



# THE ABBEYFIELD FERRING SOCIETY LTD POLICY & PROCEDURE/GOOD PRACTICE GUIDELINES

Policy Ref:	AF005	Effective date:	April 2019
Owner:	Abbeyfield Ferring Society	Review date:	April 2020

Title:	Bed Rail Policy
<p>1. Background</p>	<p>The use of bed rails following an individual risk assessment can be beneficial to those residents who may be at risk of falling from their bed due to such problems as poor mobility, dementia or resulting from the effects of medication. Bed rails are used to prevent or reduce the risk of a resident accidentally falling, sliding or rolling out of bed. They are not used for restraint or for assisting mobility. Evidence shows that there is an increased risk of falls and injuries to residents in beds without bed rails compared to beds fitted with bed a rail which is associated with lower rates of injury.</p> <p>Bed rails may not be suitable for some residents; their use involves hazards that have the potential to cause injury and death if they are incorrectly or inappropriately used. Entrapment and asphyxiation has occurred to residents in gaps or being caught between the rail, bed or mattress interface. Commonly reported failings are incorrectly fitted bed rails, poor rail design with large spacing between the rails, use with air mattresses reducing effectiveness and a lack of maintenance. Nationally, the reported incidence of deaths caused through entrapment by bed rails is low; however most of these deaths were avoidable if good practice guidance had been followed.</p> <p>Therefore a full assessment of the suitability of the bed rail, bed and bed base must be carried out and considered alongside the identified potential risks associated with their use for each resident. Residents and where appropriate relatives must be consulted, informed and take part in the decision process for the use of bed rails as a safety measure. Care staff must be vigilant and follow guidance to prevent the risk of injury and entrapment through the use of bedrails.</p>
<p>2. Objectives</p>	<p>Abbeyfield Ferring Society is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of Abbeyfield. Abbeyfield Ferring Society will also comply with all relevant and current legislation.</p> <p>The aim of this policy is to ensure the safe use and application of bed rails through a risk assessment process which balances the risks and benefits to residents, taking their wishes into account.</p> <p>To ensure that residents identified at risk of accidentally slipping, falling or rolling out of bed are informed and where able, take part in decisions to use bed rails that promotes their safety and well-being.</p> <p>Registered care employees, maintenance staff and agency care personnel will be responsible to ensure the safe and effective use of bed rails based upon information, instruction, and training and manufacturers guidance.</p>

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	This commitment is based on the Mission and Values of Abbeyfield. Abbeyfield Ferring Society will also comply with all relevant and current legislation.
3. Scope	This policy applies to all staff and volunteers working in houses, care homes or in an individual's homes.
4. Policy	
4.1.	<p><b>Policy Statement</b></p> <p>It is the policy of Abbeyfield Ferring Society that all bed rails will be used safely and effectively through an individual risk assessment process based upon risk benefit analysis and incorporates the respects and rights of residents. They are not to be used as a restraint device or to aid a resident's mobility whilst in bed.</p> <p>This policy applies to all registered care employees, maintenance staff and agency care personnel who will use relevant information, instructions, training, supervision and manufacturers guidelines to promote and maintain appropriate and safe use of bed rails for residents.</p>
4.2.	<p><b>Definition and Terms</b></p> <p>The term 'bed rail' is used within this policy and will be the common reference term throughout Abbeyfield Ferring Society registered care homes and houses.</p> <p>Bed rails are classified into two basic types:</p> <ol style="list-style-type: none"> <li>1. Integral: which are incorporated into the design and supplied with the bed for example profile beds.</li> <li>2. Third Party: not specific to any bed model</li> </ol> <p>Bed rails are referred to 'Medical Devices' and any faults or defects come under reporting requirements.</p> <p>The good practice guidance used within this policy namely refers to the <b>MHRA Device Bulletin 2006(06): Safe use of bed rails. December 2006.</b></p>
4.3.	<p><b>Roles and Responsibilities</b></p>
4.3.1	<p>Care home and supported living managers are responsible for ensuring that:</p> <ul style="list-style-type: none"> <li>• Only designated and trained care staff can make decisions about the use of bed rails for a resident.</li> <li>• All designated care staff with the responsibility for the use of bed rails for residents must be provided with information, instruction, training, and supervision based upon good practice guidance to ensure their competence for safe use.</li> <li>• Decisions to use bed rails are made through a risk assessment process that balances the potential risks and benefits for a resident together with their</li> </ul>

