

1. Introduction

- 1.1 The Trust aims to optimise patient safety and best practice, to minimise harm from all falls occurring on hospital premises.
- 1.2 This SOP will support falls safety and management for staff and managers to promote harm free care:
- To support staff in responding appropriately when a non-inpatient fall occurs on UHL hospital premises
 - To advise all staff what to do in the event of a fall
 - To be able to classify type of physical injury and associated harm
 - To risk assess and provide appropriate care for a non-inpatient when an injury occurs
- 1.3 A fall is defined as:
- “...an unintentional or unexpected loss of balance resulting in coming to rest on the floor, or ground, or an object below the knee level” NICE QS86/2015**
- 1.4 Harms are categorised please see guidance when inputting to Datix:
- **None** – no harm or injury
 - **Minor** - Harm requiring first aid
 - **Moderate** – Harm requiring hospital admission or prolonged length of stay but a full recovery is expected (e.g. fracture clavicle, laceration requiring suturing.)
 - **Major** – Harm causing permanent disability (e.g. brain injury, hip fracture where the patient is unlikely to regain their former level of independence.)
 - **Catastrophic** – where death is directly attributed to the fall.

2. Scope

- 2.1 This guidance applies to all adults 18 years and over who are attending Outpatient Department appointments or visiting **University Hospitals of Leicester NHS Trust**
- 2.2 For patients attending 'UHL in the Community' please refer to Appendix 1

3. Recommendations, Standards and Procedural Statements

All UHL employees are responsible for:

- Risk assessing and reporting any Health and Safety risk identified in the work area.
- Follow procedure as per the Falls Safety and Management for Adult inpatients UHL policy (B15/2014)
- To comply with Moving and Handling practices and maintain the annual Moving and Handling training compliance.
- To contribute to the implementation of actions to support fall avoidance.
- To report the fall via the Incident Reporting system (Datix) in accordance to the UHL Trust policy.

CHECK FOR SIGN AND SYMPTOMS OF INJURY:

- Are there any obvious signs of bleeding?
- Are there any deformities, bruising to limbs and body?
- Is the leg shortened and rotated (broken hip)? **These patients MUST be flat lifted**
- Is the person complaining of any pain,
- Did the person hit their head? **If fall is unwitnessed and the person is unable to confirm if they hit head, proceed as if head injury sustained.**
- Is the person complaining of pins and needles / tingling in lower limbs, numbness to lower extremities?

Consider the possibility of spinal injury. These patients MUST be flat lifted under the instruction of a Trauma trained member of staff - contact the Spinal Specialist Nurse

Procedure / Process in the event of a Non-inpatient fall anywhere on UHL Hospital and Alliance grounds (see Appendix 1)

No.	Action
1	Check patient/Visitor for signs and symptoms of injury.
2	Do not move the patient/visitor if serious injury is suspected, they will need medical attention.
3	Minor harm: Call for assistance or go to nearest reception, to request a nominated first aider/ first responder, to assess and provide treatment.
4	Moderate and catastrophic: if patient/visitor falls within the building to call for assistance, or go the nearest reception or ward to request a call to the arrest team on 2222
5	If outside, call using mobile phone dial switchboard on 0116 254 8925 or 0116 255 6185 ask them to send the arrest team to your location stating hospital site and area (i.e. Car Park). The Duty Manager will be alerted as part of the Emergency Response Team.

NONE/ MINOR INJURY: First Aid Only

Small cut not requiring sutures

- If the patient/visitor has fallen within the building/outpatients, the first responder is to assess the person for signs and symptoms of injury (cuts, new pain/bruising/dizziness) before retrieving them from the floor.
- The first responder assesses the patient/visitor are safe to be moved, to be assisted or use safe and suitable moving and handling equipment to aid from the floor
- The first responder/first aider to provide appropriate treatment for minor wounds as required, or refer the patient/visitor to attend urgent care, if able to attend independently.
- Complete a Datix incident report with full description and action taken.
- In the event the visitor/ patient present to main reception or the ward areas following a fall, first responder or the ward staff to assess for injury and first aid as required. Following assessment if any concerns identified and if no medical doctor available to review the patient to refer visitor/patient to Urgent care, if able to attend independently.
- If visitor/ patient decline treatment and or have capacity please ensure the visitor/patient understands the risks, escalates concerns and document details of events on datix and or patient's health care records
- In the event the patients/visitor does not have capacity, they are to remain in the department and contact the patient/ visitor's next of kin and to arrange to be collected and depart safely.

