



Southern Health
and Social Care Trust

Quality Care - for you, with you

FALLS



After a Fall

**Guidance and Advice on:
How to respond to help yourself, a
loved one, patient or client**

About this Booklet

Why has this booklet been produced?

This booklet has been produced to improve knowledge on:

- The immediate actions to be taken when someone has fallen
- The longer term actions and services which can help to reduce the risk of a second fall.

It is specifically aimed at workers, support staff, individuals and carers, living or working with or caring for older people who have fallen or who are at risk of falling in their home/other setting. The booklet can be given to carers or directly to someone who has fallen who can follow the guidance themselves.

Falls can cause serious injuries and the information provided aims to reduce the impact of the injuries that might result eg. head injury, sprain or strain and signpost to the next stage of care/ assistance required by the person who has fallen. This guidance should be used in conjunction with the Southern Trust Post Fall Pathway for the Community Setting which is included in this booklet.

Additional information is also provided on how falls risk can be reduced by adopting safer behaviours or accessing specialised falls services that can help. It also includes a copy of a referral form for the Southern Trust's Falls Clinics – anyone can refer to this service.

It is important to encourage anyone who has fallen to report the fall to a health professional and seek help. Falls are a major health issue for older people and cause serious injuries and deaths every year. Without intervention individuals who fall once are much more likely to fall again.

For further information on Falls Prevention including Trust services visit the Southern Trust's Online Fall Directory –

www.southerntrust.hscni.net/falls

Advice Following A Head Injury

To be given to all patients with minor head injuries who refuse to attend hospital.

NB: Please show this information to an adult relative or carer who can monitor you so that they can act accordingly.

You have sustained a minor head injury and have refused to attend hospital for a full examination.

It is important to observe for any of the following:

- Vomiting
- Dizziness
- Extreme Headache
- Double vision or clouding of vision or inequality of the pupils of the eye
- Drowsiness
- Weakness of an arm or leg.

Should any of these occur, please contact your doctor immediately, or if you have someone with a car go straight to your local Emergency Department.

If in doubt phone the Emergency Department for advice:

Craigavon Area Hospital 028 3861 2006 or 028 3861 2014

Daisy Hill Hospital 028 3083 5000 ext 2347

GP Out of Hours 028 3839 9201 (see later in booklet)

Name _____ Relative/Carer

Date _____

I have received a copy of advice following a head injury which has been explained to me.

P.R.I.C.E. Guidelines

You should try to follow the guidelines below for the first 48-72 hours after suffering a mild sprain, strain or soft tissue injury. The goal of PRICE guidelines is to minimise pain and swelling and accelerate the healing process of an acute injury. PRICE stands for:

- Protection
- Rest
- Ice
- Compression
- Elevation.



Protection - Protect the injured area and minimise the risk of further injury to the tissue. The need for protection will vary depending on the injury, but **may** include use of a brace, splint or tape.

Rest - This may involve avoiding aggravating activities or the temporary use of crutches **if** weight-bearing is difficult. Try to gradually start weight-bearing as soon as possible as pain allows.

Ice - Ice will help to minimise swelling and pain. Ice should be applied for 10-15 minutes at a time, with a light barrier placed between the ice pack and your skin (such as a paper towel, or damp cloth). This barrier is important to prevent an ice burn. The application of ice can be repeated as often as every two hours that you are awake.

Compression - Compression can be applied to the affected area using an elastic or tubular bandage; it is important that the bandage feels snug, and is not too tight. Compression will not be needed for a prolonged period of time.

Elevation - Elevate the injured body part above the level of your heart as much as possible during the first 24 to 48 hours, especially when sitting or lying down. Make sure the body part is supported; for example, with pillows or slings. During elevation the body part should be comfortable.

