



The voice of technology
enabled care



Falls Assessment Toolkit

FALLS RISK ASSESSMENT & GUIDANCE

Definition of a Fall:

“A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard e.g. electrocution.”

Background:

Research shows that close to one-third of falls can be prevented. **According to the Gov.UK publication:** [Falls - Applying all our health](#)

“Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures.”

Due to increasing pressures, Ambulance services may not be able to attend a ‘non injured’ faller for several hours. In such circumstances, the Service User may be left on the floor for a lengthy period and whilst they may not be injured at the point of the fall, the longer they remain on the floor, the greater the increase risk of deterioration to their health and wellbeing. It also increases the possibility that they will subsequently need to be transferred to hospital for medical attention.

The responder service uses specialist lifting equipment, including Manger/ELK/Raizer chair etc. to support ‘non injured’ fallers to a standing position. Prior to conducting a ‘lift’, the Responder must undertake a range of checks to assess whether it is safe move the Service User.

The responder is required to assess whether there are any adverse risks within the environment that would mean using the fall lifting equipment is not appropriate. They also check the condition of the Service User, with the Falls Assessment guide below, in order to assess whether the Service User has any existing or new injuries and/or health conditions that would make the lift unsafe. If there is any doubt, the Responder will contact clinicians e.g. Doctor/NHS 111/Ambulance service for further guidance or to request an emergency response as appropriate.

FIRST RESPONDER ASSESSMENT

Covid 19 Risk Assessment:

In advance of a responder attending a property, call monitoring centre and/or the responder should check via telephone/TEC alarm system whether:

- The service user or any other householder/carer has been diagnosed with Covid 19
- The service user or any other householder/carer is in self-quarantine at the advice of GP/999/111 due to displaying symptoms of Covid 19
- The service user or any other householder/carer is self-quarantining due to being in 'high risk' category
- Does anybody in the property have a temperature, new cough, sickness or diarrhoea which can be symptoms of Coronavirus.

Depending on the response to these questions, it may be necessary to abort the response visit and liaise with the emergency services for further guidance.

If it is deemed appropriate to continue with the response visit, on arrival at the property the responder should ensure they use the necessary PPE. Whilst maintaining a distance of at least 2 metres from any occupant/service user, the responder should ask the above questions again, to determine whether it is appropriate to continue or whether to exit the property and refer back to the emergency services.

Guidance on PPE Equipment can be found here: [Current Guidance on L2 PPE](#)

If it is deemed appropriate to continue, the responder shall:

Conduct a Dynamic Environmental Risk Assessment:

When a Responder arrives at a property and a service user has fallen and is either:

- Still on the floor
- Back in chair/bed but indicates they've fallen

The Responder should initially assess the 'environment' to check for any significant danger e.g. has the service user suffered an electric shock, Viscious Dog etc. If it is not safe to enter the property or to help the service user, the Responder should call 999 immediately and request support from the relevant Emergency Service(s).

Guidance on Infection Control can be found [here](#).


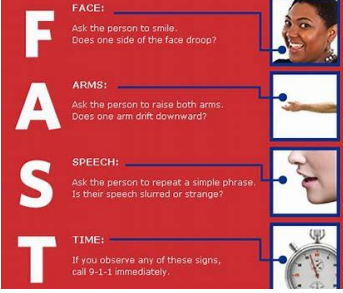
Service User Risk Assessment:

Once the Responder has conducted the initial dynamic risk assessment of the ‘environment’ and has deemed it safe to enter, the responder will conduct an initial ‘emergency’ risk assessment.

The Responder should start the assessment survey, initially using **Basic First Aid Principles (Appendices 1-3)**

The table (fig.1) below summarises some ‘quick guides’ to support the emergency assessment process.

Fig 1.

<p>Basic First Aid Survey: (DRABC)</p>	<p>FAST Survey Check for signs of a stroke:</p>	<p>Shock Survey Check for signs of shock:</p>
<p> DR. ABC</p> <ul style="list-style-type: none"> ○ DANGER ○ RESPONSE ○ AIRWAY ○ BREATHING ○ CIRCULATION <p><i>See guidance below (Appendix 1)</i></p>	 <p>IF A STROKE IS SUSPECTED – Call 999</p> <p>(Appendix 2)</p>	<ul style="list-style-type: none"> ● Yawning ● Pale Face ● Sighing ● Cold, clammy skin ● Rapid/weak pulse ● Fast/Shallow breathing <p>Action:</p> <ul style="list-style-type: none"> ● Loosen tight clothing ● Cover client with a coat of blanket ● Check breathing frequently and check for other signs of deterioration ● Provide comfort and reassure <p>If breathing stops, conduct the DRABC check & Call 999</p>

Pre-Lift Assessment of Service User

Inform the Service User that you are not a clinician and a clinician will be contacted if required as part of the assessment process.

Consider the circumstances and if possible, ask the Service User and any NOK/Carer or Family member some questions to determine whether the Service User may have suffered any injury during the fall and whether there are any pre-existing conditions which may increase the risk to the Service User:

QUESTION 1	RESPONSE
<p>Try to ascertain some further information to help you decide if this was a 'mechanical fall' e.g. slip or trip or whether the fall may have been as a result of a more serious health problem e.g. stroke or fit</p>	
<ul style="list-style-type: none"> Do you remember what you were doing before you fell? 	
<ul style="list-style-type: none"> Did you lose consciousness? 	
<ul style="list-style-type: none"> How did you fall? 	
<ul style="list-style-type: none"> Why – what caused you to fall? 	
<ul style="list-style-type: none"> How far did you fall? 	
<ul style="list-style-type: none"> Did you experience any feeling of dizziness before you fell? 	
<ul style="list-style-type: none"> Are you injured? <i>If yes – how serious does the injury appear to be? Are they experiencing any pain?</i> 	
	<p>If you are satisfied it is a Slip/Trip – go to next question.... If not – contact NHS 111 or Ambulance 999</p>
QUESTION 2	RESPONSE
<p>Try to ascertain: If this is different to their 'normal' circumstances?</p>	
<ul style="list-style-type: none"> After falling, did you try to get up? 	
<ul style="list-style-type: none"> Why do you think you can't get up? 	

<ul style="list-style-type: none"> • Would you normally be able to get up from this position? 	
<ul style="list-style-type: none"> • Are you in any pain? If yes – Is this ‘new pain’ or is this normal for you? 	
<ul style="list-style-type: none"> • Do you have any feeling of weakness (is this different to how they normally are?) 	
<ul style="list-style-type: none"> • Would you always struggle to get up from this position? 	
	<p>If you are clear about the circumstances, proceed to Question 3 - If you are unclear about why they can't get up, contact NHS 111 or Ambulance 999</p>
QUESTION 3	RESPONSE
<p>Double check regarding any injuries. They may have sustained a significant injury e.g. fractured hip, wrist, arm, pelvis etc. when they fell and if so, these are likely to cause a lot of pain and it wouldn't be safe to move them.</p>	
<ul style="list-style-type: none"> • Since you fell, are you in any pain? 	
<ul style="list-style-type: none"> • If they are experiencing any pain? How severe is the pain, especially when moving? 	
	<p>If no pain - go to Question 4 - If YES contact the Ambulance 999</p>

QUESTION 4	RESPONSE
<p>Check some specific injury risk areas, to identify any areas of pain. If the Service User indicates any pain, check if this is worse than the usual pain they may suffer and whether they have any broken limbs.</p> <p>You may decide to use a pain level score to determine the extent of pain. E.g.</p> <p>On a normal day – would how would you describe your level of pain 1 being low and 10 being high?</p> <p>What level of pain are you experiencing now?</p> <p>This helps to identify any increase in the level of pain</p>	
<ul style="list-style-type: none"> • Do you have any bad pain in your neck or back? 	
<ul style="list-style-type: none"> • Is it uncomfortable to move your neck or back or any other limb? 	

<ul style="list-style-type: none"> Do you have a bad headache or pain in your head? <p>Observation – check for any visible signs of bleeding, lumps or bumps etc.</p>	
<ul style="list-style-type: none"> Are you able to move your arms and shoulders without bad pain? <p>Observation: Ask them to move their arms and observe for any wincing or indicator that they may be in pain</p>	
<p>Observation:</p> <ul style="list-style-type: none"> Is there any shortening or rotation to their legs? Are either of the legs at a funny angle? Is one leg shorter than the other or something just 'looks wrong'? <p>These may indicate a hip fracture...</p>	
<ul style="list-style-type: none"> Are you able to move your legs and push/pull away your feet without significant pain? 	
	<p>If no pain or indication of possible broken limb via observations- go to Question 5 - If YES contact the Ambulance 999</p>
QUESTION 5	RESPONSE
<p>Ascertain whether they will be able to have enough strength to be able to support themselves if you help them to stand with the falls lifting equipment</p>	
<ul style="list-style-type: none"> Do you feel that you'd have enough strength in your legs to be able to take your weight if we help you to stand up? <p>OBSERVE – Can they push your hand away with their foot?</p>	
<p>CONSIDER:</p> <ul style="list-style-type: none"> <i>Is it safe for you to conduct the lift?</i> <i>Do you have any concerns for your own wellbeing if you conduct the lift?</i> <i>What are the 'environmental' factors in the location of the service users e.g. furniture, rugs, fires, pets etc.</i> <i>Is the client heavy or are there indications of unpredictable behaviour which may affect the moving and handling process</i> 	<p>ACTION:</p> <p>If you aren't confident that they will be able to stand or manoeuvre to the chair once you have helped them up off the floor or you consider there are other factors that may make it unsafe to conduct the manoeuvre STOP! - Contact the Ambulance service – Call 999</p> <p>Are you assured that it is safe to conduct the lift? If yes, consider Question 6</p>

Responder: If you now deem it safe to proceed with the lift, consider:

What is the most appropriate lifting equipment to use?

Mangar, Elk or Raizer (these are appropriate for lifts from the floor or bath)

Where does the Service User need to reach once they are up?

plan how to get there and discuss/agree this with the Service User and or family/carer etc.

Do you need to use any other equipment to help support the Service User? e.g. Slide sheet to manoeuvre the user to a more suitable area; Handling belt – to help stabilise a Service User?

RECORD HERE WHAT EQUIPMENT WAS USED:

If there is any indication or concern about the safety of the lift, take further advice from your Line Manager.

If you suspect that the that the client fainted or suffered a fit/stroke/injury etc., seek further clinical advice e.g. NHS 111 Service or call the Ambulance 999 service

Once the client is helped up using the equipment, the Responder is required to conduct further checks with the Service User as follows:

- Is the Service User experiencing any significant new pain?
- Has their mobility deteriorated since they fell?
- Are they comfortable or distressed?

OBSERVATION – Do they appear to be shaken or upset and are they displaying any strange or agitated behaviour?

- Is any follow up action required? E.g. Doctor/Social Care/NHS 111/Ambulance etc.
- Does the Service User consent to you contacting their key holder/family/Next of Kin etc.

If so – obtain consent from the Service User and ensure follow up action is completed or where necessary passed to the call handling centre for action.

BEFORE LEAVING THE PROPERTY

- Ensure you provide advice to the Service User that should their condition deteriorate or they need any further help that they should press their pendant and put on a test call to the monitoring service to ensure they are able to do this if required.

- During the pendant test, ensure you inform the monitoring centre of the outcome of the response visit for their records and potentially for any follow-up calls that need to be put in place for the service user. You should also inform them of any further signposting that has been provided for the service user and any further signposting that may need to be carried out by the monitoring centre.

Detail any other Notes or Observations:

Signed: (Responder)

Date:

Appendix 1:

According to the NHS:

Every year in the UK, thousands of people die or are seriously injured in incidents. Many deaths could be prevented if first aid was given before emergency services arrive.

Basic First Aid - Exert from the NHS guide as follows:

What to do?

If someone is injured, you should:

- first check that you and the casualty aren't in any danger, and, if possible, make the situation safe
- if necessary, dial 999 or 112 for an ambulance when it's safe to do so
- carry out basic first aid

If someone is unconscious and breathing

- If an adult is unconscious but breathing, and has no other injuries that would stop them being moved, place them in the [recovery position](#) (click link for video) until help arrives.
- Keep them under observation to ensure they continue to breathe normally.
- If someone is unconscious and not breathing
- If an adult isn't breathing normally, call 999 and start CPR straight away.
- Use hands-only CPR if you aren't trained to perform rescue breaths.

If a person is unconscious but is breathing and has no other life-threatening conditions, they should be placed in the recovery position.

Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.

- With the person lying on their back, kneel on the floor at their side.
- Extend the arm nearest you at a right angle to their body with their palm facing up.
- Take their other arm and fold it so the back of their hand rests on the cheek closest to you and hold it in place.
- Use your free hand to bend the person's knee farthest from you to a right angle.
- Carefully roll the person onto their side by pulling on the bent knee.
- Their bent arm should be supporting the head, and their extended arm will stop you rolling them too far.
- Make sure their bent leg is at a right angle.
- Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.
- Stay with the person and monitor their condition until help arrives.

Spinal injury

If you think a person may have a spinal injury, do not attempt to move them until the emergency services reach you.

If it's necessary to open their airway, place your hands on either side of their head and gently lift their jaw with your fingertips to open the airway. Take care not to move their neck.

You should suspect a spinal injury if the person:

- has been involved in an incident that's directly affected their spine, such as a fall from height or being struck directly in the back
- complains of severe pain in their neck or back
- won't move their neck
- feels weak, numb or paralysed
- has lost control of their limbs, bladder or bowels

Hands-only CPR

To carry out a chest compression:

1. Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first-hand and interlock your fingers.
2. Position yourself with your shoulders above your hands.
3. Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
4. Keeping your hands on their chest, release the compression and allow the chest to return to its original position.
5. Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or you become exhausted.

When you call for an ambulance, telephone systems now exist that can give basic life-saving instructions, including advice about CPR. These are now common and are easily accessible with mobile phones.

British Heart Foundation Guidance Video link: <https://www.nhs.uk/conditions/first-aid/cpr/>

BASIC FIRST AID GUIDANCE

DR. ABC

- DANGER
- RESPONSE
- AIRWAY
- BREATHING
- CIRCULATION

Danger

- Consider the Safety of the Service User and everyone else (including themselves).
 - Is the Service User Conscious and Breathing?
- Consider the environment – are there any obvious risks e.g. electric shock, chemicals, toxins or pets etc.?
 - Is it safe to approach the Service User? – **If not – Call 999**

Response

- If the Service User doesn't respond to the sound of your voice or to gentle pressure applied to the body, they are likely to be unconscious. If they are unresponsive - Call 999

Airway

- If they aren't breathing – check for any blockage of their airway

Breathing

- If you've cleared the airway and they still aren't breathing – CALL 999 and update the ambulance service. **They may advise to commence CPR**

Check for severe bleeding

- If there is evidence of severe bleeding – Call 999 and update the ambulance service

The main symptoms of stroke can be remembered with the word FAST:

- **Face** – the face may have dropped on 1 side, the person may not be able to smile, or their mouth or eye may have dropped.
- **Arms** – the person with suspected stroke may not be able to lift both arms and keep them there because of weakness or numbness in 1 arm.
- **Speech** – their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake; they may also have problems understanding what you're saying to them.
- **Time** – it's time to dial 999 immediately if you see any of these signs or symptoms.

