

Use of Bedrails & Bed Levers Policy

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1. Introduction

NHS Shetland (NHSS) aims to take a person-centred approach to ensure the safety and independence of patients and respects the rights of patients to make their own decisions about their care.

Patients in hospital or in the Community setting may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication.

Bed rails are designed as safety devices used extensively in the acute, community and home care environments to reduce the risk of bed occupants falling out of bed and injuring themselves ([National Patient Safety Agency 2021](#)) and bedrails used for this purpose are not a form of restraint (Medicines and Health Products Regulatory Agency 2020).

This policy does not advocate the use of bedrails as a form of restraint, it can compromise individual patient safety, dignity and autonomy and is likely to be ineffective and increase the risk of harm.

In its broadest sense, restraint is taking place when the planned or unplanned, deliberate, or unintentional actions of care staff prevent a person from doing what he or she wishes to do and, as a result, places limits on his or her freedom of movement (Rights, risk and limits to freedom – Mental Welfare Commission for Scotland 18 Mar 21). Any use of restraint should take into consideration the legislation [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

2. Purpose and scope

This policy applies to all staff in adult inpatient and outpatient service delivery settings of NHS Shetland and includes temporary workers, bank and agency staff, contractors, volunteers, students and those on work experience.

The aim of this policy is to:

Support patients, their families and healthcare professionals to have person-centred discussions and engage in shared decision making around the risks of using and of not using bed rails

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- Ensure compliance with Medicines and Healthcare Related products Agency (MHRA) guidance to ensure safe care. Further information can be found in the [safe use of bed rails](#) published by the Medicines and Healthcare products Regulatory Agency in 5 March 2020, updated 30th August 2023.
- Consideration should be given to legislation contained in the Adults with Incapacity (Scotland) Act.

3. Definitions

The term 'bedrails' will be used throughout this policy and replaces other terms such as cot sides, side rails, safety sides and bed guards.

The term 'bed levers' will be used throughout this policy and replaces other terms such as bed grab handles or bed sticks.

Bed rails, which fit under the mattress or clamp to the bed frame, should not be confused with bed levers (also known as bed grab handles or bed sticks), which are designed to aid mobility for the person in bed and to help them transfer to and from bed, rather than to prevent falls from bed.

Bed grab handles can pose the same hazards to users as bed rails, including entrapment.

Please click [here](#) if in any doubt about what bedrails are, and they should not be confused with bed grab handles/bed levers which are designed to aid getting in and out of bed and movement in bed.

4. Decision Making

The decision to use or not use bed rails must be based on an individualised person-centred assessment (MHRA 2021 [Appendix 1](#)). The risks for each patient can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Risks will also change periodically, sometimes very quickly, and assessments must be updated frequently. Therefore when planning, reviewing and evaluating patient care the following must be considered:

NHS Shetland staff should continue to assess risk based on their professional judgement and the following questions:

- a) Has the person fallen in the last 6 months, including during this admission?
- b) Does the person have cognitive impairment or possible delirium?
- c) Does the person attempt to walk alone although unsteady or unsafe?
- d) If bed rails are used, how likely is it that the person will come to harm?
- e) Could the use of a bed rail increase risks to the occupant's physical or clinical condition?
- f) If bedrails are not used how likely is it that the patient will come to harm?
- g) Are other devices being used, which could increase risk, such as lateral turning devices?
- h) Is there absolutely no other alternative that could reduce the risk e.g. treatment of any medical condition that could improve mobility, or increased monitoring by

staff? *(Restraint should be legally authorised, proportionate and necessary. Any person using restraint has to be able to justify it in a court of law).*

4.1 Risk of Falling and Sustaining Injury

Published bed rail studies suggest falls from beds with bed rails are usually associated with lower rates of injury, and falls appear to increase when organisations try to substantially reduce the use of bed rails.

4.2 Risk of Injury associated with Bedrail Use

Bed rails are not appropriate for all patients. Using bed rails also involves risks and as bedrails are considered a form of restraint, should only be used as a last resort. It is illegal to detain a person against his/her will without proper legal authority. The use of bed rails, without the consent of the individual concerned, should only be considered where the patient lacks capacity to understand the risk she/he is putting themselves in, and that an appropriate legal framework is in place.

