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South Western
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POST FALLS GUIDANCE PACK FOR CARE PROVIDERS

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1. Introduction

1.1. Even when all possible steps have been taken to prevent them, a certain number of falls are inevitable. A fall is defined as an event which results in a person coming to rest inadvertently on the ground or other lower level. This guidance has been developed to support Care Providers across the South West to assist Service Users when a fall happens within their care and to encourage the appropriate use of emergency services in these circumstances.

1.2. It can be used as a training tool and reference document for any care provider seeking clarification on best practice. It does not replace any pre-existing policies or guidance you may have where these are working well. Although this guidance provides a good basis for the majority of situations carers should encounter, it cannot foresee every possibility and must always be used in combination with clinical judgement (in nursing homes), common sense and in line with your duty of care.

1.3. This guidance has been developed as part of a collaboration with domiciliary care agencies and care homes across the South West. This is based on a variety of sources including reports from The National Patient Safety Agency and the National Institute for Health and Care Excellence. Much of the evidence base comes from the inpatient environment but has been adapted here for care homes and care agencies.

2. No Lift and Minimal Lift Policies

2.1. Care workers are not expected to physically 'lift' service users i.e. pick them up from the floor using only bodily force. In the case of non-injury falls, it may be possible to facilitate a service user off the floor using verbal cues (see useful resources) or it may be necessary to use appropriate manual handling techniques with support from additional members of staff, a hoist or other manual handling aids or mechanical lifting equipment.

2.2. South Western Ambulance Service is not commissioned to provide a lifting service for patients who are uninjured. There is an expectation that under your duty of care (2.4 and 2.5), appropriate manual handling techniques will be used to assist service users who have fallen and an ambulance will only be requested when there is a major injury/illness or apparent major injury/illness to the service user (please refer to flow charts below).

2.3. If a 999 call centre staff member requests a carer to lift a service user, the expectation would be for the carer to facilitate the service user off the floor using either verbal cues or appropriate manual handling techniques as above.

It is a statutory requirement that staff employed by care agencies and in nursing and care homes should be suitably trained, equipped and of sufficient numbers at all times to carry out required manual handling operations, in a safe manner in compliance with their duty of care.

2.4. Under the Health and Social Care act 2008, it is understood that there are inherent risks in carrying out care and treatment and a post fall response will not be considered unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of the person using their services and to manage risks that may arise during care and treatment.

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3. Post Falls Guidance-

Post Falls Guidance: Care Providers

Service user has a fall – carer must inform a senior staff member and assess injury (with support as required) prior to moving the service user

GREEN - NON-INJURY

- Conscious and responding as usual
- No apparent injury
- No head injury
- No complaints of pain/ discomfort verbal/ nonverbal
- Mobility unaffected – able to move limbs on command or spontaneously
- No signs of bruising/ wounds
- No signs of limb deformity / shortening / rotation

Advice for carer

1. Assist off the floor to a comfortable place (using available equipment/ verbal cues as appropriate) – this may include a request for an additional carer via normal processes
2. Observe service user for a minimum of 24 hours for pain or any changes in condition*
3. Document all findings

AMBER - MINOR INJURY

- New minor bruising
- Slight skin wounds
- Slight discomfort
- Mobility unaffected – able to move limbs as usual on command or spontaneously
- Isolated injury to upper limbs
- Any other concerns by carer

Advice for carer

1. Administer first aid as required
2. Assist off the floor to a comfortable place, this may include a request for an additional carer via normal processes
3. Observe patient for a minimum of 24 hours for new/increasing pain or any changes in condition*
4. Contact GP if in hours or NHS 111 if out of hours for advice and follow up
5. Document all findings

RED - MAJOR INJURY

- Loss of consciousness
- Reduced levels of consciousness
- Any signs of head injury
- Airway/breathing problems
- Severe or/and uncontrollable bleeding
- New onset chest pain
- New limb deformity
- New neck or/and back pain
- New extensive swelling to a limb
- New extensive bruising
- New immobility and/or new numbness to a limb
- New dizziness or vomiting
- Any fall from a height above 2 metres
- FAST positive

Advice for carer

1. Do not move service user
2. Call 999 for ambulance
3. Administer first aid as required
4. Inform relatives
5. Document actions

If there are any changes in the Service User's condition causing concern, contact the GP in hours, or NHS 111 out of hours, for follow up. Contact 999 in an emergency.

*Domiciliary care agencies: please refer to 'additional notes' on next page

4. Additional Notes for Domiciliary Care Agencies

4.1. **Unwitnessed Falls:** The carer, with support from senior members of care staff, should use their judgement and knowledge of the service user when discovering an unwitnessed fall. For example, if a fall is discovered on the first visit of the day, there is clearly a risk that the service user has been on the floor all night. Even if the service user appears uninjured, in this situation, additional advice from GP (in hours), or NHS 111 (out of hours) should be sought. It is important to mention that the fall was unwitnessed when explaining the purpose of the call.

4.2. **Response Time from GP/ NHS 111:** We recognise that there may be a significant delay in getting a response from service users' GP or the NHS 111 service for advice and this may cause time pressure. We recommend that wherever possible the visit be extended and the carer should wait with the service user until they are called back however, when this is not possible, providers are advised to utilise any other support that may be available in line with provider policies.

4.3. **24 Hour Observation:** We recognise that observation for 24 hours post fall will often not be possible for Care Agencies to provide themselves. Providers are advised to utilise any other support with this that may be available. A plan should be agreed with senior care staff which could include, but not limited to:

- Use of visits later in the day (additional visits could also be requested from care provider Commissioners, although there is no guarantee that these will be approved)
- Use of a 'Responder List', pre agreed with the service user, consisting of family and friends who have agreed to be contacted in case of a fall. Responder may visit the service user or may choose to contact them via telephone to check on wellbeing.
- Use of tele-healthcare, if installed

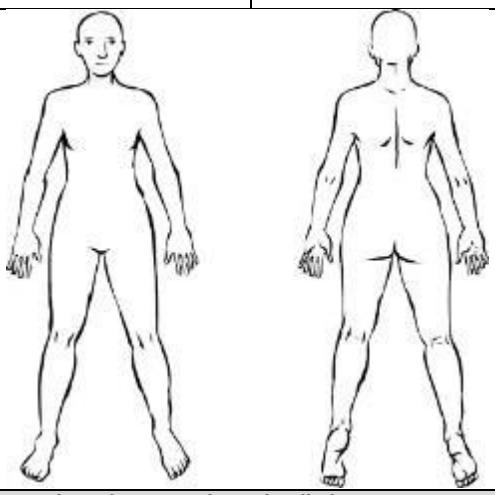
4.4. **Communication Difficulties:** Where the service user is unable to provide a reliable account of the fall and any pain they may be in, the carer (with support from senior members of staff) should use their knowledge of the service user and non-verbal signs to judge the most appropriate course of action. Even if the service user appears uninjured, in this situation, additional advice from GP or NHS 111 may be required. Where such advice is sought, it is important to mention that the service user is unable to provide a reliable account when explaining the purpose of the call. Any advice or suggested interventions given by the GP/NHS 111 should be documented.

4.5. **Intermediate Care Referrals:** Where a service user is able to stay at home post fall, or declining conveyance, and their normal functioning is impacted, an intermediate care referral (or other appropriate local team) may be appropriate in order to provide rehabilitation or additional equipment issue to reduce further risk. Please utilise local pathways or contact the service user's GP if these are not known.

4.6. **Documentation:** It is important to comprehensively document the fall, the events surrounding the incident and the ongoing care plan in the client care notes to ensure that any subsequent visiting family, carers or other healthcare professionals are aware of the fall and can help to support the client safely in their own home. See example documentation below. Recording when, where and how a service user has fallen is vital for identifying patterns and regularity of falls and helps to provide an accurate history for future clinical assessments. Near misses should also be documented.

5. Example falls documentation

Name of Resident:			
Date and Time of Fall:			
Place of Residence:			
Staff Name:		**Job Title:**	
Date and Time Completed:			

Assessment			
Level of consciousness	Conscious and responding as usual ☐	Less responsive than usual ☐	Unresponsive or unconscious ☐
Pain and Discomfort	No pain or discomfort ☐	Slight discomfort ☐	Pain and/or some discomfort ☐
	Site of Pain/Discomfort:		
Injury and Wounds	No apparent injury, no bruising or wounds, no signs of limb deformity, shortening or rotation ☐	Some bruising or slight skin wounds but no signs of limb deformity, shortening or rotation ☐	Haemorrhage/bleeding, limb deformity, swelling or extensive bruising ☐
	Detail:		
Movement and Mobility	Mobility unaffected, able to move limbs as usual on command or spontaneously ☐	Unable to move limbs as usual or major change in mobility ☐	
Body chart relates to physical assessment *Indicate location of visible injury or complaint of pain* **B**= Bruise **P**= Pain **W**= Wound **S**= Swelling			

Further Actions (not an exhaustive list)

- Inform relatives and GP, with consent.
- Update falls prevention care plan and put in place any new interventions
- Inform zone teams and discuss the need for a multifactorial falls assessment/interventions
- Consider installation of Tele HealthCare- or signposting for service user and/or family
- Document and inform all staff of fall
- Consider referral to Intermediate Care Services or Falls team where available

6. Documenting falls and near misses

6.1. Service users who fall in residential or nursing care should be recorded on a register. Critical incident analysis helps to develop awareness and learning culture amongst staff and ensures action is taken to minimise future incidents, especially where there are trends.

