

Ref: FOI/GS/ID 5328

Please reply to:

FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone
Kent

ME16 9QQ

Email: mtw-tr.foiadmin@nhs.net

14 March 2019

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Fall Prevention and Management.

You asked:

We would appreciate if you could send in electronic format the following documents which you may have in operation in your organisation:

- *In-patient Falls Policy or Fall Prevention Policy*
- *Falls Assessment and Care Plan*
- *Policy for management of slips, trips and falls*
- *Policy for intra-hospital transfer of in-patients e.g. Intensive Care Unit to Imaging Department, etc.*

Trust response:

Please find below the policies and guidelines as requested.

Paediatric Transfer Guideline

Target Audience:	All Paediatric staff to include A&E Trust Site Practitioners All Accident and Emergency Staff Transport Office
Main author:	Paediatric Clinical Nurse Educator Contact Details: christinerichardson1@nhs.net
Other contributors:	Patient Transport Liaison Officer
Document lead:	Paediatric Clinical Nurse Educator
Supersedes:	Paediatric Transfer Policy (2012); Version 1.0
Approved by:	Paediatric and Neonatal Guideline Group Date: 12 March 2018
Ratified by:	Paediatric Directorate Date: 23 March 2018
Review date:	March 2021

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV2.0

Document History

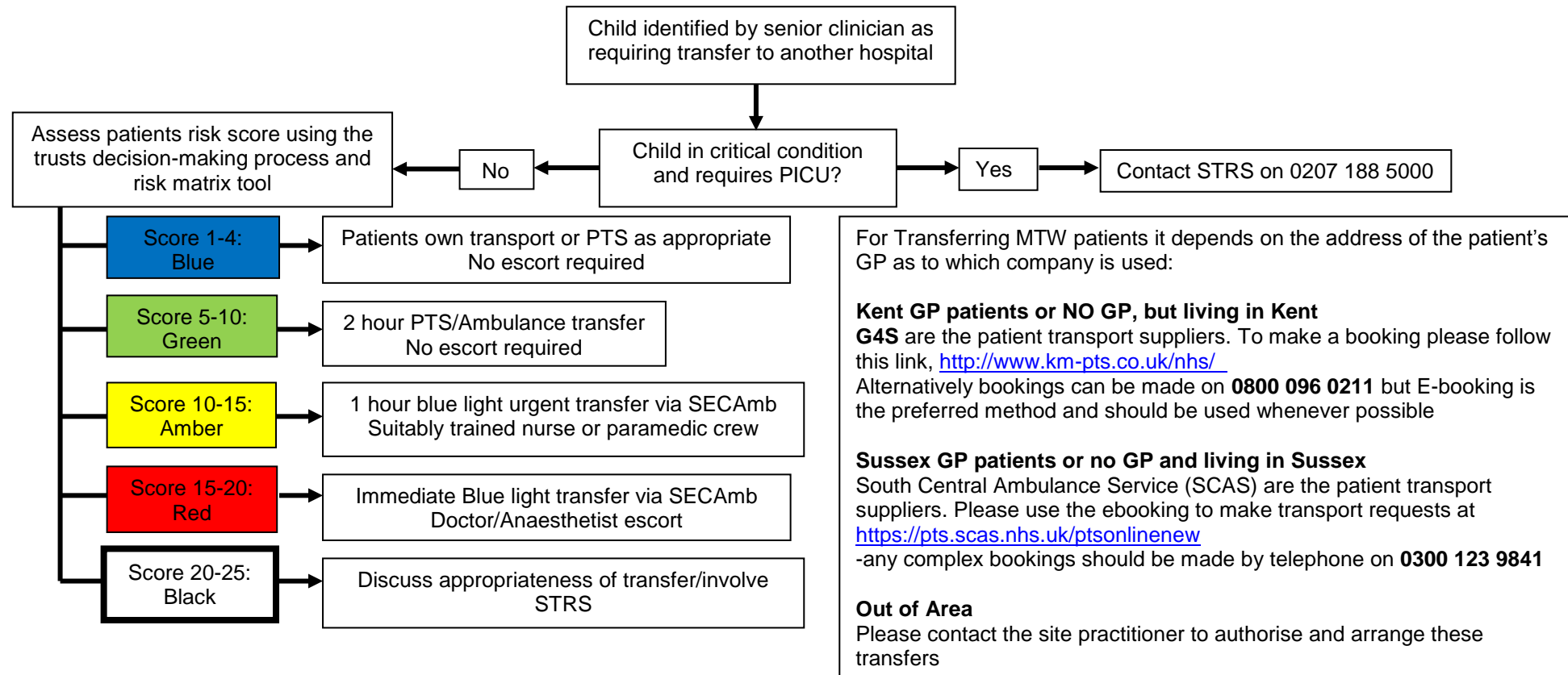
Requirement for document:	<ul style="list-style-type: none"> • Due to the closure of the paediatric inpatient unit at Maidstone Hospital there is an increase in paediatric transfers to TWH. • NCEPOD guidelines. • To reduce the incidents associated with unsafe transfer of patients.
Cross References (external):	<ol style="list-style-type: none"> 1. Kent and Medway PTS Key Process Flows – V1.1 dated 26 June 16 (accessed via http://www.km-pts.co.uk/nhs/) 2. National Service Framework ; Standard for Hospital Services DoH 2003 3. Standards for the Care of Critically Ill Children – The Paediatric Intensive Care Society 4th Ed, 2010
Associated Documents (internal):	<ul style="list-style-type: none"> • Children's Services Operational Policy • Children's Safeguarding Policy and Procedure • Patient Transfer Policy & Procedure • Paediatric Early Warning Score (PEWS)

Version Control:		
Issue:	Description of changes:	Date:
1.0	New Policy	January 2012
2.0	Review and updated guideline to reflect current Trust transfer agreements with external companies <ul style="list-style-type: none"> • New flowcharts A+B • Identifying scope for internal and external transfers • Clarification that this is a guideline and not a trust policy 	March 2018

Paediatric Transfer Guideline

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A. Paediatric Transfer Pathway Flowchart



SECamb:

For Emergency transfers call **999**

For Controlled transfers contact control via **switchboard**

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes .
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes .
Category 3	for urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes.	These types of calls will be responded to at least 9 out of 10 times before 120 minutes .
Category 4	for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes .

B. Transfer between hospital locations: Decision Making Process and Risk

LIKELIHOOD	Worst Outcome during transfer / SEVERITY				
	None / some distress	Minor / injury / first aid	Moderate / increased level of care	Severe / permanent disability	Catastrophic / Death
	1	2	3	4	5
Highly Unlikely / never 1	Blue 1	Blue 2	Blue 3	Blue 4	Green 5
Unlikely / theoretical 2	Blue 2	Blue 4	Green 6	Green 8	Amber 10
Possible / 50:50 3	Blue 3	Green 6	Green 9	Amber 12	Red 15
Likely / almost certain 4	Blue 4	Green 8	Amber 12	Red 16	Black 20
Certain 5	Green 5	Green 10	Amber 15	Red 20	Black 25

REMEMBER:

1. Complete patient **transfer form**
2. **Verbal handover** to the receiving station
3. **Document the decision** clearly in the notes

	Transport	Escort
Blue	Parents own transport or PTS as appropriate	None
Green	Ambulance / 2 hours	None
Amber	Blue light / urgent / 1 hour	Suitably trained nurse or paramedic crew
Red	Blue light / urgent / immediate	Doctor with airway or other appropriate skills. Consider involving Critical Care/Outreach
Black	Consider whether transfer is necessary – consider palliation	

1. Agree what the worst possible outcome could be during transfer
2. Agree what the likelihood of this outcome is
3. Use the risk matrix to establish the level of risk (blue through black)
4. Use the table below to assess which form of transport and escort is necessary

These decisions should be made by the most senior doctor on duty in conjunction with the nurse in charge and clearly documented in the notes.

If necessary, refer to the consultant on call for clarification.

1.0 Introduction and Scope of Procedural Document

Following the reconfiguration of paediatric services the majority of paediatric transfers will be inter-hospital transfers between Maidstone Hospital and Tunbridge Wells Hospital due to clinical need and requirement of inpatient services. There will also occasionally be a need to transfer a child for specialised facilities and care provided by another NHS trust.

It is the responsibility of the child's clinician deciding to transfer the child to request the most suitable level and method of transport which will determine whether the patient would require an escort during the transfer. If the child is critically ill and requires PICU then the South Thames Retrieval Service will be contacted for advice and retrieval to an available PICU bed.

The parents/carers of the child must be informed of the decision, reason and destination before the transfer takes place and their agreement to the transfer must be documented.

These guidelines provide a pathway to help staff decide the most suitable method of transport and escort required to maintain the clinical safety of the child.

2.0 Definitions / glossary

MTW - Maidstone and Tunbridge Wells NHS Trust

Transfer - To move from one hospital to another

STRS – South Thames Retrieval Service

Child – Anybody between birth and their 16th birthday.

PICU - Paediatric Intensive Care Unit

PTS- Patient Transport System

G4S - Commissioned Patient Transport Service Kent and Medway

SCAS - South Central Ambulance Service

SECAmb - South East Coast Ambulance Service

HDU – High Dependency Unit

3.0 Duties

If there are any safeguarding concerns they should be acted upon in line with local safeguarding procedures. Appropriate referrals should be made prior to transfer and it should be documented in the transfer notes who a referral has been made to and what has been said to parents.

A child or young person with altered behaviour due to mental health problems will require a full medical and CAMHS assessment prior to any transfer to an inpatient facility. They must be transferred with a RMN escort using a secure ambulance if necessary.

3.1 Medical Staff Responsibilities:

- The ultimate responsibility for the transfer of a child lies with the Consultant in charge of the patient's care.

