed design or supplied by the manufacturer to be fitted later. They are not covered in this guideline.</p>

4. Roles and Responsibilities

Health Professional

- Will be a suitably qualified health professional trained to use clinical judgement in their assessment of individual clients, the bed/mattress being used and the care/supervision available. In most instances this is an Occupational Therapist or Physiotherapist.
- Conduct a comprehensive risk assessment of client, environment, bed/mattress and entrapment risk, in order to determine the suitability of supplying a slide-in bed rail
- Complete the WACHS Slide-In Bed Rail Assessment Form (*in development*)
- Ensure that any Manufacturer's Safety Notice is attached to the Equipment supplied. Note that these differ from one supplier to another.
- Ensure the client, family or carer is given and understands the [WACHS Slide-In Bed Rails Instruction for Use Handout \(see Appendix 2\)](#)
- Follow-up with the client regarding the use of the bed rail after installation and review the client as clinically necessary
- Ensure that the client, family or carer receive adequate training and are familiar with the contents of this guideline and are aware to inform issuing therapist if there are any changes to patient cognition, function, mobility or environment

Patient / Family / Carer

- Use the equipment according to the instructions given
- Contact the prescribing therapist if problems arise or if there are changes in either the client or bed which require review
- Review the position of the device on a daily basis to ensure correct positioning
- Return the bed rail when no longer required

Delegated Manager

- Managers will ensure that AT and HM is prescribed and provided by appropriately skilled health providers. Refer to the [WACHS Allied Health Practice Framework](#) and [WACHS Allied Health AT & HM Items & Prescriber Requirements](#).

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Monitoring of compliance with this guideline is to be carried out by local managers of allied health staff as part of regular clinical supervision processes.

8. Standards

[National Safety and Quality Health Service Standards](#) – 5.3, 5.10, 5.11, 6.7, 6.9, 6.11

9. Legislation

[Health Services Act 2016](#) (WA)

10. References

1. [Armada Kalamunda Group: Occupational Therapy Issue of Bed Rails for Home Use Guideline](#)
2. Courts Administration Authority of South Australia: Coroner's Finding of Inquest into the death of Arthur John Hutton (May 2010)
3. [Government of South Australia: Domiciliary Equipment Service - Bed Entrapment Zone Measuring Tool Guidelines](#)
4. [Government of South Australia: Domiciliary Equipment Service - Bed rails and Clinical Considerations for Prescribers](#)
5. [Government of South Australia: Domiciliary Equipment Service - Entrapment Zone Compliance Matrix](#)
6. [Government of South Australia: Domiciliary Equipment Service - Guide to Assessing Entrapment Risk](#)
7. [Government of South Australia: Domiciliary Equipment Service - Instructions for Measuring Entrapment Zones](#)
8. [Occupational Therapy Australia Position Statement: Bed sticks, poles and rails \(September 2020\)](#)
9. [Standards Australia \(2007\) AS/NZS3200.1.0-1998 Medical Electrical Equipment Part 2.38: Particular Requirements for Safety – Electrically and Manually Operated Medical Beds for Adult Use.](#)
10. [United States Consumer Product Safety Commission \(2012\). Memorandum – Adult Portable Bed Rail Related Deaths, Injuries & Potential Injuries \(2003-2021\). Bethesda USA.](#)

11. Related Forms

WACHS [MR61.1.6 Slide-In Bed Rail Assessment](#)

12. Related Policy Documents

WACHS [Decision Making for Use of Bed Rails Procedure](#)
WACHS [Provision of Loan Assistive Technology and Home Modifications Guideline](#)
WACHS [Restraint Minimisation Policy](#)
WACHS [TGA Notification and Recall for Medical Devices Policy](#)

13. Related WA Health System Policies

MP 0168/21 [Provision of Assistive Technology and Home Modifications Policy](#)

14. Policy Framework

[Clinical Services Planning and Programs Policy Framework](#)

15. Appendices

Appendix 1: [Slide-In Bed Rails Risk Assessment Matrix](#)
Appendix 2: [Slide-In Bed Rails Instructions for Use Handout](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Slide-In Bed Rails Risk Assessment Matrix

