

UHS Falls Policy Fast Facts

Information here is for quick reference only. For the full policy and guidance, please refer to the falls policy and information page on Staffnet.

Any patient admitted with a falls history or has an inpatient fall **must** have an MDT, multi-factoral assessment and individualised care plan to minimise risk of further falls.

- Some of our falls reduction strategies at UHS include:
- Baywatch / cohort nursing
 - Red non-slip socks
 - Orange "assistance" wrist bands
 - Turnaround
 - Electronic whiteboard identification
 - Information leaflets

- When completing an AER, please indicate initial level of harm suspected:
- Near miss
 - No harm
 - Low harm (minimal e.g. first aid level treatment)
 - Moderate (significant but not permanent)
 - High harm (significant permanent e.g. #NOF)
 - Catastrophic / death (directly attributable to the fall)
- Any high harm and above incidents will be investigated by the patient safety team.

Inpatient fall

Check for injury through A-E assessment

Complete Immediate post falls checklist found in the falls grab pack

Safely transfer from the floor (based upon checklist)

Medical review (documented on post-falls paperwork)

AER / contact NOK / update SIRFIT & falls care plan

2 fall MDT (if patient has 2 or more inpatient falls) within 48 hrs

If concerned please escalate appropriately

The first page of the checklist looks like this. It must be completed by a registered professional. It will guide your next actions.

The assessment form looks like this. Please ensure any investigations / plans are timely and a thorough handover is given to the NIC.