Enablers Procedure: Safe and Appropriate Use (including bedrails)

Purpose

The aim of the safe and appropriate use of enabler procedure is to ensure the safety of all patients/service users utilising enablers, including bed rails in all care settings, whilst promoting their independence and respecting their rights.

Applicability

All clinical staff

Exclusions

Bedrails in the raised position are not classified as an enabler or restraint when:

The use of bedrails or cot sides are in use for young children as a normal response to their developmental age

OR

The use of bedrails for a patient who is supervised and is:

- In transit

- On a narrow trolley

- Recovering from general anaesthesia

Definitions

Enabler: An enabler limits a person's normal freedom of movement, and can only be used after appropriate clinical assessment and requires voluntary agreement with the user.

Items that constitute an enabler include, but are not limited to, bedrails, tray tables, chair that patient cannot move out of independently.

It is not the equipment, device or furniture that makes something an enabler rather than a restraint, but the intention behind its use. When something is used with the intent to promote independence, comfort and safety, and the use is voluntary, it can be called an enabler.

Like restraints, enablers should be the least restrictive option that meets the needs of the person safely. Enablers should improve a person's quality of life by promoting overall independence, comfort and safety.

Voluntary: As per Right 2 of the Code of Health & Disability Services Consumers' Rights, a Voluntary agreement (or consent) is given where the consumer is free from discrimination, coercion, harassment or exploitation.

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Page 1 of 5

Service Responsibilities

Ensuring that enablers are used in partnership with the patient and their families, and that patients and their families are educated on the appropriate use of enablers thus safeguarding that the use of enablers is voluntary.

For example: Bedrails can restrict normal movement from the bed if the person wants to mobilise out of bed. It is therefore important that the staff member identifies this to the patient and ensures they make the appropriate decision on their use, this will include education on the use of their bell and education on ringing early if they want to toilet to prevent risk taking and possible falls.

It is therefore recommended that consultation with Allied Health takes place to ensure all alternative options for mobilising (e.g. mobile equipment such as: bed loops) are considered prior to instigating the use of an enabler (such as bedrails).

Ensuring enablers, are correctly installed/used and that the bed, mattress and bedrails are compatible, so as to avoid gaps that potentially could lead to entrapment.

Assuring enabler equipment maintenance to ensure equipment safety. Damaged or faulty equipment must be clearly labelled as faulty and removed from circulation.

Assessment

The use of enablers is a clinical decision by the inter-disciplinary team (IDT), and is made in partnership with the patient and family/ whanau following an assessment of risks and benefits as they apply individually to the patient. Use of the enabler is included for review at IDT meetings.

Where a patient and/or their whanau request the use of an enabler the decision remains a clinical decision. The rationale for the decision should be discussed with the patient and whanau and documented in the patient's care plan and clinical record.

The safe and appropriate use of enabler's quick reference guide (Appendix 1) aids decision making on when not to use bedrails, when bedrails may be appropriate and can be classified as an enabler and also when bedrail use is appropriate.

Monitoring enablers

The monitoring of the patient during enabler use is to be determined at each shift handover and every point of contact and documented in the patient's care plan and clinical record. Staff are responsible for the assessment of risks, safety and the appropriateness of enablers use, at each point of contact.

Documentation and Communication

Where enablers are used the clinical rationale for use and the monitoring requirements are to be documented in the patient's care plan and clinical record and communicated at shift handovers.

Where enablers use has been discontinued the clinical rationale is to be documented in the Patient's care plan and clinical record.

Incident Reporting

Where the use of enablers is associated with a clinical incident (restraint, or near miss) the relevant Incident form in Safety 1st (e.g. Restraint Register) is required to be completed.

Owner: CDHB/WCDHB RAMG

Authoriser: EDON

Ref: 2404971

EDMS version is authoritative.

Issue date: 17 July 2020

Page 2 of 5

Measurement/Evaluation

Environmental Scan Audit - To ascertain correct use of limiting devices restricting normal freedom of movement, at point in time of scan being undertaken.

Review Frequency: Annual audit or to be completed 6 monthly where audit indicates areas and/or issues to be addressed, or more frequently as agreed at divisional level.

Associated material

Controlled documents

- Restraint Minimisation & Safe Practice Policy
- Audit Tool Environmental Scan
- Audit Guide Environmental Scan

Supporting material

- NHS Improvement https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/

- NZS 8134.1:2008 *Health and disability services Standards – Health and disability services (core) Standards*

- NZS 8134.2:2008 Health and disability services Standards – *Health and disability services (restraint minimisation and safe practice) Standards*

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

- Health and Disability Services (Safety) Act 2001

- Health and Safety in Employment Act 1992

- Human Rights Act 1993

- Privacy Act 1993

Owner: CDHB/WCDHB RAMG

Authoriser: EDON

Ref: 2404971

EDMS version is authoritative.

Issue date: 17 July 2020

Page 3 of 5

Appendix 1

Safe and Appropriate Use of Enablers (including Bedrails)

An enabler limits a person's normal freedom of movement and can only be used after appropriate clinical assessment and requires voluntary agreement with the user.

Quick Reference Guide

DO NOT use Enablers

- ✗ to limit a person's normal freedom of movement
- ✗ when no voluntary/consent is given
- ✗ where a person is likely to become confused

Enabler (including bedrail) use is appropriate

When enabler is used with intent to promote independence, comfort and safety.

Allied Health input is recommended.

- ✓ Use is voluntary
- ✓ Rationale is discussed with the patient and/or family and alternatives are considered

Service/Staff Responsibilities

- ➤ Rationale is documented in care plan and clinical record
- ➤ Monitored at each point of contact and during each shift
- ➤ Communicated at each shift handover

Bedrail Use is appropriate and is not classified as an enabler

- ✓ for young children as a normal response to their developmental age
- ✓ for a patient who is supervised and is:
  - o In transit
  - o On a narrow trolley
  - o Recovering from general anaesthesia

Service/Staff Responsibilities
- ➤ Documentation is not required for the above situations

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EDMS version is authoritative.

Issue date: 17 July 2020

Page 4 of 5

Appendix 2

Decision Matrix - How to Use Bedrails Safely

This modified HQSC decision matrix is designed to guide critical thinking on the risk versus benefit of bedrail use for individual patients and is to be read in conjunction with enablers procedure: Safe and Appropriate use

Decisions about the use of bedrails should be made in the same way as decisions about other aspects of treatment of care.

The matrix emphasises that bedrails should not be used for patients with cognitive impairment or who are suffering from confusion. Bedrails should never be used to prevent a patient from mobilising – this is restraint.

The rationale for using bedrails **(either split or full)** as an enabler, patient/whānau consent and time frame for use **must be documented** in the care plan. Additionally, consider adding a message to the notes section of the bedside boards for orderly staff and hospital aide communication on enabler use.

	Very Immobile (Bedfast or hoist)	**Neither independent nor Immobile**	**Can mobilise without help**
Confused and disorientated	Bedrails **NOT** recommended	Bedrails **NOT** recommended	Bedrails **NOT** recommended
Drowsy/Sedated	**MAY** consider bedrails	**MAY** use bedrails (as an enabler)	Bedrails **NOT** recommended
Orientated and Alert	**MAY** consider bedrails (as an enabler)	**MAY** use bedrails (as an enabler)	Bedrails **NOT** recommended
Unconscious	Bedrails recommended	N/A	N/A
Transportation	*Bedrails recommended	*Bedrails recommended	*Bedrails recommended

* Lower when transportation completed

Owner: CDHB/WCDHB RAMG

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Page 5 of 5