

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

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".

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