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4.3.2	<p>informed consent; where the resident lacks the capacity to consent guidelines in Mental Capacity Act 2005 will be followed.</p> <ul style="list-style-type: none"> <li>• In an emergency the decision to use bed rails will be the responsibility of the care manager or nominated deputy in the best interests and safety of the resident.</li> <li>• Where appropriate, others involved in the resident’s care are kept informed of the decision to use bed rails and advised on the process for their safe use.</li> <li>• The purchase, selection, fitting and use of bed rails is compatible to the types of bed and mattresses in use and follows good practice guidance and manufacturer’s instructions.</li> <li>• There are a sufficient number of bedrails available to ensure the safety of residents and to meet their assessed needs.</li> <li>• Maintenance staff or contractors are competent to inspect and maintain bed rails in a safe condition for use and keep records up to date; they must be made aware and informed of this policy and follow good practice guidance and manufacturer’s instructions.</li> <li>• Agency care staff given responsibility for bed rails must be competent and provided with relevant information, instruction, supervision and guidance based upon the good practice guidance and manufacturer’s instructions for bed rails.</li> <li>• All bed rails are included within a cleaning schedule before, during or after use for the prevention and control of infection.</li> <li>• All accidents, injuries, adverse incidents, near misses, must be recorded and reported as appropriate to the Business manager and the health and safety team with approval before notifying the Care Quality Commission and if required the Health and Safety Executive; the on-call duty director must be contacted for serious incidents out of normal working hours.</li> <li>• Any defects or faults with bed rail equipment must be recorded and reported to the Medicines and Healthcare products Regulatory Agency (MHRA) and the Business Manager Health and Safety team notified.</li> <li>• Appropriate action must be taken in response to medical device alerts concerning the safety and use of bed rails.</li> <li>• All actions and decision process outcomes must be documented in residents’ care plans and supportive practice records maintained and kept up to date.</li> <li>• The continued need and use of bed rails for individual residents is monitored and regularly reviewed by care staff.</li> <li>• Communicate and keep staff informed of any new practice guidance and medical device alerts concerning the safe use of bed rails.</li> </ul> <p>Care Staff who are responsible for bed rails must ensure that:</p>
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- They have received, read and use the supportive information, instruction, training and follow the good practice guidance and where applicable manufacturer's instructions.
- Decisions to use bed rails are made through a risk assessment process that balances the potential risks and benefits for a resident together with their informed consent; where the resident lacks the capacity to consent guidelines in Mental Capacity Act 2005 will be followed.
- Residents are involved in the decision process for using bed rails, if they have the capacity to make this decision.
- Assurance is provided to residents and others involved in their care that continued use of bed rails will be closely monitored and reviewed. The use of bed rails, together with the reasons for use is documented in the resident's care plan and routinely monitored, reviewed and updated.
- The selection, fitting and use of bed rails is compatible to the type of bed and mattress in use for a resident, following good practice guidance and manufacturer's instructions.
- All accidents, injuries, adverse incidents, near misses and equipment defects or faults must be recorded and reported to the care home manager or nominated deputy.
- Any faulty bed rail equipment must be taken out of use and replaced following the risk assessment process and good practice guidance to ensure the continuation of safe use for residents.
- Bed rails are routinely cleaned while in use as part of prevention and control of infection measures.

Maintenance staff or contractors responsible for bed rails must ensure that:

- They have the relevant information, knowledge, skills and experience to ensure competence for inspecting and maintaining bed rails so that they are fit for purpose and in a safe condition for use.
- The routine inspection and maintenance of bed rails must conform to manufacturer's recommendations.
- Bed rail equipment faults or manufacturing defects must be reported to the care manager or nominated deputy.
- A log of bed rail equipment is maintained and kept up to date for inspections, repairs and maintenance.

