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**Quality and Accreditation Institute**  
**Centre for Accreditation of Health & Social Care**



## **ADDITIONAL REQUIREMENTS**

**FALL PREVENTION & USE OF  
BEDSIDE RAILS  
SECOND EDITION  
MAY 2026**

These Additional Requirements are developed to support applicant/ accredited Health Care Facilities (HCFs). These guidelines constitute addendum to the requirements under various QAI accreditation standards and are applicable to applicant/ accredited HCFs. All applicant/ accredited HCFs may like to adopt and comply with these guidelines.

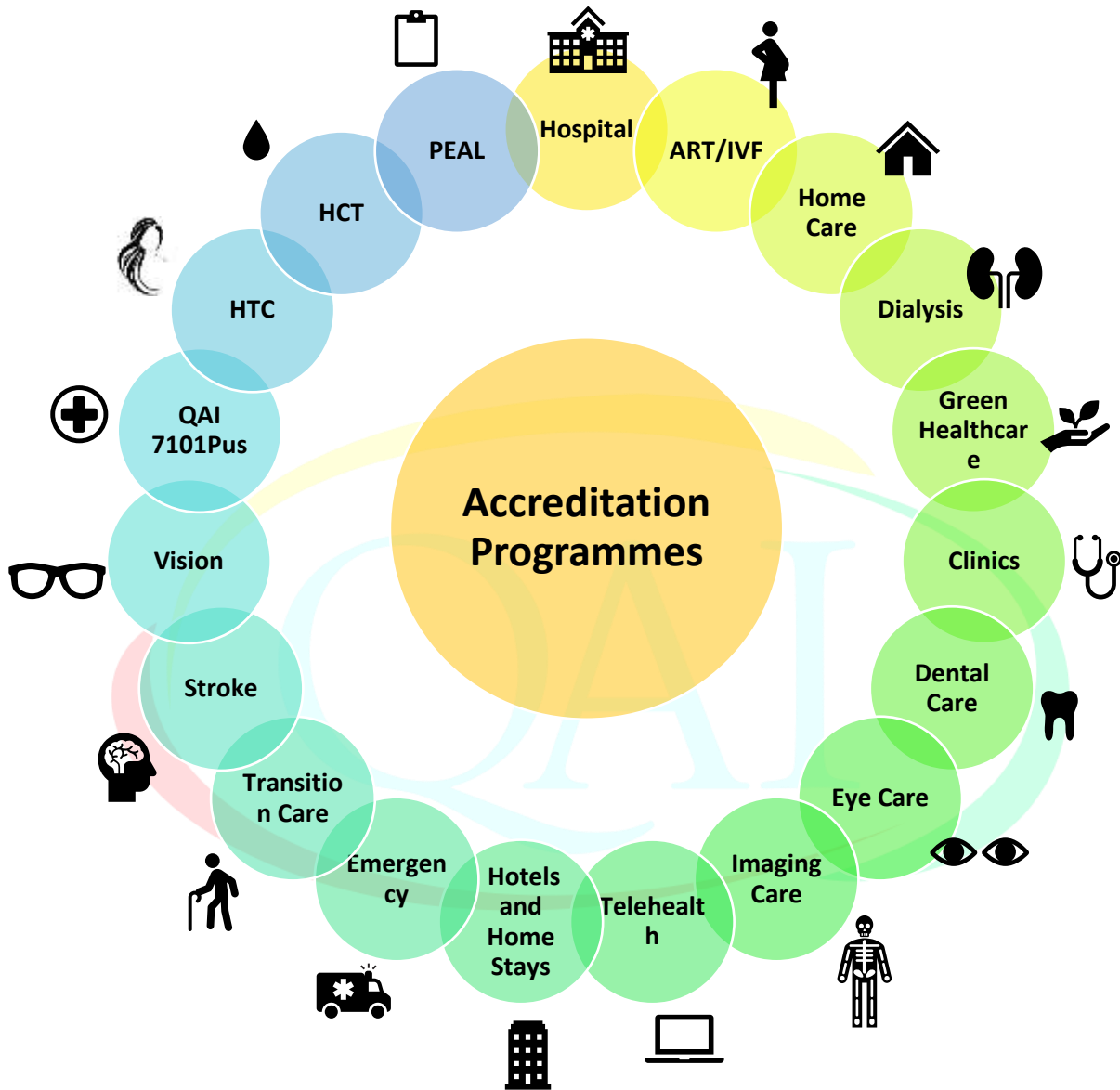
QAI assessors of various accreditation programmes under the Centre for Accreditation of Health & Social Care (CAHSC) should check the adherence to these guidelines during assessments.




### Fall Prevention & Use of Bed Siderails

Bedrails serve as crucial tool in fall-prevention for patients vulnerable due to age, illness, or injury. However, the utilization of bedrails necessitates careful consideration and due recognition of associated risks.

1. Bed siderails, also known as cot-sides, safety sides, or bed guards, are devices attached or integral to (hospital) beds. These are designed to prevent individuals from falling out of bed.
2. These are not designed to aid mobility, positioning, transfer in and out of bed or to be used for applying restraint.
3. Use of bed rails is part of overall fall prevention mechanisms used in the Healthcare Facilities and should include these steps –
  - a. Step 1: Healthcare provider (doctors / nurses) ascertains the need of fall prevention interventions as part of reassessment for a particular patient. This is to be done using a suitable validated tool (s) for assessing the fall risk for a particular patient. Examples of validated tool include Mores Fall Scale for adults and Humpty Dumpty Scale for children.  
The tool used should appropriate for age of the patient.
  - b. Step 2: Determine the need and the type of fall prevention intervention (s) including bed siderails and document in the patient file / record.
  - c. Step 3: Implement the determined fall prevention intervention.





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