Falls Risk Assessment Tool (FRAT)

Definition of a Fall - An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness. (NICE 2004)

Notes for users:

- 1) Complete assessment form below. The more positive factors, the higher the risk for falling.
- 2) If there is a positive response to three or more of the questions on the form, then please see below for guidance for further assessment, referral options and interventions for certain risk factors.
- 3) Some users of the guidance may feel able to undertake further assessment and appropriate interventions at the time of the assessment.
- 4) Consider which referral would be most appropriate given the patient's needs and local resources.

Name: _____ **HCN:** _____

	Questions	yes	no
1	Is there a history of any fall in the previous year? How assessed? Ask the person.		
2	Is the patient/client on four or more medications per day? How assessed? Identify number of prescribed medications.		
3	Does the patient/client have a diagnosis of stroke or Parkinson's Disease? How assessed? Ask the patient.		
4	Does the patient/client report any problems with his/her balance? How assessed? Ask the person.		
5	Is the patient/client unable to rise from a chair of knee height? How assessed? Ask the person to stand up from a chair of knee height without using their arms.		

Risk Factor Present	Further Assessment	Referral Options	Interventions
1. History of falling in the previous year.	Review incidents identifying precipitating factors.	<ul style="list-style-type: none"> • OT • Physio • Falls Clinic 	Discuss fear of falling and realistic preventative measures.
2. Four or more medications per day.	<ul style="list-style-type: none"> • Identify types of medication - prescribed and over the counter. • Ask about symptoms of dizziness. 	<ul style="list-style-type: none"> • GP • Falls Clinic • Pharmacist 	Review medications, particularly sleeping tablets. Discuss changes in sleep patterns normal with aging, and sleep promoting behavioural techniques.
3. Balance and gait problems.	<ul style="list-style-type: none"> • Can they talk while walking?* Do they sway significantly on standing? • Do basic balance test.** 	<ul style="list-style-type: none"> • Physio • Falls Clinic • OT 	Teach about risk. How to manoeuvre safely, effectively and efficiently. Physiotherapy evaluation for range of movement, strength, balance and/or gait exercises. Practice safe transfers. Evaluate for assistive devices/aids. Consider environmental modifications (a) to compensate for disability and to maximise safety, (b) so that daily activities do not require stooping or reaching overhead.
4. Postural hypotension (low blood pressure).	2 readings taken 1. After rest 5 minutes supine 2. 1 minute later standing. Drop in systolic BP ≥ 20 mmHg and or drop in diastolic ≥ 10 mmHg or more	<ul style="list-style-type: none"> • DN • Practice Nurse • GP • Falls Clinic • Pharmacist 	Offer extra pillows or consider raising head of bed if severe. Review medications. Teach to stabilise self after changing position and before walking. Avoid dehydration.

* While the patient is walking ask them a question but keep walking while you do so. If the patient stops walking either immediately or as soon as they start to answer, they are at higher risk of falling.

** The patient stands between the assessor and the examination couch (or something they can safely hold on to). First assess if the person sways significantly (raises arms or compensates foot placement) while standing freely. Then ask the person to take their weight on to one leg and try to lift the other foot off the floor by about an inch (allow a few practice attempts).

1. ACTION WHEN WITNESS OR BECOME AWARE OF FALLEN PERSON:

- 1) Keep calm and provide reassurance.
- 2) Ensure the safety of person, self and others (electrical / hazardous substances).
- 3) Check “Are they breathing?” “Are they responding?” Staff who are trained in *ABC, *NEWS & *GCS scores to check.
- 4) Collect as much information as possible to inform Trust/Emergency Services staff/ family eg. Is there pain? Where is it?
- 5) Reinforce need for person to remain where they are.
- 6) Keep person warm until help arrives or patient recovers enough to get up by self or be assisted up.

*ABBREVIATIONS:

ABC -
Airway, Breathing, Circulation

NEWS -
National Early Warning Score

GCS -
Glasgow Coma Scale

2. CONSIDER IF THE FOLLOWING TYPES OF INJURY MAY HAVE BEEN SUSTAINED:

Suspect Head Injury if: Witnessed Head Injury/ Bleeding from Head or Scalp/Headache/Seizure/Fit, Vomiting/Falling GCS/New agitation or confusion, Focal neurological deficit, Amnesia or loss of consciousness. Consider the head injury pathway if there is an un-witnessed fall; AND/OR if fall is from more than 1m height eg. out of bed/over bed rails or 5 stairs, AND/OR if person is known to take anticoagulants.

Suspect lower/upper limb fracture if: Localised pain/tenderness/swelling/abnormal position of limb(s)*

Suspect spinal fracture if: Back/neck pain, and/or sudden numbness in or power loss of limbs, GCS <15**
*Immobilise if within scope of practice/training; **Keep patient still, do not move until help arrives.

3. IF YOU SUSPECT ANY OF THE ABOVE/OR FOLLOWING: [SUSPECTED FRACTURE/ [SUSPECTED HEAD INJURY/ [SUSPECTED ACUTE ILLNESS*]

*eg. chest pain/stroke/diabetes/excessive bleeding eg. from scalp, head or other body part(s). If person refusing help, staff to work to “best interest” and proceed to call emergency services.

CONTACT THE
EMERGENCY SERVICES:

RING 999

INFORM / CONSULT WITH
LINE MANAGER / INFORM
NEXT OF KIN

5. COMPLETE FOLLOWING ACTIONS POST FALL:

(1) Find out as much information from the person/witness as possible to assist decision making and action; (2) Check person's ability to summon help, and ensure call bell, buzzer or Life line is in place and working; (3) *Ensure that there is an updated care plan in place as required; (5) *Ensure accurate completion of documentation including Datix incident form to include falls risk factors eg. footwear, continence, medication; (6) *Ensure appropriate monitoring arrangements in place up to 72 hours post fall; (7) *Update falls and/or moving and handling risk assessments; (8) *Refer to falls team/core services as appropriate. *Professional or Staff with responsibilities for carrying out these duties

4. IF NO APPARENT INJURY/MINOR INJURY/NO CONSENT

- Inform appropriate partners in care eg. Line Manager, Domiciliary Care Supervisor, Key Worker, Twilight Nursing, District Nursing.
- *Professional staff complete new or carry out review of the person's care plan including update of falls and/or moving and handling risk assessments as appropriate.
- *Outline within the care plan the monitoring arrangements for the first 24 hours and up to 72 hours period post fall.
- *Liaise with person/family providing guidance to the action they may need to take if the person's condition deteriorates. This may include the need to ring the GP/GP OOHs/Emergency services.
- if person refuses services/help or does not wish next of kin to be informed about the fall, Trust staff should revert to ‘duty of care’ and “best interest of the person”.

Falls Service Referral Form

Date Referral Received: _____

Name: _____

Address: _____

Post Code: _____

Tel No: _____ H&CNo: _____

DOB: _____ GP: _____

GP Address: _____

Medication List (or attach)

Past Medical History:

History of cognitive impairment?

Yes / No

If Yes is this patient know to the Memory Team?

Yes / No

Details: _____

Brief History of Fall: _____

Can the patient easily explain the fall? Yes / No

Any dizziness, light headedness, loss of consciousness? Yes / No

Injuries sustained? Yes / No

Details if known: _____

No of Falls in last year: _____

Any features suggestive of loss or altered level of consciousness? Yes / No

Referred by: (PRINT) _____ Signed: _____

Designation of Referrer: _____ Date: _____

Contact No of Referrer: _____

Has client consented to referral? Yes / No

FOR OFFICIAL USE ONLY

Patient Centre / PAS detail Level 2

Level 3

N & M Locality: Falls Clinic, Bramblewood, Drumalane Complex, Drumalane Road, Newry BT34 8AP
fallsteam.newry@southerntrust.hscni.net

A & D Locality: Falls Clinic, Mullinure Health and Wellbeing Centre, Loughgall Road, Armagh BT61 7NQ
fallsteam.armagh@southerntrust.hscni.net

C & B Locality: Falls Clinic, Lurgan Day Hospital, Sloan Street, Lurgan BT66 8NX
fallsteam.lurgan@southerntrust.hscni.net

Home Safety Checklist

All Rooms

- Make thresholds even with floor, door saddles removed where possible
- Arrange furniture so you can easily get around it
- Reposition electrical and extension cords out of the way
- Keep exits and hallways clear
- Use stable chairs with armrests to help you get up
- Remove all rugs and mats
- Put light switches and electrical outlets within easy reach
- Use nightlights or low energy light bulbs that can be left on all night
- Don't leave anything on the floor that might cause you to trip.

Stairs

- Install handrails on both sides of stairways at the best height for you
- Make sure steps are even and in good condition
- Check that carpet adheres firmly along stairs; repair or replace worn carpet
- Choose a carpet that doesn't hide step edges or create illusions such as steps that appear deeper than they are
- Use good lighting (at least 60-watt bulbs) in stairways; install on-off switches at the top and bottom of stairs. Consider long life low energy light bulbs that can be left on
- Make sure stairs are clear of all objects
- Watch out for a single step - people often trip when there is only one step.

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Bathroom

- Use rubber bathmats in bathtubs and showers
- Install at least x 1 grab rail in the shower/bath
- Mop up spills straight away
- Use raised toilet seats and install handrails within reach
- Always use a night-light.

Outside

- Ensure paths and steps are well lit
- Spread salt on icy pathways
- Keep pathways clear of overhanging branches/leaves and clutter
- Remove leaves and algae regularly
- Install handrails along any flight of outdoor steps
- Repair broken or uneven pavement on walkways and driveway.

Tips:

- Take your time and pay attention when you are using the stairs
- Be especially careful when carrying items especially large loads
- Wear supportive, well fitting shoes and slippers
- Take extra care on uneven steps/surfaces/unfamiliar territory
- Take extra care when you experience distraction around you for example pets or children.

A free home safety check service is available in the Southern Trust area (see Southern Safer Homes).

Tips for Safe Medicine Use to Help Prevent a Fall

- Some prescribed medicines and medicines that you buy cause side effects or interact with each other in ways that can lead to falls eg. they cause drowsiness, dizziness, light headedness, unsteadiness, blurred or double vision, difficulty thinking clearly. Talk to your doctor or pharmacist if you experience any of these side effects.
- Ask your doctor or pharmacist every 6-12 months to review your prescribed medicines and any medicines you buy including vitamins, minerals and herbal products. **Do not stop taking or change the dose of any prescribed medicine without talking to your doctor first.** Talk to your doctor or pharmacist before adding a new medicine.
- Know all the medicines that you are taking. For each of the medicines you take find out why you are taking it, what it does, how and when you take it and what possible side effects it could cause. If you are unsure about any of your medicines talk to your doctor or pharmacist.
- Carry an up to date list with the name and dose of all your medicines including any medicines you buy. Show this to your doctor at each visit and to your pharmacist when you are collecting your prescription or buying a medicine.
- Never borrow or use someone else's medicines.
- Alcohol interacts with many medicines, often making the side effects of the medicines worse. It also makes you drowsy and dizzy which increases your chances of falling.



Tips for Safe Medicine Use to Help Prevent a Fall

- Develop a system that helps you to take your medicines as prescribed. If you have difficulty remembering to take your medicines talk to your doctor and pharmacist. Can the number of medications you take be reduced or can you be given a reminder chart to help you remember?
- Return any medications you no longer need to your community pharmacy.
- If you have been in hospital check when you are discharged that you understand what changes have been made to your medicines.
- Make sure that you drink enough. If you are dehydrated you may have low blood pressure, feel dizzy, become constipated or feel weak which could lead to a fall.



Footwear Advice for Patients Admitted to Hospital

Good-fitting footwear with ankle support is essential in fall prevention.