All other care staff must ensure that they:

- Have a basic awareness and are informed about the purpose and safe use of bed rails.

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	<ul style="list-style-type: none"> <li>• Report any concerns, risks, accidents, incidents or near misses they may encounter with the use of bed rails by residents.</li> <li>• Support the safe use of bed rails.</li> </ul>
4.4.	<p><b>Consultation and deciding to use bed rails (Arrangements)</b></p> <p>All decisions to use bed rails are made through a risk assessment process that balances the potential risks and benefits for a resident together with their assessed needs to ensure their safety. An individual risk assessment will be completed and reviewed appropriately. A resident needs to be informed and involved in the decision process about whether or not to have bed rails if they have the capacity that is, the ability to understand and evaluate the risks and benefits of bed rails.</p> <p>If a resident lacks capacity to make a judgement, then care staff have a duty of care to decide, through an individual risk assessment and decision process if the benefit of using bed rails is greater than the risk of not using them.</p> <p>Decisions to use bed rails must take into account the initial assessment of needs, any history of previous falls occurring with a resident and measures taken for prevention; check with the resident or consult others involved in their care as appropriate if they have previously used bed rails, their normal behaviour and preferences taking care to explain the risks and benefits.</p> <p>Discussion, decisions and action taken about the use of bed rails must be documented within the residents care plan, signed and dated.</p> <p>The consent of the resident to the use of bed rails must normally be obtained but where a resident lacks capacity to consent, the Mental Capacity Act 2005 must be followed. Any decision will be made in the best interest and safety of the resident.</p> <p>In an emergency situation the decision to use bed rails will be the responsibility of the care home manager or nominated deputy. As soon as practicable after the emergency, normal consultation policy procedures will be followed and reviewed.</p> <p>Assurance must be provided to the resident and relatives that if required and subject to risk assessment the use of bed rails will continue as a safety measure but will be continuously monitored and reviewed, especially if a resident's condition or wishes change. Removing bed rails will be subject to a consultation and review process which may require a multidisciplinary assessment and agreement.</p>
4.5.	<p><b>Purchasing, Maintenance and Using Bed Rails</b></p> <p>Only bed rails that meet recognised product standards are to be used. Manufacturer's instructions and recommendations for safe use must be available.</p>

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	<p>Bed rails must be suitable for the beds in use and correctly fitted to the bed bases allowing safe use. Mattresses must be the correct size for the bed and within bed manufacturers limitations to prevent gaps or bed rails not fitting properly that could increase the risk of entrapment. Any covers used for rail bumpers or padding must be air permeable to prevent the risk of suffocation.</p>
4.6.	<p><b>Maintenance and Cleaning</b> Each piece of bed rail equipment must be labelled and systematically recorded in a bedrail equipment log to enable routine inspections and maintenance.</p> <p>All bed rails should be visually <b>checked daily</b> when in use, and a full maintenance <b>inspection carried out monthly</b>. All checks and inspections must be documented and records kept up to date.</p> <p>Any bed rails that are faulty or in poor condition must be removed immediately from service and labelled 'out of use' accordingly until either repaired or disposed.</p> <p>Bed rail equipment design faults or manufacturing defects must immediately be reported to the care home manager or nominated deputy. Bed rails must only be maintained by competent persons.</p>
4.7.	<p><b>Reporting Accidents, Injuries, Adverse Incidents and Equipment Faults</b> All accidents, injuries, adverse incidents, near misses and equipment defects or faults must be recorded and reported to the care home manager or nominated deputy. In the event of a serious incident resulting in death, major injury or admission to hospital then the Chief Operating Officer must be informed, who will then inform the Chairman of the Executive Committee. The out of hours emergency number must be contacted out of normal working hours.</p> <p>The data for accidents, injuries, adverse incidents, near misses and equipment defects must be recorded monthly as part of the accident reporting and monitoring systems.</p>
4.8.	<p><b>Monitoring and Review</b> The individual risk assessments of residents will be routinely checked with change and reviewed monthly to ensure the continued safe use of bed rails.</p> <p>Internal self-audits will be undertaken annually and reviewed to make sure standards of practice are being maintained.</p>
5. Training	<p>All care staff and agency personnel must be provided with information, instruction, training and supervision by a competent person in the correct use of bed rails.</p>