		CLIENT MOBILITY and CARER AVAILABILITY				
		Client is very immobile (bedfast or hoist dependant)	Client has involuntary movement (e.g. Huntington or epilepsy)	Client requires assistance with mobility (i.e. walking aid). No carer available	Client requires assistance & supervision for mobility. Carer present	Client can mobilise independently
PATIENT PRESENTATION	Client is oriented and alert	Bedrails recommended if required	Use bedrails with caution	Bedrails recommended	Bedrails recommended	Bedrails not recommended as should be not be necessary
	Client has a history of falls while transferring into or out of bed	Bedrails not recommended	Bedrails not recommended	Use bedrails with caution	Bedrails recommended	Bedrails recommended
	Client has history of recurrent falls from bed, not related to transferring	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended
	The client has a cognitive impairment / behavioural issues which puts them at risk	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Use bedrails with caution	Bedrails not recommended
	Client is confused and disorientated	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Use bedrails with caution	Bedrails not recommended
	Client is drowsy e.g. alertness compromised by medication	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended	Bedrails not recommended

The matrix above is to be used as a **guide only** in the assessment of client suitability for using slide-in bed rails. Thorough assessment on a case-by-case basis is required to ensure safety.



Appendix 2: Slide-In Bed Rails Instructions for Use Handout

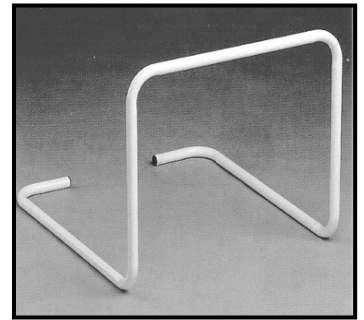
A bed rail is an epoxy coated stainless steel rail that is fitted to the bed by sliding it between the mattress and the base of the bed.

It is used to assist with moving in bed, getting in and out, or to steady you whilst standing by the bed.

INSTRUCTIONS FOR USE

Your therapist will provide instructions on the appropriate use and risks of the device, and fit the bed rail to the side of the bed that you usually get in and out of.

- When positioning the bed rail onto the bed, place the base section of the bed rail underneath the mattress so that it fits between the mattress and the bed base. Ensure there is no gap between the edge of the mattress and the upright section of the bed rail.
- When sitting from a lying position, use the rail to pull yourself up.
- When standing from a sitting position, use the rail to steady yourself.
- The rail may also be useful to assist with rolling over and moving within the bed.
- The bed rail is useful for gently assisting or steadying yourself, it will not take your full weight.
- Ensure the bed rail does not impede getting in and out of the bed.



SAFETY NOTICE!

To prevent the risk of injury or entrapment please follow the safety instructions below:

1. **DO NOT** use for people who have cognitive impairment that impedes their ability to safely use a bedrail
2. **DO NOT** tie or fix the bed rail to the bed base unless your therapist advises to do so **and** it is in the manufacturer's guidelines for this product.
3. Ensure the rail is securely held between the mattress and the base, and sufficient weight is placed upon the bed rail to limit movement of the rail while the user is in bed. The mattress weight is an important factor.
4. The bed rail should only be used on the bed and with the mattress that has been assessed by your Occupational Therapist.
5. **DO NOT** use a bed rail on beds with elevating bed heads (e.g. electric beds, unless specifically supported by the bed manufacturer), manual wind-up or water beds.

Continued...

Prescription and Supply of Slide-In Bed Rails for Non-Admitted Patients Guideline

6. **CHECK DAILY** to ensure there is no gap between the mattress and the upright section of the rail.
7. Should the client have any **CHANGES** to functional ability including their mobility, alertness or increasing falls, report to your Occupational Therapist.
8. Ensure that you have read and understood the instructions provided here, and any manufacturer's instructions provided by your therapist.
9. Weight capacity 110 kg maximum (as per manufacturer's specifications).

CLEANING & MAINTENANCE

- Clean the bed rail as required by wiping with a non-abrasive cream cleanser and dry.
- Check the end caps are in place and intact to avoid damage to the mattress.
- Check regularly for any signs of wear, tear, rust or instability. If you notice any of these signs, cease using the equipment and contact your Occupational Therapist.

Therapist Contact Details

Department:

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Address:

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Therapist Name:

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Phone Number:

Additional Instructions:

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Date:

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