# **PROVIDER RISK ASSESSMENT FOR**

# **PROVISION OF BED GRAB HANDLES**

# **(Sometimes known as bed levers or bed sticks)**

‘The MHRA continues to receive reports of adverse incidents relating to bed rails and associated equipment (such as bed handles). The most serious of these have led to injury and death by asphyxiation after entrapment of the head, neck, or chest…. Prescribers should carefully consider the benefits and risks of bed rails before they are used for an individual bed user.’ <https://www.gov.uk/guidance/bed-rails-management-and-safe-use>

|  |  |
| --- | --- |
| **Date of assessment** |  |
| **Name of care home** |  |
| **Assessor name and role** |  |

**Part 1: Assessment of the person**

|  |  |
| --- | --- |
| **Name** |  |
| **DOB & age** |  |
| **Height & weight** (Bed handles have differing minimum user’s height and weight which will need to be checked if providing) | **Height** | **Weight** |
|  |  |

|  |
| --- |
| **Diagnosis and any relevant functional impairments;** |

**Part 2: Assessment of the environment**

|  |
| --- |
| **Type of bed** ☐ Divan base with mattress (non sprung base) ☐ Divan base with mattress (sprung base) ☐ Slatted base with fixed slats (metal or wooden frame). ☐ Slatted base with slats that move (metal or wooden frame). ☐ Domestic style bed with powered head and/or feet, fixed height (not hi-low) ☐ Profiling(hi-low) bed\***If unclear on suitability/safety of which type of bed grab handle/lever/stick is appropriate for the types of bed above, please refer to manufacturer guidelines?**\*Profiling beds are not usually compatible with third-party bed handles. Bed handles for profiling beds should be available to purchase from the profiling bed manufacturer as an additional accessory. Please note, not all profiling beds have bed handle accessories. If unclear on suitability please refer to the manufacturer’s guidelines or contact the manufacturer/supplier directly to fully clarify this.If the person requires bed rails as well as a bed handle, please consider the compatibility of this with the manufacturer and any additional risks this may present for the person.  |

|  |
| --- |
| **Compatibility and user questions:** |
| 1. Have you, the assessor, seen the bed including the mattress platform, which the Bed Grab Handle will be fitted to
 | ☐ Yes ☐ No |
| 1. Is the Bed Grab Handle compatible with the bed?
 | ☐ Yes ☐ No |
| 1. Is the Bed Grab Handle compatible with other accessories on the bed? (E.g. mattress variator/pillow lift)
 | ☐ Yes ☐ No |
| 1. Have you/will you ensure the user understands that the Bed Grab Handle cannot be placed any closer to the headboard or wall than 318mm for standard equipment. This is in accordance with guidance to prevent entrapment.
 | ☐ Yes ☐ No |
| 1. Have you/will you advise the user that the Bed Grab Handle should be checked regularly in accordance with the user leaflet which will be provided at delivery?
 | ☐ Yes ☐ No |
| 1. Have you/will you ensure the user knows to how to raise any concerns about the Bed Grab Handle feeling loose, changing position etc.
 | ☐ Yes ☐ No |
| **Compatibility and user questions:** |
| 1. Does the person using the Bed Grab Handle have cognitive impairments?

If yes, consider whether providing is safe and appropriate (document details in question 9). | ☐ Yes ☐ No |
| 1. Will they be using the Bed Grab Handle unsupervised. (e.g. for night time toileting)?

If yes, consider whether providing is safe and appropriate (document details in question 9). | ☐ Yes ☐ No  |
| 1. If you have answered yes to questions 7 & 8, please identify what steps you have taken to ensure risks are reduced and provision is safe and appropriate.

**Record detail of steps taken to reduce the risk and clarify why provision is safe and appropriate…**………………………………………………………………………………………………………… |
|  |

|  |
| --- |
| 1. **Who will be responsible for checking the above and arranging removal of the Bed Grab Handle if the prescribed Bed Grab Handle is not appropriate or able to be used safely.**

Name: ………………………………………………………………………………………………………… |

**END OF RISK ASSESSMENT**