



Prevention and management of slips, trips and falls

Lead executive	Medical Director
Author and contact number	Associate Director of Quality, Compliance and Assurance

Type of document	Policy
Target audience	All CWP staff both permanent and temporary staff
Document purpose	This policy therefore outlines the processes for effectively managing the risks associated with slips, trips and falls involving (a) service users, (b) staff and (c) others.

Document consultation	Falls Collaborative Group, Modern Matrons, Clinical Service Managers, Ward Managers, Head of Therapies (CCWC), Manual Handling Advisor	
Approving meeting	Patient Safety and Effectiveness Sub Committee	18-Oct-12
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Review date	Oct-17	

CWP documents to be read in conjunction with	HR6 GR1 CP1 GR26 GR2 GR3	Trust-wide learning and development requirements including the training needs analysis (TNA) Incident reporting, management and review policy Admission and discharge from hospital policy Policy for the safe manual handling of people and loads Health and safety arrangement and responsibilities Risk management policy
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Training requirements	There is specific training requirements for this document. Training is in accordance with CWP Training Needs Analysis (TNA)
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Financial resource implications	Yes - Potential financial resource implications in relation to falls prevention equipment on an ongoing basis.
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		

N/A	
Is the impact of the document likely to be negative?	No
• If so can the impact be avoided?	N/A
• What alternatives are there to achieving the document without the impact?	N/A
• Can we reduce the impact by taking different action?	N/A
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No
What is the level of impact?	Low

Document change history

Changes made with rationale and impact on practice
<ol style="list-style-type: none"> 1. Minor amendments to NHSLA policy requirements based on revision to standards 12/13 2. Changes to duties specifically in relation to the Clinical Governance Department duties 3. Amendment to the falls inpatient pathway and addition to the community falls pathway stating that when there is indication of a head/spinal injury, staff must not move patients but phone an ambulance 4. Amendments to the monitoring section of the policy in line with the revised meeting / governance structure

External references

References
<ol style="list-style-type: none"> 1. DOH (2001). National Service Framework for Older People. Department of Health, Crown Copyright 2. DOAS (2006) national guidance on falls 3. Health and Safety Commission (2000). Revitalising Health and Safety. London, Health and Safety Commission 4. Health and Safety Executive (1999). Management of Health and Safety at Work Regulations- Approved Code of Practice and Guidance. London, HSE. 5. Health and Safety Executive (2004). Review of RIDDOR trip accident statistics 1999-2001. London, HSE. 6. Health and Safety Executive (2004). A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond. London, Health and Safety Executive. 7. Health and Safety Executive (2003). Preventing Slips and Trips at Work. London, HSE. 8. Health and Safety Executive (2006). Reducing Slips and Trip Accidents in the Health Service. London, HSE. 9. Healthcare Commission (2006). The Annual Health Check in 2006/07. London, Healthcare Commission. 10. National Institute of Clinical Excellence (2004). CG21 Falls. The Assessment and Prevention of Falls in Older People, Clinical Guidance. London, NICE. 11. National Patient Safety Agency (2007). Slips, Trips and Falls in Hospitals. London, NPSA. 12. NHSLA (2007). NHSLA Pilot Risk Management Standards for Mental Health and Learning Disability Trusts, NHS Litigation Authority. 13. OPSI (1974). Health and Safety at Work Act. O. o. P. S. Information, Crown Copyright

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.				NHSLA Standards – 4.3 Slips, trips and falls (staff and other) – 4.4 Slips, trips and falls (patients)		
Minimum requirement to be monitored NB the standards in bold below are assessed at level 2/3 NHSLA accreditation	Process for monitoring e.g. audit	Responsible individual / group	Frequency of monitoring	Responsible individual / group for review of results	Responsible individual / group / for development of action plan	Responsible individual / group for monitoring of action plan and Implementation
4.3a/4.4a Duties	Will be reviewed as part of the update of the policy and will take account of changing roles, organisational structure and tasks	Policy author	When changes to the policy are made due to guidance or organisational change	PSESC	PSESC	PSESC
4.3b/4.4b - how the organisation assesses the risk of slips, trips and falls involving patients AND staff and others (Including falls from height)	Patients - Inpatient Safety Metrics - Clinical audit Staff and others - Via health and safety visits and risk assessments	Clinical Governance Department	At least annually	QC for patients falls and HSWSC for falls relating to staff and others	QC for patients falls and HSWSC for falls relating to staff and others	QC for patients falls and HSWSC for falls relating to staff and others
4.3c/4.4c - how the organisation trains staff in line with the training needs analysis	Training report against training needs analysis	Learning & Development	At least 4 times a year	WODSC	WODSC	WODSC
4.3d/4.4d- how the organisation raises awareness about preventing and reducing the number of slips, trips and falls involving patients AND staff and others	Patients - Inpatient Safety Metrics - Clinical audit Staff and others Via health and safety visits and risk assessments	Clinical Governance Department	At least annually	QC for patients falls and HSWSC for falls relating to staff and others	QC for patients falls and HSWSC for falls relating to staff and others	QC for patients falls and HSWSC for falls relating to staff and others
4.3e/4.4e- How the organisation monitors compliance with all of the above	As above	As above	As above	As above	As above	As above