- Suitable bed to be identified within MTW whenever possible or at external trusts according to patient's condition.
- To discuss with other Consultant/ appropriate Senior Doctor regarding the transfer of the patient and provide verbal handover to the receiving area. This must be documented in the patient's notes including the names of the staff involved.
- It is his/her responsibility to ensure that the patient is clinically safe for the transfer of care to take place and ensure that a management plan for the patient is documented in the notes.
- In conjunction with the Nurse in Charge - assess patient risk for transfer and ensure appropriate trained staff are identified, patient stabilised and appropriate transport agreed.
- Before transport is ordered, the child's team (medical and nursing) must have the agreement of the receiving team and have made the arrangements for transfer.
- The medical team are responsible for ensuring that the medical notes and transfer information relay in detail all the clinical information that will be required by the clinical team taking over responsibility of care.
- If the child is under a speciality team other than paediatrics the on call paediatrician will also has a duty of care towards ensuring safe transfer of the child.

3.2 Nurse in Charge Responsibilities:

- To communicate with the Consultant / Senior Doctor regarding the transfer of the patient. The decision to transfer a child should be made by a Consultant in charge of the child's care and discussed with the Senior Nurse on duty
- To discuss the transfer arrangements with the nursing staff in the receiving hospital / department to ensure a destination i.e. A&E/ ward has been agreed, and the receiving staff are notified of an estimated time of arrival (ETA).
- In conjunction with the consultant / senior doctor - assess patient risk for transfer and ensure appropriate trained staffs are identified, patient stabilised and appropriate transport agreed.
- If a nurse escort is required and there are problems arising from staffing levels and / or skills mix it is the responsibility of the Nurse in Charge of the area to seek advice from the Lead Nurse / Site Manager and inform the Paediatric Consultant.
- To ensure that the patient and family are aware of the transfer and reasons for transfer. Ensure that contact information for the receiving area is provided.
- To telephone receiving area when patient leaves the transferring area and provide an update on the patient's condition.

3.3 Named Nurse Caring for the Child Responsibilities:

- To ensure that the patient and family are aware of the transfer and the reasons for transfer.
- To ensure that any equipment required for the transfer is available and in working order. Ensure batteries are fully charged and that there is enough oxygen / fluids to last during the transfer.

- **For internal (within the hospital) transfers:** Collect and check the patient's notes, drug chart and blood results are available to go with the patient. Place them in a sealed envelope for staff in the receiving department
- **For external (Different site/ hospital) transfers:** Ensure that all documentation is completed appropriately including transfer documentation. A doctor must write a doctor's letter to accompany the patient. Photocopies of relevant nursing / medical documentation and drug chart must be included with the nursing transfer letter / form. Hospital notes must not leave the hospital. Ensure any x-rays/ scans are copied onto CD. **Hospital Notes should not leave the hospital.**
- Ensure that the child or young person has an identification name band on with the correct name, hospital number and date of birth.
- Check the patient's medication and if the patient currently has any medication prescribed to them then these should be transferred with the patient. Specialist feeds must also be transferred with the patient.
- Ensure that appropriate monitoring is attached to the patient. Monitors should be secured appropriately
- Record clinical observations prior to transfer. Transfer should be delayed until the patient has stabilised if these give cause for concern.
- The child or young person's belongings should be placed in a bag ready for transfer with the patient. These should be given to the parent or carer accompanying the child or young person.

3.4 Escorting Nurse Responsibilities:

- To ensure that appropriate risk assessment has been completed for safe transfer of the patient
- To check any necessary equipment required is available, charged and tested for function
- To ensure that relevant medications / IV fluids/ feeds are available for the whole journey Drainage collecting systems must be emptied and the amount recorded on the fluid balance chart prior to leaving the clinical area.
- To ensure that all intravenous lines, drains and tubes are secured to prevent them from becoming dislodged or disconnected. Infusion devices must be attached to a drip pole and not laid on the trolley or bed with the patient.
- If not the allocated nurse for the patient – obtain full handover
- Ensure that all transfer documentation is ready, accessible and management plan understood
- Ensure that all belongings, named medication and specialised feeds are transferred with the patient
- Baseline observations including PEWS score must be obtained prior to transfer. Ensure that appropriate monitoring is attached to the patient and that the patient is stable enough to transfer. If amber or red risk the child will need to be continually observed during the transfer and the observations recorded regularly by the nurse
- Prior to leaving the clinical area the escorting nurse **MUST** ensure that the physical comfort, privacy and dignity of the child or young person will be maintained during the transfer and that the patient is as warm and comfortable as possible

- The patient must be appropriately accommodated in the vehicle for the journey to ensure safety and not carried in arms.
- Formally handover the patient to the receiving care team and settle the patient, ensuring all equipment is transferred and the correct flow rate of infusions, patient ID, medication, fluids and management plan are checked with the receiving nurse
- Provide the receiving team with the prepared documentation and ensure that all care provided has been handed over.
- The escorting team will contact the paediatric transferring area for transport to be organised back to the unit or wait for porters if it is an internal transfer,
- Ensure that all equipment is returned to place or origin and cleaned before storing it away.
- All electrical equipment should be placed on charge on returning it to its area of origin.
- Document and report any events or problems encountered whilst escorting the patient. Any care that is given during the transfer should be clearly documented in the patient's records as soon as is practical.

3.5 Infection Control:

Prior to transfer suspected or confirmed infectious patients information/needs will be shared with the ward or hospital.

4.0 Training / Competency Requirements

Special training in patient transfer is not required as Registered Nurses have the relevant competencies, when accompanied by the guidance within this procedure.

All nursing staff have basic paediatric life support training as a minimum and are able to use PEWS and escalate effectively.

The procedure is available to all Nurses through the Trust intranet and awareness is shared during local induction training.

5.0 Procedure for transfer

It is the responsibility of the child's clinician, who decides to transfer the child to an alternative paediatric inpatient unit, to request the most suitable method of transport and to decide whether a nurse and/or doctor should accompany the child. This process is highlighted in Flowchart A.

If the child is identified as being critically ill and requires PICU care then South Thames Retrieval Service will be contacted. The STRS will be responsible for transferring the child to an available PICU bed accompanied by their own nursing & medical team. They will provide their own transport.

If the child does not require PICU but needs to go to another inpatient paediatric unit then a score is generated using the trusts decision-making process and risk matrix (Flowchart B).

The referring clinician requesting transport needs to take into account the following:

- Child's clinical condition.
- Any nursing / medical intervention that may be required on route.

- Any monitoring/ observations required on route
- Safeguarding issues regarding the child
- Suitability of parent/carer to transfer the child safely in their own transport or identify the need for an appropriate escort for the journey.

It is assumed that one parent / carer will accompany the child during transfer unless they child is being retrieved by STRS. In this situation if there is not enough room on the retrieval ambulance to allow a parent/carer to travel with the child and staff must ensure that the parent has the means to travel to the receiving hospital and has the relevant contact details and directions. If a parent is taking their child in their own transport they must sign the 'Transfer of child in private transport' form (Appendix 4).

5.1 Low Risk Transfers: Blue/Green

Internal Transfers to other departments within each site– wards, imaging, theatres	External Transfers to other hospitals or across MTW sites
Wheelchair/ bed/ bassinet or pushchair depending on patient circumstances – ensuring that patient is appropriately strapped / harnessed in. No patients are to be carried in arms, use appropriate means of transport	Approved car seat providing restraint within three point harness (available on ward or provided by parent/carer) Stretcher No patients are to be carried in arms, use appropriate means of transport
Fully ambulant patients can walk to the imaging department if able otherwise use chair or wait for porters	Hospital transport (pre-planned wherever possible) or approved taxi on account. Parents own transport if deemed appropriate.
Transfers to and from Imaging can be parent supervised	Infants and children identified as low risk may be accompanied by their parents when being transferred for an appointment or assessment either internally or at another hospital
If no parent resident an untrained member of staff or student nurse can accompany the patient on internal transfers.	If no parent available a qualified nurse must accompany the patient for all external transfers.

5.2 Intermediate Risk Transfers: Amber

Internal Transfers to other departments within each site– wards, imaging, theatres	External Transfers to other hospitals or across MTW sites
Bed / cot / stretcher big enough to allow resuscitative manoeuvres if required. Ensure cot sides / bed sides are in use for patient safety	Stretcher big enough to allow resuscitative manoeuvres if required.
Accompanying monitoring equipment should include ECG / SaO2/ RR / B/P readouts where appropriate	Accompanying monitoring equipment should include ECG / SaO2/ RR / B/P readouts where appropriate
Secure vascular access	Secure vascular access
Transfer undertaken by most appropriate member of the team – senior nurse and / or doctor	Transfer undertaken by senior nurse or Paramedic (and / or doctor) with transfer bag A paramedic crew should be requested for all

	unstable patients or patients who have the potential to deteriorate on route
Accompanying equipment can also include fluids via a battery operated pump – both intravenous / enteral, portable suction and / or portable oxygen. Transfer bag optional.	Accompanying equipment can also include fluids via a battery operated pump – both intravenous / enteral, portable suction and / or portable oxygen. Transfer bag optional.
Patients hospital records must be taken with the patient	Clear documentation from the middle grade doctor and nursing transfer letter, copy of X-rays and blood results must accompany the patient.

5.3 High Risk ad HDU Transfers: Red

Internal Transfers to other departments within each site– wards, imaging, theatres	External Transfers to other hospitals/ MTW sites
Consultant input about transfer decision required	Consultant input about transfer decision required
Secure vascular access x2	Secure vascular access x2
Accompanying monitoring equipment should include continuous ECG / SaO2/ RR / B/P readouts where appropriate	Accompanying monitoring equipment should include continuous ECG / SaO2/ RR / B/P readouts where appropriate
Accompanying equipment can also include intravenous fluids via a battery operated pump	Accompanying equipment can also include intravenous fluids via a battery operated pump
Accompanying equipment must include suitable resuscitation equipment and transfer bag Consider patent and stable airway	Accompanying equipment must include suitable resuscitation equipment and transfer bag Consider patent and stable airway
Bed / cot / stretcher big enough to allow resuscitative manoeuvres if required. Ensure cot sides / bed sides are insitu and up for the safety of the patient	Stretcher big enough to allow resuscitative manoeuvres if required
Transfer undertaken by senior paediatric nurse with a middle grade doctor and / or anaesthetist	Transfer undertaken by senior nurse with a doctor and / or anaesthetist using paramedic crew and carried out as a matter of urgency
	Strong consideration should be given to converting to PICU retrieval

5.4 Restraints

- If a child requires a form of restraint for transfer then this must be requested at the time of booking.
- The law requires all children travelling in cars to use the correct child restraint until they are either 135 cm in height or the age of 12 (which ever they reach first). After this they must use an adult seat belt. This has to be considered when arranging transport.
- If using PTS and the child is between 4.5kg-18kg travelling on a stretcher then a Pedi Mate restraint must be requested and used.
- Many parents will have their own child car seats, however if they don't, then the Trust must ensure that the child is suitably restrained in the chosen transport. The paediatric wards and transport companies have car seats and booster seats available if required. If a car seat is not available then the child may be suitably secured to a stretcher. Children should not be transported sitting on an adult's lap.