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	<p>Information, instruction and training should be provided as part of the induction process for newly appointed care staff with annual refresher training for existing care staff. Training will include the BUPA/HSE computer based online training and information programme for the 'safe use of bed rails' with an integral question and answer assessment quiz to test basic understanding.</p> <p>Instruction and training must be followed by practical supervision by a competent person and include an 'assessment of staff competency to risk assess bed rails' (Appendix 6). When training and supervision is successfully completed, care staff will have achieved a competency standard to safely operate and use bed rails for the daily care of residents.</p> <p>Induction, training, supervision and competency assessment forms once completed, must be signed and dated by the trainee and supervisor and kept within the personal training records. All information, training, supervision and competency assessments must be recorded and kept up to date.</p> <p>Where training is seen as essential for a staff members job it is a mandatory requirement that they attend when training sessions are arranged to ensure the company complies with their legal duty.</p>
6. Supporting Appendices	<ul style="list-style-type: none"> <li>• Individual Risk Assessment</li> <li>• Bedrail Register</li> <li>• Monthly Bedrail Checklist</li> <li>• Bedrail Inspection and Maintenance Log</li> <li>• Training and Supervision in the Safe Use of Bed Rails Process</li> <li>• Assessment of Staff Competency to Risk Assess Bed Rails</li> </ul>
7. Linked policies	<ul style="list-style-type: none"> <li>• Health and Safety Policy</li> <li>• Infection Prevention and Control Policy</li> </ul>
8. Legislation / Regulation	<p>The Health and Safety at Work Act 1974  The Management of Health and Safety at Work Regulations 1999.  Provision and Use of Work Equipment Regulations 1998.  Workplace (Health, Safety and Welfare) Regulations 1992.  The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).  Health and Social Care Act 2008 (Regulated Activities) Regulations 2010  Care Quality Commission (Registration) Regulations 2009.  Mental Capacity Act 2005.</p> <p>Good Practice Guidance for this policy is based upon:</p> <ul style="list-style-type: none"> <li>• MHRA Device Bulletin 2006(06): Safe use of bed rails. December 2006.</li> <li>• NPSA Notice 17: Using bed rails safely and effectively February 2007.</li> </ul>

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	<ul style="list-style-type: none"> <li>• HSE – Safe use of bed rails</li> <li>• MHRA Device Bulletin (2007) (01): Reporting adverse incidents and disseminating medical device alerts.</li> <li>• HSE Health and Safety in Care Homes HSG 220 (2014)</li> </ul> <p><b>Compliance with Regulations and Outcomes</b></p> <p>The safe use of bedrails for residents will support compliance with the essential standards of quality and safety regulations with particular reference to:</p> <ul style="list-style-type: none"> <li>• Outcome 1 Respecting and involving people who use services</li> <li>• Outcome 2 Consent to care and treatment</li> <li>• Outcome 4 Care and welfare of people who use services</li> <li>• Outcome 8 Cleanliness and infection control</li> <li>• Outcome 11 Safety, availability and suitability of equipment</li> <li>• Outcome 12 Requirements relating to workers</li> <li>• Outcome 14 Supporting workers</li> <li>• Outcome 16 Assessing and monitoring the quality of service provision</li> <li>• Outcome 21 Records</li> </ul>
9. Review	Every 2 years, subject to any regulatory or legislative updates.