Health Safety and Wellbeing Sub Committee (HSWSC)

Workforce and Organisational Development Sub Committee (WODSC)

Patient Safety & Effectiveness Sub Committee (PSESC)

Quality Committee (QC)

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1. Introduction

Cheshire and Wirral Partnership NHS Foundation trust (CWP) is aware of its responsibilities for managing the risk associated with slips, trips and falls, for service users, staff and others. This is to ensure, via appropriate risk assessment, that staff, service users and others are protected from accidents and a safe environment is facilitated in which high quality clinical care can be provided (NHSLA 2007). This policy incorporates recommendations from a variety of external agencies (OPSI 1974; Health and Safety Executive 1999; Health and Safety Commission 2000; DOH 2001; Health and Safety Executive 2003; Health and Safety Executive 2004; Health and Safety Executive 2004; National Institute of Clinical Excellence 2004; Health and Safety Executive 2006; care Quality Commission, 2010; National Patient Safety Agency 2007). This policy therefore outlines the processes for effectively managing the risks associated with slips, trips and falls involving (a) service users, (b) staff and (c) others.

For the purpose of this policy, a fall can be defined as:

“An unintentional change in position causing an individual to land at a lower level on an object, the floor or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or following an applied external force” (Tinetti et al 1997, cited in Feder et al 2000).

2. Management of slips, trips and falls involving service users

All clinical staff must comply with the inpatient and community falls standard operating procedures outlined in [appendix 1](#) (inpatient), [appendix 2](#) (community mental health and learning disabilities), and [appendix 3](#) (Community Care Western Cheshire (CCWC)).

2.1 How the organisation assesses the risk of slips, trips and falls involving patients, (including falls from heights)

[Appendix 4](#) outlines the Falls Rapid Assessment Tool (FRAT) that **must** be completed for all service users of 65 years or over as part of the physical healthcare assessment and ongoing review. For those service users who are inpatients that either present with a fall or have a history of falls including adults under 65, learning disability service users and young people a FRAT must also be completed to support care planning.

All service users of 65 years or over subject to CPA in community settings must have a FRAT completed at first contact.

Risk of falls must also be included in the CARSO summarised view of risk or LD Risk assessment tool.

Within CCWC all service users accessing district nursing services or community rehabilitation (physio or occupational therapy) services are assessed for their risk of falls, and treatment is implemented accordingly. This assessment forms part of the standardised assessment documentation used in these services.

[Appendix 5](#) outlines the falls intervention plan that must be completed for **all** inpatient service users who have 3 positives on completion of the FRAT or if there is a clinical concern in relation to the service user being at risk of falling. Once the falls intervention plan has been completed, details of any falls prevention strategies must be included into the service users overall inpatient care plan.

If an in-patient service user does fall, the *falls intervention plan* must be reviewed after each fall and amended accordingly. If a service user does not have a falls intervention plan because they were not previously considered to be at risk of falling, a falls intervention plan needs to be put in place.

Immediate management post fall is as follows:

If you are aware that an in-patient has fallen, a physical assessment must be undertaken, including regular neurological observations as per the Trust physical health policy. For those patients where there are immediate or developing clinical concerns i.e. obvious sign of injury or concerns developing following physical examinations, contact a doctor for review of the patient. If the doctor cannot attend within 30 minutes, contact an ambulance.

N.B. If there are signs and symptoms of a fracture, spinal injury or head injury or a suspicion of these injuries, the service user must not be moved or hoisted by nursing staff. Staff should ring an ambulance immediately. The ambulance service would then move the service user utilising safe handling techniques and equipment.

CWP's [leaflet](#) for the management of slips, trips and falls in inpatient and community settings can be found on the CWP website. All service users who are at risk of falling either in inpatient services or the community should be given a falls leaflet. A copy of the [leaflet](#) should also be given to the service user's carer.

2.2 Use of bedrails in in-patient areas

Any decision regarding the use of bed rails should be made in the same way as other forms of treatment or care, including service user's consent to the use of bed rails and discussion, wherever possible, with the service user's carers or nearest relative. It should be noted that carers and nearest relatives cannot make a decision for an incapacitated adult service user regarding the use of bed rails, except in certain circumstances where they may hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act, 2005.

The use of bed rails should be considered as part of an overall strategy for falls prevention and management and therefore must only be implemented after a full documented risk assessment has been undertaken. This is outlined in [appendix 6](#).

Bed rails may not be suitable:

- If the service user is agile enough or confused enough to climb over the rails;
- If the service user would be safe and independent if the bed rails were not in place;
- If there is a possibility that the service user could injure themselves on the bed rails;
- If the use of bed rails increases distress;
- If the gap between the bed rails is large enough to allow the head, limb or body of the service user to pass through and become trapped for example if in excess of 120mm;
- If a bed rail is found to be defective;
- If the service user has a medical condition such as epilepsy.

