**BED RISK ASSESSMENT FORM: TRAFFORD**

**CONTENTS:**

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Appendices A) Safety notice/consent form

B) Post-delivery check form

C) Collection form

**All relevant sections must be completed in full; failure to do so may result in delay of equipment**

**SECTION 1: Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
| Name: |  | | |
| Address: |  | | |
| Tel number: |  | | |
| GP Name: |  | GP Surgery: |  |
| Main assessor: |  | Job Title: |  |
| Base: |  | Contact no: |  |
| Other people  present: |  | | |

Access visit completed: Yes  Date:

No

|  |
| --- |
| Justification for provision without visit: |

People present

**Medical conditions and other considerations**

e.g. seizures, cognitive problems, tracheostomy, PEG etc

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Carer details (please mark with √ or X)** | | | | Private Carer |  |
| Family |  | Agency |  | Direct Payments |  |
| District nurses |  | Foster family |  | Respite family |  |

**SECTION 2: Present situation**

Describe the person’s current bed, and indicate the main problem with the present sleeping arrangement:

|  |
| --- |
|  |

Environment Checklist

Is there space available for a profiling bed minimum 9ft? Which room will it go in?

Will furniture need to be moved to make space? Is there someone to do this?

Is there a plug socket nearby? You may need two sockets if dynamic mattress needed. Avoid trailing wires.

Is bed going to be upstairs? If so, inform stores to arrange a risk assessment if needed, especially if stair lift in situ.

Are family aware they will need single bedding? If a dynamic mattress is required flat sheets are recommended rather than fitted.

Are patient/family aware that if patient’s function is likely to improve, then they may no longer meet the criteria for bed provision – family would have to provide a standard bed.

Is a dynamic mattress in situ? If so refer to GMFRS guidance and advise patient/family of potential fire risks.

If a dynamic mattress is in situ, this should be strapped to the bed in line with manufacturers’ instructions

Advise family not to store things under the bed – can interfere with wiring or hoisting.

Does the bed need to be moved for carers to work; how easily will it move on the flooring?

Can the bed be positioned clear of any fixtures on the wall? e.g. shelves or plug sockets, as these can be damaged.

The bed must be placed away from radiators

Are there pets or children in the property? – advise of risks

Does putting the bed in situ create other problems? e.g., if it must go in living room does this impact on others in the house, or is space restricted?

If sleeping in a room with a gas fire in situ a carbon monoxide check is recommended. Contact the Gas Provider or Fire Service for advice and advise them of the patient’s status.

Is the access to the room clear e.g. Hallways free of clutter, doors can fully open.

**SECTION 3: Provision of electric profiling beds**

**GUIDANCE**

Consider the risks e.g. entrapment under the bed, pets, small children, misuse

Consider the risks associated with providing profiling beds for people with poor sitting balance

The assessor must ensure they are familiar with the information contained in the safety notice

**CRITERIA FOR PROVISION**

Beds should normally only be provided for people who are:

* unable to walk/poor mobility
* hoisted for transfers in/out of bed
* are required to be on the bed for personal care tasks such as washing and dressing to be carried out
* required to be on the bed for frequent and/or lengthy nursing procedures to be carried out
* needing the bed height to be adjustable to facilitate safe and/or independent transfers
* at risk sleeping on standard height beds

Before ordering please consider the use of equipment to modify the person’s own bed such as bed raisers, mattress variators and bed levers.

**Please answer the following questions which will assist you to decide whether a bed is required.**

|  |  |  |
| --- | --- | --- |
| Does the person normally require hoisting for bed transfers? | **YES** | **NO** |
|  |  |  |
|  | | |
| Does the person normally require tasks to be carried out on the bed? | **YES** | **NO** |
|  |  |  |
|  |  |  |
| State the tasks which need to be carried out on the bed:  **Please complete either A or B:** | | |
| A. SOCIAL CARE:  e.g. washing, dressing, change of incontinence wear, positioning of slings and glide sheets | | |
| B. NURSING CARE:  e.g. lengthy dressing changes, frequent dressing changes (at least daily), PEG feeding. | | |
| Please state frequency and duration of task: | | |

**Please state any other comments or reasons why you feel a profiling bed is required**

|  |
| --- |
|  |

**If you feel a profiling bed is required, please consider the risks to the person and other users.**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you think the person can understand how to use the controls? |  |  |
| Does the person understand the potential risk of entrapment/injury from using this equipment? |  |  |
| *If you have answered ‘No’ to any of these questions you may need to consider isolating the handset*. | | |

|  |
| --- |
| Who will control the bed? |
| Who will supervise the patient in bed if they are cognitively impaired? |

**SECTION 4: Provision of bed rails**

**GUIDANCE**

Risks associated with provision of bed rails are:

Injury through entrapment

Entrapment of limbs, head or body can occur between the rails, between the rail and the mattress or in the gaps at the head and foot end of a rail.