5.5 Useful numbers for Patient Transport Services

The patient Transport Liaison (Antony Collis) for MTW can be contacted on extension 24782 in office hours or the on call manager can be contacted via switchboard out of hours.

G4S Site Control Patient Transport TWH
Ext: 35836

G4S Site Control Patient Transport MGH
Ext: 28761

SCAS
0300 123 9841

Please note: all transfers out of hours must be passed to the on duty site practitioner to discuss the transport needs of the patient.

6.0 Monitoring and Audit

Monitoring and Audit of this guideline will be identified with issues raised via Clinical Risk / Clinical Governance

APPENDIX ONE

Process Requirements

1.0 Implementation and Awareness

- 1.1 Once approved this document will be published on the Trust intranet by the Maternity Compliance & Safety Co-ordinator.
- 1.2 On publication of any Paediatric document, the Maternity Compliance & Safety Co-ordinator will ensure that an email is sent to all Paediatric staff and other stakeholders, as appropriate.
- 1.3 On receipt of notification, all managers should ensure that their staff members are aware of the new publications.

2.0 Review

- 2.1 It is essential that Trust guidelines remain accurate and up to date; this document will be reviewed three years after approval, or sooner if there are changes in practice, new equipment, law, national and local standards that would require an urgent review of the guideline. It is the responsibility of the Document Lead for this guideline to ensure this review is undertaken in a timely manner.
- 2.2 The Document Lead should review the guideline and, even when alterations have not been made, undertake the consultation process as detailed in **Section 5.5 Consultation** of MTW Policy and Procedure 'Production, Approval and Implementation of Policies and Procedures'.

3.0 Archiving

- 3.1 The Trust intranet retains all superseded files in an archive directory in order to maintain document history
- 3.2 Old paper guideline copies pre-dating Datix Guidelines are stored at:

Chatham Archive & Storage Document Co.
Anchor Wharf
Chatham
ME4 4TZ
Telephone: 01634826665

APPENDIX TWO

CONSULTATION ON: Paediatric Transfer Guideline

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: Paediatric Clinical Nurse Educator:
christinerichardson1@nhs.net

By date: *(all documents must undergo a minimum of two weeks consultation)*

Name:	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Associate Director of Operations– Women’s and Children’s	08/03/2018			
General Manager– Women’s and Children’s	08/03/2018			
Paediatric Medical Director – Women’s & Children’s	08/03/2018			
Paediatric Matron	08/03/2018			
Matron for Site Practitioners	08/03/2018	05/04/18	N (verbal)	
A+E Matron	08/03/2018	20/03/18	Y(verbal)	N
Paediatric Ward Managers	08/03/2018			
Transport Manager	08/03/2018	05/04/18	Y	Y
Paediatric Ward Managers	08/03/2018			
G4S Liaison	08/03/2018			
SCAS Liaison	08/03/2018			
SECamb control	08/03/2018			
Paediatric A+E Sister	08/03/2018	21/3/18	Y	N
The following staff have given consent for their name to appear in this guideline and its appendices: Christine Richardson				

Equality impact assessment

This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development and approval process. **Please note that completion is mandatory for all policy and procedure development exercises.**

Title of policy or practice	Paediatric Transfer Guideline
What are the aims of the policy or practice?	To ensure safe transfer of paediatric patients
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	Associate documents and references
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language	The Trust offers a Translator service
People who have a physical or mental disability or care for people with disabilities	No
Women who are pregnant or on maternity leave	No
Sexual orientation (LGBT)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	Yes
When will you monitor and review your EqlA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this guideline, on the Trust approved document management database, on the intranet, under 'Trust policies, procedures and leaflets'.

APPENDIX FOUR

TRANSFER OF CHILD IN PRIVATE TRANSPORT

Please print Patient Name: Dob: Address:	Please print Vehicle operator's name Address: (If different from child)
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I hereby confirm that I am happy to transfer In my own vehicle between hospital sites. I have valid motor insurance for the vehicle to be used, a valid MOT and am licensed to drive the vehicle and appropriate car restraints/car seats for the child being transferred are in the vehicle.

Name:.....

Signature:.....

Date:.....

Please print

To be completed by clinician

I hereby confirm that (Patient's name) has been assessed by me as suitable to transfer between sites in private transport at this point in time. I have assessed the clinical risks, infection risks and mental fitness of the patient prior to confirmation of suitability of transfer in private transport. The child's parent /carer have agreed to the transfer and if they are not the driver they will be accompanying the child during the journey.

Name:

Title:

Signature:

Date:

Time:

Maidstone and Tunbridge Wells NHS Trust – Patient Handling Assessment Form

PATIENT SURNAME		PATIENT FORENAME		ASSESSMENT DATE						
HOSPITAL NUMBER				ASSESSED BY SIGNED						
WATERLOW SCORE				RISK OF FALLS LOW / HIGH Complete falls assessment						
PATIENT ASSESSMENT	1 POINT	2 POINTS	3 POINTS	SCORE				0-9		
				1 st	2 nd	3 rd	4 th			
Weight	Up to 51kg/8st	51-76kg/8-12st	76kg/12st+						The patient may not need assistance, perhaps guidance or prompting by staff or the provision of small handling aids.	
Height	160-170/5'3-5'10"	Up to 160/5'3"	Over 178/5'10"					10-13		The patient may require some assistance, use of handling aid/technique, stand aid, hoist, profiling bed frame, etc.
Mobility in bed	Able	Difficult	Unable							
Consciousness	Helpful	Comatose	Confused							
Special risks, e.g. poor vision/hearing wounds	None	Low/Medium	High					14-21	The patient should be hoisted, cared for on a profiling bed frame and/or other appropriate lifting equipment used.	
Toileting	Capable	1 Nurse	2 Nurses plus						IS THE PATIENT TOTALLY INDEPENDENT? YES / NO	
Walking	Capable	Unstable	Incapable							
TOTAL SCORE										

REVIEW	COMPLETE A NEW FORM WHEN A SIGNIFICANT CHANGE HAS BEEN IDENTIFIED															
REVIEW DATE	1/	2/	3/	4/	5/	6/	7/	8/	9/	10/	11/	12/	13/	14/	15/	16/
INITIALS																
REVIEW DATE	17/	18/	19/	20/	21/	22/	23/	24/	25/	26/	27/	28/	29/	30/	31/	
INITIALS																

*1st Assessment

*Please draw single diagonal line through method of undertaking tasks when re-assessed and no longer valid

TASK	Independent	Supervised	No. staff	Method / technique / equipment
Rolling in bed				
Turning in bed				
Lying to sitting				
Moving up the bed				
Getting out of bed				
Sit to stand				
Walking				
Toilet / bath / shower				
Lateral transfers				
Other				

***2nd Review date:** _____ **Assessor print:** _____ **Sign:** _____

TASK	Independent	Supervised	No. staff	Method / technique / equipment
Rolling in bed				
Turning in bed				
Lying to sitting				
Moving up the bed				
Getting out of bed				
Sit to stand				
Walking				
Toilet / bath / shower				
Lateral transfers				
Other				

***3rd Review date:** _____ **Assessor print:** _____ **Sign:** _____

TASK	Independent	Supervised	No. staff	Method / technique / equipment
Rolling in bed				
Turning in bed				
Lying to sitting				
Moving up the bed				
Getting out of bed				
Sit to stand				
Walking				
Toilet / bath / shower				
Lateral transfers				
Other				

***4th Review date:** _____ **Assessor print:** _____ **Sign:** _____

TASK	Independent	Supervised	No. staff	Method / technique / equipment
Rolling in bed				
Turning in bed				
Lying to sitting				
Moving up the bed				
Getting out of bed				
Sit to stand				
Walking				
Toilet / bath / shower				
Lateral transfers				
Other				

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Policy and procedure for the management and prevention of slips, trips and falls for adult patients

Target audience:	All clinical staff who are directly or indirectly involved in the care of adult inpatients.
Main author:	Falls Prevention Practitioner Contact details: 01622 628629
Other contributors:	Associate Director for Nursing Service, Planned care (Chair for Slips, Trips and Falls Group)
Executive lead:	Chief Nurse
Directorate:	Corporate
Specialty:	Nursing
Supersedes:	Management of Slips, Trips and Falls Policy and Procedure (Version 4.0: January 2014) Management of Slips, Trips and Falls Policy and Procedure (Version 4.1: November 2014)
Approved by:	Health and Safety Committee (7 th August 2017)
Ratified by:	Policy Ratification Committee (8 th December 2017)
Review date:	December 2021

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV5.0

Document history

Requirement for document:	The purpose of this document is to outline the policy for the prevention and management of adult patient falls at Maidstone and Tunbridge Wells NHS Trust. This policy sets out the requirements on staff regarding prevention, assessment and management of slips, trips and falls in the Trust.
Cross references (external):	<ol style="list-style-type: none"> 1. National Institute for Health and Care Excellence (NICE). (2013). CG 161 Falls: The Assessment and Prevention of Falls in Older People - Quick Reference Guide. Available at: www.nice.org.uk 2. National Institute for Health and Care Excellence (NICE). (2017). QS 86 Quality standard covers prevention of falls and assessment after a fall in older people (aged 65 and over) who are living in the community or staying in hospital. Available at: www.nice.org.uk 3. Royal college of Physicians FallSafe care bundles . Available at: http://www.rcplondon.ac.uk/projects/fallsafe 4. National patient Safety Agency (NPSA) (2011). Rapid Response Report: Essential Care after an inpatient fall Available at: www.npsa.nhs.uk 5. National Patient Safety Agency (NPSA) (2007). The third report from the Patient Safety Observatory -Slips, trips and falls in hospital. Available at: www.npsa.nhs.uk 6. Department of Health. (2001). Implementing the NSF for Older People –Standard Six-Falls - Support for Commissioning Good Services. Available at: www.dh.gov.uk 7. Reducing Slips & Trips in the Health services - HSE brief guide: Preventing slips and trips at work www.hse.gov.uk/slips/campaign.htm 8. National Institute for Health and Care Excellence (NICE). (2010). Clinical Guideline 103. Delirium: Prevention, diagnosis and management. Available at: www.nice.org.uk
Associated documents (internal):	<ul style="list-style-type: none"> • Risk Assessment Policy and Procedure [RWF-OPPPCS-NC-CG6] • Incident Management Policy and Procedure [RWF-OPPPCS-NC-CG22] • Risk Management Policy and Procedure [RWF-OPPPCS-NC-CG13] • Hazard Profile Checklist [RWF-OWP-APP58] • Dementia Operational Policy and Procedure [RWF-OPPPCS-C-NUR10] • Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure [RWF-OPPPCS-C-NUR1] • Delirium (acute confusion): Diagnose and treat it [RWF-OPPM-183] • Restraint Policy and Procedure [RWF-OPPPCS-C-NUR4] • Policy and procedure for the Provision of Enhanced Care to Adult Inpatients [RWF-OPPPCS-NC-NUR4] • Guidance on the management of patients with behaviour that challenges due to dementia or delirium [RWF-OPPM-CORP168]

	<ul style="list-style-type: none"> • Glasgow Coma Scale [RWF-OWP-APP10] • Glasgow Coma Scale, Patient's Level of Consciousness Using the [RWF-OWP-APP9] • Slips, trips and falls, Avoiding [STANDARD PRINT LEAFLET] [RWF-OPLF-PPC26] • Slips, trips and falls, Avoiding [LARGE PRINT LEAFLET][RWF-OPLF-PPC27] • Slips, trips and falls and the safe use of bedrails, Advice on the prevention of patient [STANDARD PRINT LEAFLET][CORE][RWF-OPLF-PPS67] • Slips, trips and falls and the safe use of bedrails, Advice on the prevention of patient [LARGE PRINT LEAFLET][CORE][RWF-OPLF-PPS68] • Head injury, Advice [STANDARD PRINT LEAFLET][RWF-OPLF-PES6] • Head injury, Advice [LARGE PRINT LEAFLET][RWF-OPLF-PES118] • SI notification form [RWF-OWP-APP497] • SI Root Cause Analysis template (Falls) [RWF-OWP-APP499] • Patient hoist pre-user checklist [RWF-OPG-CORP80]
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Keywords:	Falls	Slips	Trips
	Patient fall	Patient at risk of fall	Bed side rails
	Fall		

Version control:		
Issue:	Description of changes:	Date:
1.0	Initial document	April 2007
2.0	Final Draft	June 2007
3.0	Incorporation of NHSLA guidance and to new format	September 2009
3.1	Minor alterations to NHSLA Standard level 2 compliance	August 2010
3.2	Appendix 6: Falls Action Card amended	June 2011
3.3	Terms of reference added / Risk Assessments reviewed / Amendment to Action Card	October 2011
4.0	Incorporate NICE guideline CG161 and update management procedure, terms of reference and action cards	November 2013
4.1	Minor amendments to policy/procedure and appendices; no further consultation or committee re-approval required	November 2014
5.0	Management of slips trips and Falls Policy and procedure-adult patient falls now separated from the policy covering all falls.	December 2017

Policy statement for

The management and prevention of slips, trips and falls for adult patients

This policy and procedure is intended to ensure that all clinical staff take action to prevent falls and injuries, for all patients aged 65 years or older and for patients aged 65 years and under who are judged to be at a higher risk of falling because of an underlying condition. It outlines the identification and risk assessment procedure, use of harm prevention strategies and the process of reporting and investigating falls in hospital.

This document applies to all clinical staff who are directly or indirectly involved in the care of adult inpatients.

Procedure for management and prevention of adult patient falls

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Procedure for patient at risk of falls

CLINICAL ASSESSMENT

- All patients over 65 years of age
- Patients with clinical indication of risk of falls
- Patients admitted following a fall



MULTIFACTORIAL ASSESSMENT

(within 24 hours of admission and / or post-fall)

- Falls history
- Medication review
- Assessment of – Cognition
Contenance
Footwear
Physio
Postural instability
Vision



Identify patient by:

- Handover sheet – Nervecentre
- Patient's name board – Magnet
- Blue wrist band

Complete:

- Care plan for patient at risk of falling
- Patient handling assessment
- Safer use of bed rails assessment
- Dementia / Delirium screening including baseline AMTS.
(Patients with dementia to have 'This Is Me' completed)
(Patients with delirium follow 'delirium diagnose and treat' pathway)
- Mental Capacity Assessment; Best Interest and DoLS principles
- Provide leaflet – The prevention of patient slips, trips and falls and the safe use of bed rails

1.0 Introduction and scope

Maidstone and Tunbridge Wells NHS Trust (MTW) recognises that minimising the risk of patient falls and fall related injuries is an important safety and quality of care issue. This policy and procedure is intended to ensure that patients who are at risk of falls are identified, risk assessed and appropriate measures implemented to reduce their risk of falls. Patient falls have both human and financial costs. For the individual patient, the consequences range from distress and loss of confidence, to injuries that cause pain and suffering, loss of independence and, occasionally death⁵. For the policy and procedure for management of slips, trips and falls non-patient related, refer to separate policy [[RWF-COR-COR-POL-1](#)]

The best practice documents listed in cross references were all considered and guided the development of this policy. The following two cross referenced documents underpin the processes MTW have adopted.

- NICE clinical guidance 161(2013)¹ states that all people age 65 years or older who are admitted to hospital should be considered for a falls multifactorial risk assessment in order to identify their risk of falling during their hospital stay. Patients of a younger age, judged by a clinician to be at a higher risk of falling because of underlying co-morbidities, should also be considered for a fall multifactorial assessment.
- NICE quality standard 86 (2017)² covers prevention of falls and assessment after a fall in older people (aged 65 and over) who are living in the community or staying in hospital. The standards describe high-quality care in priority areas for improvement in hospital and in the community.

Prevention of falls and effective management of a patient following a fall is recognised as an important patient safety challenge. Risk assessment and effective risk reduction strategies are everyone's responsibility in order to reduce falls incidence, reduce harm to patients and create a safer environment.

This policy excludes falls in children, for advice on falls in children, please contact the Matron for Paediatrics.

2.0 Definitions / glossary

AMTS:	Abbreviated Mental Test Score. This is a tool for determining the presence of cognitive impairment in a patient. Initially developed to identify presence of dementia, now commonly used to identify confusion (acute or chronic).
Assisted fall:	An attempt by staff to minimise the impact of the fall by easing the patient's descent to the floor or by 'breaking' the patient's fall.

- Bed rail:** An integral component of Trust standard beds. These are designed to prevent inadvertent rolling from bed.
- Cognitive impairment:** When a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe.
- Crash mat:** A mat that is made out of dense foam that can be used on the floor alongside the ultra-low bed to reduce the risk of injury in the event of the patient falling/rolling out of bed.
- Delirium:** An acute, usually temporary condition characterised by disorientation, hallucinations, anxiety, restlessness and delusions.
- Dementia:** A term used to describe the symptoms that occur when the brain is affected by specific diseases and conditions; these include Alzheimer's Disease, Vascular Dementia, Dementia with Lewy Bodies and Fronto-temporal Lobe Dementia.
- DoLS:** Deprivation of Liberty Safeguards. A set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests.
- Fall:** To cease to stand or become suddenly prostrate usually as the result of a slip or a trip but also by sickness, e.g. epilepsy, low blood pressure or as a result of reaction to medication.
- Fall from height:** Can be from steps, ladders and other access equipment above ground level, or below ground level, into holes for example. Any place where a person could be injured by falling due to a change in level is considered a fall by the Health and Safety Executive (permanent staircases are excluded). Any level above floor level is considered as a 'height', which should the patient fall from, could result in serious injury. Examples would include, from climbing over the bedrails, climbing out of a window from standing on a chair, trolley or ladder.
- Falls sensor monitor system:** A medical device that can be used as part of a falls prevention strategy. The purpose of the device is to alert staff to attend to the patient immediately when the alarm is activated. The device works by a sensor pad that is triggered when the weight of the patient (seated or in bed) is lifted from the sensor pad. The device can also be used in conjunction with a 'cord and clip' that triggers the

alarm when tension is applied and the disk on the cord is pulled out from the device.

Falls Learning and Improvement (Serious Incident) sub panel: The Falls Learning and Improvement (SI) sub-panel is a sub group of the Main Learning and Improvement (SI) Panel. The Falls Learning and Improvement (SI) sub panel role is to review all hospital falls which result in a fracture and/or serious injury.

Serious harm fall: Any slip, trip or fall which results in a fracture, significant head injury, an injury that requires surgical intervention, affecting their mobility and or prolonged stay in hospital.

Slip: To slide unintentionally for a short distance by losing balance, footing or by unintended sliding usually resulting in either the regaining of balance or a fall.

Trip: To make a false or unintended step or stumble over an obstacle by unintentionally making contact with that obstacle with part of the anatomy usually resulting in the regaining of balance or a fall.

Ultra-low bed: These are low level beds that are designed to be left at a low level for patients who are at risk of falling or rolling out of bed.

Unwitnessed fall: This occurs when a patient is found on the floor and no one has witnessed the patient falling or seen how the patient came to rest on the floor.

3.0 Duties

All Trust staff have the responsibility for the protection and safety of all patients being cared for within Maidstone and Tunbridge Wells NHS Trust.

3.1 Trust Board

The Trust Board has overall responsibility for ensuring the safety of patients in hospital. Falls and injurious falls are reported to the Clinical Commissioning Group (CCG) each month.

3.1.1 Chief Executive

Has overall responsibility for ensuring that appropriate risk assessments and actions are taken in line with this policy. The Chief Executive delegates this responsibility to the Chief Nurse and Chief Operating Officer.