National data published 31 January 2018, suggests around 1,250 patients injure themselves on bed rails each year, usually scrapes and bruises to their lower legs.

The following are guiding principles to ensure a safe, effective and person-centred approach:

- The patient assessed as “Having capacity”
 - Should be involved in the decision-making process. Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to them in a language/format they can understand. All adults are judged as having capacity unless they have formally been assessed as otherwise under the Adults with Incapacity (Scotland) Act 2000.
- The patient assessed as “Not Having capacity” –
 - Ascertain if there is a Welfare Power of Attorney or Guardian who needs to be included in any discussions as soon as practicably possible. Until that discussion, best judgement should be used taking the patients best interests into account. Colleagues should discuss the benefits and risks with relevant relatives and carers.
 - If the patient lacks capacity, and there is a difference of opinion with the guardian; colleagues have a duty of care to decide if bed rails are in the patient’s best interests. The rationale for this decision and discussions with the carer or guardian must be fully documented in the patient clinical record.

- Disorientated or agitated patients may consider a raised bed rail a barrier to climb over, may slide between raised, segmented bed rails, or may attempt to get around a raised bed rail via the top or the bottom of the bed. When attempting to exit the bed by any of these routes, the patient is at risk of entrapment, entanglement, or falling from a greater height posed by the raised bed rail, with the possibility of sustaining injury or even death. In these circumstances bedrails should not be used.

5. Roles and Responsibilities

5.1 Chief Executive

The Chief Executive will have overall responsibility for the effective implementation of this policy and the allocation of sufficient resources to ensure that the health, safety and welfare of staff employed by NHS Shetland and all persons (e.g. patients, visitors, contractors) liable to be affected by the activities of NHS Shetland, particularly in relation to bed, mattress, bedrail and other associated medical equipment use.

5.2 Executive Directors

The Directors of Acute & Specialist Services and Community Health & Social Care are responsible to ensure this policy, as it applies to their respective healthcare settings, is fully embedded into work activities to promote the highest levels of patient and staff safety.

5.2 Nurses / Midwives have a duty to:

- Ensure they comply with this policy.
- Undertake full and individualised risk assessment (Appendix 1) to ensure the use of bed rails is necessary and appropriate
- Follow the guidance as per Appendix 2 and 3
- Ensure rationale and patient/carer discussions are documented accurately in the medical notes or care plan, including ongoing review of patients continued need for bed rails.
- Regularly monitor the patient to ensure identified needs are being met and documented in the patient clinical record
- Inspect equipment regularly for signs of damage and/or incompatibility and report problems to the Senior Nurse / Midwife and/or Estates Department
- Senior Charge Nurses / Midwives incorporate this policy into the ward induction arrangements and ensure a plan is in place for all applicable staff to have training relevant to their role, with regular updates, and recorded.

5.3 Estates & Facilities Department have a duty to:

- Assess the integral bed rails (where fitted) to ensure they are in full safe working order during annual service as per local agreement
- Implement maintenance and servicing schedules for beds

located within the Gilbert Bain Hospital in line with the manufacturer's instructions for use and/or service manuals.

- Respond to requests for repair of removable bed rails, including condemning equipment which is no longer fit for purpose
- Checking for aspects such as rust, cracking, flaking etc during planned maintenance.

5.4 Procurement

- Ensure that all devices are in line with the MHRA's updated guidance on the management and safe use of bed rails
- Ensure that the equipment purchased is in line with MS EN 50637:2017

5.5 Clinical Governance and Health and Safety Teams

It will be the responsibility of the Health & Safety Lead to:

- check and collate incident forms and forward to third parties for action (e.g. the Health and Safety Executive under 'RIDDOR 1995')
- produce reports on safety issues relating to Medical Devices and Medical Equipment to the Health, Safety & Wellbeing Committee and Clinical Governance Committee as required
- provide advice and support to managers on methods for eliminating or reducing the risk

It will be the responsibility of Clinical Governance Team to:

- advise the Medical Director on matters of clinical risk or patient safety requiring attention.

6. Nursing and Midwifery Assessment

Assessments are usually carried out by registered nurses and midwives, but it is recognised that any member of the healthcare team may contribute to initial and ongoing assessments and subsequent care delivery.