It is the individual assessor's responsibility to ensure that there is an appropriate depth between the mattress and the top of the bed rail. The links below lead to guidance produced by the MHRA regarding the safe use of bed rails:

<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025348>

Consider the person's bed mobility, cognitive level, level of agitation, history of tonic clonic seizures.

Injury through falling onto or over the rails.

Consider the person's level of mobility and cognitive level, and whether the person might try to climb over the rails. Consider whether profiling increases the risk.

Consider whether it is a potential risk, the frequency of falls from the bed, the likelihood of injury e.g. from their medical condition or the environment.

Could an alternative be used e.g. monitoring, supervision, crash mats, mattress on the floor?

Consider providing a floor bed.

**Communication/ Comprehension**

Consider whether the child or adult can communicate verbally, or by other means, to summon help if they were in a compromised position.

If the person has a reduced level of comprehension and are able to climb over bed rails, then bed rails should not be issued.

Consider whether the child or adult can understand and carry out basic instructions; is able to comply with safety advice and understand the risks involved.

**CRITERIA FOR PROVISION**

Bed rails are normally provided to people who are at risk of falling out of bed.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you require bed rails? |  |  |
| *If* ***‘NO’*** *please go to* ***Section 6***  *If ‘****YES’*** *please complete the following questions which will help you consider the level of risks involved* | | |

**Bed mobility/behaviour**

|  |  |  |
| --- | --- | --- |
| **CONSIDER THE FOLLOWING** | Yes/No | Comments |
| Does the person’s mental state place them at high risk of entrapment? Eg suffers from periods of agitation or confusion ***comment*** on frequency, cognitive state, short /long term memory, fluctuation with time of day |  |  |
| If the person experiences epilepsy ***comment*** on the frequency, length and severity of the seizure. |  |  |
| Does the person have uncontrolled movements? |  |  |
| Does the person have the ability to roll? |  |  |
| Can the person move around the bed? |  |  |
| Can the person get out of bed independently? |  |  |
| Has the adult/child got the physical potential to climb over the bed rails? |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **HIGH RISK:** | If **YES** to all the above questions, then bed rails are unsafe and the patient is at high risk of injury from them. **Do not fit bed rails – consider alternative strategies** for reducing the risk of injury to the patient from falling from the bed. | | **LOW RISK:** | If **NO** to all questions, consider bed rails. Bed rails are an appropriate response where the patient is at high risk of falling from bed and being injured but at a low risk of injury from bed rails. | | **MEDIUM RISK:** | If **MIXED** answers to the questions it is necessary to consider the risk of injury from fitting bed rails with the level of risk of injury from falling from bed – use professional judgement to determine whether it is more appropriate to fit bed rails or use alternative strategies. | |

**NB:**

* Bed rails are not normally recommended for people with learning or cognitive problems and have the ability to climb over the rails
* Bed rails are not normally recommended for people who are able to transfer in and out of bed independently or who live alone.
* Consider whether a bed lever would be more appropriate to aid bed mobility.

SECTION 5: Provision of bumpers

**GUIDANCE:**

**Suffocation/ Asphyxiation**

Risks associated with provision of bumpers are:

There is a risk of suffocation if the person's head becomes stuck against the bumpers and they are unable to move away.

There is a risk of asphyxiation if the person has reflux or vomits in bed and is unable to move away from the bumpers or is asleep.

Mesh bumpers can be requested where there is a high risk of suffocation/asphyxiation if standard bumpers are used.

Consider the person's bed mobility, level of supervision, ability to summon help, medication e.g. sleeping tablets.

**Risks Without Bumpers**

Limb entrapment between the rails.

Bruising/injury from hitting the rails.

**SECTION 6: EQUIPMENT REQUESTED**

Please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Height: |  | Weight: |  |

**Please tick**

|  |  |
| --- | --- |
| Electric profiling bed - standard bed (platform base 200cm long) Max user weight 29 st |  |
| Low entry profiling bed – for short stature patients who are not hoisted. Max user weight 29 st |  |
| Floor bed – for patients at risk of rolling out of bed where bed rails are inappropriate. Max user weight 27 st |  |
| Bariatric profiling bed – 1200mm wide. Max user weight 40 st |  |
| Bed rails (full length as standard provision) |  |
| Bumpers - standard |  |
| Bumpers - mesh |  |
| Bed lever (Support Handle) – not to be used with bed rails |  |
| Crash mat – with floor beds only |  |
| **For people over 6ft tall please indicate if the following will be needed:** |  |
| Platform extension + mattress infill (20cm) |  |
| Extended bed rails – ***please check stores for availability*** |  |
|  |  |
| **Occupational Therapists can only request an Option 2 mattress.** If a higher specification mattress is required or any doubts that an Option 2 will be suitable then an assessment from an appropriate nursing professional should be requested. |  |
| Option 2 static mattress – standard (Memoflex) |  |
| Option 2 static mattress – standard with crib 7 fire-retardant cover (Invacare) |  |
| Option 2 static mattress – bariatric (Harvest Reflex 2) |  |
| Option 3 air mattress – standard (Talley Plus/Harvest Balmoral) |  |
| Option 3 air mattress – bariatric (Pure Air 8) |  |
| Option 4 air mattress – standard (Talley Acute) |  |
| Option 4 air mattress – bariatric (Pure Air 8) |  |

