

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

[Twitter.com/WhitHealth](https://twitter.com/WhitHealth)
[Facebook.com/WhittingtonHealth](https://facebook.com/WhittingtonHealth)

Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

Date published: 03/08/2020
Review date: 03/08/2022
Ref: EIM/OT/BRAH/01

© Whittington Health
Please recycle



Bed rails at home

A patient's guide



Why are bed rails at home used?

Bed rails are attached to the side of hospital beds and are one option that may be considered to reduce the risk of people rolling, slipping or sliding out of bed.

Bed rails are not used as a means of keeping a mobile person in bed, even if they might be at risk of falls if they walk. Using bedrails when a person has the physical ability to get out of bed is a form of restraint. Bed rails are also not designed to function as bed grab handles, which are aids for getting in and out of bed and moving around when in bed.

Who decides when bed rails are issued?

Your Occupational Therapist will complete a risk assessment and talk with you and your family about the suitability of bed rails at home.

Bed rails may not be suitable for you and should only be used if the benefit out- weighs the risks.

The risks of using bed rails

Using bed rails will affect your ability to get in and out of the bed. Some illnesses (for example, delirium, dementia, etc) can make people confused and so they might try to climb over the bed rails to get out the bed and injure themselves.

There have been cases reported where people have sustained bedrail related injuries. Please see this example from the Medicines and Healthcare products Regulatory Agency:
A bed occupant died after climbing over the bed rails and falling. The user touched the bed position control and raised the bed to its maximum height. They then tried to get out of the bed by climbing over the rail, only to fall and suffer a broken neck. The additional height of the bed rail likely increased the severity of the injury.

If your Occupational Therapist is at all concerned that your condition or behaviour may cause this to happen, bed rails may not be provided.

If bedrails are deemed suitable and issued to you for use in your home, your Occupational Therapist will provide padded breathable covers over the rails. This is to minimise the risk if you move in bed to a position where your face is against the bed rails to prevent suffocation. They will also protect you if you move and accidentally knock your legs into the bedrails and prevent you getting your arms or legs stuck between the bars.

What are the other options to bedrails?

Your Occupational Therapist will speak with you and your family about alternative options when bed rails are not safe to reduce the risks of rolling, slipping or sliding out of the bed: For example, using a very low bed with a crash mat on the floor.

What happens if circumstances change after discharge and bedrails are no longer needed or are required?

Once people are in their home environment they may behave differently from how they were in hospital. A reassessment may be required about the provision of bedrails. If this is the case, you should contact your local social services occupational therapy department on the number below:

Haringey 0208 489 1400

Islington 0207 527 2299

Camden 0207 974 6666

Barnet 0208 359 5000