**B3 Bedrail Assessment Appendix 1**

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| **Name of Person we Support:** |
|  | **I have full capacity and can make this decision for myself** | **I have the capacity to make some of this decision for myself** | **The person we support lacks capacity and this decision has been made in their best Interests** |  **There is an appropriate LPA, EPD, or Court appointed deputy who has been consulted?** | **DOLs/DOL - Date of submission/ resubmission:****DOLs/DOL****Conditions: Y/N** |
| **How I make choices or give my consent** |  |  |  |  |  |

**Where there is a risk identified this must form part of the bedrail assessment and individual risk assessemt.**

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|  | **Date:**  | **Date:**  | **Date:**  | **Date:**  | **Date:**  |
|  | **Y** | **N** | **RA** | **Y** | **N** | **RA** | **Y** | **N** | **RA** | **Y** | **N** | **RA** | **Y** | **N** | **RA** |
| 1. Does the person have a risk of falls out of bed? Follow falls procedure too.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Will the use of bedrails cause the person we support distress? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Has the person been assessed as requiring bed rails by a health care professional? If so has a DOLs been put in place if appropriate?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Is a bedrail the best solution? Can an alternative method of bed management be used e.g. bed monitor, falls mat, low profile bed?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Does the person’s physical size and behaviour present a risk?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Is the person we support likely to roll, slip or slide out of bed?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Will any of the above create an entrapment hazard?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Is the person we support able to get out of bed independently? If yes, will they be able to operate the rails safely? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Is their head or body small enough to pass through and become trapped in the bed rail’s base? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Any gap between the lower bed rail bar and mattress? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Are there any gaps between the end of the bed rail and the headboard/footboard? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Has the bedrail been correctly fitted following manufacturers instruction? (HSE Guidelines)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Are bed rail covers required to prevent entanglement? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. If pressure relieving overlay mattress, or air filled mattress is to be used, has the height of the bedrail adjusted?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date** | **Actions Identified**  | **Added to PCCP** | **Individual Risk assessment in place** |
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