

BED RAILS RISK ASSESSMENT TOOL - Use for types of bed rails and grab handles with extreme caution and only when all other methods of support have been excluded and this tool completed.

Are you completing this form as the main prescriber or on behalf of a colleague?
If for a colleague, please give name, role and contact details. (optional)

1. Is the person at risk of falling or history of falls or safety compromised?

- Yes
- No

2. Have you considered alternatives to bed rails? See box 13.

- Yes
- No
- N/A

3. Does the person live with someone who is aware of the risks and has agreed to check the safety and well-being of the person with bed rails?

- Yes
- No
- N/A

If yes - Named Person or Role (optional)

4. Has the person given informed consent to have bed rails?

- Yes
- No

5. If not has a best interest decision been made following an MCA? (If yes to Q 4 put NA and elaborate in persons own notes)

- Yes
- No
- NA

6. Is person independent with the equipment?

- Yes
- No

Reference Q6. If not, state level of assistance required to use the equipment safely and who will be providing that assistance.

Cognitive function or state: Involuntary movements/spasms: Environment hazards and actions to mitigate for safe use of equipment.

7. Does the person have a sensory impairment e.g., Vision or hearing that could affect the safety of the use of bed rails?

- Yes
- No

8. Is the person independent with equipment to mobilise and transfer?

- Yes
- No

9. Do you have any concerns about the person needing to get out of bed during the night?

- Yes
- No
- N/A

10. Do you have any concerns about the person attempting to try and climb out of bed with rails i.e., full length?

- Yes
- No
- N/A

11. Is the person more confused at night?

- Yes
- No

12. If applicable, will a bed rail bumper reduce the risk of entrapment or knocking against the rails? State NA if not applicable.

- Yes
- No
- N/A

13. Is the equipment being ordered for an adult or child of small stature?

- Yes
- No

If the decision is NOT to use equipment identified above, what has been considered? Please give reasoning here and elaborate in persons records. (optional)

If ordering a bed designed for use by adults with typical body dimensions (please document below, including any steps which need to be taken to reduce risk (optional)

14. Are there gaps between rails and the mattress which may cause entrapment?

- Yes
- No

Date and time of Assessment

Prescribed Decision

- Yes
- No

Name of Assessor

Designation