Nursing/midwifery colleagues must record the outcome of any assessment, including a copy of the completed assessment, in the patient clinical record and where required, record specific interventions on the falls treatment. See "Adult Inpatient Admission & Assessment at Gilbert Bain Hospital" document.

Occupational Therapies are responsible for the equipment store and assessing and issuing bed levers. Occupational Therapies (OT) conduct a risk assessment prior to the issue of bed levels to patients. In the Hospital setting, it will be OT AHPs who are working with patients to assess and improve transfers including for bed mobility and the use of rails?

In community settings, OTs are responsible for issuing profiling beds (including with bed rails) as well as nursing colleagues.

6.1 Reducing Risks

- Using extra low beds
- Position patient in an area which allows increased observation
- Additional supervision may be required until other risk management measures can be put in place
- Use of low beds which can be elevated electronically for transfer and activities for daily living care
- Use of a padded mat which can be placed on the floor, adjacent to the variable height bed
- Involve patients' family and carers in developing visiting plans to prevent isolation and wandering behaviours
- Placement of patients call bell within easy reach and provision of visual and verbal reminders to use the call bell when necessary
- Use of be alarms to warn if patient attempts to exit from bed

Please note that following a falls risk assessment, some patients might not be assessed as at risk of falling but require bed rails because of particular circumstances.

6.2 Equipment Selection

It is essential that the selection process follows a risk assessment considering the needs of the bed occupant.

In community care environments it is common for beds, bed rails and mattresses to have been acquired from different sources. Often bed rails from unknown sources are found to be in use and in many cases, they have been found to be unsuitable or unfit for purpose.

Bed rails for divan beds (domestic) are mainly of the third-party type, not tailored for one specific bed or mattress length and width, or a specific mattress density.

The dimensions and overall height of mattresses may compromise the effectiveness of the bed rail for the occupant. Consideration as to whether extra height bed rails are needed should be given? Some mattresses may be too narrow for the bed it has been paired with and can cause an entrapment hazard to the patient, if mitigations are not put in place.

When supplied, the suitability of the installation should be checked, which includes following the manufacturer's instructions for use regarding compatibility with other devices.

6.3 Use with children and adults with atypical anatomy

Most bed rails on the market are designed to be used only with individuals over 1.46 m in height (4 foot 9 inches), which is also the height of an average 12-year-old child. A risk assessment should always be carried out on the suitability of the bed rail for the individual child or adult with atypical anatomy, as bar spacing and other gaps will need to be reduced.

6.4 Bariatric beds

Bariatric beds allow the mattress base to be widened, however, when the bed is widened, the correct mattress for the bed size must be used. Using the incorrect mattress size could increase the risk of entrapment.

6.5 Inflatable bed sides and bumpers

Typically, inflatable or padded bed sides cannot be adjusted and may require specific dimensions of a mattress and bed rails. It is therefore crucial to adhere to the manufacturer's recommended size and specifications for the mattress and bed rails to prevent the creation of entrapment gaps and ensure stability. When evaluating the risk of entrapment, it is important to consider that inflatable rails may alter their shape when the bed occupant leans against them.

Some inflatable or padded bed sides house the mattress in its own 'pocket' or compartment, a feature which greatly reduces entrapment risks between the mattress and the side walls.

Inflatable bed sides need to be fully inflated to be effective. They may deflate over time so regular checks should be made to ensure this does not happen.

Care should be taken to use inflatable and padded bed sides correctly, as specified in the manufacturer's instructions for use.

Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries, but they can also reduce the potential for limb entrapment when securely affixed to the bed or rail according to the instructions for use. However, bumpers that can move or compress may themselves introduce entrapment risks. Care should be taken that the patient cannot remove these accessories.

7. Consent

A person-centred approach to making decisions about using bed rails needs to be made in the same way as decision about other aspects of treatment and care with regards to capacity and informed consent. NHS Shetland does not require written consent for bed rail use, but discussions and decisions must be documented in the patient clinical record.

If an adult lacks capacity to consent to medical treatment a S47 certificate should be completed, under the Adults with Incapacity (Sc) Act 2000. The welfare Power of Attorney (PoA) or Guardian can only decide about restraint if there is a relevant power contained the PoA or Welfare Guardianship order that covers that. Further, no-one can consent to the use of restraint on behalf of another person unless they have specific powers granted by the Court authorising them to make such a decision.