Other beds – please specify:

|  |
| --- |
|  |

Additional information:

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| --- |
|  |

**N.B. It is the responsibility of the assessor to ensure that the bed is checked for suitability once it is in situ in the patient’s home.**

**SECTION 7: ASSESSORS DECLARATION**

I confirm that I have read the bed safety notice, outlining the risks and correct usage of the equipment to the person being issued with the bed. I have provided this information to the parent/guardian/family member/informal carers who will be assisting in use of the bed.

I confirm that the person being issued with the bed or a guardian/family member has signed the safety notice, retaining a copy for their information. A signed copy has been filed in their case notes.

|  |  |
| --- | --- |
| Name: |  |
| Status: |  |
| Date: |  |

**Appendix A** **Section 7a -SAFETY NOTICE – TO BE COMPLETED PRIOR TO PRESCRIPTION**

**Profiling Beds / Bed Rails**

Patient/Family/Carers have been advised on safe positioning of bed within environment

Yes  No

Document here recommended position of bed:…………………………………………………………………….

Always read and refer to the manufacturer's instructions for correct use, servicing and maintenance details and care of the equipment.

Always stand clear of the bed when it is being adjusted.

There are risks associated in using this equipment, such as entrapment, falling, tripping, and possible fatality. Consider the content of the manufacturer’s instructions for use and any warnings about risks.

These risks are further increased if there are small children and/or pets in the property.

Always check around and under the bed and do not allow children to play with the equipment.

Always leave the bed switched off with the wheels locked when not in use and the disabling device (if applicable) is in operation.

Always disable the bed controls when a child or confused person is being left unattended.

Ensure the mains cable is routed to minimise the risk of tripping and the handset is removed or suitably stored to minimise the risk of strangulation.

Bed Rails are supplied to prevent a person falling out of bed.

They must not be used as an aid to bed mobility or for moving the bed about the room. Bumpers carry a possible risk of suffocation or asphyxiation.

If sleeping in a room with a gas fire in situ a carbon monoxide check is recommended. HSE Gas Safety leaflet can be found at the following link <https://www.hse.gov.uk/pubns/indg238.pdf>

Check the equipment daily. If a bed lever has been fitted to the bed, please do not adjust the position.

**Reporting concerns or changes:**

If your condition changes and you require further assessment or if you have **ANY** concerns about the equipment report these immediately to:

**One Stop Resource Centre Tel 0161 549 6380 Email:** [**mft.admin.osrc@nhs.net**](mailto:mft.admin.osrc@nhs.net)

If your care package needs to be reviewed please contact:

**Trafford City Council - Tel 0161 912 1212**

**I have read, or have had read, the above outlining the risks and correct usage of the equipment and agree to abide by these instructions.**

Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_**

**Customer / on behalf of customer (delete). Status: e.g. spouse, carer**

Customer Copy / File copy (i.e. two needed)

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**Customer / on behalf of customer (delete). Status: e.g. spouse, carer**

Customer Copy / File copy (i.e. two needed)

**Appendix B**

**Section 7b - POST DELIVERY BED CHECK - PATIENT COPY**

Have patient / carers been shown how to use controls **Yes / No**

Is the bed suitable for the patient to use **Yes / No**

Is the bed positioned as recommended **Yes / No**

|  |
| --- |
| Comments – |

**Signed / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient / Carer**

**Signed / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff**

**Appendix B**

**Section 7b -POST DELIVERY BED CHECK - FILE COPY**

Have patient / carers been shown how to use controls **Yes / No**

Is the bed suitable for the patient to use **Yes / No**

Is the bed positioned as recommended **Yes / No**

|  |
| --- |
| Comments – |

**Signed / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient / Carer**

**Signed / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff**

**Appendix C** **Section 7c - COLLECTION DETAILS**

Community Equipment Service

**One Stop Resource Centre**

**Tel: 0161 549 6380**

**Email: mft.admin.osrc@nhs.net**

Date**:**

To be collected from:

Name: Mr/Mrs/Ms:

Address:

Post code: Tel no:

Reason for collection: deceased / other

|  |
| --- |
|  |

Special Instructions

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Quantity | Item |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Person making request**:**

|  |  |
| --- | --- |
| Name: |  |
| Designation: | O/T / Physio. / DN / Client / other |
| Requested date of collection |  |
| Collection confirmed | Yes / No |
| If yes, state date/time |  |