

Title:	Elderly Persons Residential Facilities Prevention & Management of Falls within Residential Facilities		
Ownership:	South Eastern Trust	Status:	Current
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Author (s)	Senior Managers Residential Facilities Managers		
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Links to Other Policies - Evidence Base

- Prevention of Falls and Essential Care after a fall for all Patients / Clients in the South Eastern Trust SET/PtCtCare (22) 2017 V2.1
- Policy and Procedures for the Reporting and Management of Adverse Incidents. SET/H7S(05) 2020
- Reporting of Serious Adverse Incidents (SAIs) to the Health & Social Care Board (SET/H&S(07)2018 Version 1.1
- Manual Handling Policy SET/GEN(33)2018
- Bariatric Policy and Procedural Arrangements for the moving and handling of Patients and Clients with extreme obesity SET/PtCt Care (75) 2019
- Policy on the Safe and Effective Use of Bedrails in Community Settings and Trust Residential Facilities SET/PtCtCare(91) 2019

- 1 A Falls Risk Assessment (EPR/F20) will be completed on each individual client on admission to Facility.
- 2 If assessment indicates high risk of falls a Fall Risk Symbol will be displayed in client's bedroom.
- 3 Care staff will commence a Residential Patient Care Round Chart (EPR/F18) on client's admission to facility for 48 hours.
- 4 The Senior Care Assistant to review Patient Care Round Chart following a client's fall and / or after the first 48 hours of admission and review if this can be stopped or extend observational time.
- 5 The Senior Care Assistant will also review permanent clients falls risk assessment when reviewing Client's Care Plan (EPR/F14) on a two monthly basis.

- 6 Staff in Residential Facility will complete the Falls Safety Stick following a client's fall.
- 7 If a client has a fall within the Residential Facility the Senior Care Assistant will complete actions indicated in the flowchart Management of a Patient / Client who has fallen in Residential Care within the Policy Prevention of Falls and Essential Care after a Fall for all Patients / Clients in the South Eastern Trust SET/PtCtCare (22) 2017 V2.1 (Appendix 6)
- 8 If a client (permanent or short term) has a fall within the Residential Facility and is not admitted to hospital the Senior Care Assistant will review the Client Fall Risk Assessment (EPR/F20) and implement the Patient Care Round Chart (EPR/F18) for specific period as required.
- 9 Senior Care Assistant to complete Datix Incident Form and Notification of Incident Form to be forwarded to RQIA as per requirements.
- 10 If a client has an unwitnessed fall and no obvious injuries observed GP / Out of Hours GP to be informed and advice given followed by staff and recorded. Datix to be completed and a Notification of Incident forwarded to RQIA.
- 11 If a client requires referral to the Falls Prevention Service, the Senior Care Assistant is to complete the Falls Prevention Service referral form (I-connect-Forms). A copy of the referral form and the acknowledgment email must be printed and a copy filed in client's file. The referral should also be recorded in the client's contact record (R3). A note should be made in diary within two weeks of referral for Senior Care Assistant to follow up to ensure contact has been made by Falls Prevention Team.
- 12 A letter from the Falls Prevention Service will be issued to the client / facility requesting contact be made via telephone to arrange an appointment. The appointment should be recorded in diary and in Clients contact record (R3).
- 13 Managers should monitor number of client's falls when reviewing Datix incidents and ensure all appropriate action has been taken by staff.

Appendix 6: Management of a Patient / Client who has Fallen in Residential Facility

The first person on the scene should check for danger to self and the fallen person and contact the Band 5 Senior Care Assistant who will assess the person. If the fall was un-witnessed, the person has sustained an injury or you are concerned, a full assessment using the **ABCDE** principles must be completed before attempting to move the person. **Take action appropriate to your level of competence. Call or send for help if required. Ring 999 if medical emergency:**

Possible cervical / spinal injury. Injury to cervical spine may be indicated by:

- Neck pain
- Neurological deficit-limbs
- Position / height of fall
- Loss of consciousness
- Possible hip fracture
- Signs of other bony deformity
- Suspected or known knock to head / head injury
- Change in neurological status
- Abnormality in the patient's normal vital signs / National Early Warning Score (NEWS)
- Chest Pain
- On full anticoagulation (not DVT prophylaxis)

Minor injury / appears uninjured / denies pain

If person can move independently off the floor or can move with supervision

Options for moving:

- Allow the person to move independently off the floor
- Supervise person to get up (backward chaining) - 1 or 2 chairs

If unable to move independently or with supervision

- Use an appropriate lifting device e.g. hoist & suitable sling
- Administer first aid if required and observe resident for 24 hrs (including vital signs)
- Inform next of kin and document discussion / any actions.

Medical Emergency

Ring 999 for ambulance

Do not move the resident prior to arrival of ambulance team unless danger present eg. fire, flood, bomb, collapsing building or need to resuscitate - Use of emergency handling pack if available

If possible apply some basic first aid principles – e.g. instructing the person not to move and holding their head to prevent neck movement.

Options for moving:

- Use of an appropriate lifting device e.g. hoist & suitable sling if appropriate (**NIAS will not take the lead when using hoist equipment but will assist if required**)

Suspected hip or pelvis fracture / spinal injury

- NIAS will direct immobilisation and the move
- **Do not use standard hoist sling**

Inform next of kin and document discussion / any actions.

Review the relevant assessments (e.g. falls / moving and handling) so that additional control measures are recorded and implemented if required.

ANY change in condition causing concern - Ring GP or 999 and inform next of kin

Complete Datix form for all falls. A notification of incident form needs to be completed and forwarded to RQIA (Residential / Day Care) if advice / contact has been sought from GP/Emergency Services / other Professional in relation to fall. Falls resulting in Moderate to severe harm - complete post falls review form (App 1)

EQUALITY STATEMENT

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote Equality of Opportunity.

In line with the duty of equality this policy has been screened against particular criteria and as a result no major issues requiring further impact assessment have been identified.

This policy has also been considered and prepared with regard to the Trust's obligation under the Human Rights Act 1998. The Trust is satisfied that the policy complies with its obligations under the Act.

If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as conflicting with his/her rights, that party should bring these to the attention of the Director of Human Resources & Corporate Affairs or raise a complaint through the published complaints procedure.

SIGNATORIES



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