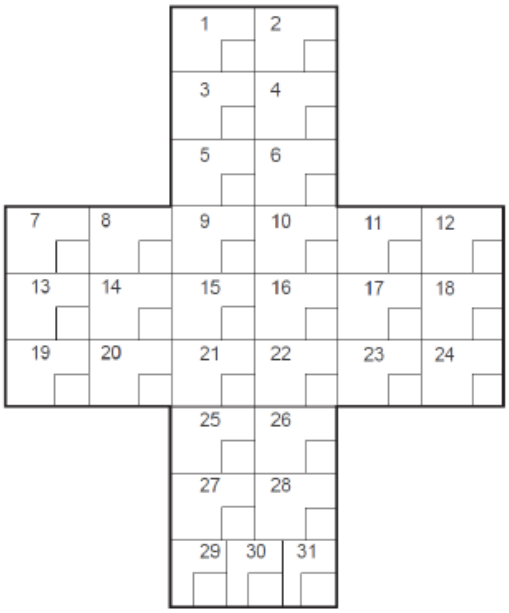
6.2. Depending on the care setting, there are a number of suggested ways to log falls or near misses. For example, a falls cross is used to document falls for each day of a month with the aim of using the data to raise awareness within the team regarding how many falls there have been, promote good practice however, it is important to link the data to an improvement aim rather than it being purely for reporting purposes e.g. reducing the number of falls by 20% over a 6 month period.

6.3. Falls cross- taken from 'The Care Inspectorate', 2016.

Month: Year:

Green — No falls
Orange — New resident with falls history
Red — Fall

Date	Resident	Location of fall



6.4. Alternatively, for service users or residents who are at risk of regular falls, a falls map should be considered. On a falls map, a footprint of the care home (or service user's residence) is annotated to highlight where an individual has fallen, at what time of day and any other relevant information e.g. during a period of illness, of after an introduction of a new medication. This helps to identify patterns of behaviour so that appropriate falls prevention interventions can be implemented.

7. Useful Resources

- Care home handover form:
  https://www.swast.nhs.uk/assets/1/carehomehandoverform-1.pdf
- Post falls documentation:
  https://www.swast.nhs.uk/assets/1/fallsexampledocumentation.pdf
- What to expect when you call 999
  https://www.swast.nhs.uk/welcome/care-providers/what-to-expect-when-you-call-999
- Care Providers Frequently Asked Questions
  https://www.swast.nhs.uk/assets/1/careprovidersfaqs.pdf
- Post falls video blogs and training checklists
  https://www.swast.nhs.uk/p/post-falls-assessment
- The National Institute for Health and Care Excellence has collated a number of Tools and Resources relating to assessing risk and the prevention of falls.
  https://www.nice.org.uk/guidance/cg161/resources
- The Chartered Society of Physiotherapy, Saga and Public Health England have produced a 'Get Up and Go' leaflet for older people which tackles common myths about falling, how to self-assess falls risk and advice on what to do if you fall (with a pictorial guide on how to get up off the floor). The leaflet can be downloaded here: www.csp.org.uk/publications/get-go-guide-staying-steady

8. References

- Care Quality Commission (2015); Guidance for Providers on Meeting the Regulations
- Devon County Council; Falls Resource Pack: Falls Prevention is my Intention; https://new.devon.gov.uk/providerengagementnetwork/files/2015/06/Falls-Prevention-Resource-Pack-.pdf
- Hampshire County Council Adult Services (2015); Post Falls Protocol; http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/4-Hampshire%20falls%20protocol.pdf
- National Institute for Health and Care Excellence (2013); Assessment and Prevention of Falls in Older People CG161; https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741
- National Institute for Health and Care Excellence (2015); Falls in Older People QS86; https://www.nice.org.uk/guidance/qs86/resources/falls-in-older-people-2098911933637
- National Patient Safety Agency Rapid Response Report NPSA/2011/RRR001 (2011); Essential Care after an inpatient fall and Supporting Information; http://www.nrls.npsa.nhs.uk/alerts/?entryid45=94033
- Torbay and Southern Devon Health and Care NHS Trust (2015); Post Falls Flow Chart for Community Staff Action
- The Care Inspectorate (2016); Falls Cross http://www.careinspectorate.com/images/documents/2737/2016/Tool_21b_NEW_interactive.pdf

9. Appendix

9.1. Appendix 1. Contributors

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9.2. *Appendix 2. National FAST campaign- for assessment of stroke.*