The assessment must be placed in the service user's notes or care plan so that all staff are aware of the risks and safe use for that particular individual. If there is any doubt concerning the safe use of bed rails, it should be discussed with the next level of management i.e. ward manager, modern matron, and other methods of falls prevention in relation to risk associated with falling out of bed must be considered. This may include:

- Variable height adjustable beds used in the lowered position where there is a risk that the patient may roll out of bed;
- When the risk of falling is as patient is transferring from the bed, then bed to be adjusted to the most appropriate height;
- Use of specially designed 'low height' beds;
- Use of foam mat or crash mat next to bed;
- Use of a sensor alarm to alert staff when a person has moved from their normal position or attempting to get out of bed;

In some circumstances, patients who are at increased risk of falling may be nursed on a mattress on the floor, after all other falls prevention mechanisms have been considered. In these circumstances, staff must risk assess each individual and ensure this is documented in the service user's care plan. Staff can also contact the Trust Health and Safety / Manual Handling Advisor who will assess the situation and give advice on how to best deal with the management of the service user.

Community Staff who attend patients in the care of other organisations who are using bedrails, should give advice if this provision of bed rails is inappropriate or if the bedrails appear incorrectly fitted.

For best practice in the safe use of bed rails see [appendix 8](#).

Bed rails must not be used as a form of mechanical restraint.

2.2.1 Prescribing equipment from community equipment services

A number of staff are able to prescribe community equipment including bedrails. In addition to the safe use of bed rails as described above, clinicians must follow the equipment providers bed rails and bumpers risk assessment

There is also an information leaflet for staff on [guidance for the safe use bed rails](#) available for staff to access.

2.3 Mechanical restraints and falls prevention

Any form of mechanical restraint must be avoided wherever possible in relation to falls prevention and management and, if considered, must only be undertaken in accordance with the professional Code of Conduct and as part of an agreed plan of care, by the multidisciplinary team.

Under no circumstances should any restraint take the form of tying (whether by means of tape or using the service user's garments) to part of a Trust building, its fixtures or fittings.

3. Management of slips, trips and falls involving staff and others

All members of staff have a general duty to take reasonable care for the health and safety of themselves and other persons who may be affected by their acts or omissions. All safety rules, regulations and codes of practice relating to the work area should be observed. [Appendix 7](#) outlines the relevant information for staff.

3.1 How the organisation assesses the risk of slips, trips and falls involving staff and others (including falls from height)

There is a requirement to undertake an annual health and safety risk assessment on all Trust premises and there is a schedule in place within the Trust in order to complete these. This risk assessment includes a review of the risks associated with slips, trips and falls involving staff and others.

This annual risk assessment is undertaken by either the health and safety team or a health and safety staff side representative. The HSWSC receive reports produced by the health and safety advisor on the health and safety assessments. Progress of actions following risk assessments are monitored by the health and safety advisor and exceptions are reported to the HSWSC.

4. How the organisation raises awareness about preventing and reducing the number of slips, trips and falls involving patients, staff and others

The Trust has a programme for raising awareness and investigations of slips, trips and falls involving service users, staff and others.

Raising awareness in staff includes some or all of the following:

- Leaflets for staff and service users provided for patients following patient falls assessment
- Undertaking regular falls audits as part of the Trust's Inpatient Safety Metrics;
- Monitoring of trends, incident reporting and review of slip, trip and falls incidents relating to service users, staff and others and reporting this to staff via Learning from Experience report and lessons learned publication;
- Displaying health and safety posters relating to prevention of slips, trips and falls as part of participating in any national campaigns;
- Horizon scanning by health and safety team who forward relevant information to Communication team for dissemination to staff, for example: national schemes and campaigns.

Raising awareness in service users includes either or both of the following:

- Leaflets for staff and service users provided for patients following falls assessment;
- Display of posters in in-patient areas and premises;

4.1 How the organisation trains staff in line with the training needs analysis

CWP sets out its expectations in relation to training within the training needs analysis document within the Trust.

All staff will receive awareness of prevention of slips, trips and falls as part of their induction within the manual handling awareness presentation.

All staff will be made aware of this policy as part of their local induction, which is recorded on the local induction checklist.

5. Duties and responsibilities

5.1 Chief Executive

The Chief Executive has overall responsibility to ensure that the risk associated with slips, trips and falls, for service users, staff and others are managed appropriately.

5.2 Executive Directors

- The Chief Executive has delegated responsibilities within an Executive Director's portfolio framework;
- The Medical Director has responsibility for clinical standards (and thus management of slips, trips and falls of service users);
- The Director of Nursing Therapies and Patient Partnership has responsibility for Health Safety and Welfare (and thus management of slips, trips and falls of staff and others);
- The Director of Nursing Therapies and Patient Partnership has responsibility for learning and development and thus must ensure that training needs of staff are considered and delivered.

5.3 Managers

Senior managers must ensure that staff have an awareness of this policy and their responsibilities within it. They must also ensure that any actions following from risk assessments for prevention of slips, trips and falls for staff, service users and the wider public including visitors in their work area are implemented. Managers must also ensure that staff have protected time to attend/receive any training / training materials outlined within this policy and also ensure receipt of awareness raising and communications regarding slips, trips and falls.

5.4 Employees

It is the duty of Clinical staff to ensure that the clinical pathways for falls are adhered to within the Trust, including completion of the approved risk assessment tools and care plan documentation within the Trust, and that they are fully aware of this policy.

It is the duty of all staff to ensure that they undertake appropriate training, as outlined within the essential learning matrix and ensure that they comply with health, safety and welfare duties, outlined in all staff employment contracts, including the management of slips, trips and falls. All staff must work within their professional codes of conduct and competencies. This includes:

Step 1: Identify the hazards - Look around the ward/workplace (including outdoor area) for anything that may be a slip or trip hazard, such as poor floor surfaces, etc.

Step 2: Decide who might be harmed and how - Consider who will come into the ward/workplace and whether they are at risk.

Step 3: Evaluate the risk - Consider the precautions already taken and assess whether they adequately deal with the risks.

Step 4: Record your findings

Step 5: Review assessment from time to time - If there is any significant change, you should review the risk assessment to make sure that precautions are still adequate.

Staff must report any incidents relating to a slip, trip or fall, be it a patient safety incident or an incident relating to staff and others.

Complete and maintain compliance with the Trust's programme of mandatory employee learning including corporate and local induction.

5.5 Board of Directors (BOD)

The Board of Directors must receive the Learning from Experience report, outlining learning from incidents, complaints, claims and PALS for incidents relating to service users, staff and others. Included within this analysis are incidents relating to slips, trips and falls.

The Board will review the corporate risk register at least quarterly and ensure that any actions in relation to risks associated with slips, trips and falls are monitored.

5.6 Quality Committee (QC)

The Trust QC receive the learning from experience report, produced 3 times a year, outlining learning from incidents, complaints, claims and PALS for incidents relating to service users, staff and others. Included within this analysis are incidents relating to slips, trips and falls.

The QC is the overarching committee responsible for risk within the Trust's governance structure and therefore this committee will review the corporate risk register at least quarterly, ensuring that any risks / recommendations relating to risks are escalated to the board of directors.

5.7 Patient Safety and Effectiveness Sub Committee (PSESC)

- The Trust patient safety and effectiveness sub committee must ensure that any clinical risk assessment tools for service users are approved for use within the Trust;
- Is responsible for approval, ongoing review (including review of duties) and receiving reports on the monitoring of this policy, through receipt of reports, work plans and action plans as detailed in this policy.

5.8 Workforce and Organisational Development Sub Committee (WODSC)

The WODSC will review compliance against the trust training needs analysis at least quarterly and ensure that any issues of compliance is escalated to operational board.

5.9 Health, Safety and Wellbeing Sub Committee (HSWSC)

The Trust health, safety and wellbeing sub committee will:

- Ensure that any risk assessment tools for staff and others are approved;
- Receive the learning from experience report, produced 3 times a year, outlining learning from incidents, complaints, claims and PALS for incidents relating to service users, staff and others. Included within this analysis are incidents relating to slips, trips and falls;
- Will receive summary reports in relation to health and safety risk assessments conducted on all Trust premises and receive exception reports in relation to actions following these risk assessments.

5.10 Associate Director of Quality, Compliance and Assurance

Reporting to the medical director and director of nursing, the Associate Director of Quality, Compliance and Assurance heads up the clinical governance department within the Trust. This includes management of the:

- Clinical Governance Manager;
- Compliance Manager;
- Safety and Security Lead (including health and safety).

The associate director of quality, compliance and assurance is therefore responsible for ensuring all of the responsibilities relating to the clinical governance department are undertaken including ensuring that:

