Integrated Community Equipment Loan Service (ICELS) for Leicester, Leicestershire and Rutland
Policy and Criteria for provision and safe use of Electric Profiling Beds (EPBs)/Cots

Key words: EPBs/cots, adults/children and young people

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Name of originator/author: Tracy Yole, Lead Nurse LPT, Julie Morley ICELS Partnership Manager

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Target audience: All staff assessing for and prescribing EPBS for service users/patients in community and/or care settings

NHSLA Risk Management Standards if applicable:

Relevant CQC Standards:

Regulation 15: Premises and Equipment.
Regulation 12: Safe Care and Treatment.
Regulation 9: Person Centred Care

This policy and criteria applies to all health and social care professionals who assess for and prescribe Electric Profiling Beds/Cots for service users/patients in community settings, and order from the Integrated Community Equipment Loan Service.

For inpatient settings please refer to the LPT Code of Practice for using Electric Profiling Bed
Key individuals involved in developing the document:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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</thead>
<tbody>
<tr>
<td>Victoria Peach</td>
<td>Lead Nurse</td>
</tr>
<tr>
<td>Lynn Spencer</td>
<td>ICES Review Nurse</td>
</tr>
<tr>
<td>Alena Berry</td>
<td>ICES OT</td>
</tr>
<tr>
<td>Tracy Yole</td>
<td>Lead Nurse, LPT</td>
</tr>
<tr>
<td>Mandy Gilhespie</td>
<td>UHL Specialist Discharge Sister</td>
</tr>
<tr>
<td>Rita Staponaityte</td>
<td>OT Team Leader, Leicestershire County Council</td>
</tr>
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</table>

Circulated to the following for comments:

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Sue Deakin</td>
<td>LPT Moving and Handling Advisor</td>
</tr>
<tr>
<td></td>
<td>ICES Children’s Professional Advisory Group</td>
</tr>
<tr>
<td>Anne Scott</td>
<td>Assistant Chief Nurse, East Leicestershire &amp; Rutland CCG</td>
</tr>
<tr>
<td>Mark Pierce</td>
<td>Leicester City CCG</td>
</tr>
<tr>
<td>Louise Currie</td>
<td>East Leicestershire &amp; Rutland CCG</td>
</tr>
<tr>
<td>Donna Brewer</td>
<td>West Leicestershire CCG</td>
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</tbody>
</table>
## Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Equality Statement</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Purpose of policy and criteria</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Duties within organisations</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Responsibilities for decision making</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>Role of ICELS Equipment Provider</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>Criteria for provision of EPB from LLR ICELS</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Provision of EPB to facilitate a hospital discharge</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>Provision of EPBs into care settings</td>
<td>13</td>
</tr>
<tr>
<td>11</td>
<td>Provision of bed rails and bumpers</td>
<td>14</td>
</tr>
<tr>
<td>12</td>
<td>Gas Safety</td>
<td>14</td>
</tr>
<tr>
<td>13</td>
<td>Safe use of EPBs</td>
<td>14</td>
</tr>
<tr>
<td>14</td>
<td>Ultra Low Profiling Beds</td>
<td>16</td>
</tr>
<tr>
<td>15</td>
<td>Provision of bariatric profiling beds</td>
<td>17</td>
</tr>
<tr>
<td>16</td>
<td>Arrangements on transfer/discharge</td>
<td>17</td>
</tr>
<tr>
<td>17</td>
<td>Education and training</td>
<td>19</td>
</tr>
<tr>
<td>18</td>
<td>Purchase and disposal</td>
<td>20</td>
</tr>
<tr>
<td>19</td>
<td>Infection prevention and control</td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>Maintenance and repairs</td>
<td>22</td>
</tr>
<tr>
<td>21</td>
<td>Reporting incidents</td>
<td>22</td>
</tr>
<tr>
<td>22</td>
<td>Dissemination</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Monitoring performance and effectiveness</td>
<td>22</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Criteria for provision checklists part 1 and 2</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Alternatives to profiling beds</td>
<td>26</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Carers Confirmation sheet</td>
<td>32</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Considerations for using ultra low beds</td>
<td>33</td>
</tr>
</tbody>
</table>
## Definitions that Apply to this Policy:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICELS</td>
<td>Integrated Community Equipment Loan Service. A jointly funded service across Leicester City Council, Leicestershire County Council, Rutland County Council and the NHS Clinical Commissioning Groups for Leicester City, West Leicestershire, East Leicestershire &amp; Rutland. This service provides equipment to eligible residents across Leicester, Leicestershire &amp; Rutland following an assessment by a Health and/or Social Care Professional.</td>
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<td>LLR</td>
<td>Leicester, Leicestershire &amp; Rutland</td>
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<td>Prescribers/professionals</td>
<td>Healthcare professionals employed by; Leicester City Council, Leicestershire County Council, Rutland County Council, Leicestershire NHS Partnerships Trust (LPT), University Hospitals of Leicester (UHL) with the ability to order equipment from ICES to meet service user need. Issued with a prescribing pin that enables them to order equipment from the ICES.</td>
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<tr>
<td>LPT</td>
<td>Leicestershire Partnership NHS Trust</td>
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<td>UHL</td>
<td>University Hospitals of Leicester</td>
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<tr>
<td>MHRA</td>
<td>Medicines and Healthcare Products Regulatory Agency.</td>
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<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>NPSA</td>
<td>National Service user Safety Agency</td>
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<tr>
<td>NRS</td>
<td>Nottingham Rehab Services – provider of community equipment service to LLR ICES.</td>
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<td>EPB</td>
<td>Means an Electric Profiling Bed either standard stock from the ICELS/specialist. It also refers to children’s specialist cots/beds</td>
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<td>Service User</td>
<td>Means service user, patient, client</td>
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<tr>
<td>HSCP</td>
<td>Health and Social Care Professional with an authorised pin number to order equipment from the ICES</td>
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<td>OT</td>
<td>Occupational Therapist – either employed directly by the ICELS, or by health or social care</td>
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</tbody>
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Equality Statement

The Leicester, Leicestershire and Rutland Integrated Community Equipment Service (ICES, Leicestershire Partnership NHS Trust and University Hospitals of Leicester) aim to design and implement policy documents that meet the diverse needs of the services delivered, population and workforce, ensuring that none are placed at disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.
1. Summary

The aim of this policy is to:

- address the increasing demand for Electric Profiling Beds (EPB)
- develop a fair and inclusive criteria for provision of beds across Leicester, Leicestershire and Rutland (LLR)
- develop a multi-disciplinary bed assessment form, which clearly identifies clinical, functional and care needs in relation to use of a bed
- provide guidance on the responsibility and accountability for bed and mattress assessment
- provide guidance on the follow up and review process for beds in the community
- ensure that service users/service users’ needs are assessed in a timely manner by a competent professional.

2. Introduction

This policy applies to the assessment and prescription of an electric profiling bed (EPB) by health or social care professionals (HSCP) for service users in community settings and which are ordered through the Integrated Community Equipment Loan Service (ICELS). This policy applies to EPBs held as contract stock and Specialist/Bespoke EPBs

This Policy is designed to identify the circumstances for use of an EPB and to ensure the safe use of the EPB and minimise the risk of injury to staff, their service users and carers.

EPBs should be considered together with appropriate handling equipment, where a service user requires moving and handling assistance to reposition in bed, or where active, regular nursing procedures or care is being carried out while the service user is in bed.

EPBs should always be assessed for by a competent professional who will be confirming that an EPB is necessary and appropriate.

Following the introduction of the Manual Handling Operations Regulations 1992 (as amended), the use of an EPB to care for service users with limited independence has increased. Whilst there are evidenced benefits of using EPBs, for example:

- Likely reduction in manual handing need and manual handling risk
- Reduced risk of tissue damage due to pressure shear forces
- Improved or prolonged independence
- Increased comfort levels and better postures
- Possible reduction in likely falls
- Less likelihood of hospital admission due to secondary health issues

There is also inconsistency in the approach to assessment and provision of EPBs across health and social and within the Leicester, Leicestershire & Rutland (LLR) CELS no clear criteria about what circumstances require an EPB.
3. **Purpose of this Policy and criteria:**

The purpose of the policy and criteria is to:

3.1 Ensure that all service users within any care setting undergo an assessment of their needs against the criteria for provision of a EPB and that if the assessment identifies that a EPB is required that a risk assessment is carried out prior to the decision to use a EPB for any individual

3.2 Reduce potential harm to service users caused by falling from beds

3.3 Support service users, carers and staff to make individual decisions around the risk of using an EPB

3.4 Ensure compliance with Medicines and Healthcare Regulatory Agency (MHRS) and National Service user Safety Agency (NPSA) advice.

4. **Duties within Organisations**

4.1 **Leicestershire Partnership Trust (LPT):**

4.1.1 The LPT Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.1.2 Trust Board sub-committees have the responsibility for ratifying policies and protocols.

4.1.2 Divisional Directors and Heads of Service are responsible for ensuring that policy is embedded across their Division / Service.

4.1.3 Managers and Team leaders will be responsible for:

- Implementation of the policy within their clinical area.
- Review the use of a EPB where this is prescribed by health staff
- Managers and Team leaders will ensure by delegation that a risk assessment pertaining to the use of an EPB is carried out and acted upon.
- To manage and /or delegate the responsibility for ensuring staff have the knowledge base for the safe use of EPBs.
- Investigating incidents where service users have sustained injury following the use of an EPB
- Ensuring that action is taken to prevent recurrence of any incident where an EPB has been implicated in a service user sustaining an injury.
4.1.4 Responsibility of Staff:

- Maintain the standards in this policy and accept accountability for their own practice.
- Report incidents and near misses relating to service user injury involving the use of bedrails.
- Undertaking/cooperating with audits of practice within the clinical setting.
- Complete documentation appropriate to the care setting.

4.2 University Hospital of Leicester (UHL):

4.2.1 The Medical Director and Chief Nurse have overall responsibility for the quality of medical and nursing intervention to support the policy.

4.2.2 It is the responsibility of the Consultant to ensure that a medical management plan is in place to treat and prevent causes of falling.

4.2.3 The Heads of Nursing and Matrons are responsible for ensuring compliance with this policy, supporting training, audit, reviewing results and implementing change where appropriate.

4.2.4 The Ward Sister/Charge Nurse has responsibility for ensuring adherence to policy are maintained and that staff report any examples of non-adherence to the policy through the hospital adverse events reporting system.

4.2.5 It is the responsibility of all members of the multi-disciplinary team to ensure they comply with the policy and to consult and update with the service user their families and carers regularly.

4.2.6 The Specialist Nurse for Discharge has responsibility for ensuring discharge teams working within UHL receive training to ensure compliance with policy when ordering hospital beds/bed rails for service users for discharge, who are assessed as at risk of slipping, sliding or rolling out of bed.

4.2.7 The Discharge Team (discharge specialist sisters, discharge co-ordinators, acute care nurses, primary care co-ordinators) have responsibility for complying with policy when ordering equipment for service users/service users who are assessed as being at risk of slipping, sliding or rolling out of bed. The team will ensure that service users, their families and carers, are consulted regarding the assessment and care plan; and that a formal handover is provided to community health or social care services that are responsible for the service user following transfer.

4.2.8 UHL Legal Liability:

- The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:
• Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
• Have been fully authorised by their line manager and their Directorate to undertake the activity.
• Fully comply with the terms of any relevant Trust policies and / or procedures at all times.
• Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable – such decision to be fully recorded in the service user notes.

• It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of these circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available: such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

• Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice please contact Assistant Director (Head of Legal Services).

4. 3 Local Authority Social Care Teams

4.3.1 Heads of Service and Operational Managers will be responsible for:

• Implementation of this policy within their service area.

• Review the use of an EPB where this is prescribed by local authority staff.

• To manage and/or delegate the responsibility for ensuring that staff employed by the local authorities who are responsible for ordering EPBs are trained in the safe use of EPBs. Where local authority staff prescribe an EPB for use by independent sector providers they will ensure that the provider is instructed in the safe use. In other cases independent sector providers are accountable through their contractual arrangements with local authorities for the safe use of equipment.

• Investigating incidents where service users have sustained injury following the use of an EPB prescribed by social care staff.

• Ensuring that any necessary action is taken to prevent recurrence of any incident where an EPB has been implicated in a service user sustaining an injury.
4.3.2 Responsibilities of staff:

- Maintain the standards in this policy and accept accountability for their own practice.
- Report incidents and near misses relating to service user injury involving the use of bed rails.
- Undertaking/co-operating with audits of practice within the clinical setting.
- Complete documentation appropriate to care setting.

4.4 Integrated Community Equipment Service (ICES) Equipment Provider:

4.4.1 The ICES Equipment Provider will:

- Ensure that their staff are trained to install EPBs correctly and are complying with manufacturer’s instructions.
- Provide manufacturer’s instructions with delivery of all EPBs – for both new and recycled EPBs
- Ensure recycled EPBs are inspected, stored and maintained in line with manufacturer’s instructions and their own operating procedures.
- Ensure an EPB is supplied in good, clean working condition.
- Ensure that any associated equipment, e.g. bed rails and bed rail bumpers meet product standards determined by up to date International, European and British health and safety requirements. Only supply bed rails when requested by an authorised prescriber

5. Responsibility for Decision Making

5.1 Decisions about the use of a EPB need to be made in the same way as decisions about other aspects of treatment and care, as outlined in the consent policies of the organisations signed up to this policy.

5.2 This means:

- The service user must decide whether or not to have an EPB if they have capacity to make this decision. Capacity should be determined by an assessment under the MCA (2005). (Capacity is the ability to understand and weigh up the risks and benefits of an EPB once these have been explained to them and this will be recorded in the service user care plan/records.)
- Every effort must be made to ensure that the service user is given the opportunity to be involved in the decision-making process. This may involve providing interpreter services for service users.
- Staff can learn about the service user’s likes, dislikes and normal behaviour from relatives and carers, and must discuss the benefits and risks with relatives or carers. However, relatives or carers cannot make decisions for adult service users (except in exceptional circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005).
- The professional prescribing the EPB is responsible for assessing the individual’s capacity to agree to this.
- If the service user lacks capacity, staff have a duty of care to decide if an EPB is in the service user’s best interests and this must be documented in the service user / service user records.
6. **Role of ICELS Equipment Provider**

**The Equipment - Responsibilities of the Equipment Provider:**

6.1 To purchase on behalf of Commissioners for the ICES, EPBs that conform to British Standard EN60601-2-52 Bed Standard (from 1st April 2013) and for EPBS purchased prior to 1st April 2013 to ensure compliance with British Standard EN60601-2-38 and EN1970.

6.2 To ensure all EPBs have a unique serial number to enable the equipment to be easily identified and its service history accessed from the equipment database.

6.3 To repair, service and maintain EPBs in accordance with all relevant legislation and contractual requirements.

6.4 To ensure that their staff are suitably qualified and competent to install, repair and service EPBs and associated equipment correctly.

6.5 To ensure that when delivering and fitting EPBs and associated equipment that a copy of the manufacturer’s instructions for each item is provided to the service user/service user/relative(s)/carer(s), at point of delivery.

6.6 To demonstrate and explain functions of EPBs and accessories, e.g. handsets to control profiling position, electrical and battery supply, override levers to enable the repositioning of its sections in case of complete loss of power, to service user/relative(s)/carer(s).

6.7 To ensure that any associated equipment that has been prescribed, e.g. bed rails, bumpers, bed levers are compatible with the EPB, if not the equipment provider’s staff should report this immediately to the relevant Manager in their Organisation. The Equipment Provider should contact the prescriber and/or ICELS OT, as soon as possible to discuss this and agree action to be taken.

6.8 To ensure that all EPBs are included in the Pre-planned maintenance (PPM) schedule and carried out in accordance with manufacturer’s instructions, the Equipment Provider’s Standard Operating Procedures (SOPs) and contractual requirements and at agreed intervals. This is currently 12 months out in the community and when collected and prior to reissue.

6.9 To respond to all requests for repair following a report of breakdown/fault within agreed timescales. If the Equipment Provider is unable to repair a specialist/spoke EPB then it is the Equipment Provider’s responsibility to contact the manufacturer and prescriber/ICELS OT, and to follow the procedures agreed with Commissioners for repairs of specialist/bespoke equipment.

7. **Criteria for provision of an EPB from the LLR ICELS**

All Health and social care professionals assessing for and ordering an EPB from the ICELS will need to follow and comply with Criteria for Provision of an EPB Parts 1 and 2. The professional carrying out the EPB assessment will need to do the following:
Complete the EPB Criteria for provision checklist Part 1 to determine if their service user meets the criteria for provision of a profiling bed (please see Appendix 1 Checklist Part 1).

Where a service user is assessed as 'Medium need' (Amber on the checklist) then an alternative solution should be sought. This may require a referral to a community therapy team. Guidance to assist with identifying a suitable alternative to an EPB is attached as Appendix 2.

Where a service user is assessed as 'High need' (Red on the checklist) and eligible for provision of an EPB, the assessing professional should carry out a patient/service user and environmental risk assessment before ordering the EPB (please see Appendix 1 Checklist for provision Part 2).

It is recognised that there may be exceptional circumstances that sit outside of the above criteria. If it can be evidenced therefore that provision of an EPB would reduce costs and/or care hours, prevent and/or delay new and increased packages of care due to maximising independence, reduce carer strain, meet needs for height adjustment due to multiple carers (care agencies, PAs) then a case must be made to the appropriate authorising manager in your own organisation. You will need to demonstrate that all alternatives have been exhausted first. If this is approved then a record should be placed on the service user/patient record.

The outcome of the above assessment should be recorded in the service user’s care plan. When an order is placed through the ICELS Equipment Provider’s on-line ordering site, for an EPB the health or social care professional placing the order will be required to confirm that they have taken the above action. This will be audited.

Please Note. An EPB will not always be provided when a pressure mattress has been identified to be required. The service users existing bed base should be considered first. If the service user does not meet the criteria for an EPB to be provided, the healthcare professional must discuss alternative pressure relief strategies with the service user. This may include them obtaining a suitable bed base.

Any requests for an EPB outside of the criteria will need authorisation from the ICELS Partnership Manager who will discuss the situation with professional.

If the service user is eligible for provision of an EPB from the ICELS and requires a bariatric bed then it is very unlikely that this bed could be installed in an upstairs room. If an ultra-low bed is required please refer to Section 13 and Appendix 4.

8. Provision of an EPB to facilitate hospital discharge

If an EPB is required to facilitate a discharge from an inpatient setting, then the EPB assessment process should be followed and the relevant assessments carried out to identify if the service user meets the eligibility criteria for provision. Medium needs will require an alternative solution to be sought and it may be necessary to seek a Therapy assessment for suitable alternative(s). Where a service user is assessed as high need, a check will be carried out prior to order being placed by the Discharge Team.

EPBs should NOT be issued into nursing homes to facilitate a discharge. An EPB should only be issued into a residential home when the criteria for provision for a health need is met.
In exceptional circumstances (where the criteria for health provision of an EPB has not been met) it may be possible to arrange a short term loan for an EPB to facilitate the discharge this must first be discussed and agreed with the ICELS Partnership Manager.

9. **Provision of an EPB into care settings**

EPB’s will be issued into care settings in line with the current ICELS Policy for provision of equipment into care settings.

For **Nursing Homes:**

9.1 A standard EPB will **not** be issued into nursing homes. A specialist/bespoke EPB may be provided if the service user meets the criteria for provision of a bespoke EPB.

For **Residential Homes:**

9.2 EPBs should only be issued into residential homes if the patient/service user meets the criteria for provision of an EPB. This will be if the patient/service user triggers Red to meet a health need. When the service user no longer meets the need for an EPB the discharging health care professional should arrange for the EPB to be returned to the ICELS.

9.3 An EPB will **not** be issued to a residential home, because the home does not have an appropriate bed to meet the service user’s needs or to meet their own manual handling requirements.

9.4 It may be possible to provide an EPB into a residential home on a short term loan, if they are taking the service user for respite or rehab. This should be discussed with the ICELS Support Team, so that the loan period can be agreed and a note placed against the record to enable the item to be collected at the end of the loan period.

Where an EPB is eligible to be issued into a care setting, then the care setting must comply with the following:

- The EPB will be loaned to a named individual and is for the sole use of that named individual, the EPB must **not** be transferred for use by another service user or as a shared resource to meet the needs of multiple service users.
- If the care setting uses the EPB for any other service user than the named individual then they accept responsibility for all risks associated with the use of the EPB should it be used by any other person than prescribed for.
- To use the equipment in line with manufacturer’s instructions which will be supplied at point of delivery.
- Keep the equipment in good condition and not misuse or damage the EPB and ensure that all associated equipment, e.g. bed controls are retained with the EPB. The Care Home may be required to pay for any damaged, broken or lost equipment through negligence or misuse.
- Arrange for the return of the equipment when it is no longer needed by the individual it was prescribed for. Failure to return the equipment may result in charge for the continued hire of the equipment from the due date of return.
10. **Provision of Bed Rails/Bumpers**

If the service user meets the criteria for provision of an EPB and requires associated equipment, e.g. bed rails, bumpers, then these should only be ordered following a Bed Rail Risk Assessment being completed by a competent and authorised prescribing professional and reviewed in line with the current agreed Integrated Policy for the Safe Use of bed rails. (April 2016).

