

Managing a Fall in a Care Home

Please refer to accompanying procedure

Person has fallen, collapsed, or been found on floor
 Check for hazards. Ensure own safety. Call for help.
 Are there signs of life? Are they breathing?

Check care plan for DNA CPR or Future Care Plan (FCP)
Call 999 then follow instructions
Only if trained check ABC
If no DNA CPR initiate basic life support/ CPR

Yes
 Is the person responsive?
 Yes

Are there signs of serious illness or injury?
Do not move resident until all checks are complete, or advised by trained clinical staff or senior staff

- Bleeding:** if a major bleed, apply constant pressure to the injury with a clean dressing and elevate if possible
- Head injury:** do they have dizziness, headache, vomiting, confusion, facial injury? Did they hit their head? Lose consciousness?
- Spine Injury:** feeling in arms and legs? Any new neck or back pain? If head injury is a possibility, consider spine injury.
- Witnessed:** was the fall unwitnessed? If so, it is possible they may have a head injury and should be managed as if they do
- Medication:** is the resident on an anticoagulant (blood thinner)? If so, is there any chance of a head injury? Is there a major bleed?
- Pain:** ask about new pain, using recognised pain scale if needed
- Look:** observe the resident top to toe- are there any change? Are there any unnaturally positioned or shortened limbs or joints?
- Heart:** any chest pain, difficulty breathing, or unusual new symptoms? Are they pale or clammy? Did they collapse?
- Stroke:** FAST (face, arms, speech, time)
- Behaviour and Appearance:** do both appear normal for the person?
- Cause:** are the cause(s) of the fall apparent or known? Could the resident have fainted, collapsed or lost consciousness?

Yes

No

Check care plan for resident and NOK/POA preferences for any DNA CPR or ACP-KIS

Dial 999 or 111 on portable phone
 Provide key information. Inform if resident has a DNA CPR or ACP-KIS, and discuss best plan

Is hospital advised?

Yes

- Do not move resident- unless advised**
- Reassure, keep comfortable
 - If advised, give painkillers
 - Prepare handover
 - Have all documentation ready
 - Pack overnight bag
 - Inform all care staff ambulance requested and location of resident
 - If appropriate inform NOK/POA
 - Manage any prolonged wait
- For detail refer to procedure**

Resident taken to hospital?

Yes

While attending A&E/in hospital:

- Be aware resident may return same day after A&E tests
- Stay in daily contact with ward in preparation for return

Ask resident to move arms, then legs, then head. Any new pain reported, or reluctance or difficulty moving?

Yes

Do not move resident- unless advised
 Contact by portable phone as appropriate: nursing staff, GP or 111

Clinical assessment – in person, by phone or video call

Is hospital advised?

Yes

No

Follow and document all clinical advice

Is the resident now considered safe to move?

No

Yes

Can resident get up independently or with verbal instruction?

Yes

Closely supervise floor to chair as practiced within training

Any new pain on weight bearing?

Yes

No

Once up, continue to monitor regularly and following any clinical advice

No

Use appropriate moving and handling equipment, number of staff and training

Inform:

- next of kin/power of attorney
- appropriate colleagues on handover
- GP practice via regular communications

Update:

- falls/incident report
- falls multi-factorial risk assessment and care plan
- any falls data sheets/portals for trend analysis

Action:

- all MFRS recommendations

Report:

- CEC via SHE Portal
- Care Inspectorate if harm incurred

In all cases continue to observe and monitor resident
Always document, date, sign all actions- this is a legal requirement. Always follow up all information and actions