If your admission to hospital is planned you are advised to bring **good-fitting slippers** with you. (Good-fitting means fully enclosed heels and toes with supportive sides, and nonslip sole, preferably with Velcro fastening). *Family/carers of patients admitted as an emergency should bring these in as soon as possible.

In hospital you are not permitted to walk around the ward in:

- Bare feet
- Socks
- Anti-embolism stockings
- Bandages/dressings
- Slippers that are visibly too big
- Slippers that are visibly too small
- Slippers worn with squashed backs
- Novelty slippers
- Backless slippers eg. mules.



Patients on a rehabilitation ward may be encouraged to wear good-fitting out-door shoes. The staff will advise you on the most suitable footwear for their ward.

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Advice on Good Footwear

Properly fitted shoes can reduce foot problems and may also improve your balance and stability.

Shoes that do not fit right can cause serious foot problems and also can cause falls.

There is no such thing as a perfect shoe. Feet come in different shapes and sizes, and everybody has different requirements when it comes to selecting a safe shoe.

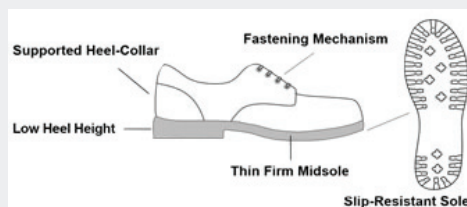
Choose the right shoe for your activity. While a shoe with a little heel can be good for a special occasion, lace ups are best for when you are active and walk around a lot.

Avoid wearing loose-fitting or open-backed slippers, sandals, or shoes with heels; they might cause you to slip or trip. Shoes need to fit well - even if you are only wearing them around the house. Wearing safe, supportive shoes is therefore a good way of preventing falls.



When **buying shoes** make sure that they are deep enough and wide enough; your toes should not touch the end of the shoe - you need a gap of about half an inch (1cm) at the end of your longest toe. Don't buy shoes that need 'breaking in', they should be comfortable straight away.

Shop for shoes later in the day when your feet are largest (most feet tend to swell during the day).



Other Services and Actions that can Help

It is important to encourage anyone who has fallen to report the fall to a health professional and seek help. Falls are a major health issue for older people and cause serious injuries and deaths every year. Without intervention individuals who fall once are much more likely to fall again. When a person's falls risk is reduced their confidence is normally improved. With increased confidence a person will be more active and less likely to become housebound or socially isolated.

GP Out-of-Hours Services

If you fall and your family doctor is not available remember there is the GP Out-of-Hours service. This service is for anyone who needs urgent primary medical care. The service operates from 6pm each weekday evening and 24 hours on Saturdays, Sundays and public holidays. To receive help you must telephone first on **Tel: 028 3839 9201**, for Text relay put **18001** before this number. Please note that the GP Out-of-Hours service does not insert or remove stitches, and cannot do blood tests or xrays. **If the condition is potentially immediately life-threatening (eg. suspected heart attack or stroke) telephone 999 directly.**
<http://www.gpoutofhours.hscni.net/>

Southern Trust Fracture Service

The Southern Trust Fracture Liaison Service is available to women and men aged over 50 who have had a **new** fracture as a result of low trauma. The service identifies these patients and either contacts them to arrange a bone density scan and fracture risk assessment or can recommend treatment for some patients without the need for a scan. Individual advice is also given on modification of risk factors and arrangement made for follow up if necessary.

Look into Your Bone Health

If you have broken a bone easily, it may be a sign that your bones are fragile and that you may be at increased risk of breaking more bones. Not all broken bones are an indication of bone fragility - those of concern occur after a mild trauma such as a fall from a standing height or less. The most common fractures related to osteoporosis are hip, wrist and spine fractures however, any bone that breaks easily in men and women over the age of 50 is likely to be related in some way to bone fragility. If you have broken a bone easily or are concerned about your bone health, speak with your doctor about a bone check or a fracture risk assessment to find out if you are at risk of further fractures.

A new campaign 'Stop at One' from the National Osteoporosis Society provides useful information including a factsheet giving tips on how to speak to your doctor about your bone health and an online quiz to determine if you may be at risk.