3.1.2 Directors and Associate Director of Nursing

All Directors are responsible for the safe operation of Trust business.

3.1.3 Chief Operating Officer

Has delegated responsibility from the Chief Executive for ensuring that the processes within this policy are followed

and that suitable and sufficient resources are made available.

3.1.4 Chief Nurse

Is the nominated Trust Executive lead for falls and will ensure that the Trust has in place a robust governance, assurance and training framework to ensure all staff have the knowledge and competence to care for patients at risk of falls and ensure a high standard of care is delivered.

3.1.5 The Director of Estates and Facilities

Is responsible for the maintenance and upkeep of applied floor coverings on Trust premises (including all external common and internal communal areas) and also responsible for the safe and clean condition of flooring finishes in common areas.

3.2 Chair for Slips, Trips and Falls group (this role is currently held by the Associate Director of Nursing for Planned Care)

- Chairs the Slips, Trips and Falls Group monthly meetings
- Ensures a systematic approach is undertaken to analyse the issues identified through incidents related to slips, trips and falls.
- Liaises with the Clinical Lead for falls, Slips, Trips and Falls Group and Falls Prevention Practitioner to ensure appropriate falls prevention measures are used.
- Participates in the Falls Learning and Improvement (SI) sub-panel and ensures nursing staff involvement in the root cause analysis (RCA) process.

3.2.1 Slips, Trips and Falls Group

The group will ensure a systematic approach is undertaken to the analysis of issues identified through incidents related to slips, trips and falls. To receive reports on monitoring and trend analysis on slips, trips and falls from directorates and departments. To ensure action plans are in place to address concerns on a trust wide basis where appropriate.

3.3 Clinical Lead for falls

- Ensures an evidence-based service is delivered across the Trust.
- Liaises with the Chair for Slips, Trips and Falls Group and Falls Prevention Practitioner to ensure appropriate falls prevention measures are used.
- Participates in Falls SI panel and ensures medical involvement in the RCA process.
- Liaises with medical colleagues across the Trust to ensure the same standards are implemented.

3.4 Falls Prevention Practitioner

- Is responsible for implementing, reviewing and improving programmes of education and audit to reduce risk of falling in hospital.
- Ensures the provision of effective education and training in falls prevention and management of the fallen patient.
- Monitors and responds to incidents reported on Datix and ensures instructions and support to ward staff is provided.
- Monitors and reports trends to Slips, Trips and Falls Group and Governance Groups and facilitates audit and the use of harm prevention strategies.

3.5 Patient Safety Manager/ Patient Safety Lead

- The Patient Safety Team collates data relating to falls and report to the Slips, Trips and Falls group monthly.
- Has responsibility for ensuring the policy reflects the health and safety standards and that serious incidents are investigated appropriately using a RCA framework for investigation.

3.6 Matrons

- Are responsible for ensuring that wards follow the process and address any issues raised. They should be involved in any RCA's undertaken in their areas and escalate specific environmental risks.
- Ensure that staff are trained to the appropriate level in falls prevention and all appropriate policies and procedures are followed.
- Ensure that the lead for the action plans from learnings in the falls RCA is held to account in the implementation and in maintaining the actions identified.

3.7 Ward Managers and Heads of Department

- Ensure the implementation of this policy/procedure within their department or areas of the Trust under their sphere of control and in accordance with Trust policy.
- Ensure that their department staff complete appropriate assessments and follow the designated procedures. They should offer advice and reassurance to staff and patients during this process.
- Appoint suitably trained risk assessors to carry out suitable and sufficient assessments of areas or activities that may lead to slips, trips and falls incidents within each of the wards or departments or any other areas under their control.
- Ensure any defect or hazard identified is promptly reported and managed locally until suitable and sufficient rectification work is completed.
- Ensure local control measures identified are used and monitored.
- Ensure that all inpatients identified at risk of falls have a signed and dated care plan (**Appendix 8**) on admission to

ward/department. The care plan should be reviewed after 24 hours. Any patient admitted following a fall or falls whilst in hospital needs to have a multifactorial assessment undertaken.

- Ensure that ward / department action plans from learnings in the falls RCA is shared with ward/department team and that the required actions are implemented and maintained.
- Ward Managers in all wards/units, excluding obstetrics and paediatrics, must identify a link nurse for falls prevention and facilitate their development using the provided educational opportunities.
- All ward and department managers are responsible for ensuring their staff are familiar with the Procedure for the Safer Use of Bed Side rails.
- All ward and department managers are responsible for ensuring individual patient specific Safer Use of Bed Side Rail assessments forms are completed and the identified control measures implemented.

3.8 Medical staff are responsible for ensuring that every patient admitted following a fall has a multifactorial assessment that identifies the patient's individual risk factors. Following a fall in hospital on request, medical staff are responsible for reviewing patients for signs and symptoms of injury and request the relevant investigations (if appropriate).

3.9 Directorate risk leads are responsible for monitoring the effectiveness of this policy and providing directorate reports and action plans to reduce the likelihood of slips, trips and falls from similar root causes. They will be required to submit the report to the Slips, Trips and Falls Group.

3.10 The risk assessor is the person nominated to perform risk assessments and must be competent. All risk assessors are trained and only recognised as competent (following a positive competency assessment) or have access to competent assistance to assess the workplace and the identification of adequate measures to rectify any deficiencies. They will ensure that suitable and sufficient risk assessments are undertaken and shared with managers and staff are alerted to any identified hazards.

3.11 Nursing staff

All Registered Nurses and appropriately trained Clinical Support Workers should assess an individual's risk of falling by using the NICE guideline (2013)¹, and refer to the appropriate health professional to minimise risks. They must also:

- Work within the standards and guidance of this policy.
- Provide patients and relatives (if appropriate) with information about the risk and impact of falls (e.g. Trust patient information leaflet).
- Complete the care plan for a patient at risk of falling (Appendix 8) (this should be completed by the registered nurse on

admission and reviewed when patient's condition changes i.e. improves, deteriorates or on transfer from another ward).
Evaluation of the care plan should be undertaken daily.

- Advise patients regarding appropriate footwear for the hospital environment; good fitting slippers or shoes should be worn – if these are not available nursing staff must provide anti-slip socks.
- Observe the environment, identifying and reducing environmental risks where possible, e.g. lockers, call bell, glasses, drinks etc. are within reach.
- Highlight patients who are at risk of falls at shift handover.
- Use the 'Risk of Falling' magnet on patient's board to highlight that patient has been identified at risk of falls.
- Ensure the correct care and reporting procedures are followed in the event of a patient fall in accordance with the Trust guidance and policy.
- Take reasonable measures to implement harm prevention strategies, such as, provision of a low level bed, sensor alarm and any other appropriate intervention.
- Ensure that individual patient specific Safer Use of Bed Side Rail assessment forms are completed, implemented, communicated, reviewed and retained in the patient's healthcare records.
- Ensure that patients identified as "at risk of fall from bed" should also have this indicated on their falls care plan.
- Ensure that patients identified as "at risk of fall from bed" should also have a current patient moving and handling risk assessment.
- Inform patients as to the uses of bed side rails and the potential risks involved. Patient leaflets should be given as necessary.
- Undertake ongoing monitoring of the bed side rails assessment each time care is delivered by nursing and/or care staff to determine if the assessment and controls are still valid or if new controls are required. All new control measures should be documented accordingly.

Nursing staff who delegate care to others must ensure that the staff undertaking the task are aware of the risks associated with the use of bed side rails and the importance of safety checks during each episode of care.

3.12 Therapy staff

- Carry out an assessment of all patients referred to the service who are at risk of fall or following a fall.
- Provide patients with suitable walking aids (as assessed)
- Provide patients with advice of suitable footwear as appropriate.
- Carry out ongoing assessment and intervention where appropriate.

3.13 Pharmacist

- Responsible for medication reconciliation.
- Support of specific medication reviews for patients at risk of falls or who have fallen, when requested by the medical or nursing staff.
- Ensure any changes made are listed on Discharge Summary to GP.

3.14 Porters

- Porters should be aware of the correct procedure for the movement of hospital beds and trolleys. A pushing or pulling force should be applied through the head or foot boards, not the side rails.
- Porters should report any fault, failure or defect with a bed and/or bed side rail to the local manager and Electro-Medical Engineering (EME) Services for action.

3.15 EME Service

EME Services ensures a programme of service and inspection of all electric profiling bed frames and side rails to comply with the requirements under the Provision and Use of Work Equipment Regulations 1998 (PEWER).

EME Services provide an ad-hoc repair service to bed side rails of electric profiling beds that are reported as faulty or broken.

EME Services lead on the assessment of bed and mattress combinations.

3.16 Domestic staff

When raising unoccupied beds for cleaning, domestic staff should lower the bed to the lowest level when cleaning is complete.

Domestic staff should **not** clear under occupied beds.

Domestic staff should liaise with the ward manager or person in charge to identify when occupied beds can be vacated and the area made available for cleaning.

3.17 All staff

Are responsible for taking immediate action under their duty of care. This includes:

- Ensuring environmental hazards (e.g. spillages, uneven surfaces etc. **Appendices 4 and 5**) are dealt with and/or reported immediately and the action recorded.
- Reporting actual slips, trips and falls or near misses through the Trust incident reporting system (Datix: e-reporting).
- Implementing safe systems of working and following Trust policies, procedures and guidance.
- It is the responsibility of individual staff including students, bank and agency staff, to comply with the requirements and to:
 - report any training need to their line manager for action.
 - raise the alarm or alert the nurse in charge if a patient is distressed by the bed side rails, appears to be in an unsafe

- position or is trying to climb over a bed side rail, as appropriate.
- report any fault, failure or defect with a bed and/or bed side rail to their manager and EME Services.

3.18 Clinical Site Manager

It is the responsibility of the Clinical Site Manager to provide guidance and support to staff out of hours, and where appropriate facilitate the care of patients who are at high risk of falls. They must ensure that staff knows how to contact them if concerns arise; including staffing difficulties, to ensure patient safety is not affected.

3.19 Falls Prevention Link Nurse

- Promote patient safety and foster a culture of safety in all clinical areas.
- Ensure that the care of patients at risk of falls in clinical areas is in line with best practice.
- Attend link meetings and share information/learning at link meeting and with local ward teams.
- Act as resource on/for falls prevention advice and information for local ward teams.
- Be the competent user for medical devices associated with falls, e.g. falls sensor alarm, hoist, scoop stretcher and Hover Jack.
- Promote appropriate and safe moving and handling, assessment, techniques and equipment selection when conveying the fallen patient from the floor. Refer to the procedure for the use of patient hoists, slings and raising aids for further guidance.

4.0 Training / competency requirements

All staff employed by the Trust are expected to ensure that they have attended the appropriate level of training in order to provide care that meets best practice standards and have the appropriate knowledge and expertise to maintain patient safety and reduce the risk of patient falls.

All staff who provide care and treatment to adult patients will be offered falls prevention training, moving and handling of the fallen patient training and training for the falls sensor monitor, enabling them to assess and manage inpatient falls.

Training and competency assessment for medical devices associated with falls prevention and moving a fallen person is a Trust requirement for all staff likely to use patient lifting medical devices.

4.1 Induction training

All staff must receive training upon starting their employment with the Trust; this will normally be given by formal induction training. It should also be given and recorded as part of local health and safety induction training, by departmental managers / supervisors etc. In addition registered nurses will receive falls prevention induction as part of the Registered Nurse induction programme

4.2 Training and competency on falls sensor monitor system

- All staff likely to be involved in the use of the device must have training on the correct and appropriate use and allocation/ application of the device.
- All staff who have received training will be required to complete a competency assessment to be able to use the device unsupervised in practice.
- On completion of the competency assessment, the training and competency documents should be signed, dated and copy sent to Falls Prevention Practitioner. Successful competency assessment will be recorded with Learning and Development.

4.3 Training on moving and handling of the fallen patient

Specific moving and handling of the fallen patient training, focussing on the fallen patient, is available to provide staff with the knowledge to assess the patient for potential injury, determine the appropriate method and equipment selection to safely transfer the patient from the floor.

4.4 Bed side rails

All staff including bank, bureau, students and agency staff, who are likely to be involved with the treatment or care of patients in a hospital bed or trolley, the cleaning and maintenance of hospital beds should: -

- be familiar with the procedure for bed side rails
- be trained in the use of standard hospital beds on induction
- be trained in the use of Trust specialist hospital bed prior to using
- undertake medical device competency assessments for Trust hospitals
- beds and trolleys they are likely to use annually
- be able to undertake a safer use of bed side rails assessment
- request information training or supervision for any shortfall in being able to
- safely and correctly use a hospital bed or undertake a side rail assessment

Training in the use of hospital beds can be requested through the Moving and Handling Co-ordinator or EME Services.

4.5 Awareness and ongoing training

The departmental manager must determine the type of training suitable for the staff. This will be in the form of e-learning using approved and certified training, and team meetings. The selected form will be recorded and evidenced within staff records and agreed with the Learning and Development Team.

The Slips, Trips and Falls Group will monitor trends and introduce initiatives to raise awareness and adapt procedures and training as appropriate to reduce as far as practicable reported incidents of slips, trips and falls.

Awareness and training may be in the form of:

- Ward based training from Falls Prevention Practitioner and Falls Prevention Link Nurse
- Falls Prevention Link Nurse meetings and training sessions
- FallSafe monthly audit by ward
- Clinical Support Worker (CSW) development programme

5.0 Procedure

5.1 Clinical assessment

5.1.1 Falls can be a symptom of underlying illness. Following a fall, early detection, effective injury treatment, consideration of why the patient fell and application of measures to reduce the risk of further falls or injury is required to reduce the degree of harm (NPSA 2007)⁶.

All patients aged over 65 years, younger patients who have an underlying clinical indication of at risk of falls and patients admitted following a fall will be assessed for individual risk of falls.

A multifactorial assessment should be undertaken and documented in the healthcare record. It should be completed within 24 hours of admission or post-fall by the medical team caring for the patient.

Multifactorial assessment should include:

- Cognitive assessment
- Continence assessment
- Falls history and fear of falling
- Footwear assessment
- Medication review
- Physiotherapy assessment for mobility and balance
- Postural instability assessment and where appropriate lying and standing blood pressure
- Visual assessment

5.1.2 Identifying the patient who is at risk of fall is the first stage in falls prevention. Patients who are at risk of falls will be identified at handover (Nervecentre - handover sheet) and on the patient's name board. Patients at risk of falls can be identified by applying a blue wrist band following informed consent.

5.1.3 The care plan for a patient at risk of falling (**Appendix 8**) should be implemented on admission and appropriate measures are taken to reduce risks. This should be completed by the registered nurse caring for the patient. All risks must be identified and referrals made to the appropriate health professional to minimise each risk. The care plan for falls prevention must be evaluated daily and reviewed at the time of significant change (improvement or deterioration in condition) and or on transfer from another department or ward. The review should be documented, dated and signed.

5.1.4 Individual patient handling assessments should be undertaken and documented to give clear guidance and consistency in technique and resources required for the individual patient moving and handling needs. This should be undertaken on admission and periodically, at least once a week or when the patient's ability, condition or equipment changes (improves or deteriorates).

5.1.5 A safer use of bed side rails assessment should be undertaken to determine if bed side rails should be used and if in use the control measures that should be considered. See 'Safer use of bed side rails procedure' (**Appendix 9**). Patients at high risk of falls from the bed, and where bed rails are being considered, must have a safer use of bed side rails risk assessment form completed and reviewed daily (**Appendix 10**).

5.1.6 Patients with dementia, delirium and or cognitive impairment may have increased risk of falling due to decreased personal safety awareness. Assessment for delirium and cognitive impairment should be undertaken to determine its presence and if this is likely to impact on their risk of falls.

This should include a baseline AMTS on admission.

All patients admitted to hospital with a known diagnosis of dementia must have a 'This Is Me' document offered to them, their relatives and carers within 48 hours of admission for completion. It can help health and social care professionals build a better understanding of who the person really is and support the health care professional in managing the patient's risk of falling.

For patients with delirium at risk of falls ensure that the delirium 'diagnose and treat pathway' is followed. All staff should ensure that mental capacity / best interests and DOLS principles are followed at all times; appropriate tools are used to undertake these assessments; and decisions are clearly documented on the appropriate documentation within the patient's healthcare records. For guidance on the management of patients with behaviour that challenges (dementia or delirium) refer to the Trust guidance.

5.1.7 All patients at risk of falls must be given a copy of the leaflet *The prevention of patient slips, trips and falls and the safe use of bedrails* [standard print: RWF-OPLF-PPS67/ large print: RWF-OPLF-PPS68]; this should be documented.

5.2 Specialist advice and harm prevention strategies

Patients at risk of falls and or with recurrent inpatient falls or where further specialist falls reduction advice is required, should be referred to the Falls Prevention Practitioner for advice and interventions.

Each patient must be assessed to determine the most appropriate interventions to be put in place to reduce risk of fall. The following may be considered, however there may be other alternatives that may also be appropriate.

5.2.1 Bed safety

Beds must be kept at the lowest possible height at times when direct care is not being provided. Where the lowest height is unsuitable for the patient the bed must be at the lowest appropriate height.

Bed side rails must be avoided when a patient is mobile and agitated or where there is a threat of limb entrapment or falling from height. In these cases an ultra-low bed should be sought and used in an observable area of the ward.

A crash mat should be positioned alongside the bed if appropriate. When used, staff must take appropriate action to avoid trips due to crash mats. Crash mats should be used wherever possible alongside an ultra-low bed; on occasion a hospital mattress may be used (when a crash mat is not available). Where this is the case it is the responsibility of the nurse in charge to warn staff members of the potential hazard of tripping.

Ultra-low beds must not be moved when occupied. The patient must be transferred to a wheelchair, standard hospital bed or trolley for transfer to another ward or attendance at another department. Prior to transfer, an assessment should be made to identify and ensure suitable escort, control measures and information is passed to the receiving area to maintain patient safety.

5.2.2 Falls sensor monitor system

A weight activated sensor alarm system should be considered for patients who are at risk of falling from the bed or chair. The falls sensor monitor is designed to reduce the risk of falls by alerting healthcare professionals when a patient is leaving a bed or chair. The device is used in the best interest of the patient to reduce risk of falling. Falls sensor monitor is recommended to be used with the sensor chair and or bed pads in conjunction with the clip and cord. The sensor pad alert is triggered more promptly when compared with just using the clip and cord.

The patient should be assessed to ascertain that the system is appropriate for them. The patient must have the purpose of the device explained to them in order to gain informed consent. For those who lack capacity to consent, a Mental Capacity Assessment must be performed and DOLs principles must be applied.

The falls sensor monitor should be considered for patients at risk of falls who:

- are not able to use the call bell or reliably call for assistance
- have cognitive impairment/ memory problems
- have acute delirium
- have a neurological condition

When a sensor alarm system is unavailable or inappropriate and where a patient is extremely agitated, staff must consider alternative measures.

5.2.3 Special observation and enhanced care

Patients at risk of falls may require special observation. Enhanced care is the term used for a Registered Nurse (RN), Midwife (RM), or Clinical Support Worker (CSW) who is allocated a particular patient or cohort of patients that have enhanced care needs and who require additional support and monitoring.

The decision to implement enhanced care is made following a holistic risk and multidisciplinary assessment [RWF-OPPPCS-NC-NUR4] of the patient's physical and psychological state as well as social and environmental factors at that moment in time. This need to be clearly documented within the patient's healthcare record and the rationale for the level of observations should be clearly stated and an appropriate observer identified.

Consider environmental factors, look critically at where the patient's location on ward/unit is, e.g. does the location of the bed or chair have to be in that position? Increase the visibility of the patient from as many different points as possible. Consider lighting levels. Open doors if appropriate and draw curtains back to increase visibility.

When a sensor alarm system is unavailable or inappropriate and where a patient is extremely agitated, staff must consider enhanced care. Refer to enhanced care policy and complete a risk assessment for enhanced care.

5.2.4 Hip protectors

Hip protectors are occasionally used in the management of patients who are at risk of falling. Assessment must be undertaken to determine if this is appropriate for the individual patient. Hip protectors should not be used in patients with bilateral total hip replacements or if there is evidence of bony metastases in the pelvis or femora.

5.2.5 Head protectors

Head protection/ helmets are occasionally used in the management of patients who are at risk of falling. Assessment must be undertaken to determine if this is appropriate for the individual patient.

5.3 Action in the event of a patient fall whilst in hospital

The post-fall protocol (**Appendix 6**) must be followed after all falls in hospital. This includes specific information if a head or neck injury is suspected or evident (**Appendix 7**). The patient must be assessed for injury before being moved.

5.3.1 In the event of a patient falling in hospital during daytime hours the Ward Manager/nurse in charge and doctor caring for that patient must be notified at the earliest opportunity. If an injury is evident or suspected the patient must be reviewed by the doctor according to the *post-fall protocol*. If the doctor does not respond then the nurse must escalate to Ward Manager and or Matron to ensure the patient is assessed by a doctor.

5.3.2 In the event of a patient falling out of normal daytime hours, the on call doctor and site practitioner must be informed. If an injury is evident or suspected the on call doctor must assess the patient according to the *post-fall protocol*. The assessment must be clearly documented in the patient's healthcare records.

5.3.3 In the event of a patient falling in hospital the patient's next of kin or nominated person must be informed at the earliest opportunity. The name of the person informed must be documented in the patient's healthcare records. If the patient's fall occurs at night, unless the next of kin has requested otherwise, the nurse in charge in consultation with the Site Practitioner may exercise discretion and delay informing the next of kin until the morning.

In the instance where the patient has declined for the next of kin to be informed; this should be recorded in the patient's healthcare records.

5.3.4 In the event of a patient falling in hospital and hitting their head, or if there is a suspicion of a head or neck injury (all unwitnessed falls), NICE Guidelines for the management of head injuries must be followed. See the recommendation for assessment of head, spinal and neck injuries in **Appendix 7**.

The frequency of neurological observations is dictated according to the Glasgow Coma Scale (see Associated documents) and is outlined on the recommendation for the assessment of head/spinal injury.

Following a patient fall and head injury, neurological observations must continue in accordance with the *post-fall protocol*, even when a CT scan has been carried out and no injury noted. A decision to stop neurological observation should be taken following assessment and documentation in healthcare records by the clinician.

5.3.5 Where a head injury has occurred following a fall in hospital the patient should be given the leaflet 'Head injury, Advice [STANDARD PRINT LEAFLET][RWF-OPLF-PES6]'. Visitors of patients with confusion, delirium and learning difficulties should be given a copy of the leaflet as they may be better able to notice subtle behavioural changes than staff.

5.3.6 An online E-reporting (Datix DIF1) form must be completed following all falls in hospital. All sections must be completed and specific falls related questions answered. The nurse caring for the patient must complete the report within 4 hours of the incident or by the end of the nurse's shift whichever is sooner.

The Falls Prevention Practitioner will receive an automatic email notification of all fall incidents reported on Datix. Advice and interventions can be sought from the Falls Prevention Practitioner.

5.3.7 In the event of a patient falling in hospital, the patient should be reassessed and their falls care plan updated, with evidence of the review dated and documented.

5.3.8 The results of any x-rays or investigations ordered following a fall must be documented on the Datix WEB online Incident Investigation Form (DIF 2).

5.3.9 If an individual falls in hospital and sustains a fractured neck of femur the patient must be referred to the Orthopaedic Team and commenced on the Hip Fracture Pathway.

5.3.10 If an inpatient falls in hospital and sustains a fracture, serious head injury or dies as a result of the fall a Serious Incident (SI) notification must be declared within 2 days; use [SI notification form](#). A Root Cause Analysis (RCA) will be undertaken by the identified lead investigator. The RCA will be presented at the Falls SI Sub-Panel (**Appendix 13**). It is imperative that the RCA meeting is attended by a member of the patient's own medical or surgical team and wherever possible, the consultant. Other staff to be included in an RCA are the ward nurses and support workers, witnesses, therapy staff and junior doctors.

Due to the nature of falls it is not usual to include the family or patient. However, each incident should be assessed to determine if this is appropriate.

An RCA report will be written using the [SI Root Cause Analysis template \(Falls\)](#) and sent to Patient Safety Team ahead of the SI panel meeting. Updated versions following completion of any action plans will be need to be submitted to Patient Safety Team.

As a result of an RCA an action plan will be developed to address care deficiencies, learning needs and environmental issues. All action plans must be completed by the person identified as responsible within the designated time frame.

5.3.11 For actions to take for falls involving members of staff, public and contractors, see Policy and Procedure for management of non-patient slips, trips and falls (currently under development).

5.3.12 If a child falls in hospital and sustains a serious injury, such as a fracture, an investigation will be carried out by the relevant departmental manager. **This policy does not contain specific details regarding investigation of incidents involving falls in children.**

5.4 Process for raising awareness

All patients assessed as being at risk of future falls must be given a copy of the hospital information leaflet: *The prevention of patient slips, trips and falls and the safe use of bedrails*.

The falls lead and the Falls Prevention Practitioner will implement evidence based practice and will trial new technologies, as appropriate, to reduce the incidence of falls in hospital. Where new innovations are demonstrated to reduce the incidence of falls, commissioning for procurement will be sought.

Information on numbers of falls on wards is available on Datix and the end of month report is sent to Ward Managers by the Falls Prevention Practitioner.

Falls incidence numbers will be reported monthly and displayed on the Falls Dashboard and Trust Dashboard.

A period of increased incidences (PII) will be declared on any ward that breaches the number of falls tolerance, following review of the falls incidents for the month by the Falls Clinical lead and Falls Prevention Practitioner.

All falls resulting in serious injury will require an RCA and presented to falls SI Sub-panel (**Appendix 13**) Learning from serious incidents requiring investigation (SI) is shared by the directorates and also disseminated by the Patient Safety Team to the directorates lead.

APPENDIX 1

Process requirements

1.0 Implementation and awareness

- Once ratified, the Chair of the Policy Ratification Committee (PRC) will email this policy/procedural document to the Corporate Governance Assistant (CGA) who will upload it to the Trust Policy database on the intranet, under "Policies & guidelines".
- A monthly publications table is produced by the CGA which is published on the Trust intranet under "Policies & guidelines". Notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

2.0 Monitoring compliance with this document

The Chair of the Slips, Trips and Falls Group will be responsible for monitoring compliance with this policy on behalf of the Trust. The group has written Terms of Reference and Constitution (**Appendix 12**), and written records of meetings will be provided to members of the group. Directorate reports will be presented at the Slips, Trips and Falls Group meetings. The report will include:

- Duties – To report on the compliance with the policy by those Trust personnel identified in section 3 of this policy and procedure on a Directorate by Directorate basis.
- Requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height) - To identify and report on trends for all slip, trip and falls. (**Appendix 11**)
- Organisation's expectations in relation to staff training - To monitor and report on the uptake of appropriate training.

- Process for raising awareness about preventing and reducing the number of slips, trips and falls involving patients, staff and others - Identify, arrange and report on the effectiveness suitable awareness campaigns.

The Slips, Trips and Falls Group Chair or deputy chair will write and submit reports to the Health and Safety Committee. Issues identified by the monitoring will remain on the committee agenda until they have been satisfactorily resolved. The committee will formulate an action plan with suitable time frames and an appropriate lead appointed.

The ward will undertake monthly Fallsafe audits to demonstrate the compliance with the falls prevention measures implemented.

The Falls Prevention Practitioner will undertake unannounced falls prevention compliance audit annually or more frequently as required or when wards are on a period of increased incidence.

3.0 Review

This policy and procedure and all its appendices will be reviewed at a minimum of once every 4 years.

4.0 Archiving

The Trust approved document management database on the intranet, under "Policies & guidelines", retains all superseded files in an archive directory in order to maintain document history.

APPENDIX 2

CONSULTATION ON: Policy and procedure for management and prevention of adult patient falls

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: Falls Prevention Practitioner

By date: 03/07/17

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff MUST be included in ALL consultations:				
Corporate Governance Assistant	14/06/17	26/06/17	Y	Y
Chief Pharmacist and Formulary Pharmacist	14/06/17			
Formulary Pharmacist	n/a			
Staff-Side Chair	14/06/17			
Emergency Planning Team	14/06/17			
Head of Staff Engagement and Equality	14/06/17			
Health Records Manager	14/06/17	27/06/17	Y	Y
Complaints & PALS Manager	26/06/17			
All members of the approving committee: Health and Safety Committee	14/07/17			
Other individuals the author believes				

Job title:	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
should be consulted:				
Medical director	14/06/17			
Deputy Medical Directors	14/06/17			
Slips, Trips and Falls Group	14/06/17	11/07/17	N	N
Chair of Slips, Trips and Falls Group	14/06/17			
Clinical Lead for Falls	14/06/17			
Chief Nurse	14/06/17			
Deputy Chief Nurse	14/06/17			
Associate Director of Nursing	14/06/17			
Matrons	14/06/17	19/06/17	N	
Ward Managers	14/06/17			
Lead Dementia Nurse	14/06/17	15/06/17	Y	Y
Tissue Viability CNS	14/06/17			
Matron Safeguarding Adults	14/06/17			
Patient Safety Manager	14/06/17			
Patient Safety Lead	14/06/17			
Risk and Compliance Manager	14/06/17			
Lead physiotherapy inpatients	14/06/17	14/06/17	Y	N
E.M.E. & Technical Services Manager	14/06/17			
Moving and Handling Co-ordinator	14/06/17	03/07/17	Y	Y
Lead Clinical Site Manager	14/06/17			
Head of Compliance and Fire	14/06/17			
Practice Development Nurse/ Clinical Skills Facilitator	12/07/17	12/07/17	Y	Y
The following staff have given consent for their personal names to be included in this policy and its appendices:				

APPENDIX 3

Equality impact assessment



This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development, approval and ratification process.

Title of policy or practice	Policy and procedure for management and prevention of adult patient falls
What are the aims of the policy or practice?	To reduce and minimise falls and harm from falls for the adult patient.
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	Yes, Paediatric fall is not included or covered in this policy.
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Gender identity	No
People of different ages	Yes, children are excluded
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	No
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	Children are excluded as the underlying risk and cause of fall for this group of patient differs from those who are adults.
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet, under 'Policies & Q-Pulse':

No.	Title	Unique ID	Title and unique id of policy that the appendix is primarily linked to
4	Slip risks control	RWF-OWP-APP474	Policy for management of non-patient slips, trips and falls [RWF-COR-COR-POL-1]
5	Trips risks control	RWF-OWP-APP475	Policy for management of non-patient slips, trips and falls [RWF-COR-COR-POL-1]
6	Action card: post-fall protocol if patient falls whilst in hospital	RWF-OWP-APP476	This policy
7	Action card: recommendation for assessment of head/spinal injury	RWF-OPPM-CORP184	This policy
8	Care plan for a patient who is at risk of falling	RWF-OWP-APP479	This policy
9	Safer use of bedside rails procedure	RWF-OPPPCS-NC-FH10	This policy
10	Assessment and care plan for safe use of bed side rails	RWF-OPF-CS-NC-FH5	This policy
11	Template for report to Slips, Trips and Falls Group	RWF-DocTemp-Forms25	This policy
12	Slips, Trips and Falls Group terms of reference	RWF-OWP-APP484	This policy
13	Falls SI Sub-Panel terms of reference	RWF-OWP-APP765	This policy
14	Signatory sheet, for confirmation that staff have read and understood the procedure for the safer use of bed side rails	RWF-OPF-CS-NC-FH6	This policy

FAMILY NAME:		  Maidstone and Tunbridge Wells NHS Trust
Given name:		
Preferred name:		
Title:	Gender:	
NHS number:		
Hospital number:		
Date of birth: _ _ - _ _ - _ _ - _ _		
Complete above in full or affix patient label		Assessment and care plan for a patient who is at risk of falling
Location:		
Care plan number:		

Assessment for risk of falls	Circle Yes or No	
Is the patient age 65 or over?	Yes	No
Is the patient confused, agitated or delirious?	Yes	No
Does the patient have neurological and/or cognitive impairment?	Yes	No
Has the patient been admitted following a fall or has the patient a history of falls in the last 12 months?	Yes	No
Does the patient have a fear of falling?	Yes	No
Does the patient have difficulty with walking and/or balance?	Yes	No
Does the patient have a clinical, medical or age related condition that increases their risk of falling, e.g. hypotension, sedation, Meniere's, visual impairment?	Yes	No

Print name:	Signature:	Date: _ _ / _ _ - _ _ - _ _
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If you have stated Yes to any of the above questions, commence the care plan below then overleaf daily.

Initial Care Plan for Patient who is at Risk of Falling

Problem: The patient is at risk of falling.

Goal: Risk factors are identified and appropriate and timely actions are taken to minimise the patient's risk.

Insert one of the following in each of the boxes in the column on the right, then sign and insert date in the bottom row:

✓ = Actioned; X = Not actioned; NA = Not Applicable

Document care plan evaluations in the patient's healthcare records.

1. Ensure that the patient is in the most appropriate place on the ward for their needs.	
2. Orientate the patient to their surroundings and the use of the call bell.	
3. Apply blue wrist band.	
4. Identify the patient's risk of falling on the patient's board and the handover sheet.	
5. Inform the patient about falls risk and falls prevention measures; provide copy of falls prevention leaflet.	
6. Ensure that the patient's bed is on the lowest setting.	
7. Complete a safer use of bed rails assessment and patient handling assessment.	
8. Complete a delirium assessment	
9. Complete a capacity assessment for risk of falls/personal safety.	
10. Assess patient's suitability for use of a falls sensor alarm.	

11. Ensure patient's footwear is appropriate, safe and secure. Provide non-slip socks if appropriate.	
12. Undertake and record the patient's lying and standing blood pressure.	
13. Request a medication review (for falls risk).	
14. Assess level of monitoring/enhanced care needed.	
Print name:	Signature: Date: _ / _ / _

Guidance Notes for Patient Handling Assessment Form

Health and Safety Law places an absolute duty on employers to undertake risk assessment. The Patient Handling Assessment tool is one of the control measures of patient handling task assessments. It is a legal document that could be requested at any time by HM Inspectors of Health and Safety, Solicitor of Law etc. and most certainly in the event of a reported incident, injury, complaint or claim. It is therefore essential that information on the document is accurate, clear and legible.

The purpose of Patient Handling Assessment is to enable an assessment of the patient's ability and the assistance required to safely and appropriately move, reposition and transfer the patient during the provision of treatment and care. The benefits to staff and the patient will be that there is a consistent level of care that is safe for both the staff and the patient and will not compromise rehabilitation.

As the patient's needs change so will the assistance required, the assessment must be reviewed. This should be at regular intervals to ensure that it is appropriate to the patient or when there is a change to the patient's condition, the equipment used, the staff undertaking the handling tasks, the environment or any other circumstance that may impact on manual handling.

Involve the patient in the assessment, discuss why the assessment is being undertaken, to ensure that their rehabilitation progresses as safely as possible in manageable stages, explain that it will be reviewed and with progress the methods and equipment may change. Explain to the patient what is expected of them, 'their part' in the handling tasks.

Section 1

PATIENT	ASSESSMENT DATE
HOSPITAL NUMBER	ASSESSED BY SIGNED
WATERLOW SCORE	RISK OF FALLS LOW / HIGH Complete Falls Assessment

Print the patient's name in the box marked 'Patient' and enter the hospital number.

The Waterlow score will be a reminder to monitor the patient's tissue viability needs and refer the patient to the Tissue Viability Nurse Specialists if required.

Enter the date that the assessment is undertaken, this may be the first assessment when the patient has been admitted or when a new form is required as part of the review process.

The assessor should clearly print their name and sign in the boxes indicated. Mark in the next box that a falls assessment has been undertaken and if the patient is at risk.

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV5.0

Section 2 Patient assessment

PATIENT ASSESSMENT	1 POINT	2 POINTS	3 POINTS	SCORE				0-9	The patient may not need assistance, perhaps guidance or prompting by staff or the provision of small handling aids.
				1 st	2 nd	3 rd	4 th		
Weight	Up to 51kg/8st	51-76kg/8-12st	76kg/12st+						
Height	160-170/ 5'3-5'10"	Up to 160/5'3"	Over 178/5'10"					10-13	The patient may require some assistance, use of handling aid/technique, stand aid, hoist, profiling bed frame, etc.
Mobility in bed	Able	Difficult	Unable						
Consciousness	Helpful	Comatose	Confused						
Special risks, e.g. poor vision/ hearing wounds	None	Low/Medium	High					14-21	The patient should be hoisted, cared for on a profiling bed frame and/or other appropriate lifting equipment used.
Toileting	Capable	1 Nurse	2 Nurses plus						
Walking	Capable	Unstable	Incapable						IS THE PATIENT TOTALLY INDEPENDENT? YES / NO
TOTAL SCORE									

This section is not prescriptive, it is only to be used as a guide to assist with consistent assessment. There may be other factors that should be considered. There are four scoring columns for this section to enable easier documentation of the review process.

When assessing the patient do not include any equipment or handling aids in this part, assess the patient independent of all other assistance.

All staff will be aware that it is unsafe to lift all or significant proportions of the patient's body weight. The patient weights given are a guide to other factors (please note that this is NOT a numeric guide to lifting). The weight may initiate a tissue viability assessment that will impact on manual handling thereby increasing risk, the weight may require additional handlers to assist with rolling, again increasing the risk

Work through the sections of this assessment to give an overall score. There are lots of combinations and it may be that the patient is mobile but is scoring quite high. Is this because the patient is heavy or at risk of falls? If the patient is heavy the risk is likely to be to the handlers pumping up the bed, review the bed type. If the patient is at risk of fall again, review the bed, consider the use of an 'Ultra low' bed that will lower to reduce the risk to the patient but can be raised to reduce the risk to staff carrying out treatments and care.

Section 3 Review

REVIEW	COMPLETE A NEW FORM WHEN A SIGNIFICANT CHANGE HAS BEEN IDENTIFIED															
REVIEW DATE	1/	2/	3/	4/	5/	6/	7/	8/	9/	10/	11/	12/	13/	14/	15/	16/
INITIALS																
REVIEW DATE	17/	18/	19/	20/	21/	22/	23/	24/	25/	26/	27/	28/	29/	30/	31/	
INITIALS																

It is very important that the assessment is reviewed. An inappropriate assessment will not benefit staff or the patient. This section has been divided into date boxes to give a documented record that the assessment has been reviewed.

If there is no change to the assessment and the technique sections remain relevant there is no need to make changes. For reviewing changes there are three additional assessment boxes on the reverse of the patient assessment form.

If however, the patient is totally independent as does not require assistance with any aspect of moving and handling or social care the assessment need go no further at this stage. Document the findings in the patient's healthcare records and be sure to review periodically, particularly post operatively.

Section 4 Moving and Handling Care Plan

1st Assessment (**2nd Review date:** _____ **Assessor print :** _____ **Sign:** _____)

TASK	Independent	Supervised	No. staff	Method / technique / equipment
Rolling in bed				
Turning in bed				
Lying to sitting				
Moving up the bed				
Getting out of bed				
Sit to stand				
Walking				
Toilet / bath / shower				
Lateral transfers				
Other				

This section will identify how the patient moves and transfers. A list has been compiled of the handling tasks that are likely to be undertaken. Work through each task considering the information you have gathered.

Is the patient independent? It is possible that the patient is independent but cannot put on their slippers, may need assistance with positioning of feet, therefore these tasks are independent but should be supervised by a member of staff. The patient may be able to walk independently, but following medication may be unstable, perhaps two members of staff may be required to assist walking, one walking with the patient the other following with a wheelchair.

When the need arises to review the current assessment, complete a new section on the reverse of the form.

SCORE THROUGH THE "OUT OF DATE" ASSESSMENT

When the patient is discharged or transferred to another, ward the patient handling assessment must be filed in the patient's healthcare records.