Briefing

Royal College of Occupational Therapists

Prescribing Beds for a Domestic Setting

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Country relevance – UK wide

Introduction

This briefing aims to provide guidance for occupational therapists who prescribe beds for use in a person's home, for those who require nursing care.

Type of beds referred to in this briefing

The type of beds referred to in this briefing are any hospital style or community care bed (including variable height and profiling capability) prescribed by a health or social care professional to meet specific health or care needs unable to be met by their own domestic bed.

Background information

This briefing was prompted following the death of a patient from injuries sustained after a fall from a prescribed bed with four brakes which operated individually that was placed against a bedroom wall. At the inquest, the Coroner recorded 'a conclusion of accidental death'. In the Coroner's opinion, there was a risk that further deaths could occur unless action was taken. The matters of concern raised were that the bed was able to move from the wall because the two inner wheels were not locked and the locking mechanisms for the inner wheels were not easily accessible when the bed was placed against a wall. This briefing will signpost the reader to guidance regarding the issues to consider when recommending a hospital bed of any type for use in a domestic setting including risk assessment, duty of care and professional competence.

Main body of information

When prescribing/recommending a hospital bed for use in a domestic setting, *the Professional Standards for occupational therapy practice, conduct and ethics* (2021, p17) states: it is important 'you embrace and engage with risk, assessing and manage it in partnership with those who access the service.' https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics. It is important to familiarise yourself with risk management legislation that is relevant to your practice, and with your own local risk management policies. As the prescriber, you are responsible for assessing and managing the identified risks involved in providing care to people, to consider implications for carers, and you must ensure that you remain up to date in all your statutory training related to risk management, health and safety and moving and handling.

It must be demonstrated that the hospital/community care bed can be used safely in a domestic environment, and that all safety features, such as brakes, can be accessed and used – for example if the bed must be placed against a wall, or if there is minimal circulation space. The features and functions of the bed, how to use them safely as well as showing how the bed can assist and reduce manual handling issues should be fully demonstrated and written information given to people and their carer's/families. Details of cleaning and maintenance and who to contact if there are any issues should also be provided at the time of delivery.

Consideration should also be given regarding the type of (nursing) care the person is to receive and whether the hospital/community care bed assists with this provision, and that it is positioned correctly in the domestic setting so that transfers, occupations and safety are not compromised. It is important to consider common risk factors such as ensuring that the bed is set at the correct height for transfers, the implications for people who lack capacity, trip hazards and pressure relief issues.

Guidance for occupational therapists regarding risk management: https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/embracing-risk (RCOT 2018, members only).

Duty of care

Regarding duty of care, the Professional standards (RCOT 2021) states:

3.1: 'Your duty of care is your responsibility to act in a way that ensures that injury, loss or damage will not be carelessly or intentionally inflicted on the individual or group to whom/ which the duty is owed as a result of your actions. There is a general duty of care to one another, but as part of the occupational therapy workforce you carry a specific duty of care to those who access the service, including their families and carers, even if you are not directly responsible for their care.' (RCOT 2021, p11).

3.1.6.6: 'You ensure that all reasonable steps are taken to ensure the health, safety and welfare of any person involved in any activity for which you are responsible. This might be a person accessing the service, a carer, another member of staff, a learner or a member of the public.' (Great Britain. Parliament 1974). (RCOT 2021, p12).'

3.1.6.9: 'When a person with mental capacity is discharged or discharges themselves from your service, or chooses not to follow your recommendations, your duty of care does not finish immediately. You must:

- Ensure that they are aware of any possible risks arising from their choice.
- Take reasonable action to ensure their safety.
- Refer the individual to or provide information about an alternative agency, if appropriate.
- Inform relevant others, with consent, if possible, especially if there is an element of risk remaining.
- Arrange for a follow-up, if required and consented to.
- Comply with all necessary local discharge procedures.
- Record this in the relevant documentation, together with any assessment of mental capacity if required.
- You will then have fulfilled your duty of care.' (RCOT 2021, p12).
- There should be a way of ensuring that a review of equipment/follow-up visit/phone call is in place to check the suitability and functioning of the hospital bed.

Delegation

The Professional standards (RCOT 2021, p38) states:

6.5.1: 'When you delegate interventions or other procedures, you ensure that the person to whom you are delegating is competent to carry them out.

6.5.2: You provide appropriate supervision and support for the individual to whom you have delegated the task/s.

6.5.3: Although all registered practitioners are autonomous professionals, responsible for their own practice and professional judgement, you, as delegating practitioner, retain ultimate accountability for any actions taken.'

Guidance for occupational therapists regarding delegation: https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/leadership-and-management (RCOT members only).

Professional competence

You must only provide services and use techniques for which you are qualified by education, training and/or experience. These must be within your professional competence, appropriate to the needs of people accessing your services and relate to your terms of employment. If you are asked to take on additional tasks, such duties should be only undertaken after discussion, considering additional planning, support, supervision and/or training. Adequate training and support should be provided to enable you to be competent to carry out any additional tasks or responsibilities asked of you.

You should be given the opportunity to raise any concerns and be provided with the rationale behind the original request. If you find that you cannot agree to such a request, you should contact your local union representative for advice and support. If you are seeking to work on areas with which you are unfamiliar or in which your experience has not been recent, or if you take on a more diverse role, you must ensure that you have adequate skills and knowledge for safe and competent practice and that you have access to appropriate support (RCOT 2021, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.2.5 and 6.3.3, 6.3.4, 6.3.5 and 6.3.8).

Guidance for occupational therapists regarding supervision is available for RCOT members only: https://www.rcot.co.uk/supervision

Bed Prescriber's responsibilities

Person – there should be a full assessment of the individual's:

- Functioning.
- Environment – including how the hospital/community care bed will impact on family life.
- Ability to safely use the equipment.
- Their capacity to understand and follow instructions.
- Their ability to transfer.
- Their occupations/activities in bed.

Where possible, the person should be given a choice regarding provision if possible and their independence should be maximised.

Carer – the carer should be given written instructions and a demonstration of how to use the equipment. They should be taught correct techniques regarding transfers and manual handling. It is important the carer understands the occupations/activities that need to be carried out in bed by the person they are caring for. The impact on home life of having the hospital bed in situ should also be discussed with them. The assessment will also need to consider a carer's willingness to provide this care. Carers should be signposted to have a carer's assessment which can look at what they are able and willing to do and what support needs to be put in place. Information regarding further help and support should be provided. It is also important to ensure that the carer has the manual handling training and knowledge they need to care safely.

Donnelly (2015) states 'end users i.e. people accessing the service or carers, need to understand the intended use and normal functioning of the device in order to use it effectively and safely. Where relevant, training for end users should cover:

- Limitations on use.
- How to fit accessories.
- How to use any controls appropriately.
- Explanation of displays, indicators, alarms, et cetera, and how to respond to them.
- Explanation of requirements for maintenance and decontamination; how to recognise when the device is not working properly and what to do about it e.g. troubleshoot.

- Explanation of the importance of reporting device-related adverse incidents to the MHRA (Medicines and Healthcare Products Regulatory Agency)'.

Donnelly (2015) states that 'professional users should:

- Be aware of differences between models, and compatibility with other products.
- Be able to fit accessories.
- Be able to use any controls appropriately.
- Understand any displays, indicators, alarms, et cetera.
- Be aware of cleaning and decontamination requirements.
- Demonstrate how to use the product.
- Understand the importance of reporting device-related incidents to the MHRA.'

Other considerations

Bed rails

Bed rails are used in hospitals, care homes and people's own homes to reduce the risk of bed occupants falling out of bed and injuring themselves. Bed rails can also be referred to as bed side rails, side rails, cot sides, and safety sides.

The MHRA issued revised information (August 2023) on Bed rails: management and safe use. Guidance on managing and using bed rails safely, https://www.gov.uk/guidance/bed-rails-management-and-safe-use#introduction. It replaces previous guidance on the same topic.

The MHRA continues to receive reports of adverse incidents involving these devices. The most serious of these have led to injury due to falls and death by asphyxiation as a result of entrapment of the head, neck or chest.

From 1 January 2018 to 31 December 2022, the MHRA received 18 reports of deaths related to bed rails and associated equipment, and 54 reports of serious injuries. Most of these incidents occurred in community care settings, particularly in nursing homes or the person's own home. Risk management must be carried out to prevent the occurrence of such incidents. Healthcare professionals should carefully consider the benefits and risks of bed rails before they are used.

The MHRA has also received reports of entrapment in hospitals (acute settings) with side rails on trolleys and stretchers. They recommend following the MHRA Bed rail guidance in acute settings where bed rails are used with trolleys, stretchers and emergency department beds, particularly if the person is unattended.

'Chest or neck entrapment in bed rails is listed as a "Never Event" according to the NHS in 2018. "Never Events" are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers,' (MHRA 2023).

In general, manufacturers intend bed rails to be used to prevent or reduce the risk of bed occupants falling and sustaining injury. They are not designed to limit the freedom of people by preventing them from intentionally leaving their beds. They are not intended to restrain people whose condition leads them to erratic, repetitive or violent movement. Use of bed rails in these ways can increase the risk of falling, for example, the person may try to climb over the bed rail, leading to a fall. Repetitive or violent movements may cause bed rails to break, leading to an increased risk of falling or injury.

There must be a robust assessment of whether the use of the bed rail will prevent the person from moving freely or make them feel restricted to move freely. In all cases the least restrictive options should be explored. The NHS guidance on the Mental Capacity Act, https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/ has more information on this.

'Bed rails must be UKCA, CE or CE UKNI marked as medical devices, to show they meet the requirements of the UK Medical Devices Regulations 2002, https://www.legislation.gov.uk/uksi/2002/618/contents/made in combination with, or as an accessory to, the bed if their intended use meets the definition of a medical device,' (MHRA 2023).

'Not all beds, bed rails or associated equipment will be classed as medical devices. This will depend on the intended use described by the manufacturer and without a clear medical purpose the definition of a medical device may not be met. In these cases, the product should still meet the requirements imposed by general consumer protection legislation which is outside the scope of this guidance,' (MHRA 2023).

The Health and Safety Executive states that the employer or self-employed person providing bed rails must ensure that they are safe. Risks that were identified during inspections included 'trapping between poorly fitting mattresses and bedrails, rolling over the top of the bedrails when overlay mattresses reduced their effective height and trapping between the bedrail and mattress, headboard or other parts because of poor bedrail positioning.' For guidance regarding the use of bed rails: Health and Safety Executive: http://www.hse.gov.uk/healthservices/bed-rails.htm

Falls prevention

In terms of falls prevention, assessment should also consider the risk of falls, to optimise functional activity and safety when the person is in bed.

Guidance for occupational therapists: https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/falls

Moving and handling

In terms of moving and handling, policies should be in place to ensure that any risks are minimised.

Guidance for occupational therapists: https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/moving-and-handling

Health and Safety Executive Moving and handling in health and social care. Available at: http://www.hse.gov.uk/healthservices/moving-handling.htm

Implications for OT

When prescribing/recommending a hospital bed for use in a domestic setting, the Person, Environment and Occupational (PEO) Model (Law et al,1996) can be used to help consider all the various issues involved. A fundamental consideration is the environment and how this impacts upon a person's occupational performance. An important factor to consider in relation to the above is the person's occupations (activities performed in the hospital bed – e.g. sleeping, eating, reading, watching television, listening to the radio, etc) and whether these are performed sitting up or lying down. The occupational therapist must then consider how the environment can be adapted to safely support these occupations. This adaptation may involve a hospital or specialist bed and how it is placed in a room to support and enable activities.

Resources

The medical devices regulations 2002. https://www.legislation.gov.uk/uksi/2002/618/contents/made

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