## Appendix 1: Individual Risk Assessment

<b>Resident's Name:</b>		<b>Name of Assessor:</b>	
<b>Registered Care Home:</b>		<b>Date of Assessment:</b>	
<b>Name of Care Manager:</b>		<b>Review Date:</b>	
<b>Instructions for Use:</b>			
<ol style="list-style-type: none"> <li>1. This risk assessment should be carried out before use to evaluate the benefits and risks for each resident.</li> <li>2. Review the risk assessment after each significant change in a residents condition, replacement of any part of the equipment and monthly during it period of use.</li> <li>3. Assess the resident, bed rails, fitting and maintenance and maintain a record</li> <li>4. Following the risk assessment complete the 'Agreement and Consent' for use of bed rails</li> </ol>			
<b>Assessment questions to consider:</b>	<b>Yes</b>	<b>No</b>	<b>If 'No', then identify the action to be taken</b>
<b>Resident's Assessment</b>			
1. Is the resident at risk of falling out of bed?			
2. Has the resident actually fallen out of bed?			
3. Have alternative methods of bed management been considered?			
4. Has the resident been assessed for the use of bed rails which takes into consideration their mobility, weight, size, their clinical condition (both physical and psychological), etc?			
5. Has the resident been assessed for the use of bed rail covers/bumpers?			
6. Has interaction with other essential equipment for the individual resident (e.g. hoists, bed table) been considered?			

## Appendix 1: Individual Risk Assessment

7. Has interaction with the resident's environment (e.g. restricted access) been considered?			
8. Is there any other special requirement this resident has been assessed for which may influence bedrail usage (e.g. catheters)			
9. Has the resident been informed, consulted with and their wishes been sought?			
10. If the resident does not have capacity, has the relative/LPA or advocate been consulted?			
<b>Bed rail Equipment</b>			
11. Has the option of using a bed with integral bedrails been considered?			
12. Are the bedrails suitable for the bed type according to the manufacturers or suppliers instructions?			
13. Does the manufacturer or supplier provide instructions and up to date information to select and fit the bedrails for use?			
14. Are the gaps between the rails less than 120 mm?			
15. Does the supplier or manufacturer provide advice on any special considerations or contra-indications for their use?			
16. If not using integral bedrails, do the fittings, spaces between the bedrail, mattress and bed surround allow the bedrail to be fitted to the bed securely, avoiding gaps, so that there is no excessive movement or the risk of entrapment, in particular is a residents head or body large enough not to pass: <ul style="list-style-type: none"> <li>• between the bars of the bed rails?</li> <li>• between the end of the bed rail and the headboard?</li> <li>• between the mattress and the lowest rail of the bedrail when compressed by the bed occupant?</li> </ul>			

## Appendix 1: Individual Risk Assessment

• from the height of the top of mattress to the top bedrail?			
17. Are the headboard/footboard to bed rail end gaps less than 60mm or greater than 250mm?			
18. Does the bed rail provide sufficient height protection when used with a pressure relieving mattress?			
19. Have the bed rails been assessed for any other types of injury to the bed occupant (e.g. sharp edges, trapping)?			
20. Have the bed rails been assessed for any other types of injury to staff members (e.g. see above point)?			
21. Are the bumpers provided compatible with the bedrails and fitted correctly?			
22. Have the bumpers been assessed for possible suffocation risks and covers are air permeable?			
23. Does the supplier or manufacturer provide after sales support/maintenance?			
24. Has the bed rail been inspected, maintained regularly and cleaned, if previously used?			
25. Have the bedrails been evaluated for their ease of use?			
<b>Fitting and Maintenance</b>			
26. Have the bed rails been fitted correctly?			
27. Are the bedrails secure, rigid and close to the mattress?			
28. Are the bedrails in good working order (that is, they easily do the job stated)?			
29. Are the bed rails routinely checked and maintained?			



## Appendix 1: Individual Risk Assessment

<b>Competency and Training</b>			
30. Have staff members been assessed for their competency?			

### Agreement and Consent

Following this risk assessment it is agreed that bed rails should be used in the best interests of the resident. It is recognised that bedrails can restrict freedom of movement but that in this case, the use of bedrails are a suitable measure to reduce the risk of falling out of bed.

1. Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Assessor's Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

3. Resident's relative/advocate's signature: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to resident: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix 3: Bedrail Monthly Checklist



<b>Resident's Name:</b>		<b>Name of Assessor:</b>	
<b>Registered Care Home:</b>		<b>Date of Assessment:</b>	
<b>Instructions for Use:</b>			
5. Re-assess the bedrails for each resident to ensure they continue to be appropriate and safe for use.			
6. If the answer to the following questions is 'No', then identify the action to be taken.			
<b>Checklist questions to consider:</b>	<b>Yes</b>	<b>No</b>	<b>If 'No', then identify the action to be taken</b>
1. Does this resident still meet the criteria for the safe use of bed rails?			
2. Are the bedrails still suitable for the provision of care and equipment used?			
3. Are there any potential injury sites on the bedrails for either resident or staff member?			
4. Are staff able to clearly demonstrate correct use of bedrails? (ask staff to demonstrate)			
5. Are staff able to clearly state the risks involved with use of bedrails? (ask staff)			
6. Have staff been provided with suitable information, instruction, training and supervision for the type/s of bed rails in use and available in the care home?			
<b>Fitting and Maintenance</b>			
7. Do the bedrails continue to be fitted correctly, that is, are they secure, rigid and close to the mattress?			

### Appendix 3: Bedrail Monthly Checklist



8. Are the bumpers in use the correct ones for the type of bed rails and are they fitted correctly?			
9. Are the spaces between bedrail, bed frame and mattress appropriate to preventing entrapment?			
10. Does the bedrail provide sufficient height protection when used with a pressure-relieving mattress?			
11. Are the bedrails in good working order that is, going up and down easily and are fixed securely in the upright position?			
12. Are maintenance procedures for safe use of bed rails in place and routinely inspected?			

**Assessor Signature:**



**Appendix 4: Daily Bedrail Inspection and Maintenance Log  
(To be kept in residents room)**

**Registered Care Home:**

**Bed Rail Number:**

**Month:**

Date of Inspection	Faults detected		Actions Taken	Signature
	Yes	No		
1				
2				
3				
4				
5				
6				
7				
8				
9				
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All staff must be informed, instructed, trained, supervised and assessed in the safe use of bed rails. This is divided as follows:

1. Information, instruction and training
2. Supervision and assessment to assure competency.

### **Information, Instruction and Training**

1. Staff must be made aware of and read through the policy, procedures and supportive good practice guidance for example, *MHRA Device Bulletin 2006(06): Safe use of bed rails. December 2006.*
2. The staff member must then meet with their supervisor and go through the computer based online 'BUPA/HSE Training and Information programme' with an integral question and answer assessment to test basic understanding. Where there is limited access to computers for training an equivalent designed training programme can be used for the safe use of bed rails.
3. At all times the opportunity for questions or explanations must be provided.
4. Once the staff member has completed the BUPA/HSE online programme or equivalent training programme and gained at least a 70% in the assessment quiz, this must be recorded, signed and dated in the attached 'record of achievement form' to show successful completion. A copy of the assessment quiz, with questions and answers, is available in Appendix 7: Safe use of Bed Rails - test your understanding quiz which is based upon the BUPA/HSE training programme and can be used together with an equivalent (non-computer based) training programme.

### **Supervision and Assessment to assure competency**

5. On completion of the training and information the staff member will then need to be practically supervised and assessed. Please refer to Appendix 6 - Assessment of Staff Competency to Risk Assess Bed Rails.
6. Please ensure that staff are provided with copies of completed training, supervision and assessment records for their own 'development and training' portfolio records.

**Record of Achievement: Safe use of Bed Rails.**

Date:

This is to confirm that *(insert staff member name)*  
..... has read through the policy and  
successfully completed the training and assessment quiz for the 'Safe use of Bed  
Rails'.

Name of Trainer/Assessor: .....

Signed: .....

Name of Staff Member: .....

Signed: .....