Shropshire Community Health NHS
NHS Trust

Document Details	
Title	**Prevention and Management of Falls Policy**
Trust Ref No	1347-
Local Ref (optional)	NA
Main points the document covers	The policy details the measures to be taken to prevent and manage falls to patients, staff and others
Who is the document aimed at?	All staff
Owner	Sarah Venn
Approval process	
Who has been consulted in the development of this policy?	Medical Director Director of Nursing Quality and Clinical Delivery Director of Operations & Chief AHP Deputy Director of Nursing and Quality and Deputy DIPC Head of Quality Locality Clinical Manager Bridgnorth Hospital Locality Clinical Manager Whitchurch Community Hospital Falls prevention service lead Clinical Lead for UCR Rehabilitation Pathway Coordinator Falls Service Rehab Tech Bridgnorth Hospital Community Hospital Ward Managers Patient Experience Committee
Approved by (Committee/Director)	Patient Safety Committee
Approval Date	29 May 2025
Initial Equality Impact Screening	
Full Equality Impact Assessment	
Lead Director	Director of Nursing, Quality and Clinical Delivery
Category	Clinical
Sub Category	All Clinical Services
Review date	3 years subject to expected new NICE guidance update
Distribution	
Who the policy will be distributed to	All staff
Method	Electronically to senior staff, all staff via the Trust website, Mandatory training
Document Links	
Required by CQC	Yes
Required by NHSLA	Yes
Keywords	Falls, Slips, Trips, Head injury, Prevention
Amendments History	

No	Date	Amendment
1	2011	Prevention and Management of Falls and Fracture Policy
2	May 2012	Prevention and Management of Falls Policy to reflect NHSLA requirements regarding the process for managing slips, trips and falls involving patients, staff and others.
3	January 2016	Amendment of Prevention and Management of Falls Policy to reflect NICE guidelines: Falls CG161, Head Injury CG176, NICE quality standards: Falls in older peopleQS86
4	October 2019	Updated
5	November 2024	Updated Draft Falls prevention and management assessment for community hospitals
6	November 2024	Updated policy including updated NICE Guidelines Head injury and Delirium
7	January 2025	Updated patient leaflets and service pathways

Contents

1. Introduction:

The Trust's aim is to prevent harm resulting from patient falls by assessing each patient individually and identifying their risk in order to develop a care plan to reduce these risks. There is an expectation that clinicians will use the policy framework within everyday practice within Shropshire Community Health Care Trust (SCHT).

SCHT patient services are part of the Shropshire Telford and Wrekin Integrated Falls Prevention Pathway framework which contributes towards the wider ICS falls Prevention Pathway in identifying and managing patients who are at risk of falls in hospital and onwards as part of discharge plans and communication.

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

Patients admitted to inpatient wards are at high risk of falls. Risk factors which exist in a patient's own home setting will be exacerbated through an admission to hospital. This is due to the increased incidence of confusion, confounding medical conditions and unfamiliar environments.

A patient falling is the most common patient safety incident reported to the National Patient Safety Agency. Falls are the leading cause of accident- related death in people over 75 years of age.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore, falling has an impact on quality of life, health and healthcare costs.

Although the majority of falls are reported to result in no physical harm, falls without injury may still cause significant psychological harm leading to loss of confidence, increased length of stay in hospital and increased likelihood of discharge to residential or nursing care home.

Preventing falls however must be balanced with patients' rights to dignity, privacy, independence, rehabilitation, and their choices about the risks they are prepared to take.

Falls account for approximately 30% of all accidents to employees leading to time off work. Within the Trust 17 staff falls occurred in 2024, with 1 RIDDOR due to length of time with staff sickness more so, than the injury advised. Many of these accidents can be avoided by simple measures and ensuring that defects are promptly reported and dealt with.

Trust premises are used by many people including contractors and other NHS employees. The Trust owes the same duty to these people as it does to its employees.

This policy incorporates guidance from the: -

- NICE CG161(2013) "Falls: the assessment and prevention of falls in older people
- National Patient Safety Agency (2011) on "Essential care after an inpatient fall"
- NICE (2023) Head Injury and Early Assessment (NG232)

2: Purpose:

The purpose of the policy is to:

Provide guidance and awareness to Trust staff on falls related issues and thereby maximize staff and patient safety and quality of care.

Guide clinical staff in identification of adult patients who have fallen or are at risk of falling and in implementation of multi- disciplinary multifactorial interventions required to reduce the risk of a fall or fall related injury for everyone.

Standardise initiatives to prevent falls and fractures across the community services and hospitals.

Identify environmental risks which have the potential to cause slips, trips or falls to patients and any other person who uses Trust premises and formulate actions to mitigate these risks Identify work related tasks which increase the risk of slips trips and falls and formulate actions to mitigate these risks.

3: Definitions

A fall is defined as:

"A fall is defined as an event which causes a person to, unintentionally, rest on the ground or other lower level "[NICE ,2019, PHE, 2018,BMJ, 2016].

Term / Abbreviation	Explanation / Definition
BAPEN	British Association for Parenteral and Enteral Nutrition
BP	Blood pressure
CCS	Community Council of Shropshire
CMHN	Community Mental Health Nurse
CSP	Chartered Society of Physiotherapy
CXR	Chest X-ray
DAART	Diagnostics, Assessment and Access to Rehabilitation and Treatment
DEXA	Dual Energy X - Ray Absorptiometry
ECG	Electrocardiogram
ECT	Enhanced Care Team
ESC	European Society of Cardiology
FBC	Full blood count
FES-I	Falls Efficacy Scale-International
FPS	Falls Prevention Service

Term / Abbreviation	Explanation / Definition
GCS	Glasgow Coma Scale
ICS	Intermediate Care Service
IDT	Inter Disciplinary Team
ILC	Independent Living Centre
IPCT	Integrated Primary Care Teams
LFT	Liver Function Test
MIU	Minor Injuries unit
NICE	National Institute for Health and Clinical Excellence
MCA	Mental Capacity Act
PBDU	Paul Brown Day Unit
POAM	Problem-oriented assessment of mobility (Tinetti)
PSIRF	Patient Safety Incident Response Framework
RBG	Random Blood Glucose
SCHT	Shropshire Community NHS Health Trust
TSH	Thyroid Stimulating Hormone
U & E	Urea and electrolytes
UTI	Urinary tract infection
WHO	World Health Organisation

4: Duties

Duties	Responsibility
4.1 The Chief Executive	The Chief Executive Officer has overall responsibility for maintaining staff and patient safety and is responsible for the governance and patient safety programmes within the organisation.
4.2 Directors	Directors are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this policy. They are also responsible for ensuring a process is in place to effectively manage patient falls and that the organisation is compliant with the Care Quality Commission (CQC) and National Health Service Litigation Authority SLA).
4.3 Line Managers and Service Leads	Managers and service leads must ensure that: • A system is in place within the services they are responsible for, for the implementation of this policy and for monitoring its effectiveness. • Patient Safety Incident Investigations (PSII) related to falls are investigated as per the patient safety incident response policy and lessons learnt are shared to improve service delivery. • Ward managers must ensure that an(Appendix 6) • Ward managers must liaise with domestic staff to ensure cleaning procedures / routines are carried out in a time and way so as to least likely impact on safety of patients. • Training is carried out in relation to falls according to their responsibilities. • Risk assessments are carried out according to the requirements in this policy. • Where actions are identified by risk assessment, they will identify who is responsible for making sure they are carried out and that they have been completed. • Defects/ hazards reported by staff are promptly resolved.
4.4 Team Leaders	Team Leaders must ensure that clinical staff are competent in completing falls assessments and care plans through supervision and appraisal and a record kept.
4.5 All Staff	All staff must ensure that they: • Comply with the arrangements in place to implement and maintain this policy within their areas of work. • Work within their professional codes of conduct (where applicable) and maintain professional competencies when completing assessments and providing interventions to reduce risks of falls.

4.6 MedEquip	• Are aware of their work setting and implement relevant assessment and appropriate documentation. • Attend Falls Prevention training as indicated by the Mandatory Training Needs Analysis • Report falls as incidents on DATIX. • Report hazards and defects promptly and make areas safe where it is necessary to do so. MedEquip should ensure that: • Sufficient stock is available to ensure prompt delivery of equipment ordered, including to satellite stores in some areas. • Any problems relating to procurement/ access to equipment are immediately raised with the responsible manager.

5: Prevention and Management of Slips, Trips and Falls (including falls from height) to patients.

Proactive falls prevention involves identifying patients at risk of falls and implementing measures to reduce these risks before any falls occur.

5.1: Identification of Patients at Risk of Falls

5.1.1 All community clinical staff must:

- On admission to a community caseload staff are required to ask patients if they have fallen in the previous year. Ask about frequency, context and characteristics of fall and determine the need for further falls and bone health assessment by completing the Falls Referral Form (Appendix 1) V8 Falls referral form.doc and Multifactorial Falls and Fractures Risk Assessment including FRAX (Appendix 2) Multifactorial Falls and Fractures Risk Assessment including FRAX . Falls history should be recorded in the initial assessment within the patients' record.

5.1.2 All community hospital nursing staff must:

- On Transfer of care handover -Ask referring organisation if the patient has a history of recent falls at home or during hospital admission, the likely cause of the fall and any interventions in place to reduce risk of further falls, including previous level of Enhanced Patient supervision.

1 Complete the initial Falls and Injury Risk Screening and Management Plan within 6 hours of admission to the ward (Appendix 3 Page 1) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

- This should be completed on all patients aged 65 years or older and patients aged 50 – 64 who are deemed to be at a higher risk of falling because of an underlying condition.
- Action identified risks – i.e. Enhanced Patient supervision and engagement assessment, bed rails assessment, accessible information standards,

cognitive impairment screening, safer mobility equipment needs and update staff handover.

- Provide falls prevention information to patient and next of kin. (Appendix 5) Falls Prevention in Hospital
- Acknowledge completion of the Falls and Injury Risk Screening assessment initial assessment within the collaborative care document.
- Daily Bed side management chart should be kept with the bed side documentation and reviewed daily (Appendix 3 Page 6). Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

5.2 Assessment and care planning of patients identified to be at risk of Falls.

5.2.1 All Adult Services:

- Identify and manage falls risk factors.
- Falls Referral Form (Appendix 1) V8 Falls referral form.doc and Multifactorial Falls and Fractures Risk Assessment including FRAX (Appendix 2) Multifactorial Falls and Fractures Risk Assessment including FRAX.
- Provide Multifactorial interventions as indicated from assessment with onward referrals as required.
- Document all identified findings within the Holistic Assessment Form (Rio – Adult Services) Devise a Safer mobility Treatment plan agreed with patient and file in patient notes/ RIO.
- Discuss safer mobility treatment plans (Appendix 4) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat with the patient and their next of kin, provide advice and guidance on how they can self-support safer mobility and falls prevention. Document discussion in patient record/ progress notes.

5.2.2 Community Hospital Nursing Staff:

2 Complete the Falls prevention and Injury Screening assessment within 6 hours of admission to the ward (Appendix 3 Page 1) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

- Complete the Falls prevention and Injury Risk Screening and Management Plan Within 24 hours. (Appendix 3 Page 2-5) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat**.** All identified findings should be reflected in the safer Mobility treatment plan with follow up actions for falls prevention.
- The Safer mobility treatment plans (Appendix 4) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-

Doc.Cat must be completed and reflect the actions identified in the falls and injury risk screening assessment.

- Patients identified under the Enhanced patient supervision and engagement policy will require a daily bed side falls prevention management and review chart (Appendix 3 Page 6) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat should be placed in the bedside documentation, and reviewed daily, with any changes to health or functional ability updated and reflected within the safer mobility treatment plan.

- Patients who do not require meet the criteria for Enhanced patient supervision and engagement, who have identified historical falls will require Safer mobility treatment plan (Appendix 4) Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat review weekly or following change in patients condition including change in medication or following a fall and subsequent daily bed side falls prevention management and review chart (Appendix 3 Page 6). Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat
- Date and time of subsequent review(s) must be documented, and any changes must be recorded on patient record evaluation sheet / RIO progress notes.
- File / upload to RIO Falls and Injury Risk Screening and Management Plan within Risk assessment section of collaborative care document.

- Discuss falls assessment (Appendix 3) and safer mobility treatment plans (Appendix 4) with the patient and their next of kin, provide advice and guidance on how they can self-support safer mobility and falls prevention. Document discussion in patient record/ progress notes. Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

The safer mobility treatment plan considers:

- **Medical / Health** - The patient's physical condition e.g. orthostatic hypertension, cardiovascular status, infection, delirium, Bone health – risk of fracture due to osteoporosis.
- **Continence**- Urinary function- urgency/ frequency/ continence, toileting regime / assistance to mobilise required. Fluid input/ output balance, constipation management, catheter care and support required.
- **Communication /Sensory function** – poor eyesight, requires glasses, hearing impairment, management, and maintenance of hearing aid i.e. battery change, ensuring use glasses/ hearing aids on mobilisation, communication needs, ability to use call bell, bed side and ward lighting.
- **Cognition/ confusion/ delirium -**The patient's cognitive function, ability to follow instruction, changes in behaviour/ causes of confusion.

- **Medication** -Pharmacology history/ changes- medication side effects/ interactions
- **Mobility and transfers** -Use of appropriate aids and need for bed rails (refer to Bed Rails Policy), Foot care and correct footwear, therapy rehabilitation plans, intentional rounding for toileting assistance, Safe Moving and handling guidance.
- **Environment-** Bed side lighting, seating, pressure relief equipment uses, safer nursing cohort, bed allocation i.e. Close to the bathroom /nursing station.

5.2.3 Clinical Pharmacists:

- Provide falls specific medication review on all patients admitted to inpatient ward areas
- Safety mobility Treatment plan – Initiate update/ changes to treatment on medication review/ change.
- Highlight drugs of concern and make request for a medical review.
- Ensure any changes to medication that are made are listed on Discharge Summary to GP
- Ensure the patient and their family or carers are educated about any medication changes and supplied with a "Compliance Chart" at discharge with current list of medication and is informed of changes.
- Refer to the Medicines Management Clinical Quality and Safety team and the Yellow Card MHRA Yellow Card | Making medicines and medical devices safer for patients where their medicines may have been a cause of the fall and Datix the incident.

5.2.4 All clinical staff in any setting:

- Be aware of the organisation's Guidelines for the Integrated Management of Falls and Fracture Risk in Vulnerable People within Community Services and follow the referral pathway (Appendix 1) V8 Falls referral form.doc

2.1.1 Be aware that changes in usual patient behaviour such as agitation, restlessness, listlessness may indicate delirium (Acute confusional state) - Overview | Delirium: prevention, diagnosis and management in hospital and long-term care | Guidance | NICE *(updated 2023) and NICE (2023) Head Injury NG232.*

- Be aware of the Mental Capacity Act (2005) and it's application
- Be aware of suspected transient loss of consciousness (Blackout) (see *NICE Guidelines on Transient Loss of Consciousness* Blackouts and syncope | Health topics A to Z | CKS | NICE *(Revised 2023). ('Blackouts') management in adults and young people and* refer to Community Hospital GP/ GP/ Shropdoc / DAART/ PBDU.

5.2.5 Orthostatic or Postural Hypotension:

Postural hypotension / postural drop is said to be present if there is a systolic drop of more than 20 mm Hg or diastolic drop of more than 10 mm Hg on moving from

lying to an upright position. (Appendix 5) Falls Assessment guidance The New Falls Pathway and SCHT Postural Hypotension Leaflet Postural Hypotension Leaflet for guidance on measuring postural drop. It is to be noted that some patients may be symptomatic with systolic drop of much less than 20 mm Hg.

- Refer to GP for medical review (medications or recent changes in medication, cardiac problems, Diabetic Neuropathy)
- Make sure patient is well hydrated.
- Apply anti embolism stockings if practicable.
- In hospital setting – ensure patient has access to call bell or alternative at all times and advise not to mobilize without assistance if they have symptoms.
- Advise to move slowly from sitting to standing and activate muscles prior to standing.
- Supply Postural Hypotension Patient Information Leaflet if appropriate.

2.1.2 Use of High/ Low beds and Specialist Mattresses (Home and in a Community Hospital)

To prevent falls and injuries it may sometimes be necessary to use high/low beds or crash mats/mattresses to promote patient safety.

Patients should be individually assessed to determine if their use could prevent potential falls from bed. This would consider their physical illness, their state of anxiety/ confusion, discomfort/ pain, disabilities/ capabilities, patient wishes, previous accidents and injuries and any variation in condition over the past 24 hours e.g. nocturnal confusion.

Decision must be recorded in clinical records. Use of equipment to be reviewed as per safer mobility treatment plan.

2.1.3 Bed Rails (Home and in a Community Hospital)

If bed rails are indicated refer to Bed Rails Policy & completion of risk assessment. Decision and rationale must be documented in the clinical records and care plan. *Policy for the Safe Use of Bed Rails and Bed Area Equipment in the Community* Policy for the Safe Use of Bed Rails and Bed Area Equipment in the Community .

2.1.4 Equipment for Management of Falls

Basic low-level equipment should be accessible to Community Hospital, Interdisciplinary/ Integrated Care / Falls Prevention Teams including emergency access to walking frames. MedEquip / Specialist Equipment Nurse and Interdisciplinary Teams/ Community Therapy Teams are available for expert advice and support.

5.2.9 Patient Falls from Height (Home and SCHT estate)

All patient areas should consider the possibilities of patients falling from height. Where risks are identified these should be recorded within the departmental risk assessment, along with any identified controls which are followed in the area, and any actions that need to be taken to introduce further controls.

The following risks will need to be considered:

- Stairs and landings
- **Stairs and landing are a risk associated with everyday living**. The risk associated with them will need to be considered more carefully where vulnerable patients e.g. elderly and children are present. Areas that will need to be considered are:

- **Stairs with particular hazards, e.g. steep and twisting:** Where these pose risks to all person's redesign or marking will be necessary. Where there are vulnerable patients restricting access or other means of controlling access may be necessary
- **Stairs and landings in general**: The level of protection in general will need to be considered. The provision of support e.g. handrails. Where vulnerable patients are required to access stairs and landings staff assistance may be necessary. Restricting access e.g. stairgates with children may need to be considered. Heights of barriers are crucial, especially with children. Footholds and location of furniture will also need to be considered.
- **Windows:** There have been a number of serious incidents, which includes fatalities, related to patients or other persons falling from windows. This may result from accidents; a patient being confused or as an act of deliberate self-harm.
- All Trust properties should have patient area windows restricted to an opening of 100mm as recommended in Health Technical Memorandum 55. This must be checked on a regular basis, at least annually, as part of the environmental checklist included in (Appendix 6).

5.2 Assessment and Management following a Fall.

5.3.1 Post Fall Protocol

- Any patient who has fallen (including fall from height) should be managed according to the Post Fall Flow Chart for Health Professionals Actions (Appendix 7) Clinical Document Library - CH 041 Post Fall Incident Form V1.3 Jan 2017.pdf - Group-By-Doc.Cat Community nursing and therapy service- for patients in their own homes Community service refer to (Appendix 7) Falls Response Pathway Falls Response Pathway
- Falls response pathway and senior review Long lie bloods.
- On wards Laminated copies of Post Fall Flow Chart for Health Professionals Actions should be displayed where visible to all staff (Appendix 7) Clinical Document Library - CH 041 Post Fall Incident Form V1.3 Jan 2017.pdf - Group-By-Doc.Cat
- Any patient who has fallen during a hospital stay must be checked for signs or symptoms of fracture and potential for spinal injury before they are moved.
- Any patient who has fallen during a hospital stay and has signs or symptoms of fracture and potential for spinal injury must not be moved. Emergency services must be called to ensure safe manual handling methods are undertaken.
- Any patient showing signs of serious injury, being highly vulnerable to injury or who has been immobilised should have a fast- track medical examination. This may be achieved in collaboration with emergency services.
- If patient in community setting, and not identified as medical emergency requiring 999, the falls response pathway (Appendix 7) Clinical Document Library - CH 041 Post Fall Incident Form V1.3 Jan 2017.pdf - Group-By-Doc.Cat should be undertaken, followed by the completion of the comprehensive Falls Multifactorial Falls and Fracture Risk Assessment Including FRAX (Appendix 2) Multifactorial Falls and Fractures Risk

Assessment including FRAX and referrals actioned to appropriate agency / service with patients consent.

- Inpatient wards clinical staff must complete Post Fall Incident Form (Appendix 7) on any patient who falls in Community Hospital setting and update the safer mobility treatment plan, reviewing level of enhanced patient supervision required and any additional referrals required.

5.3.2 Head Injuries

A Head Injury is defined by NICE as "any trauma to the head other than superficial injuries to the face"

- Community Hospital Staff should follow recommendations and guidance in Post Fall Incident Form (Appendix 7) Clinical Document Library - CH 041 Post Fall Incident Form V1.3 Jan 2017.pdf - Group-By-Doc.Cat
- If fall occurs in patient's own home, recommended frequency and duration of neurological observations are unlikely to be possible, but community staff should follow Fall Response Pathway (Appendix 7) Fall Response Pathway Falls Response Pathway.

5.3.3 Multidisciplinary Teams in all settings, Including Medical Staff must:

- Consider further investigation for recurrent unexplained falls or syncope. Refer to Hospital GP, GP, Diagnostic, Assessment and Access to Rehabilitation and Treatment (DAART) or Consultant Falls Clinic depending on locality and status in – Shropshire, or Paul Brown Day Hospital –Telford
- Consider referring older people who have a history of recurrent falls and who live in their own homes or sheltered housing schemes for strength and balance training delivered by The Falls Prevention Team. See referral form (Appendix 1) V8 Falls referral form.doc.
- Patients who are admitted to hospital after having a fall should be offered a home hazard assessment and safety interventions. See example of locally validated Home Safety Check Booklet on Home Safety Check Booklet

6 Falls to staff and other persons

6.1 Risk Assessment

All departmental risk assessments will have an entry for slips trips and falls. This entry must be reviewed annually. There will be 2 sections to this.

6.1.1 Environment

For patient areas the risks identified as part of compliance with section 5 should be included. Any significant risks identified when completing the assessment at (Appendix 6) should also be included.

All areas, patient and non-patient should identify any significant areas of concern, e.g. where ground levels, flooring, changes in level, lighting and other aspects give concern, both internal and external. Remedial actions should be put into place where possible. If not possible, the assessment should include how the risk is going to be managed or controlled. This will include stairs and landings where not covered as part of the patient risks, and where there are significant findings.

The assessment will need to consider outdoor/indoor thresholds, and how water transfer will be avoided.

These assessments must be reviewed annually.

6.1.2 Risks Associated with Work

The risk assessment must include any activity where there is an increased risk of falling. The following activities are examples of this.

Working from ladders or steps (e.g. changing curtains, cleaning large items of furniture)

Possible controls:

- Good quality appropriate access equipment
- Equipment inspected and maintained according to manufacturer's instructions.
- Training on the use of the access equipment (when indicated by the risk assessment

Working in wet conditions (e.g. in kitchens, and where there is risk of spillages)

Possible controls

- Ensuring that spillages are dealt with promptly.
- Signing wet areas
- Ensuring floor areas are of the appropriate type.
- Selection of footwear

Cleaning activities

Cleaning activities will potentially pose a risk to staff, patients and any other person who uses the area.

Possible controls

- Choosing a time where there is less activity.
- Choice of cleaning methods and materials
- Signing areas

6.2 Actions resulting from the Risk Assessment

The purpose of the risk assessment is to establish the hazards, who will be affected, what the level of risk is and whether or not existing measures to control the risk are sufficient.

Where additional control is required an action plan will be formulated including what is to be done, who is to do it and by when. Regardless of who carries out the assessment the line manager will be informed of the outcome, including any actions necessary to improve the management of falls risks. They are responsible for ensuring that any actions identified are carried out.

6.3 Reporting hazards and defects

All staff must report any hazards or defects that they identify. Examples of the types of hazards are.

- Unlevel or broken paving slabs
- Potholes
- Damaged flooring
- Lifting carpets
- Damaged gratings or gullies
- Leaks
- Trailing cables
- Inappropriately placed furniture or equipment and any other trip hazards

Where the hazard poses an immediate risk the member of staff should take remedial action immediately e.g. marking or cordoning the area off. In all cases the defect should be reported to the line or other appropriate manager as soon as is reasonably practicable.

The manager should take further action, including actioning with Estates as appropriate.

6.4 Reporting and learning from incidents.

Slips trips and falls incidents should be reported according to the Incident Reporting Policy. Incidents are forwarded to a nominated manager for investigation. For slips trips and falls this will normally be at the least a visit to the area and conversation with the staff involved. For incidents resulting in moderate harm these will be discussed at the Trust Patient Safety panel and a PSII learning response will be identified.

There will be circumstances where an isolated incident occurs which does not warrant any further action at the time, but subsequent incidents will point to an unidentified underlying problem. An analysis of past incidents is a useful tool in identifying these circumstances.

7 Consultation

- Deputy medical Director
- Director of Nursing, Quality and Clinical Delivery
- Director of Operations & Chief AHP
- Deputy Director of Nursing and Quality and Deputy DIPC
- Head of Quality
- Locality Clinical Manager Bridgnorth Hospital
- Locality Clinical Manager Whitchurch community hospital
- Falls prevention service lead
- Clinical Lead for UCR
- Rehabilitation Therapy lead
- Falls Service
- Rehab Tech Bridgnorth Hospital

Community Hospital Ward Managers

8 Dissemination and Implementation:

This policy will be disseminated and implemented by the following methods:

8.1 Dissemination

- Directors/Service Leads.
- Patient Safety Committee
- Published to the staff intranet and on the public website.
- Mandatory Falls Prevention training programme provided by the Falls Prevention Service
- Trust Falls Champions.

8.2 Implementation:

8.2.1 Advice

For further information contact:

Lisa Manning
Team Lead
Shropshire Falls Prevention Service
Tel No: 01743 730035
E- mail: Lisa.manning7@nhs.net

8.2.2 Awareness:

- The Falls Prevention Leaflet will be issued to patients and carers / relatives to promote awareness of falls risks and assessments undertaken in hospital (link in Appendix 5). Other leaflets which may be useful for patients/ families to access are available from Falls Prevention Service and a range of leaflets from Age UK (Link in Appendix 5).
- For additional Falls information and leaflets see Falls Service webpage
- Falls Champions are identified in each area of community services whose, role is to Raise awareness of falls prevention and management within their clinical area. They are required to attend a quarterly Falls Champion Forum to be led by Falls Prevention Service. The Forum will provide opportunity to gain feedback of best practice in each area, disseminate new information/ research for cascade back to their teams. The Forum will develop links and network opportunities between health, social, independent, and voluntary sector to promote the prevention of falls including taking part in Falls Awareness Events.

8.2.3: Training

- Staff awareness will be promoted by the incident Policy. The training to be carried out is detailed in the Training Needs Analysis which forms part of the Mandatory (Risk Management) Training Policy and Procedure
- Refer to the Trust Mandatory (Risk Management) Training Policy and Procedure.

9 References:

- BMJ (2019) *Assessment of falls in the elderly*. BMJ Best Practice. http://www.bestpractice.bmj.com

- NICE guideline [CG232] Head injury: assessment and early management Published: 18 May 2023. Overview | Head injury: assessment and early management | Guidance | NICE

- NICE Guidelines (CG103) on Delirium, diagnosis, prevention and management (July 2010) Overview | Delirium: prevention, diagnosis and management in hospital and long-term care | Guidance | NICE *(updated 2023)*

- NICE Guidelines (CG109) on Transient Loss of Consciousness ('Blackouts') management in adults and young people (August 2010) updated September 2014 *NICE Guidelines on Transient Loss of Consciousness* Blackouts and syncope | Health topics A to Z | CKS | NICE *(Revised 2023)*

- PHE (2018) *Falls: applying All Our Health*. Public Health England. http://www.gov.u [Free Full-text]

10 Associated Documents:

The following documents contain information that relates to this policy:

- SCHT Bed Rails Policy
- SCHT Manual Handling Policy
- SCHT Safeguarding Adult Guidelines
- SCHT Risk Management Strategy and Policy
- SCHT Incident Reporting Code of Practice
- SCHT Deprivation of Liberty Safeguards (DOLs) – Multi Agency Guidance and Procedures
- SCHT Altered Behaviour Policy

11 Appendix 1: Link To Falls Service referral form and Pathway Guidance

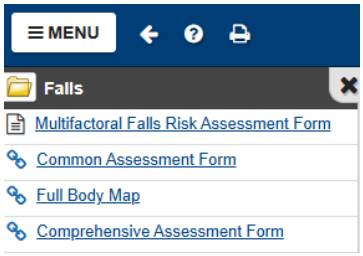
- Falls Referral Form V8 Falls referral form.doc
- Falls Pathway Guidance Falls Pathway Guidance

12 Appendix 2: Link to Multifactorial Falls and Fracture Risk assessment and FRAX Risk Assessment Paper Version and RIO

- Multifactorial Falls and Fracture Risk Assessment including FRAX (MFFRA) Multifactorial Falls and Fractures Risk Assessment including FRAX.

RIO Forms

- Select Forms
- Select Falls
- Multifactorial Falls Risk Assessment, Comprehensive Assessment Form



13 Appendix 3: Link to Community Hospital Falls and Injury Risk Screening and Management Plan Including

- Initial Falls Risk Screening Admission Assessment to be Completed within 6 Hours (Page 1)
- Falls And Injury Risk Screening and Management Plan - To be completed within 24 hours of Admission (Page 2-5)
- Daily Bed Side Falls Management Assessment (Page 6)

  Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

14 Appendix 4: Link to Safer Mobility Treatment Plan (Page 7-12)

Clinical Document Library - CH 005 Falls injury risk assessment and management plan. on admission post 24hrs at bedside and treatment plan v3.0 Dec 24.pdf - Group-By-Doc.Cat

15 **Appendix 5:** Patient Falls Prevention Leaflets and staff educational resources

- Safe Shoes are important during your hospital stay
- SCHT Postural Hypotension patient leaflet SCHT Postural Hypotension patient leaflet
- Home Safety Check Home Safety Check
- Community Hospital Falls Prevention Leaflet Community Hospital Falls Prevention Leaflet
- Bed Rails Policy Bed Rail Policy.
- AGE UK leaflet Stay Steady - Get up and Go A guide to staying Steady.

Staff Educational Resources and Guidance

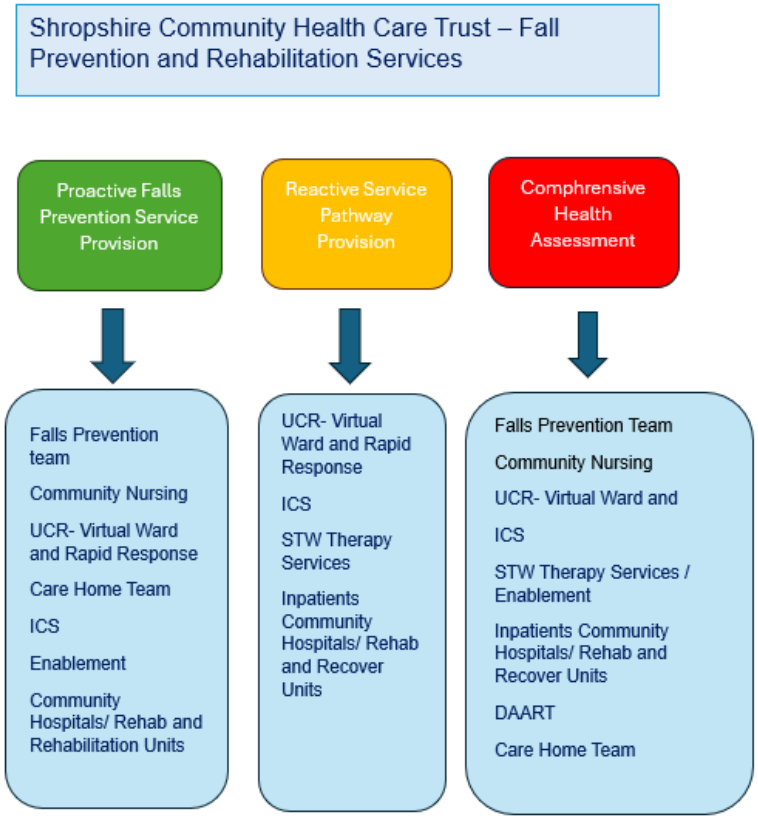
- Focus and Falls and head injury's https://shropshireresus.com/wp-content/uploads/2023/01/Falls-Head-Injuries-ShropshireResusOrg.pdf
- Training video - Shropcom Falls e-learning video presentation
- UCR Guidance for Falls Response by Carers v1 03-24.pptx

16 **Appendix 6:** Environmental Risk Assessment Inpatients – Environmental Risk Assessment Inpatients

17 **Appendix 7:** Post fall chart and Assessment inpatients and Community Services post fall Assessment

- Post Fall Incident form Inpatients / Post fall Flow Chart Clinical Document Library - CH 041 Post Fall Incident Form V1.3 Jan 2017.pdf - Group-By-Doc.Cat
- Falls Response Pathway Falls Response Pathway.

Appendix 8: Shropshire Community Falls prevention and Management services



19 Appendix 9: Monitoring Compliance

Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in Practice and Lessons to be Shared**
Duties (Patients Staff and Others)	Falls Lead	Falls Risk assessment	Annually	Reporting to line manager	Falls Lead will ensure that's patient assessments and controls are being applied in line with the policy.	A written report will be submitted to line managers, for dissemination as appropriate.
How Organisation assesses the risk of slips, trips and falls involving patients (including falls from height)	Results of Quarterly Thematic review feed into patient safety Committee.	Risk Assessment Records / Datix	Annually for Summary report, and Quarterly for individual records.	Resulted back to Quality and safety committee, to identify actions and learning. , reported to the SDG as required.	Review will be undertaken at the divisional meetings and actions will be disseminated.	Divisional managers will feedback to service leads.
	Service leads	Clinical quality review of falls risk assessments and care planning.	Quarterly		Required actions will be identified and completed within a specified timeframe.	Lessons will be shared via service lead to all relevant stakeholders.
How the organisation trains staff in	Falls Lead	Performance division reports for mandatory	Monthly	Performance reports feed in SDG meetings.	Required actions to be disseminated to service leads	Divisional managers will feedback to service leads.

line with the training needs analysis) Patients staff and others)		training compliance				
How organisation raises awareness about preventing and reducing the number of slips, trips and falls involving patients and staff	Falls Lead, and Quality Improvement team	Quarterly Quality and Safety Thematic reviews	Quarterly	Results feedback to Quality and Safety Committee to identify actions and learning	Required actions will be identified and completed within a specified timeframe.	Results of Quarterly thematic reviews will be disseminated to service leads to complete actions identified.
How the organisation assesses the risk of staff and others) including falls from height)	Ward and Service Manager	Falls Risk assessment – on admissions and routinely based on risk	Continually when required throughout the patient's journey	Data can be presented by Ward/Service Manager lead at Health and Safety Working Group, which feeds into Quality and Safety Committee.	Ward/Service Managers must ensure that's patient assessments and controls are being applied in line with the policy.	Ward/Service Manager lead at Health and Safety Working Group, which feeds into Quality and Safety Committee.