Bed rails and bed rail risk assessment will only be carried out by a health and/or social care professional when the equipment is ordered from the CELS. This does not apply to bed rails provided by the care setting.

11. **Gas Safety – Gas Heating Appliances in Sleeping Accommodation**

If the bed is to be located in a room with a gas heating/solid fuel/oil heating/wood burning appliance and the service user is sleeping in the room, then there may be at risk of carbon monoxide poisoning if the appliance is not of the ‘room sealed type’, this can be a gas fire, gas space heater or gas water heater and includes both open-flue and flue-less appliances, and where the appliance is left on at night. The law states under the Gas Safe (Installation and Use) Regulations 1994, that a room to be used for sleeping must have a heating appliance of the ‘room sealed’ type and not an open flue.

12. **Safe use of EPBs**

12.1 All staff ordering EPB’s should be competent in both use of and assessment for an EPB and with associated accessories

12.2 Any use of an EPB must be specified by the service user’s Moving and Handling Risk Assessment/Care Plan.

12.3 Never exceed the Safe Working Limit of the bed. The weight of the service user should be recorded on their Moving and Handling Risk Assessment/Care Plan. The Safe Working Limit of the bed should be clearly marked on the frame. If in doubt, please check with either the community equipment service provider or the manufacturer. Carers need to bear in mind that if they are attending to and/or moving the service user and are doing so with part or all of their body weight on the bed, the combined weight of the service user and carer may exceed Safe Working Limit.

12.4 If bed rails have been risk assessed as appropriate to be used with the service user then please refer to the current version of the Integrated Policy for the Safe use of Bed Rails 01.04.16

12.4 Any associated equipment ordered, such as, pressure mattress, side rails, bed levers, are compatible with the EPB. Use of a pressure relieving mattress should not affect the profiling ability of the bed.
12.5 Following the delivery of loan equipment, the health/social care professional should make arrangements to check the items to ensure that they are clinically suitable and appropriately used. The health/social care professional is responsible for undertaking or arranging the on-going review of the loan equipment and must be satisfied that the service user is using the loaned equipment correctly, safely, that it fulfils its purpose and continues to be clinically appropriate for use.

12.6 The EPB must be serviced in line with legal and contractual requirements and this is the responsibility of the Equipment Provider. If there is no indication that the EPB has been serviced within the specified time, then the prescriber must undertake a risk assessment to prevent risk of injury to the service user/relative(s)/carer(s) and contact the Equipment Provider immediately to carry out the maintenance check.

12.7 Loan equipment is NEVER to be transferred between service users. Loan equipment may be moved to a new location if the service user is moving home, but only if the service user still meets the criteria for provision of an EPB. Any transfer should only be done by the Equipment Provider to ensure that the bed is dismantled and reassembled correctly and is safe for use.

12.8 Ensure that the service user/relative(s)/carer(s) is:

- Aware of the terms and conditions of the loan and that arrangements to receive the loan equipment have been agreed
- Able to operate the handset to raise and lower the EPB
- Understands the functions of the loaned equipment and their appropriate use in relation to the service user’s clinical condition and abilities
- Able to correctly use any associated equipment provided
- Aware of the risks associated with use of EPBs and bed rails and accessories (if provided)
- Aware that the EPB and associated equipment must only be used for the person it has been prescribed for
- In receipt of a copy of the manufacturer’s instructions for the EPB and any other equipment provided.
- Able to report a fault/problem with the equipment. The Equipment Provider will supply a ‘Service User’ leaflet at time of delivery which provides contact details, however the prescriber should ensure one has been provided and go through this with the service user/relative(s)/carer(s).
- Ensure the service user/relative(s)/carer(s) understands that the equipment is on loan and when there is no longer a clinical need for them to have the equipment, the equipment will be collected.

The Equipment Provider should provide a copy of the manufacturer’s instructions with each EPB delivered and will demonstrate the use of the hand set to the service user/relative/carer, however the prescriber should ensure that the manufacturer’s instructions have been provided and if not notify the equipment provider immediately. Copies of manufacturer’s instructions can be downloaded from the equipment provider’s on-line system by accessing the product page for the EPB (if it is a standard stock item).
13. Ultra-Low Electric Profiling Beds (EPBs)

Ultra-low beds are able to be lowered to a height of below 30 cm (top of mattress to floor) and can be a viable alternative if the service user is at very high risk of attempting to get out of bed and fall. They will be used in conjunction with crash mats.

If a professional is planning to use an ultra-low EPB then they must consider the following:

- A risk assessment for potential injuries from floor level furniture or fittings
- The bed placed too close to a radiator increasing potential for risk of burns
- The bed placed too close to a wall but not flush with it, creating potential for entrapment and asphyxia if the service user slides between the bed and the wall
- The bed left at working height by error
- Physical illness – some medical or nursing interventions may be difficult or impractical when using an ultra-low bed.
- Psychological illness or distress – the unusual position of the bed may trigger distress, agitation or increased confusion for the service user.
- Previous accidents and injuries resulting from falls – the time, place and cause of a previous fall may or may not indicate that an ultra-low bed would reduce the service user’s risk.
- Tissue viability – recent concerns have been highlighted about the compatibility of certain ultra-low beds with some air flow mattresses.

13.1 General Principles on the safe use of Ultra-Low Beds

Some service users are at risk of falling from bed. Risk factors include dementia, delirium, agitation, disorientation, limited mobility and acute illness. These service users may, in the past have been nursed on the mattresses on the floor.

Where the use of bed rails is inappropriate, and where the patient/service user meets the criteria for provision of an EPB, then consideration should be given to the use of an Ultra-Low Bed. However, this must not be seen as a universal falls prevention solution and provided inappropriately for mobile service users, as this could be deemed as restraint.

Ultra-low beds can reduce the risk of a fall from height, whilst allowing staff to attend the service user, with consideration to back care.

It is important to note that even when ultra-low beds are used correctly in the lowest position, some service users may still sustain serious injuries such as a fractured hip or intracranial injury. As a result, it is important that even falls from ultra-low beds are taken seriously.
13.2 Before an Ultra-Low Bed is used:

Service users must be assessed by a health or social care professional to establish the most appropriate method of preventing falls from bed. This must include:

- Completion of the Bedrails risk assessment; and
- Completion of the professionals own organisations requirements around falls risk assessments

In addition the professional should ensure their own organisational guidance on risks/contra indications associated with the use of ultra-low beds.

14. Provision of Bariatric Profiling Bed

The principles of assessment apply to all types of profiling beds including bariatric however the following should also be considered and actioned by the prescribing health or social care professional when ordering a bariatric profiling bed:

- Where will the bariatric bed be situated? If this is required in an upstairs room then the prescribing health or social care professional should undertake a risk assessment to ensure that it is safe to locate the bed on an upper floor
- For upper floor locations – will the equipment provider be able to install the bed on an upper floor, e.g. are the stairs wide enough, are there any turns or corridors and if so are these wide enough to enable the bed to pass through?

