



POLICY/PROCEDURE INFORMATION (Policy no CS034)	
Subject	Falls Prevention and Management Policy <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
Applicable to	All staff and volunteers of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	15 Oct 2024
Next review date	15 Oct 2027
Lead responsible for Policy	Director of Care
Policy written by	Governance Lead
Notified to (when)	Quality and Safety Committee 15 Oct 2024
Authorised by (when)	Quality and Safety Committee 15 Oct 2024
CQC Standard if applicable	Safe, Caring, Responsive
Links to other Hospice Policies	Moving and Handling Policy CS031 Risk Policy NH004 Reporting Incidents and Accidents Policy NH002
Links to external policies	
Summary	This policy will look at the preventative work that the Hospice and its staff, volunteers and contracted staff can do to prevent slips, trips and falls for patients. It also focuses on what staff should do in the event that a patient does fall.
This policy replaces	Falls Prevention and Management Policy CS034 [2023-4]

IMPORTANT NOTICE

Staff should refer to the Hospice Intranet for the most up to date Policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	Date	Review date
Original policy written by Governance Lead	Aug 2023	
Policy notified to Quality and Safety Committee	26 Sept 2023	
Policy ratified by Quality and Safety Committee	26 Sept 2023	26 Sept 2024
Policy reviewed by Education Lead, Head of Community Services	August 2024	
Policy notified to Quality and Safety Committee	15 Oct 2024	
Policy ratified by Quality and Safety Committee	15 Oct 2024	15 Oct 2027
Updated control sheet and published on website	October 2023	

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1. Introduction

Falls and fractures in older and frail people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of people with life limiting conditions.

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, or when they are frail, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures.

The causes of having a fall are multifactorial – a fall is the result of the interplay of multiple risk factors. These include:

- muscle weakness
- poor balance
- Sensory impairment
- polypharmacy – and the use of certain medicines
- environmental hazards
- some specific medical conditions, which might make a person more likely to fall.

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty and low weight. People with low bone mineral density are more likely to experience a fracture following a fall.

Fragility fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or 'low energy') trauma. The World Health Organization (WHO) has quantified this as 'forces equivalent to a fall from a standing height or less.'

	<p>Fragility fractures are most common in bones of the spine, wrists and hips. The risk of osteoporosis starts to increase in women after the menopause because their ovaries no longer produce oestrogen, which helps to protect the bones.</p> <p>People may also be at increased risk of osteoporosis because it runs in their family or because of the side effects of some medications such as steroid tablets or injections. Therapies and treatments are available to help prevent fractures in people with osteoporosis. Other factors can also put a person at risk of fractures: low body weight (BMI <19), diet lacking in calcium and vitamin D, poor mobility, smoking, alcohol, diabetes, certain long-term medications, especially corticosteroids.</p>
<p>2.</p>	<p>Policy Aims</p> <p>This policy will look at the preventative work that the Hospice and its staff, volunteers and contracted staff can do to prevent slips, trips and falls for patients (Appendix 1).</p> <p>It will also focus on what staff should do in the event that a patient does fall (Appendix 2, 3).</p>
<p>3.</p>	<p>Scope</p> <p>The policy is aimed at preventing injury in the patients of Nottinghamshire Hospice and dealing with any falls that do occur (Appendix 1, 2, 3).</p> <p>Community staff carry out dynamic risk assessments of the Home environment as well as Falls Risk Assessments on first assessment.</p> <p>It does not cover any falls prevention or accidents that may happen to staff as those are covered in the Health and Safety Policy FR002.</p>
<p>4.</p>	<p>Definitions</p> <p>Slip – to lose footing or balance or place; to slide unintentionally</p> <p>Trip – cause (person) to stumble by entangling or suddenly catching their feet</p> <p>Fall – to descend by the force of gravity from a higher to a lower place, to drop suddenly from an erect position; to collapse to the ground.</p>

	<p>Risk Assessment: Risk assessment is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).</p>
<p>5.</p>	<p>Responsibilities</p> <p>Chief Executive</p> <p>Will ensure that premises owned or leased by Nottinghamshire Hospice are safe as far as it is reasonably practicable, and do not present a hazard to patients using them for approved uses.</p> <p>Senior Leadership Team (SLT)</p> <p>Will ensure:</p> <ul style="list-style-type: none"> • a programme of training and awareness in the prevention of slips, trips and falls is in place and implemented. • incidents of slips, trips and falls are reported, analysed and monitored in order to identify contributory factors, trends and ensure that relevant action plans are updated to address highlighted risks. • cleaning contracts/regimes are developed for all areas in line with recommended health and safety practices and include a detailed programme of the activities to be undertaken in each specific area. • environmental risk factors (both indoor and outdoor) are identified, and that these are included on the Hospice risk register, including action plans aimed at reducing risk are implemented and monitored. • liaison occurs, and is recorded, with the HSE in respect of the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR, 1995) (This is specifically in relation to any injury resulting from a serious fall). <p>Leadership Team (LT)</p> <ul style="list-style-type: none"> • ensure that the responsibilities for staff outlined within this policy are communicated as appropriate.

- work with SLT to ensure the scheduled programme of risk assessments is developed and maintained.
- review and monitor incidents/accidents including slips, trips and falls and recommend immediate remedial actions as necessary.
- ensure advice/support is provided for staff in managing risks associated with slips, trips and falls.
- ensure environmental risk assessments are undertaken in accordance with statutory requirements to ensure compliance can be demonstrated.
- ensure good practice is followed when introducing and installing new and/or refurbished flooring.
- ensure an effective plan is in place for the maintenance of surfaces (internal and external), as far as is reasonably practical, to reduce the risk of slips, trips and falls.
- ensure active engagement in identifying trends/themes on trying to reduce falls and work with staff to further reduce/mitigate risk.

HR

- ensure slips, trips and falls training is part of the organisation wide mandatory training programme.

Care Leadership Team/Registered Nurse Leads

- ensure a falls risk assessment is completed for all patients on initial contact and post falls and reviewed as appropriate.
- ensure staff are adequately trained in relation to risk assessments and falls prevention techniques.
- ensure the environment is conducive to preventing falls, as far as is reasonably practical.

- ensure both environmental and clinical risk assessments associated with slips, trips and falls are undertaken and ensure corrective action is undertaken as required.
- ensure all incidents associated with slips, trips and falls are reported and fully investigated in order to prevent recurrence of slips, trips and falls in line with Reporting Incidents and Accidents Policy NH002.
- ensure recommendations are implemented following the review of incident data.
- ensure staff complete mandatory training associated with slips, trips and falls.

All registered healthcare professionals

- ensure all practical measures are taken, in accordance with professional regulations, to reduce the likelihood of harm to patients by ensuring that relevant falls risk assessments and care plans are undertaken and monitored for every patient.
- ensure environmental hazards relevant to their working areas are reported in a prompt manner.
- ensure any onward referrals are made for the patient to the appropriate professional group for assessment as required.
- ensure if a patient is transferred from one service area to another that the handover includes all necessary falls risk assessment plans.

All staff and volunteers

- ensure they complete relevant mandatory training in relation to slips, trips and falls.
- ensure any slips, trips and falls hazards are escalated to their line manager.

	<ul style="list-style-type: none"> • ensure the appropriate reporting procedure is followed when reporting incidents and/or near misses in relation to falls, including any concerns regarding the environment. • ensure any spillages are cleared and the area is made as safe as possible, including use of signage, to reduce the risk of slips, trips and falls.
<p>6.</p>	<p>Individual Risk Assessments (Appendix 3)</p> <p>Risk assessments are used to identify hazards and risks and to record the measures taken to manage risks safely.</p> <p>Risk assessment is an integral part to the Hospice health and safety practices and is key in the prevention of slips, trips and falls.</p> <p>Training for staff to undertake departmental and role risk assessment is provided as part of the Risk Assessment Policy and Procedures.</p> <p>Wellbeing Patient Risk Assessment</p> <ul style="list-style-type: none"> • There can be multiple factors and complexities relating to a patient’s condition that can contribute to their risk of falls. • All patients attending Wellbeing will have a moving and handling assessment as part of the Wellbeing assessment process. Moving and Handling Policy CS031 • All patients will have an initial falls risk assessment and falls care plan if required (on SystemOne) completed on first attendance. • This risk assessment should be reviewed if the patient’s medical or physical condition changes, on review/change of medication or following a fall. <p>In the event of a patient falling</p> <ul style="list-style-type: none"> • A first aider must be called and if necessary 999 should be dialled.

- Staff must assess whether it is safe to assist the patient to get back onto the chair.
- If a patient sustains a serious injury and/or dies as a result of the fall, this must be reported immediately to the Director of Care/Chief Executive
- Staff must follow the Reporting Incidents and Accidents Policy NH002 and log the incident on Vantage.
- A post fall risk assessment must be completed.
- If the patient repeatedly falls, this must be reported to the Director of Care for further investigation and the completion of an RCA.

Hospice in Your Home

All Hospice in Your Home staff are responsible for completing a falls risk assessment of the patient as part of the initial assessment (unless one already exists).