8. Education and Training

All colleagues that make decisions about bed rail use, or advise patients on bed rail use, must have the appropriate knowledge to do so and are supported by:

- Estates colleagues who supply maintain or fit bed rails and have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within NHS Shetland.
- All colleagues who have contact with patients, including medical colleagues, students, Allied Health Professionals and temporary/bank/agency colleagues, should know if a patient should have bed rails up or not, should understand how to safely lower and raised bed rails, and know they must alert the nurse in charge if the patient is distressed by the bedrails, appears in an unsafe position or is trying to climb over bed rails.

These points are achieved through appropriate ward induction, corporate induction and mandatory moving and handling updates. The NHS Moving & Handling Trainer provides training through a specific module under the Moving & Handling Passport Scheme for all staff who install and/or operate bedrails within either hospital or community-based settings.

9. Community based services

NHS Shetland and Shetland Islands Council (SIC) have some shared or inter linked community-based healthcare services. This can create a more complex and challenging management structure where patient needs cut across both NHS and SIC Service provision. The complexities of this requires both organisations to have robust safe systems in place to communicate, cooperate and deliver Services in an appropriate, safe manner and in the best interests of the communities they serve. Both NHSS and SIC will work together to ensure the provision of safe, person-centred healthcare and the provision of appropriate, compatible medical equipment that fits the clinical needs of the patient out in the community. Occupational Therapists (OTs) can carry out assessments for Bedrail equipment to determine suitability and consider what is least restrictive. Occupational Therapies Equipment staff will provide training for recipients of beds and associated equipment such as bedrails provided under the OT service to community / care homes. Where beds/bedrails are delivered by NHS Porter services, training in the equipment use is provided by the Porters upon delivery.

To facilitate joint working and enhanced communication between NHSS and SIC, there is a Community Health & Social Care, Joint Health & Safety Forum. The forum meets on a quarterly basis and provides a conduit for the sharing of health and safety information, safety alerts, adverse event data including lessons learnt, and safer working practices.

10. References

Document	Link
National Patient Safety Agency (1 July 2023)	https://www.gov.uk/guidance/bed-rails-management-and-safe-use#eel-decline
Mental Welfare Commission Guidance (2021)	Search Mental Welfare Commission for Scotland (mwscot.org.uk)

Mental Welfare Commission Guidance (2017)	https://www.mwscot.org.uk/sites/default/files/2019-06/human_rights_in_mental_health_services.pdf
Medicines and Health Products Regulatory Agency (2023) guidance 'Bed Rails: management and safe use'	https://www.gov.uk/guidance/bed-rails-management-and-safe-use
Adults with Incapacity (Scotland) Act. 2000	http://www.legislation.gov.uk/asp/2000/4/pdfs/asp_20000004_en.pdf
Adult Inpatient Admission & Assessment at Gilbert Bain Hospital – Version 5	

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Appendix 1 – Example adult entrapment risk assessment checklist

This is an example of a basic risk assessment of a bed rail installation for an adult. It should not be adopted or used without adequate consideration of a specific bed occupant's needs and local policies and may need to be preceded by an assessment of whether rails are necessary at all. A separate checklist would be necessary for a child or very small adult user.

The checklist should be used in conjunction with the guidance in this document, together with the judgement of the nurse, therapist, user and carer involved.

Is the bed rail to be used with an adult-sized user (i.e. a patient taller than 1.48m/4'11")?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the bed rail been inspected and maintained regularly, if previously used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the manufacturer/supplier provide any information on special considerations or contra-indications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have enough information from the supplier to be able to select and fit the bed rail appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bed rail suitable for the intended bed, according to the supplier's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the fittings or mattress allow the bed rail to be fitted to the bed securely, so that there is no excessive movement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the benefit of any special or extra mattress outweigh any increased entrapment risk by the bed rails created by extra compression at the mattress edge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the bed rail height take into account any increased mattress thickness or additional overlay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made sure that there are no gaps present that could present an entrapment risk to any part of patient's body? <ul style="list-style-type: none"> • between the bars of the bed rails? 120 mm max • through any gap between the bed rail and side of the mattress? • through the gap between the lower bed rail bar and the mattress platform, allowing for compression of the mattress at its edge? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the headboard to bed rail end gap appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

'Yes' boxes indicate the desired outcome. If any 'No' box has been ticked, there may be a serious risk of entrapment with the proposed combination. Review immediately.

Risk assessments should be carried out before use and then reviewed and recorded after each significant change in the bed occupant's condition, replacement of any part of the equipment combination and regularly during its period of use, according to local policy.

Appendix 2

Bed rail dimensions in BS EN 60601-2-52:2010+A1:2015 Medical Electrical Equipment. Particular requirements for basic safety and essential performance of medical beds.

Description	Diagram Reference	BS EN 60601-2-52:2010	Notes
Height of the top edge of the side rail above the mattress without compression	1	$\geq 220\text{mm}$	Where a speciality mattress or mattress overlay is used and the side rail does not meet $\geq 220\text{mm}$ a risk assessment shall be performed to assure equivalent safety
Gaps between elements within the perimeter of the side rail and between the side rail and mattress platform	2	$< 120\text{mm}$	
Gap between headboard and end of side rail	3	$< 60\text{mm}$	Most disadvantageous angle between headboard and side rail
Gap between foot board and end of side rail	4	$< 60\text{mm}$ OR $> 318\text{mm}$	Most disadvantageous angle between foot board and side rail

Description	Diagram Reference	BS EN 60601-2-52:2010	Notes
Distance between open end of side rail(s) and mattress platform	5	< 60mm	The gap between the open end of the side rail and headboard is not relevant to this position reference
Gap between split side rails	6	< 60mm OR > 318mm	When in most disadvantageous position
Gap between side rail and mattress in 'plan' elevation	7	Perform test	120mm aluminium cone is positioned between mattress and side rail to determine if gap is acceptable or not.

Note that compliance to this standard requires the use of specific measurement tools, rather than basic distance measurements alone. It is intended to be used by manufacturers. For this reason, it is recommended that end users do not use solely these measurements as the sole basis for evaluating suitability of a bed rail installation.

[BS EN 60601-2-52 BS EN 60601-2-52 Full length rails gaps side view, split rails gaps side view and gaps top-down view](#)

Bed Rail Dimensions in BS EN 50637:2017 Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children.

Description	Diagram Reference	BS EN 50637:2017	Notes
Fully enclosed openings within a side rail, head/foot board, mattress support platform	A1	<60mm	
Fully enclosed opening defined by the side rail, its supports and the mattress support platform	A2	<60mm	
Partially enclosed opening defined by the head board, mattress support platform and side rail	A3	<60mm	
Partially enclosed opening defined by the foot board, mattress support platform and side rail	A4	<60mm	Except when gap between side rail and foot board is >300mm

Description	Diagram Reference	BS EN 50637:2017	Notes
Partially enclosed opening between segmented or split side rail and the mattress support	A5	<60mm	Except when gap between side rails is >300mm
Partially enclosed opening defined by lowest point of a side rail, the adjacent side rail support and mattress support platform, to the outside of the side rail supports	A6	<60mm	
Other openings defined by accessories (e.g. IV poles, fracture frames) and side rails, head or foot boards and or mattress support platform. Not shown in figures.	A	<60mm	
Distance between mattress support platform and the lowest point of the side rail outside the side rail support AND The angle between the side rail and mattress support platform at the range of the mattress height defined by the manufacturer ± 2 cm	B	<40mm AND Angle between mattress support platform and side rail interface $>75^\circ$ over the entire range of mattress heights from minimum recommended height minus 2 cm to the maximum recommended mattress height plus 2 cm.	

Description	Diagram Reference	BS EN 50637:2017	Notes
Gap between head board and adjacent side rail	C1	<40mm	
Gap between segmented or split side rails with both side rails raised	C2	<40mm OR >300mm	For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance
For all medical beds except junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C3	<40mm	
For junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C4	<40mm OR >300mm	For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance

Description	Diagram Reference	BS EN 50637:2017	Notes
Region defined by side rail/head board/foot board and the mattress for cribs and cots	D1	Perform test	Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter.
Region defined by the side rail/head/foot board and the mattress for junior beds and oversize cots	D2	Perform test OR Gap between side rail/head/foot board and mattress <30mm	Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter.