

Approach to Bed Safety in Client Assessments Occupational Therapy Handout

Purpose: To support Occupational Therapists in making informed, safe, and compliant decisions when assessing the need for bed rails and other safety equipment in accordance with current guidance (including MHRA 2013, PUWER 1998, MCA 2005, DoLS, and Human Rights Act).

Initial Considerations

- Identify the purpose of the bed (e.g., mobility aid, pressure relief, overnight care)
- Assess the environment (space, flooring, lighting, trip hazards)
- Identify personal risk factors (e.g., cognitive function, behavioural risks, previous falls, epilepsy, involuntary movements)

Legal & Ethical Frameworks to Guide Clinical Reasoning

- **MHRA (2013):** Safe use of bed rails – ensure compatibility, gap measurements, and proper fitting
- **PUWER (1998):** Equipment must be suitable, well-maintained, and users must be trained
- **MCA (2005) & DoLS:** Determine capacity, consent, and the need for the least restrictive option
- **Human Rights Act (1998):** Avoid degrading treatment and uphold dignity and autonomy

Key Safety Questions Before Prescribing Bed Rail

- Is the client at risk of falling from bed?
- Does the client understand the function of the bed rails?
- Could bed rails cause confusion, entrapment, or injury?
- Could alternatives such as ultra-low beds, bumpers, or positional supports be safer?

Bed Rail Safety Checks *(In line with MHRA 2013 guidance)*

- Are bed rails compatible with the mattress and bed base?
- Is the gap between the rail and mattress edge < 60mm?
- Is the height from the mattress surface to the top of the rail > 220mm?
- Are entrapment risks around the headboard and footboard mitigated?

Alternative or Supplementary Safety Measures

- Ultra-low beds (to minimise injury without restraints)
- Bed bumpers (to cushion movement and prevent gaps)
- Anti-entrapment systems (e.g. Laybrook's concertina-style bellows)
- Child/dementia-safe remotes (lockable or remote-controlled)
- Bed exit lights for night-time safety

Clinical Documentation and Justification

- Document rationale for use or non-use of bed rails
- Record who was involved in the decision (client, family, MDT)
- Detail assessment outcomes and chosen equipment
- Ensure ongoing review, particularly if needs or cognition change

Summary – Best Practice Reminders for OTs

- Always assess individually – no one-size-fits-all
- Consider the mental capacity and communication ability of the client
- Use the least restrictive, most enabling solution
- Justify decisions using the relevant legal framework and clinical evidence



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