15. Arrangements on Transfer/Discharge

15.1 The arrangements for continued collective responsibility for service user / service users with an EPB are set out in ‘Transfer / Discharge Arrangement Flowchart’ (Appendix 3).

15.2 All service users considered to have a continued need for an EP on transfer/discharge from a health care provider will have a EPB assessment completed prior to transfer/discharge that would inform the patient/service user’s need.

15.3 All service users/ carers (informal or formal) with a continued need for a EPB and bed rails will be involved with the decision and informed of the information detailed within the ‘Carers’ Confirmation Sheet for the Safe Use of a EPB’ (appendix 4), any special considerations for the individual, and their need to alert a health care professional to a change in circumstances that would affect the safe use of the bed prior to transfer, by the health/social care professional transferring the patient/service user

Transfer from In-service user to service users own home

15.4 Where the service user has a health related need which meets the criteria for provision of an EPB then the discharging professional will refer to a community health care professional, the referral must include information regarding the use of an EPB (and bed rails if applicable):
- Outcome of the EPB risk assessment
- Outcome of the bed rail risk assessment prior to transfer
- Outcome of moving and handling assessment.
- Details of care plan for the safe use of EPB and bed rails

The receiving health care professional will continue to reassess the service user’s needs for an EPB and associated equipment if applicable whilst on their caseload and prior to discharge and referring to the ‘Transfer / Discharge Arrangement Flowchart’ (Appendix 3).

15.5 Where the service user has a social care need for an EPB which meets the criteria for provision, this will be recorded in the care plan by the discharging professional and the Local Authority Social Work team arranging the care package will ensure that the Care Agency is appropriately trained in the safe use of the EPB and that they have a copy of the Carers’ Confirmation Sheet for the Safe Use of an EPB’ (Appendix 4)

15.6 Where the service user has a social care need for an EPB which meets the criteria for provision, and there are no formal care arrangements in place. The discharging professional will ensure that the family/carers are trained in the safe use of the EPB and provide them with a copy of the Carer’s Confirmation Sheet.

Transfers from In-Service user to Residential / Non-Nursing Care Home:

15.7 Where the service user has a health related need which meets the criteria for provision of an EPB then the discharging professional will refer to a community health care professional, the referral must include information regarding the use of an EPB (and bed rails if applicable):

- Outcome of the EPB risk assessment
- Outcome of the bed rail risk assessment prior to transfer
- Outcome of moving and handling assessment.
- Details of care plan for the safe use of EPB and bed rails

The receiving health care professional will continue to reassess the service users’ needs for an EPB and associated equipment if applicable whilst on their caseload and prior to discharge.

15.8 Where a service user transferring to residential/non nursing care does not meet the eligibility criteria for the provision of an EPB, then an EPB, bed rails or bed rail accessories will not be provided by ICELS equipment provider. The care home provider should be involved with the decision making and must be informed of the needs of the service user to enable them to provide suitable equipment.

Transfers from In-Service user to Nursing Care Home:

15.9 Service users transferring to a nursing care home will not have an EPB, bed rails or bed rail accessories provided by ICELS equipment provider. The care home provider should be involved with the decision making and must be informed of the needs of the service user to enable them to provide suitable
Continued Use of an EPB in Service users Own Home’s without Health Professional Contact or in between Health Care contacts:

15.10 All service users carers (informal or formal) with a continued need for an EPB will be involved with the decision and informed of the information detailed within ‘Carers’ Confirmation Sheet Safe Use of EPB and Safe Use of Bed Rails (appendix 4), any special considerations for the individual, and their need to alert health care professional to a change in circumstances that would affect the safe use of the EPB/bed rails prior to discharge by the health care professional transferring the patient/service user.

15.11 If the service user no longer meets the criteria for provision of an EPB (including bed rails and other accessories) then the health care professional will arrange for the bed and accessories to be returned to the ICELS Equipment Provider.

Transfer from Community Health Care Professional to Residential / Non-Nursing Care Home:

15.12 Service users residing in a residential home being discharged from health care provision and who no longer meet the criteria for provision of an EPB (including bed rails and accessories) will not have continued provision of an EPB, bed rails and accessories from ICELS equipment provider. The health care professional should arrange for the bed, bed rails and accessories to be returned to the ICELS equipment provider. The care home should be provided with notification of the service users’ discharge from health care provision, the return of equipment and must be informed of the needs of the service user to enable them to provide suitable equipment, by the health/social care professional transferring the service user.

Transfers from Community Health Care Professional to Nursing Care Home:

15.13 Service users transferring to a nursing care home will not have an EPB or bed rail accessories provided by ICELS equipment provider. The care home provider should be involved with the decision making and must be informed of the needs of the service user to enable them to provide suitable equipment.

16. Education and Training

The duties and roles and responsibilities within Organisations that are party to this Policy are provided in Section 4.

16.1 Leicestershire Partnership Trust:
To comply with Manual Handling Policy and Medical Devices Policy all LPT staff that use EPBs should receive training in their use from a competent person.

16.2 Local Authority
All Local Authority staff are in receipt of regular moving and handling training appropriate to their role and in accordance with policy and guidance.
16.3 The ICELS
The ICELS have a demonstration room where EPBs and associated accessories can be viewed and used and advice and guidance can be given to professionals in the use of EPBs and accessories by the ICELS OT or Equipment Provider's Clinical team.

16.4 LLR ICELS Equipment Provider staff:
The equipment provider will ensure that:

- All driver / technicians responsible for delivery and installation of bed rails receive familiarisation training, which includes how the equipment works, how it installed, how it is used;
- All driver / technicians will complete a competency based product training programme that is signed off by a designated trainer.
- On-site trainer will also carry out training with individual driver technicians in the community; ensuring that they are trained in how to fit rails to all types of beds and to be able to identify that they have the correct bed rails for the bed and to carry out checks to ensure safe installation.
- Driver technicians will also be responsible for demonstrating to the service user, their carer and/or relatives how to use the bed rails safely, e.g. lift up and down correctly.

17. Purchase and Disposal

17.1 EPBS provided through the LLR ICELS will be purchased by the ICELS Equipment Provider on behalf of ICELS Commissioners. The make and model of EPB is determined by ICELS Commissioners following consultation with health and social care professionals

17.2 EPBs provided through the LLR ICELS will be disposed of by the ICELS Equipment Provider when they are no longer safe to use and in line with the disposal arrangements set out in the contractual requirements between the Equipment Provider and Leicester City Council, who host the service on behalf of Partners to the Pooled Arrangement for the ICELS.

18. Infection Prevention and Control

18.2 EPBs will be issued to a named patient/service user. To reduce the risk of infection beds must not be transferred between patient/service users or addresses without cleaning, decontamination and maintenance being carried out.

18.3 EPBs should be cleaning during use by a patient/service user at least weekly and immediately if they become soiled with blood or body fluids. This will help to reduce the harbourage of micro-organisations, maintain cleanliness and reduce the chance of cross infection.
18.4 EPBs and accessories supplied through the ICELS when returned will be subject to the Cleaning, decontamination and refurbishment arrangements set out in the contractual requirements between the Equipment Provider and Leicester City Council, who host the service on behalf of Partners to the Pooled Arrangement for the ICELS.

18.5 Professionals prescribing an EPB and any accessories into care settings must ensure the care setting is aware of the importance of infection control and take appropriate action and that they do not use the bed rails for any other service user.

18.6 The following table gives the procedure and rationale for cleaning EPBs:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands and put on protective clothing (apron and non-sterile gloves)</td>
<td>To reduce cross contamination and risks to staff.</td>
</tr>
<tr>
<td>Prepare a clean bowl of mild detergent and warm water with a soft disposable cloth. NB Phenols e.g. Stericol or other similar disinfectants (surfanios) must never be used on any part of the equipment.</td>
<td>Detergent and water are very effective at removal of micro-organisms. Phenolic disinfectants are damaging to mattress components. Surfanios are damaging to the pump components.</td>
</tr>
<tr>
<td>Inspect and wipe the equipment using detergent and water. Do not immerse electrical equipment in water: WIPE OVER ONLY. Start at the top and work down.</td>
<td>Using this method you should always be working from cleaner to more heavily contaminated areas.</td>
</tr>
<tr>
<td>Once cleaned, dry all surfaces thoroughly before next client use.</td>
<td>Micro-organisms may survive and multiply in the presence of moisture.</td>
</tr>
<tr>
<td>After spillage of blood or any body fluids, mop up excess with disposable paper towels. Clean as previously stated and wipe over with disposable towels soaked in 1% Sodium Hypochlorite following a blood spillage and 0.1% Sodium Hypochlorite for other body fluids. Wipe over with a solution of warm water to remove any chemical residues. Aprons, gloves and towels should then be disposed of as clinical waste.</td>
<td>To remove and destroy any viral particles which may be present. To prevent damage from chemical residue to equipment and components.</td>
</tr>
</tbody>
</table>
19. Maintenance and repairs

19.1 Maintenance

EPBs are subject to the Lifting Operating and Lifting Equipment Regulations (LOLER) 1998 to comply with these regulations maintenance inspections are required annually and prior to re-issue. Maintenance is the responsibility of the ICELS Equipment Provider.

19.2 Reporting a fault

Any fault/damage should be reported immediately to the ICELS Equipment Provider who will arrange a call out for repair in line with agreed contractual timescales for urgent/non urgent repairs.

20. Reporting Incidents

20.1 All service user incidents related to the use of an EPB and/or accessories must be reported:

- via each organisation’s incident reporting processes
- to the Equipment Provider
- to the ICELS OT/ICELS Partnership Manager

20.2 The Equipment Service Provider’s staff should also report any concerns or adverse incidents that they become aware to their own organisation who will take action in accordance with their own Adverse Incident reporting policy.

21. Dissemination

Each organisation will be responsible for ensuring that their own staff that assess for and provide EPBs are made aware of this policy.

22. Monitoring Performance and Effectiveness

Appropriate use of EPB and the completion of EPB assessment form will be monitored by the ICELS Support Team and by organisations whose staff assess for and provide EPBs through the ICELS.

23. References

This Policy was drafted with reference to the following:

Relevant Legislation:

- Equality Act 2010
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations (PUWER) 1998
HSE:
- EPBs in Healthcare
- EPBs in Hospitals: Case Studies
  www.hse.gov.uk

MHRA:
- Safe use of Bed Rails – DB2006(06) v2 MHRA December 2013
- British Standard EN 60601-2-52-2010
  www.mhra.gov.uk

Leicestershire Partnership NHS Trust Policies
UHL Trust Policies
Leicester City Council, Leicestershire County Council and Rutland Council Policies

Other documents:
- Assessment and provision of EPBs within Social Care Settings: The need for a consistent approach. A report by the Welsh Local Government Association Manual Handling Forum April 2010
- Leicestershire Partnership NHS Trust Policies: Medical Devices policy, mandatory training policy, bed rail policy, falls policy guide, manual handling policy, infection prevent and control policy, mental capacity policy, tissue viability guidance
Appendix 1 - EPB Request Forms
ELECTRIC PROFILING BED – CRITERIA FOR PROVISION – CHECKLIST PART 1

<table>
<thead>
<tr>
<th>Service User Patient Name:</th>
<th>NRS ID No (if known)</th>
<th>NHS/SSID No.</th>
<th>Date of Birth</th>
<th>Date of assessment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SU/Patient current situation</th>
<th>LOW NEED NO BED</th>
<th>MEDIUM NEED NO BED ALTERNATIVE SOLUTION</th>
<th>HIGH NEED BED REQUIRED (for hospital discharge check by Discharge Team)</th>
<th>Assessment outcome (A/B/C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOBILITY ON BED (Not applicable to care setting)</td>
<td>Is able to move purposefully and intentionally on the bed Is able to roll independently Is able to move up and down and around bed independently Is able to sit up from lying</td>
<td>Is able to move purposefully and intentionally on the bed with assistance Is able to roll with assistance Is able to move up and down and around the bed with assistance Is able to sit up from lying with assistance</td>
<td>Is unable to move purposefully and intentionally on the bed Is unable to roll independently Is unable to move up and down and around the bed independently Is unable to sit up from lying</td>
<td></td>
</tr>
<tr>
<td>MOBILITY OFF THE BED (Not applicable to care setting)</td>
<td>Able to get off the bed Able to get on the bed</td>
<td>Can get off the bed with manual assistance Can get on the bed with manual assistance</td>
<td>Unable to get off the bed without mechanical assistance Unable to get on the bed without mechanical assistance</td>
<td></td>
</tr>
<tr>
<td>NIGHT TIME (not applicable to care setting)</td>
<td>Can get on/off the bed easily and unaided for trips to the toilet or has a night time carer for assistance</td>
<td>Needs manual assistance to get on and off the bed and does not have access to a night time carer</td>
<td>Unable to get out of bed without mechanical assistance</td>
<td></td>
</tr>
</tbody>
</table>

There may be exceptional circumstances where the above criteria is not met, for example if it can be evidenced that provision of EPB would reduce costs/care hours, prevent/delay new and increased POCs due to maximising independence, reduce carer strain, meet needs for height adjustment due to multiple carers. You will be required to seek authorisation from your own organisations and this should be noted in client record.

**NURSING CARE/ CARE INTERVENTION (can be provided in residential home if criteria is met, NOT applicable to nursing homes)**

- Nursing/social care intervention is not reliant on a profiling bed (service user does not require raised positioning to enable intervention or alternatives are suitable)
- SU/Patient needs to:
  - Sit up; and/or
  - Elevate legs; and/or
  - Bed to be raised
- To enable the care to be provided

**Please Note:** A profiling bed will **NOT** always be provided when a pressure relief mattress has been identified as required. The service user’s existing bed base should first be considered. If the service user does not meet the criteria for a profiling bed to be provided, the healthcare professional must discuss alternative pressure relief strategies with the patient. This may include the patient obtaining a suitable bed base. If a bariatric bed is required it may not be possible to locate a bariatric bed on an upper floor, a risk assessment will be required to determine suitability as well as an assessment that the equipment provider can access the upper floor to install a bariatric bed.
Service User Environmental Assessment:

If your service user has been assessed as needing a profiling bed (triggered red), then please ensure you have checked (and documented in the service user record) the following:

- That the service user consents to a bed being provided
- That the equipment provider can access the area where the equipment will be located
- That the bed (and any associated equipment such as a hoist) will be able to fit into the room it will be located in and that carers can access the space
- That the room is clear for when the equipment is delivered
- That there is an adequate power supply where the bed will be located (this applies to any associated equipment delivered that needs a power supply)
- That the service user or a family member/carer understands how to use the bed and can operate the handset

For a bariatric profiling bed the following is required (if the bed is to be located on an upper floor):

It should be noted that it may not be possible to install a bariatric profiling bed in an upper floor room. The following action is required to determine location and this will need to be noted in the client delivery notes in the on-line ordering system:

- a risk assessment is undertaken to ensure that it is safe to locate the bed on an upper floor (e.g. weight limits for floor joists); and
- that the equipment provider is able to install the bed on an upper floor, e.g. are the stairs wide enough, are there any turns or corridors and if so are these wide enough to enable the bed to pass through?

Gas appliances, solid fuel or wood burning fires

If there is a gas appliance, solid fuel or wood burning fire in the room that the bed will be used then please ensure you discuss this with the patient/service user/family/carers and that you make them aware that use of these products can be dangerous – where possible the items should be removed/disconnected. You should comply with your own organisations policy and practice relating to this and refer to HSE Technical Bulletin 105

Provision of ultra-low bed:

- If the service user is assessed as needing an ultra-low bed please refer to your own organisational guidance on use of ultra-low beds and Section 13 of the ICELS Policy and Criteria for provision and safe use of Electric Profiling Beds/Cots
GUIDANCE TO ASSIST WITH IDENTIFYING A SUITABLE ALTERNATIVE TO PROVISION OF A PROFILING BED

If you would like to receive training on any of the alternative solutions below, then please get in touch with the ICELS OT Alena Berry, email ices@leicester.gov.uk

Own bed available
What type of bed does the patient have at home i.e. divan base, slatted base, sprung base. What size is the bed a single, double or king size? Is the patient able to transfer in/out of their own bed independently? Has a member of the Therapy Team assessed the patient’s bed transfers? The patient may need a different technique to now transfer in/out of bed which should be practiced on the ward.

Bed raisers
If the patient requires their bed to be raised higher so they can transfer in/out then Morris & Alexander bed raisers can be fitted. These are a steel bar design located width ways at the head and foot end of the bed. These steel bars are adjustable to fit single, double and king size beds. These raisers are suitable for beds with legs or castors on their base. The legs or castors are fitted inside the cups that attach to the steel bars and are securely clamped into place. They are supplied as a pair. They allow the bed to be raised by 3.3 inches to 5 inches (85-125mm) high. See diagram 1. The raisers come in different sizes and either round or square cups depending on the shape of the leg or castor that needs to be adapted. There is also a flat square plate that can be fitted onto beds without legs or castors.

Diagram 1.
Universal bed raiser

Diagram 2.

A Morrise & Alexander Chair & Bed Raiser Quick Reference Guide can be found in iRIS – click onto Documents/Quick Reference Guides
Bed Levers

If the patient struggles to get from lying to sitting to then transfer out of bed then a bed lever attached to their bed can assist them to transfer safely. There are three specific bed levers on contract that can be fitted to different domestic beds depending on the style of bed the patient has. A bed lever guidance document providing more information about the different types of bed loops/levers available and which beds these are suitable for can be found in the iRIS4 ordering site – Documents/Quick Reference Guides/Bed Lever Guidance. See examples below in diagrams 3, 4, 5.

Diagram 3. Bed Grab Handle. Suitable for single & Double divan beds
The photos below show the two types that are available as stock items – the first is current stock (M542324) and the second previous stock item which is a close technical equivalent (CTE) (M54830), if stocks of the CTE are available then you will receive this item (please note M54830 is not suitable for king size beds)

Diagram 4: 2 in 1 Bed Rail available in iRIS4 catalogue (M48192)

Diagram 5: Easy Fit Bed Rail (with straps) available in iRIS4 catalogue (M76333)
Modular step to aid climbing into/out of bed
If the patient is finding it more difficult to get in/out of bed the use of a modular step will reduce the height of the bed. The components are stackable to allow the optimum height required for the transfer. They can be stacked up to 8 components (2 full steps) high to give a maximum step of 8 inches high (103mm). See diagram 6.

Diagram 6:

Adjustable bath step (this can be found in bathing section of iRIS4 catalogue, however this product can be used in other situations (F22600)

Back rests – manual
The use of a manual back rest can be used to provide a supportive sitting position for a patient whilst in bed. The back rest is angle adjustable and can be altered to achieve low lying to an upright posture as required. This equipment may allow a patient to remain sitting up in bed so they then find it easier to transfer in/out. See diagram 7.

Diagram 7:

Adjustable back rest available as a contract item in Bed Accessories – Positioning section of Iris4 catalogue (L98229)

Mattress elevator - electric
The mattress elevator is designed to be strapped to the patient’s bed and allows the head end of the mattress to lift/lower. This then allows the patient to raise themselves up from lying to sitting using this equipment. This will fit on a single, double or king size bed. It is not compatible with all types of mattress. See diagram 8

Diagram 8:

Mattress elevator available as a Contract item in Bed Accessories – Positioning section in iRIS4 catalogue (M48453)
Pillow lifter – electric

This is placed on top of the bed under the patient’s pillow. It can provide assistance to patients with limited upper body strength wishing to lift themselves to a reclined or sitting position and also assist in bed transfers in/out of bed. It is powered by an airflow compressor. This equipment is not available to order on contract and is a special order only. However maybe available as a recycled special (please check recycled special catalogue in iRIS4). For examples please see diagram 9.

Diagram 9:

Mangar pillow lifter

Mountway Serena pillow lifter
Leg lifter – electric

This is placed by the side of the patients bed and lies flat at the side of the bed, the patient activates the bellows under the unit which expand lifting the base up with the patients legs moving vertically up in line with the side of the bed. Once the base of the leg lifter is level the patient can then slide their legs into bed. To get out of bed the patient places their legs on the unit base switching the bellows on to deflate and the base is lowered taking the patients legs down to the floor. This equipment is not available on contract and is a special order only. However maybe available as a recycled special (please check recycled special catalogue in iRIS4). See diagram 10.

Diagram 10
Electric Leg Lifters

Mangar Leg Lifter
(inflatable airbag style)

Centramed Leg Lifters:

Nile leg lifter
Mawson mobile leg lifter

Manual leg lifters are available however these are low value simple aids and the service user should be encouraged to self purchase this type of item.
TRANSFER ARRANGEMENTS TO ANY SERVICE USER CARE SETTING

Equipment ordered by UHL/CH Discharge to community setting

OR

UHL/CH Discharge – referral to HCP in community to order equipment

Referral to HCP in community
Minimum referral information to be provided
- Copy of care plan
- Up to date risk assessment outcomes
- Up to date manual handling assessment

Community HCP reviews bed risk assessment and takes appropriate action in line with risk assessment outcomes

Review of service user indicates no longer meets criteria for provision of bed (accessories)

Continue HCP contact – bed (& accessories if applicable) to be reviewed and new risk assessment completed at 6 monthly intervals and appropriate action taken

DOES NOT MEET CRITERIA

HCP arranges return to Equipment Provider

Bed (accessories) still required
Service user discharged from health care caseload. Carer to be informed of need to alert HCP to any change in SU circumstance

For service users in Residential Home
HCP MUST arrange return of bed & associated equipment to Equipment Provider

Service User discharged and records updated

Action required/information to be provided:
- Check bed (accessories) for signs of damage – remove/replace
- Ensure service user/carer can operating raising and lowering mechanisms and any controls
- Ensure service user/carer aware of associated risks of using EPB & accessories
- Ensure service user/carer is aware that EPB & accessories should only be used by person prescribed for
- Provide information on how to report faults
- Provide any manufacturer contra-indications
- Service user/carer to monitor change in condition and be aware of need to alert HCP for reassessment

BED (accessories) STILL REQUIRED
Carers Confirmation Sheet - Electric Profiling Bed (EPB) - and associated accessories if provided

Healthcare Professional to ensure the appropriate carer(s) is:

- Able to operate the handset for profiling of bed (if bedrails have been provided then this should include ability to operate rise and fall mechanism. (Where an EPB has been provided by ICELS the driver technician will be able to demonstrate to the service user, their carer and / or relatives how to use the EPB and bed rails safely, such as the handset for the EPB and rise/fall mechanism for bed rails correctly)
- Able to correctly use bed rail accessories if applicable
- Aware of the risks associated with the use of an EPB and where applicable bed rails and bed rail accessories.
- Understand what change in circumstances would alert the need for referral to a healthcare professional for a reassessment of need.
- Aware that the EPB (and any accessories provided) are only to be used for the person that it has been prescribed for.
- Provided with, or know to expect if being discharged from in-service user area with equipment provision from ICELS, the manufacturer's instructions for use

Carer(s) should:

- Be confident with the above
- Check the EPB weekly to ensure that there are no signs of damage or faults. If any identified damage then the EPB should be reported for repair immediately and it may not be safe to continue to use
- Check any associated accessories, e.g. bed rails/bumpers to ensure there are no signs of damage, such as cracks or faults with the mechanism. If any identified damage then the EPB should be reported for repair immediately and it may not be safe to continue to use
- Report a fault or repair contact to:
  - Equipment Provider: NRS Healthcare 0344 893 6373
- If the service user circumstances change that may impact on the safe use of bed rails contact:
  - Healthcare Professional: ________________________________
Considerations for use of an Ultra-low Bed

- Physical illness – some medical or nursing interventions may be difficult or impractical when using an ultra-low bed.
- Psychological illness or distress – the unusual position of the bed may trigger distress, agitation or increased confusion for the service user.
- Previous accidents and injuries resulting from falls – the time, place and cause of a previous fall may or may not indicate that an ultra-low bed would reduce the service user’s risk.
- Tissue viability – recent concerns have been highlighted about the compatibility of certain ultra-low beds with some air flow mattresses.
- If the service user has a Waterlow score that indicates that their skin integrity is at risk, the assessing nurse must consider if the ultra-low bed available has a full profile capability. Some ultra-low beds do not have a ‘knee break’ i.e. they raise the service user’s legs so that their lower legs are horizontal. This results in the service user’s sacral area sitting in a ‘V’ with undue pressure on the sacrum. If the service user’s skin integrity is at risk, a fully profiling bed must be used, allowing the service user to sit in a naturally contoured position. NB: Invacare Etude, Bartra Protean, Spirit, Parkhouse Richmond and Pegasus Ultra-low beds profile fully. The Montcalm Carroll beds do not.
- If the ultra-low bed may cause a problem when used with certain mattresses e.g. when a service user sits on the side of an ultra-low bed and compresses the standard mattress, this can result in pressure on the back of their legs. If this is the case, staff must ensure that the service user does not sit on the bed for protracted periods or they must identify a more suitable mattress.
- If the bed will be compatible with a bed table as they may not fit under some ultra-low beds.
- Mental capacity. When service users are assessed individually by a Registered Nurse or therapist for an ultra-low bed, it would be deemed good practice to document in the service user’s notes/falls care plan that the service user and/or their carer has been consulted with regarding the use of the ultra-low bed. Documentation must include that the service user is aware of the restrictions the ultra-low bed may impose on them, but have given their consent to its use to reduce the risk of further falls.

If however, there are concerns that the service user may not have capacity to consent to its use, then an assessment of capacity must be made in line with the five principles of The Mental Capacity Act 2005 (refer to mental capacity policy).

If the assessment of capacity demonstrates that the service user lacks capacity to make this decision themselves, then the multi-disciplinary team must make a best interest decision also involving the service user’s next of kin.

The outcome of the capacity assessment must also be clearly documented in the service user’s notes/records

- Variation in cognitive status over a 24 hour period e.g. nocturnal confusion.
• Disability/capability – the use of an ultra-low bed may improve/impede the service user’s ability to transfer.

• Service user’s weight – check the weight limit for the ultra-low bed available, as it may not be suitable for service users over a certain weight.

When Using an Ultra-low Bed:

• Document the decision to use or not use an ultra-low bed in the nursing notes and falls care plan. This must include the rationale and whether or not bedrails are required.
• Ensure the decision is communicated to all members of the multi-disciplinary team.
• The use of ultra-low beds must be reviewed weekly in conjunction with the falls risk assessment unless the service users condition changes in between assessment (on wards where alternative bed options available) and recorded.
• Ensure the ultra-low bed is kept away from floor level furniture, doors, lockers, pipes, wheelchairs, commodes, radiators and other low level hazards to reduce the risk of service user injury or burns.
• Ensure the ultra-low bed is either placed flush to a wall or with a large enough gap either side, to prevent asphyxial entrapment if the service user slipped between the side of the mattress and the wall.
• When the service user is on the ultra-low bed, the bed must be returned to the lowest level to prevent a fall from height after being attended to by staff. All staff must ensure that the bed is at a low level if the service user is left unattended.
• In the majority of cases, if a service user is at risk of falls from bed and an ultra-low bed is deemed appropriate, it must be carefully considered whether bedrails must be used, as these might negate the purpose of the bed. Some ultra-low beds have integral bedrails which cannot be removed. Staff who are unfamiliar with the service user’s current fall status must check the Falls Care Plan and Bedrail Risk Assessment before contemplating use of the bedrails if they are attached to the bed.
• Crash mats at the side of an ultra-low bed must be used with caution. These can cause a trip hazard from both service user staff. When the service user is not using the ultra-low bed e.g. sitting in an armchair, any crash mat in use must be removed from the bed area and stored safely.
• Choice of mattress to be used on the bed must be determined by assessing the service user’s weight, skin integrity and any risks of injury or entrapment. The assessing nurse must ensure that any air flow mattress being considered is suitable for use with the ultra-low bed available.
• Take care when positioning the legs of a hoist under the ultra-low bed, as limitations imposed by the low height of the bed could cause a manual handling concern.
• Prior to completing any manual handing manoeuvre, ensuring that the bed is at the correct height for the service user and staff.