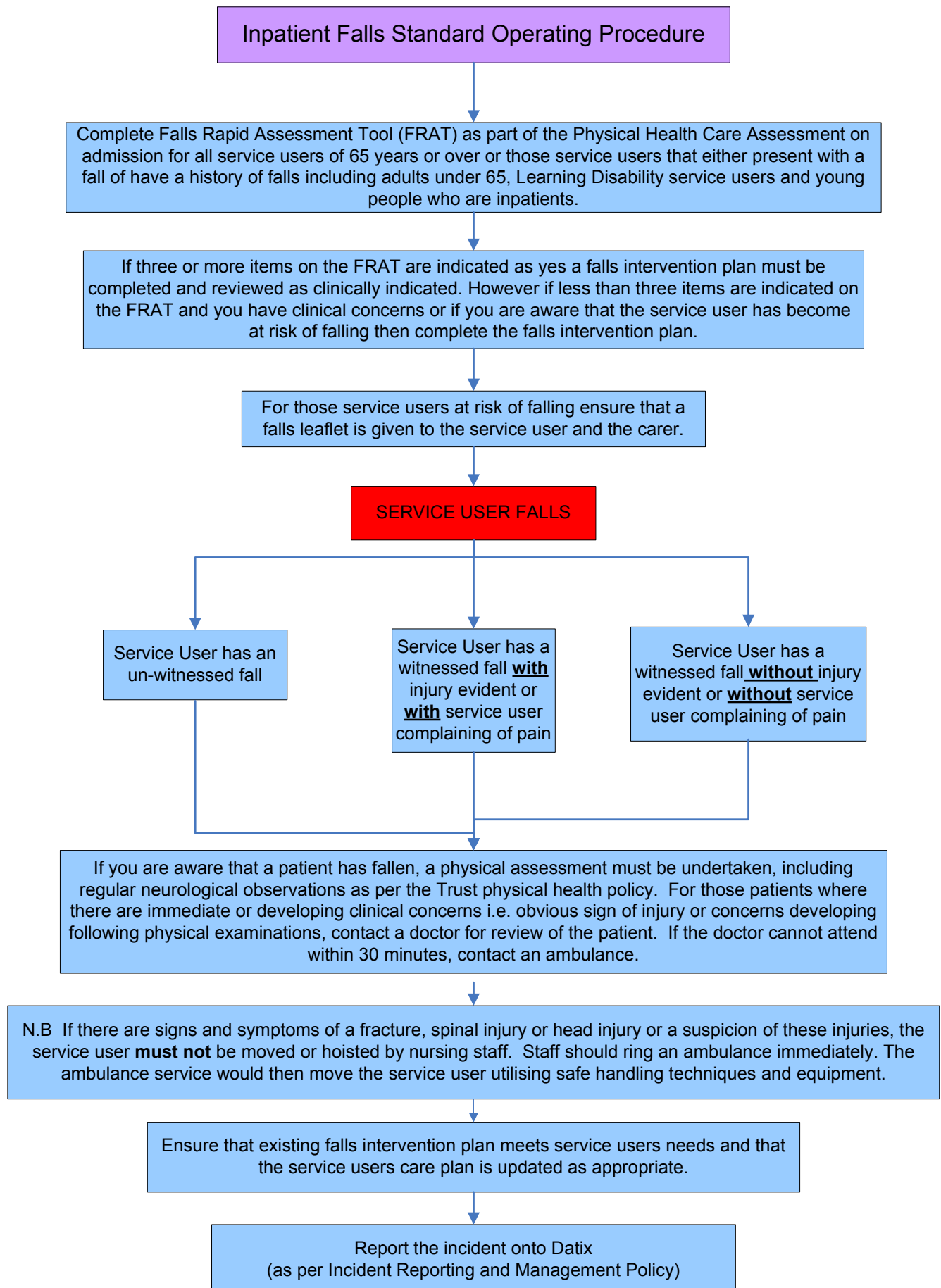
- Any risks identified by the executive director as a result of the management of slips, trips and falls of service users, staff and others are included on the services / corporate risk register and assurance framework;
- All new risks and updates to the assurance framework are provided to the board and committees regularly, as per trust [integrated governance framework](#);
- The Learning from Experience report is produced on a trimester basis (i.e. 3 times / year) which includes trend analysis of slips, trips and falls that have occurred within the Trust;
- Any relevant audits regarding slips, trips and falls of service users, staff and others are included in the annual clinical audit plan;
- The clinical audit processes outlined within this slips, trips and falls policy are undertaken, reporting results and monitoring actions;
- Annual health and safety risk assessments are undertaken on all trust premises, which includes and assessment of risk in relation to slips, trips and falls from an environmental perspective;
- Advice and support is provided to the trust in relation to the management of slips, trips and falls of service users, staff and others;
- Any incidents that require reporting to the Health & Safety Executive under RIDDOR are made and reported appropriately;
- Awareness raising of the management of slips, trips and falls to all trust staff is undertaken as part of manual handling training;

The associate director of quality, compliance and assurance is the author of the slips, trips and falls policy and is responsible for overseeing the review and monitoring of this policy.

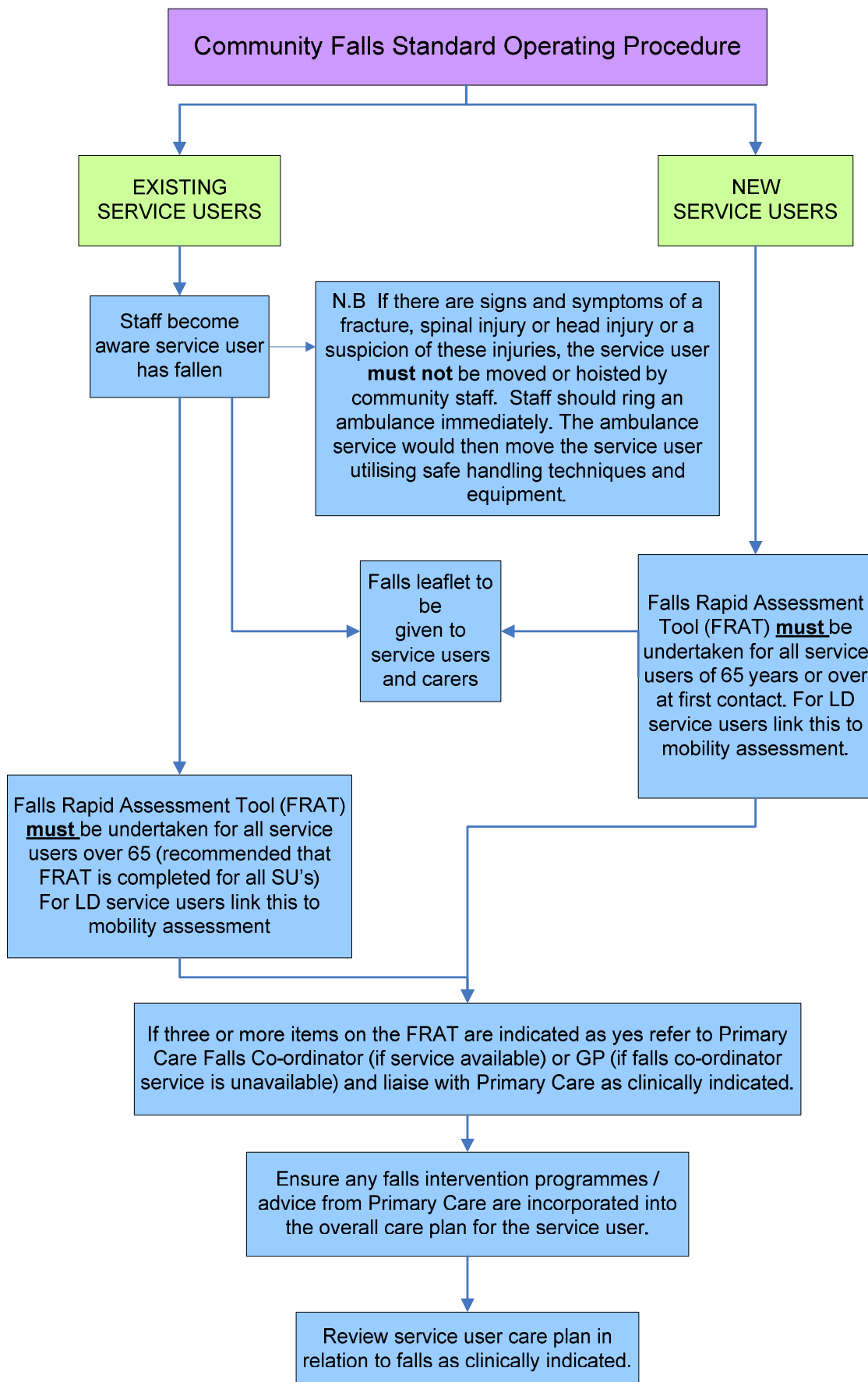
5.11 Head of Learning and Development

Responsible for co-ordinating and reporting compliance with the trust's training needs analysis, including compliance with training for slips, trips and falls.

Appendix 1 – Inpatient falls standard operating procedure



Appendix 2 – Community falls standard operating procedure (excluding district nursing and community rehabilitation – see appendix 3)



Appendix 3 - Community Care Western Cheshire only

Community Nursing / Community Rehabilitation Services



For the following patient groups:
1) All service users aged 65 years or over
2) All service users regardless of age, it is known they have fallen or appear to be at risk



A. Complete standardised assessment documentation on first contact;
This documentation includes a comprehensive identification of all falls risks and requires
intervention to reduce risk
or
B. District Nurses may complete a short form assessment on first contact and either make
immediate referrals to Community Rehab or complete a full nursing assessment (see A)



Repeat after a change in condition or where clinically appropriate following a further fall

Appendix 4 - Falls Rapid Assessment Tool (FRAT)

Multi-professional guidance for use by the primary health care team, hospital staff, care home staff and social care workers

This guidance has been derived from longitudinal studies of factors predicting falls in older people and randomised controlled trials that have shown a reduction in the risk of falling.

By falling we mean 'a sudden unintentional change in position causing one to land on a lower level.'

Notes for user

1. Complete assessment form below. The more positive factors, the higher the risk for falling.
2. If there is a positive response to three or more of the questions on the form, then please see over for guidance for further assessment, referral options and interventions for certain risk factors.
3. Some users of the guidance may feel able to undertake further assessment and appropriate interventions at the time of the assessment.
4. Consider which referral would be most appropriate given the service user's needs and local resources.

Service user's name		Date of birth	
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		Yes	No
1	Is there a history of any fall in the previous year? How assessed? Ask the person.		
2	Is the service user / client on four or more medications per day? How assessed? Identify number of prescribed medications.		
3	Does the service user / client have a diagnosis of stroke or Parkinson's Disease? How assessed? Ask the person.		
4	Does the service user / client report any problems with their balance? How assessed? Ask the person.		
5	Is the service user/client unable to rise from a chair of knee height? How assessed? Ask the person to stand up from a chair of knee height without using their arms		

Assessor's contact details:

Name	
Organisation	
Job Title	
Contact telephone number	

Appendix 5 - Falls intervention plan

Step 1 – Initial assessment

Service user name	
Service user NHS number	
Ward / unit	
Has a FRAT been completed? (Y/N)	
Date Of Initial Frat	
Initial frat score	
If FRAT score is less than 3, please give rationale for completing intervention plan	

Please assess the following	Please state Yes or No or N/A (with explanation of N/A)
Does the service user has a history of falling- if so, consider frequency, any changes in lifestyle following the fall. Levels of assistance required for tasks.	
Is the service user afraid of falling during their inpatient stay?	
Does the service user have all necessary items within reach?	
Is the call bell at hand and can the person use it?	
Have you assessed the environment for tripping hazards i.e. cables, leads, cluttered bedroom/bay?	
Is the service user's footwear supportive and well fitting?	
Does the service user need and have a mobility aid?	
Does the service user have spectacles and if so, are they close to hand and clean? i.e. service users can see through the lenses	
If worn, is the service user's hearing aid(s) switched on?	
Is the service user confused? If so, have you considered how to re-orientate the service user to prevent, for example, wandering i.e. provide scope for service unit activities	
Have you involved the service user and their family / carers in their own safety programme and educate in safe practices?	
Have you given a falls information leaflet to the service user and their family/carer?	
Have you considered the use of a slip mat to prevent slipping off chairs	
If the service user has a wheelchair, does it have safety straps in place?	
Have you assessed the need for use of bed rails?	
If you have decided to use bed rails, please give rationale	
If you have decided to use bed rails, have you undertaken the bed rails risk assessment?	
If bed rails are used, have you given the safe use of bed rails leaflet to the service user and their family / carer?	
Are the night lights working?	
Will a commode / urinal be required for this service user? If yes, are they close of hand for the service user?	
Has the medication been reviewed within the MDT meeting?	
Has an assessment of nutrition/hydration been undertaken?	

Please assess the following	Please state Yes or No or N/A (with explanation of N/A)
Has an assessment of continence been undertaken and use of continence aids been considered / implemented?	
Has an assessment of pain / response to analgesia been considered / implemented?	
Has a referral to other services (physiotherapy / OT been considered / made) Please give details.	
Has the service users care plan been updated following the falls intervention plan being completed?	Please state yes / no

Primary nurse signature		Date	
Service user / carer signature		Date	

Appendix 6 - Risk assessment for the safe use of bed rails

Name					Patient Number		
Location / unit							
Assessing the bed occupant	Yes	No	Comments	Signed	Date		
Have alternatives to using bed rails been considered? See policy section 2.2							
Is their head, limb or body small enough to pass through and become trapped? If answer 'yes' then bed rail would not be appropriate							
Are the following dimensions to reduce risk of entrapment met? <ul style="list-style-type: none"> - Is the gap between bed rails no more than 120mm; - Is the gap between the lower bed rail and depressed mattress no more than 120mm; - Is the gap between the end of the bed rail and the headboard or footboard less than 60mm or more than 250mm; - No other gaps present. <p>If answer 'no' to any of the above then rails would not be appropriate</p> <p><i>Rails should be fitted to both sides of the bed</i></p>							
Able to understand and carry out basic instructions and understand any risks involved? If answer 'no' then rails would not be appropriate							
Suffering from periods of agitation or confusion, fluctuating cognitive state and / or short / long term memory loss? If answer 'yes' then rails would not be appropriate							
Epilepsy or has involuntary movements? If answer 'yes' then rails would not be appropriate							
Likely to vomit or reflux? If answer 'yes' then rails would not be appropriate							

Assessing the bed rail	Yes	No	Comments	Signed	Date		
Is the bed rail suitable for the bed and mattress? Also fitted with appropriate bed rail bumpers?							
Has the bed rail been fitted correctly?							
Is the bed rail secure – will it move away from the side of the bed when used, or fall off one end causing a hazard?							
Are there any gaps when the rail is fitted to the bed that could allow the occupant							

Assessing the bed rail	Yes	No	Comments	Signed	Date
to become trapped?					
Has the rail been regularly inspected? (If yes, which date?)					
Is the use of bed rails and reasons documented in the service users care plan and have the nearest relative or appropriate person (if nearest relative has been displaced) been informed if necessary?					

There have been incidents nationally involving patients becoming entrapped in bed rails resulting in injury.

Appendix 7 - Guidance for staff outlining likely causes of slips, trips and falls and suggested actions

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) recognises its responsibilities under Health and Safety legislation and the importance of providing a working environment that is safe and healthy for all employees, contractors, voluntary workers, visitors and members of the public.

CWP will endeavour to protect staff and other persons, to whom it has third party liability at law, from the effects of slips, trips and fall hazards, by good management and risk assessment.

Employee's responsibilities:

Identify the hazards

Look around the ward/workplace (including outdoor area) for anything that may be a slip or trip hazard, such as poor floor surfaces, etc.

Decide who might be harmed and how

Consider who will come into the ward/workplace and whether they are at risk.

Evaluate the risk

Consider the precautions already taken and assess whether they adequately deal with the risks.

Record your findings

Review assessment from time to time

If there is any significant change, you should review the risk assessment to make sure that precautions are still adequate.

Slips and trips - likely causes

Slip and trip accidents may have different causes, but often have the same result. By looking at the contributing factors separately, it is possible to work out more accurately the cause of the slip or trip accident.

A. Slip hazards

- Spills and splashes of liquids and solids;
- Wet floors (following cleaning);
- Unsuitable footwear;
- Rain, sleet and snow, ice;
- Change from a wet to dry surface (footwear still wet);
- Unsuitable floor surface / covering;
- Dusty floors;
- Sloping surfaces.

B. Trip hazards

- Loose floorboards / tiles;
- Uneven outdoor surfaces;
- Holes/cracks;
- Changes in surface level - ramps, steps and stairs;
- Cable across walking areas;
- Obstructions;
- Bumps, ridges and protruding nails etc;
- Low wall and floor fixtures - door catches, door steps;
- Electrical and telephone socket outlets.

C. Fall hazards

- Staff not trained in moving and handling service users;
- Over reaching;
- Climbing on furniture;
- Rushing down steps / stairs, ladders and faulty equipments.;

D. Factors which increase risk

- Risk assessments not carried out regularly;
- Poor or unsuitable lighting;
- Wrong cleaning regime / materials;
- Moving goods / carrying / pushing or pulling a load;
- Rushing around;
- Distractions / fatigue;
- Drugs and Medications.

Managing risk

There are many simple measures that can be taken to reduce or eliminate risks. The following table gives some suggestions.

Hazard	Suggested action
Spillage of wet and dry substances Bodily fluids	<ul style="list-style-type: none">– Clean up spills immediately. If a liquid is greasy, ensure a suitable cleaning agent is used;– After cleaning, the floor may be wet for some time. Use appropriate signs to tell people the floor is still wet and arrange alternative bypass routes.
Untrained staff or lack of continuous training of staff	<ul style="list-style-type: none">– Trained staff must be used to carry out the required duty, i.e. moving and handling of service users.
No risk assessments	<ul style="list-style-type: none">– Risk assessments should be done at regular intervals, also incidents must be reported and control measures put in place.
Miscellaneous rubbish, for example plastic bags	<ul style="list-style-type: none">– Keep area clear, remove rubbish and do not allow to build up.
Slippery surfaces	<ul style="list-style-type: none">– Access the cause and treat accordingly, with appropriate cleaning method, regime/material.
Poor lighting	<ul style="list-style-type: none">– Improve lighting levels and placement of light fittings to ensure more even lighting of all floor areas
Changes of level	<ul style="list-style-type: none">– Improve lighting, add apparent tread nosing.
Slopes	<ul style="list-style-type: none">– Improve visibility, provide handrails, and use floor markings
Unsuitable footwear	<ul style="list-style-type: none">– Ensure service users and workers choose suitable footwear, particularly with the correct type of sole.

Appendix 8 - Best Practice for using bedrails safely and effectively

Responsibility for decision making

Decisions about bedrails must be made in the same way as decisions about other aspects of treatment and care. This means

- The patient should decide whether or not to have bedrails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of bedrails once these have been explained to them;
- Staff can learn about the patients likes, dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with relatives or carers. However, relatives or carers cannot make decision for adult patients;
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patients best interest.

Decisions about bedrails are only one small part of preventing falls. It is up to the individual assessor to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet.

Individual patient assessment

Decisions about bedrails may need to be frequently reviewed and changed. Therefore decisions about bedrails must be reviewed whenever a patient's condition or wishes change. Patients in the community, who require bedrails but have no other community nursing input, must have a review at least annually as a minimum standard by the appropriate referring health care professional.

There are different types of beds, mattresses and bedrails available, and each patient is an individual with different needs.

Most decisions about bedrails are balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgment to consider the risks and benefits for individual patients.

Bedrails should only be considered when all other avenues have been explored and only when the benefits outweigh the risk.

The following questions must be considered during assessment:

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?
- Will the patient feel anxious if the bedrails are not in place?
- Will bedrails stop the patient from being independent?
- Could the patient climb over the bedrails?
- Could the patient injure themselves on the bedrails?
- Could using the bedrails cause the patient distress?

Bedrails should not usually be used:

- If the patient is agile enough and confused enough to climb over them;
- If the patient would be independent if the bedrails were not in place.

Bedrails should usually be used;

- If the patient is being transported on their bed;
- In areas where patients are recovering from anaesthetic or sedation and are under constant observation.

The behaviour of individual patients can never be completely predicted.

The decision to use or not to use bedrails must be documented in accordance with [Health Records Policy](#).

Wherever bedrails are in use, the following checks must be carried out;

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use and label clearly as faulty and have removed for repair;
- Is the patient an unusual body size (for example hydrocephalic, microcephalic, growth restricted, very emaciated or obese)? If so check for any bedrail gaps which would allow head body or neck to become entrapped by referring to MHRA advice in the bulletins:
 - MHRA Device Bulletin 2006 (06) safe use of bedrails;
 - Device Allert 2007/009 Bed rails and grab handles and;
 - NPSA safer practice notice: using bedrails safely and effectively.

These may be found at www.mhra.gov.uk and www.npsa.nhs.uk if using detachable bedrails:

- The gap between the top end of the bedrail and the head of the bed must be less than 60mm or more than 250mm;
- The gap between the bottom end of the bedrail and the foot of the bed must be more than 250mm;
- The fittings must all be in place and the attached rail must feel secure when raised.

Reducing Risks

Where patients are assessed as requiring bedrails but who are at risk of striking their limbs on the bedrails or getting their legs or arms trapped between bedrails, padded bedrail covers are available through the community equipment service.

Where a patient is found in positions which could lead to bedrails entrapment, for example feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Immediate changes must be made to the plan of care. These could include changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits.

The safety of patients with bedrails should be enhanced by checking that they are still in a safe and comfortable position in bed and that they have everything they need including toileting needs. The frequency of these checks will depend on individual assessment. However the safety needs of patients without bedrails who are vulnerable to falls are very similar. All patients in hospital settings will need different aspects of their condition checked for example breathlessness anxiety and pain. Consequently observing patients with bedrails should not be treated as a separate issue but as an important part of general observation within each ward. Within the community setting relatives/carers will be advised on what signs/ symptoms to be alert to.

Beds should usually be kept at their lowest height to reduce the likelihood of injury in the event of a fall, whether or not bedrails are being used

Beds will need to be raised when direct care is being provided. Patients receiving frequent interventions may be more comfortable if their bed is left raised rather than being constantly raised and lowered.