In the event of a patient falling

- Staff must assess whether it is safe to assist the patient to get back onto the bed/chair.
- If the patient has suffered any injuries staff must ring 999 and remain with the patient until the ambulance staff arrive and the patient is either returned to bed or chair or removed to hospital.
- Update falls risk assessment as necessary
- Staff must follow the Reporting Incidents and Accidents Policy NH002 and log the incident on Vantage.
- If a patient sustains a serious injury and/or dies as a result of the fall, this must be reported immediately to the Director of Care/Chief Executive via the on-call process (as well as logging the incident on Vantage) for further investigation.

<p>7.</p>	<p>Environmental Risk Assessments</p> <ul style="list-style-type: none"> • Generic environmental risk assessments will be carried out as a baseline requirement in all areas of the hospice. These risk assessments must be reviewed every three years or sooner when there has been a change in the circumstances of that area. • Key areas include flooring, lighting, obstructions and waste. • Training in respect of cleaning will be provided for all domestic staff. • The Facilities Manager will ensure that the cleaning materials used for the floors are compatible for the floors and will not create a further slips/trip hazard. • Any defects to flooring within the Hospice will be reported to the Facilities Manager. • The Facilities Manager will ensure there is gritting of both road and paving surfaces to provide safe means of access as far as is reasonably practical. • Community staff carry out dynamic risk assessments of the patients home environment as well as Falls Risk Assessments on first assessment. The Falls Risk Assessment should be updated if the patients circumstances change (Appendix 1, 3).
<p>8.</p>	<p>Falls Prevention Activities</p> <p>Nottinghamshire Hospice aims to reduce the risk of slips, trips and falls through the implementation and ongoing development of multiple falls prevention activities (Appendix1). Key actions include:</p> <ul style="list-style-type: none"> • Provision of mandatory training associated specifically with slips, trips and falls. • The ongoing development and accessible information in relation to falls awareness for staff, volunteers, patients and their families.

	<ul style="list-style-type: none"> • Routine health and safety environmental risk assessments aimed at ensuring falls risks/hazards are eliminated/minimised. • Implementation of RCA processes for all repeat fallers and for falls resulting in a grading of moderate to severe harm. • Repeat fallers should be referred to Specialist Palliative Care OT for a specialist risk assessment either in Wellbeing or in the community. • The review of all slips, trips and falls within the Incident Review meeting and the development of preventative action plans. • The identification of links and trends via the Vantage Incident review module. • The development of quality indicators in relation to falls that are discussed within the Quality Improvement meetings. <p>Nottinghamshire Hospice has implemented a range of preventative strategies aimed specifically at reducing the falls risk for patients. Key actions include:</p> <ul style="list-style-type: none"> • Falls and post fall risk assessments (Appendix 3). • Referral for a therapy assessment and subsequent review as appropriate. • Staff support for patients who are at a significant risk of falls and/or repeated falls. • Cognitive assessment (to be completed by an occupational therapist in the community).
<p>9.</p>	<p>Incident Reporting and Learning Lessons</p> <p>Not all falls can be prevented but reducing the incidence of slips, trips and falls is seen as a key priority.</p> <p>All staff must accept that the safety and management of falls risk is one of their statutory duties, and not simply a corporate responsibility.</p>

	<p>All staff are required to report incidents of slips, trips and falls in line with the Reporting Incidents and Accidents Policy NH002. The reporting takes place via Vantage.</p> <p>The majority of slips, trips and falls type incidents, in the main, are avoidable incidents and details of any such incidents should be reported to allow the real (root) causes to be identified.</p> <p>The Incident Review meetings monitor any incident related to a fall.</p>
<p>10. Training</p>	<p>All staff are required to complete the Falls Prevention module which incorporates slips, trips and falls training. This is via Blue Stream.</p> <p>The aim of falls awareness/slips, trips and falls training is to:</p> <ul style="list-style-type: none"> • Assist staff in understanding and identifying the risk of slips, trips and falls. • Ensure staff are aware of the appropriate assessment of an individual, including patients, at risk of falling. • Ensure staff are aware of the appropriate management of an individual, including patients, following a fall.
<p>11. Monitoring</p>	<p>Monitoring and reviewing of incident data relating to falls will be held within the incident reporting system.</p> <p>Environmental risks identified in relation to slips, trips, falls will be placed on the appropriate risk register, and action plans will be developed and monitored by the nominated lead.</p>
<p>12. Equality Impact Assessment</p>	<p>An Equality Impact Assessment (EIA) screening has been completed.</p>

13.	Legislation <ol style="list-style-type: none">1. Health and Safety Executive (HSE) Health, Safety and Welfare Regulations (1992)2. RIDDOR3. Department of Health (DoH) Health Technical Memorandum for Flooring (2006)4. Corporate Manslaughter and Corporate Homicide Act (2007)
14.	References <ol style="list-style-type: none">1. NICE Quality Standard [QS86]: Falls in Older People 20172. NICE Clinical Guideline [CG161] Falls in older people: assessing risk and prevention 12 June 20133. National Service Framework (NSF) for Older People. Department of Health 2001, London.