For further information on this campaign visit: <http://stopatone.nos.org.uk/>.
For general advice or a specific query on bone health and osteoporosis visit: www.nos.org.uk or call the NOS helpline service which is operated by Nurses with specialist knowledge of osteoporosis and bone health: **Tel: 0845 450 0230** or **01761 472721**.

Strength and Balance Exercise

Strength and balance exercise has been proven to play a large role in improving balance and decreasing the risk of falling. This type of exercise can be found in our trust publication *Strength and Balance Exercises*, for someone who would benefit from increased activity at home. Strength and Balance exercise classes are available in local leisure centres across the Trust and anyone can be referred into these. We would recommend that if someone has already fallen they should be assessed by the Falls team staff before commencing. For further information contact The Southern Trust Falls Co-ordinator on **Tel: 028 3741 2326**.

Check Your Home Environment is Safe from Hazards

Use the checklist in this booklet to identify common falls hazards and make changes to your home; by reducing the hazards your falls risk will also be lessened.

Southern Safer Homes

If you would like professional advice on the safety of your home consider contacting a Home Safety Officer through the Southern Safer Homes project. This service is provided to reduce the risk of a home accident; people aged 65 and over, children under 5 years; vulnerable adults and children, those with a disability or other special needs.

Home Safety Officers work across the council areas of Armagh, Banbridge, Craigavon, Dungannon & Newry. Through either a self-referral or a referral from another agency, an Officer will visit a home to carry out a free home safety assessment, offering information and advice regarding avoidance of accidents, also identifying any hazardous features within the home likely to cause accidents. In certain circumstances, free safety equipment may be provided eg. bedside lamp (if getting up at night), gang socket (to avoid overloading of adaptor and potential fire risk), shoe horn, bottle/can opener, carbon monoxide alarm, etc.

This service is totally confidential and is carried out in a friendly and informal manner. **The Home Safety Officers can be contacted as below:**

Armagh City & District Council

Tel: 028 3752 9626 **Email: j.dawson@sgehc.com**

Banbridge District Council

Tel: 028 4066 0606 **Email: Alana.Diamond@banbridge.gov.uk**

Craigavon District Council

Tel: 028 3831 2521 **Email: j.dawson@sgehc.com**

Dungannon & South Tyrone Borough Council

Tel: 028 8772 0367 **Email: markflynn@dungannon.gov.uk**

Newry & Mourne District Council

Tel: 028 3031 3100 **Email: catherine.lynch@newryandmourne.gov.uk**

Wear a Personal Alarm

Also known as a Helplink or Personal Alarm. These items come in the form of a pendant or wrist wear. They can provide the user the freedom to live independently in their own home, safe in the knowledge that if there is an accident or they do have a fall that they can get help quickly. They can also offer reassurance to family and friends, knowing that if there is an emergency or if assistance is needed, they will be contacted quickly by an emergency response centre. When the button is pressed on either the pendant or wrist strap, a signal is sent, via the users telephone to an emergency response centre. The control unit is easily connected to the users existing telephone line and a standard mains socket. The emergency response centre quickly alerts contacts you have chosen. Help is at hand 24 hours a day, 7 days a week. Soon a reassuring and familiar face arrives. You choose 2 or more contacts from family, friends or neighbours. If no one is available the emergency response centre will contact emergency services.

There are many different providers to choose from many of whom will offer you a choice of payment options which will suit your circumstances or budget.

AgeNI **0800 772266**

Fold Telecare **0800 731 3081** or **028 9039 7103**

SES Helplink **028 4461 9900/01** or **077 1469 1354**

Careline **0808 100 2435**

For further information on ways to prevent falls and services that can help you visit the Southern Trust's Online Fall Directory:-

www.southerntrust.hscni.net/falls



Southern Health
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Quality Care - for you, with you

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**For information on health and wellbeing visit:
www.southerntrust.hscni.net (Healthy Living)**