MODERATE INJURY:
Medical Attention required

Semi-permanent /medical treatment/ requires admission to hospital
DO NOT MOVE the person will need to be assessed by a doctor first

(If the injured person is outside and you have anything to hand to cover the person to maintain body temperature and protect dignity then do this but do not move the injured person's neck)

- In areas where there is a doctor available request urgent medical review
- Contact the Duty Manager/Arrest Team through Switchboard **2222** internally or via 0116 254 8925 from a mobile
- Complete a Datix incident report with full description and action taken and complete the Duty of Candour

MAJOR / CATASTROPHIC INJURY:

Severe permanent/long-term harm caused by an event.

DO NOT MOVE the person will need to be assessed by a Doctor first.

- If suspected fractured neck of femur moving the patient is contraindicated. These patients will need to be moved using the **Flat Lifting** equipment as detailed in the "Care following an inpatient fall flowchart" and transfer to the Emergency Department
- In areas where there is availability of a doctor request urgent medical review
- Otherwise contact the Duty Manager/Arrest team – **2222** internally **0116 254 8925** or **0116 255 6185** from a mobile if no internal phone close by
- (If they are outside and you have anything to hand to cover the person to maintain body temperature and protect dignity then do this but do not move the injured person's neck)
- Complete a Datix incident report with full description and action taken and Duty of Candour.

Care Following Inpatient Fall Flow Chart: Refer to for the post fall care and safe retrieval of patient.

If suspected neck or spinal injury contact: The Spinal Specialist Nurse via mobile phone 07950893529 for advise on management.

4. Education and Training

All clinical staff is responsible for ensuring they are up to date with knowledge of procedure of falls management and post falls care.

Falls prevention training includes, risk assessment, management and post fall care provided to all new starters to UHL in the form of Healthcare Assistant induction, Preceptorship programme and International nurse's induction and relevant department inductions for non-nursing staff.

5. Monitoring and Audit Criteria

All guidelines should include key performance indicators or audit criteria for auditing compliance, if this template is being used for associated documents (such as procedures or processes) that support a Policy then this section is not required as all audit and monitoring arrangements will be documented in section 8 of the Policy.

Key Performance Indicator	Method of Assessment	Frequency	Lead
Non clinical staff will have the required knowledge to reduce and manage falls in their area	HELM New starter induction	Every three years	Patient experience
Falls to be monitored and investigated within the department	Falls Incident reporting	As required	Matron and Falls steering group
Education and training	HELM	Every three years	

6. Supporting Documents and Key References

Adult Inpatient Falls Safety and Management policy (B15/2014)

Duty of Candour (Being open) policy (B42/2010)

7. Key Words

Fall, Falls, Harm, Non-Inpatient Falls

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

August 24 None /Minor injury added two sentences, appendix 1 added

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT				
Author / Lead Officer:	Donna Bentley-Carr Lorna Knight		Matron Falls Safety Lead	
Reviewed by:	Lorna Knight			
Approved by:	Policy and Guideline Committee		Date Approved: 16.8.24 (v2)	
REVIEW RECORD				
Date	Issue Number	Reviewed By	Description Of Changes (If Any)	
10/10/24		Lorna Knight	Additional information included in None/ Minor injury and new Appendix 1	
DISTRIBUTION RECORD:				
Date	Name		Dept.	Received

Appendix 1

Procedure/process in the event of a Non-Inpatient fall in Community Hospital sites (Alliance)	
No.	Action
1	Check patient/visitor for signs and symptoms of injury maintaining dignity and privacy.
2	DO NOT Move the patient until you have completed a Top to Toe review. If a serious injury is suspected, to request an immediate Medical review.
3	Complete a full set of observations: blood pressure, pulse, respirations, oxygen saturation and capillary blood glucose and document appropriately.
4	No injury sustained: Use safe manual handling methods to retrieve from the floor if safe to do so.
5	Minor injury sustained: Patient/visitor to be assessed, treatment to be provided by a first responder, if have access to simple dressings. If patient/visitor require any further input to consider urgent care or minor injuries unit if available on site.
6	Moderate/major/catastrophic injury sustained: DO NOT move the patient/visitor, staff request immediate medical attention via switchboard and/ or go to section 9.
7	Head Injury: Confirm or suspected, to commence Neurological Observations as outlined in the Escalation of Deteriorating Glasgow Coma Score (GCS) guidelines B5/2012. Staff to request immediate medical attention via switchboard and/ or go to section 9 .
8	Spinal injury: Do not move the patient with suspected spinal injury these patients MUST be flat lifted under the instruction of a Trauma trained member of staff - contact the Spinal Specialist Nurse for advice and or Emergency services see section 9
9	Call Emergency services on 9 999 and request an Ambulance. Provide information on the incident, patient/visitor observations, current condition and location.
10	Continue to monitor patient/visitor as condition dictates.
11	Gain consent of visitor/ patient to inform next of kin of incident
12	Document details of incident and any actions taken in the patient's medical notes. For visitors this may not be possible.
13	For visitor/ patient to complete incident report DATIX with full description and actions taken.