Falls Awareness

About 1/3 of people aged 65 and 1/2 of those aged over 80 living in the community will fall. Most falls can be avoided by preventing them from occurring in the first place.

Precautions:

The following are recommended actions/ precautions to take to reduce the risk of older and vulnerable people falling.

- Ensure sufficient light at night.
- Keep the toilet light on.
- Clear pathways / passageways.
- Ensure there are no trailing leads /cables / tubing crossing pathways or doorways.
- Ensure night clothes fit – trousers or dressing gowns do not fall off.
- Ensure appropriate and supportive footwear is worn.
- Recommend the patient moves ankles, knees and hips prior to standing.
- Prompt the patient to stand slowly, not rush.
- Ensure walking aids are within reach and used appropriately by the patient.
- Arrange furniture in order to minimise sharp turns or obstacles.
- Prompt / guide / support the patient when mobilising, as necessary.
- Use a chair to rest halfway when mobilising, if necessary.

Head Injury

Definition

Head injury is defined as any trauma to the head, other than superficial injuries to the face.

If following a fall the patient is

- confused (or more so than previously)
- over the age of 65
- have had a previous brain surgery
- are taking anti-clotting medication
- have been taking drugs or drinking alcohol

Medical help should be sought.

If the head injury is more serious:

- experienced a severe blow to the head
- increased drowsiness
- persistent headache
- dizziness and confusion
- loss of balance or memory
- difficulty speaking or walking
- vomiting episodes
- double vision
- seizure
- deteriorating level of response
- unresponsive
- blood or blood stained watery fluid coming from the ear or nose
- unequal pupil size.

Dial 999 immediately

Produced by St Johns Ambulance Association

Falls Assessment Tool

Baseline assessment tool from NICE Guideline on Falls (CG161)

Patient Name:**1. History of falls**

No. of falls in last 12 months =

No. of near falls in last 12 months =

2. Any contributing factors towards risk of fall (please circle)

- Medication (opiates/sedatives/sleeping tablets)
- Pain (severity)
- Cognition/Mental state (confusion/lacking capacity/dizziness/drowsiness)
- Vision/Hearing (glasses/hearing aid)
- Continence (frequency/urgency of micturition/bowels)
- Nutrition and fluids (reduced intake/nil by mouth)
- Mobility
- Smoking

3. Are there any environmental hazards that could contribute to the risk of falls (please list)

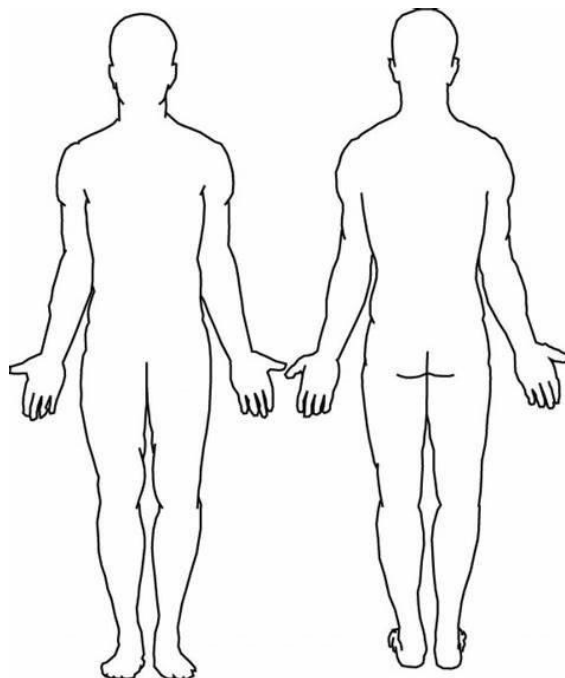
e.g. clothing, flooring, animals, clutter etc.

4. Action plan/referrals following assessment (please tick)

- home hazard assessment and intervention i.e. social services referral/Notts Fire & Rescue
 - vision assessment and referral i.e. Specsavers referral
 - medication review with modification/withdrawal i.e. GP referral
 - equipment i.e. OT or Physio referral
 - continence referral via GP
 - refer to the District Nurses

Post Falls Assessment Tool
Post-fall protocol from NICE QS86

1. **Physical examination to check for bruises/breaks/bleeding/spinal injury etc. (please mark on body map)**



2. **If head injury commence neurological observations AVPU (alert/verbal/pain/unresponsive)**
3. **Make patient comfortable if safe to do so and call 999 for assistance**
4. **Refer to GP for post falls review/advice**
5. **Document, inform line manager and complete incident form**

Name:
Signature:
Date: