

Management of a fall and post-falls monitoring best practice

Background

- Many care and support workers report that they are unsure what to do when a person has fallen
- Care at Home policies often state that when a person falls, the staff member should always call 999

Falls – UK Figures

- 1/3 of people over 65 will fall at least once a year
- 1/2 of people over 80 will fall at least once a year



Prevention

- Prevention is key
- Keep people physically active and mobile
- Best Practice
 - Use a Multifactorial Falls Risk Assessment (MFRA). NICE and the World Guidelines for Falls Prevention and Management for Older Adults strongly recommend this
 - Do NOT use falls risk *screening* tools, such as the FRAT
 - HCPA MFRA [Falls-Multifactorial-Risk-Assessment-Form-v4-Jan-24.pdf \(hcpastopfalls.info\)](#)
 - and Guidance notes - [Falls-MFRA-guidance-notes-v4-Jan-24.pdf \(hcpastopfalls.info\)](#)



The *falling* client

There is often confusion around what is 'allowed'.



To clarify:

- **WHEN, and ONLY WHEN, you are close enough to step behind them, rather than trying to stop the fall, have the INTENTION of supporting them TO THE GROUND**
- If walking with someone near to a wall, direct them to lean against the wall and lower to the ground, if needed

When a person has fallen

What do we do when a person has actually fallen?

Follow the Hertfordshire Management of a person who has fallen Pathway.



<https://www.hcpastopfalls.info/>

[StopFalls \(hcpastopfalls.info\)](https://www.hcpastopfalls.info/)


HCPA's aim is to see all adults, social care providers, staff and families and relatives benefit from our StopFalls service which continues to reduce falls throughout Hertfordshire.

This website shares the most effective methods to help reduce falls. Beginning with a multi-factorial risk assessment and common risk factors such as medication, to the importance of exercise, what to do in the event of a fall and a selection of other helpful suggestions.

Please use this website to update your knowledge and apply practical tools to help prevent falls.

If you would like to receive paper-based exercises or brochure, please email stopfalls@hcpa.co.uk

If you are a care organisation and need support for your service, please contact us for support via the referral tab.

 **Don't forget to download the FREE StopFalls App!**

[Click here to learn more](#)



Click a subject to learn

Stay in the know with our Facebook

Click a subject to learn

ASSESSMENTS

PREVENTION AND
ENABLEMENT

ENGAGEMENT AND
WELL-BEING

ENVIRONMENT

EQUIPMENT

EXERCISE

FOOTWEAR

FRAILITY

HYDRATION:
UTI'S AND DELIRIUM

INTERGENERATIONAL
ACTIVITY

INTERVENING A FALL

MEDICATION


Intervening a fall

How to help a person get up from the floor


What to do when a person has fallen on their back 

Ensure the person stays still for a moment, whilst you keep them calm and at risk for injuries. If the rescuer is not hurt and they think they can get up, encourage them to follow the steps below.


They must be able to move themselves with guidance. Follow steps from 1-6



1 Bend a knee and lift the arm of the same side, and bring it across the body.




2 Bend a second knee by bringing the feet to the opposite direction of the first knee.



3 Lift both knees up towards the chest and allow the body to roll onto its side, with the hand that is closest to the body placed flat on the floor.




4 Allow the other leg to the floor and use it to help with the movement. Use the arm to push your body weight up, allowing the other arm to support your weight.




5 Push both hands down into the floor, straightening the bottom leg and carefully pushing the weight onto the knees. Find a chair for the next stage if you are able to.




6 Push both hands down into the floor, straightening the bottom leg and carefully pushing the weight onto the knees. Find a chair for the next stage if you are able to.



7 Hold the chair in front of you and use it to stand if you are unable to get up.



8 Use the arms and legs to push up onto both feet and slowly rise to a standing position.



9 Turn around and walk away to the chair, get the feet on the back of the chair. Don't the knees at all height over the back to lower yourself to the floor each cycle.

© The Health and Safety Executive 2019. All Rights Reserved.
stopafall.org.uk | www.hse.gov.uk/stopafall | 01753 535 525

What to do when a person has fallen on their front 

Ensure the person stays still for a moment, whilst you keep them calm and at risk for injuries. If the rescuer is not hurt and they think they can get up, encourage them to follow the steps below.

They must be able to move themselves with guidance. Follow steps from 1-6



1 Place the arm closest to the ground flat to the floor with elbow and to the side.



2 Move the hand closest to the feet flat to the floor. Roll the body over to one side. Lift up the knees and lower the feet down, with the other arm in a 90 degree angle with the flat foot.



3 Allow the other leg to the floor and use it to help with the movement. Use the arm to push your body weight up, allowing the other arm to support your weight.



4 Push both hands down into the floor, straightening the bottom leg and carefully pushing the weight onto the knees. Find a chair for the next stage if you are able to.



5 Push both hands down into the floor, straightening the bottom leg and carefully pushing the weight onto the knees. Find a chair for the next stage if you are able to.



6 Push both hands down into the floor, straightening the bottom leg and carefully pushing the weight onto the knees. Find a chair for the next stage if you are able to.



7 Hold the chair in front of you and use it to stand if you are unable to get up.



8 Use the arms and legs to push up onto both feet and slowly rise to a standing position.



9 Turn around and walk away to the chair, get the feet on the back of the chair. Don't the knees at all height over the back to lower yourself to the floor each cycle.

© The Health and Safety Executive 2019. All Rights Reserved.
stopafall.org.uk | www.hse.gov.uk/stopafall | 01753 535 525



Click here to download our guidance on **for a person who has fallen on their *back***

Click here to download our guidance on **for a person who has fallen on their *front***

Local Falls pathway for Hertfordshire

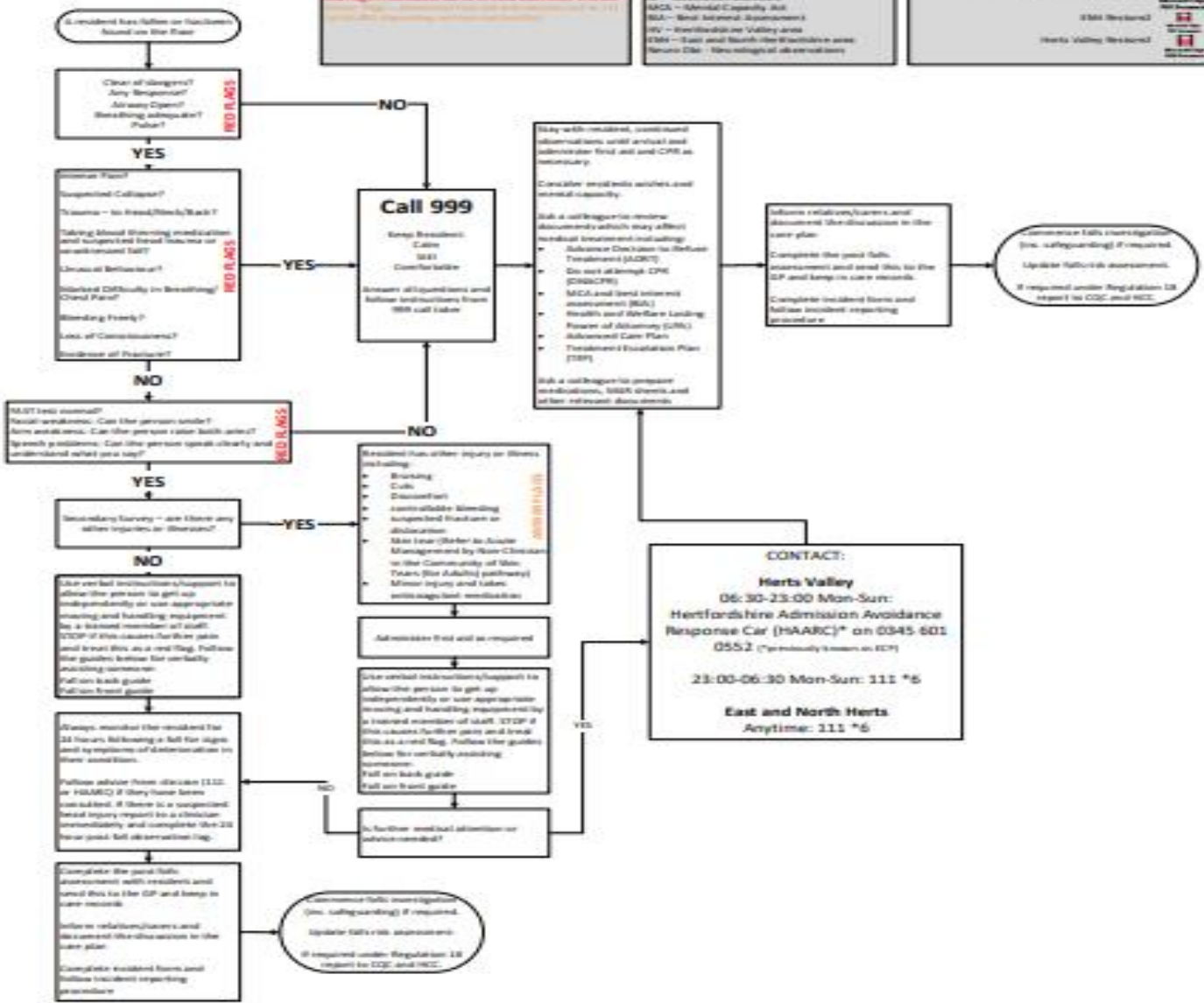
- Management of Person who has Fallen in Care Home Pathway
- Management of Person who has Falls in Care Home Checklist
- Care homes Post Falls Assessment Tool

» Domiciliary Falls Pathway

Overview
 This pathway provides an overview of the steps which should be taken to safely manage a Fall in a Care Home. The pathway should be used in conjunction with the 'Management of Person who has Fallen in Care Home Pathway Checklist' or 'TEAMMUS' app.
 In use the pathway, an assessment should be carried out after every fall using the 'Fall Risk Assessment Tool'. Red and Amber Flags indicate key actions which must take place.
Red Flags = 1 immediate call to 999 and unless noted Red and Amber Flags = 1 immediate call to 999 and unless noted Red and Amber Flags = 1 immediate call to 999 and unless noted

Glossary
 MCC - Hertfordshire Quality Council
 CDC - Care Quality Commission
 MAMU - Medical Administration Society
 ADJET - Advice Decision to Refuse Treatment
 DNR/DNR - Do not attempt CPR
 RSC - Refusing Power of Attorney
 ACP - Advanced Care Plan
 HAARC - Hertfordshire Admission Avoidance Response Car
 GP - General Practitioner
 MCA - Mental Capacity Act
 SAA - Best Interest Assessment
 HVA - Hertfordshire Valley Area
 EHR - East and North Herts Health Services
 SDC - Strategy of abnormal care

Supporting Documents
 Fall Risk Assessment Tool (using team observation)
 Management of Person who has Fallen in Care Home Pathway Checklist
 Verbally Seeking when a person has fallen in their bed
 Verbally Seeking when a person has fallen on their back
 SAA Request
 Herts Valley Request



Management of a Person Who Has Fallen in a Care Home Pathway

Overview

This pathway provides an overview of the steps which should be taken to safely manage a Fall in a Care Home. The pathway should be used in conjunction with the "Management of a Person who has Fallen in a Care Home Pathway Checklist" or "STUMBLE" app.

As per the pathway, an assessment should be carried out after every fall using the "Post Falls Assessment Tool". Red and Amber Flags indicate key actions which must take place.

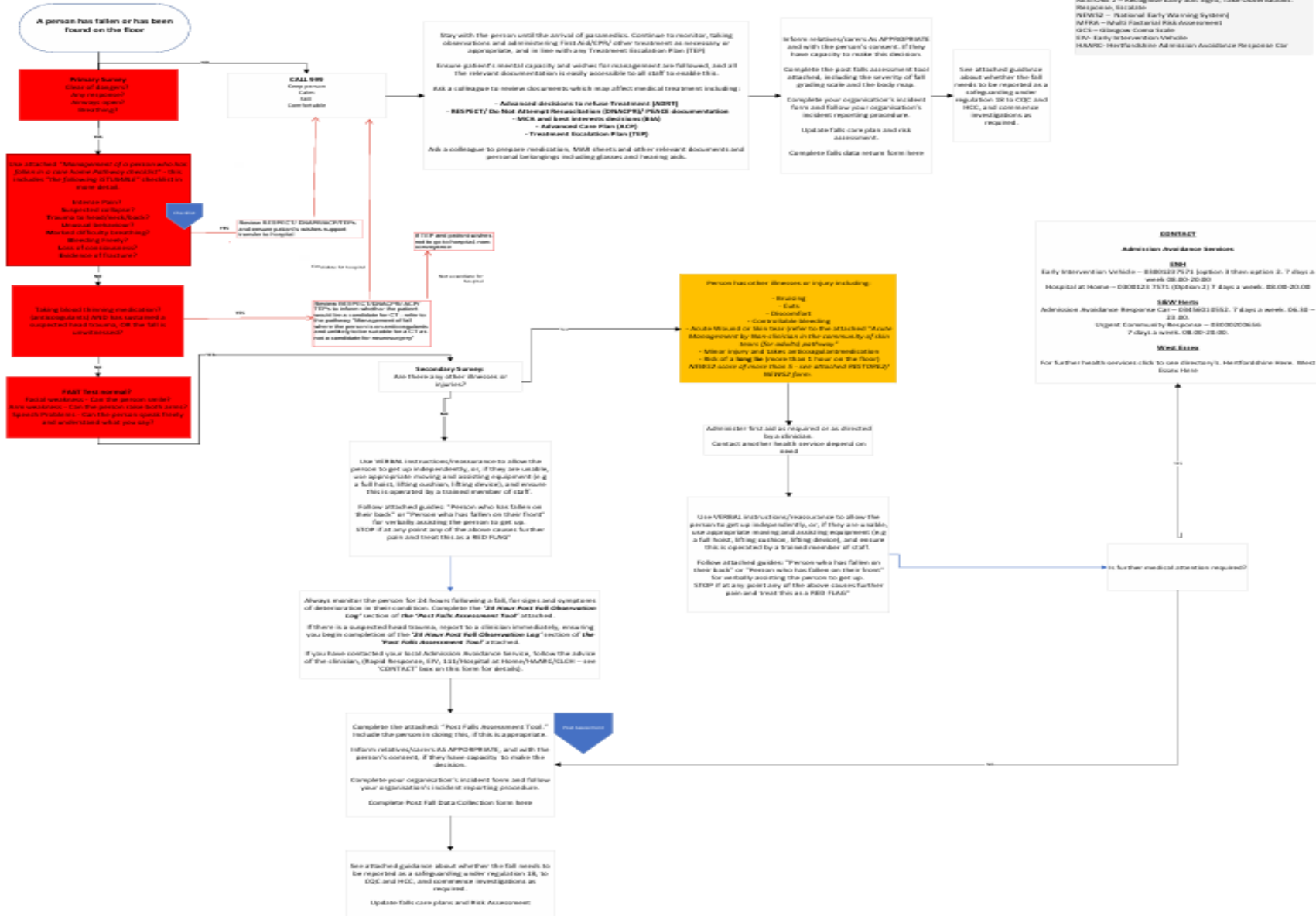
Red Flags: Immediate call to 999 and administer first aid
Amber Flags: Administer first aid and consider call to Admission Avoidance

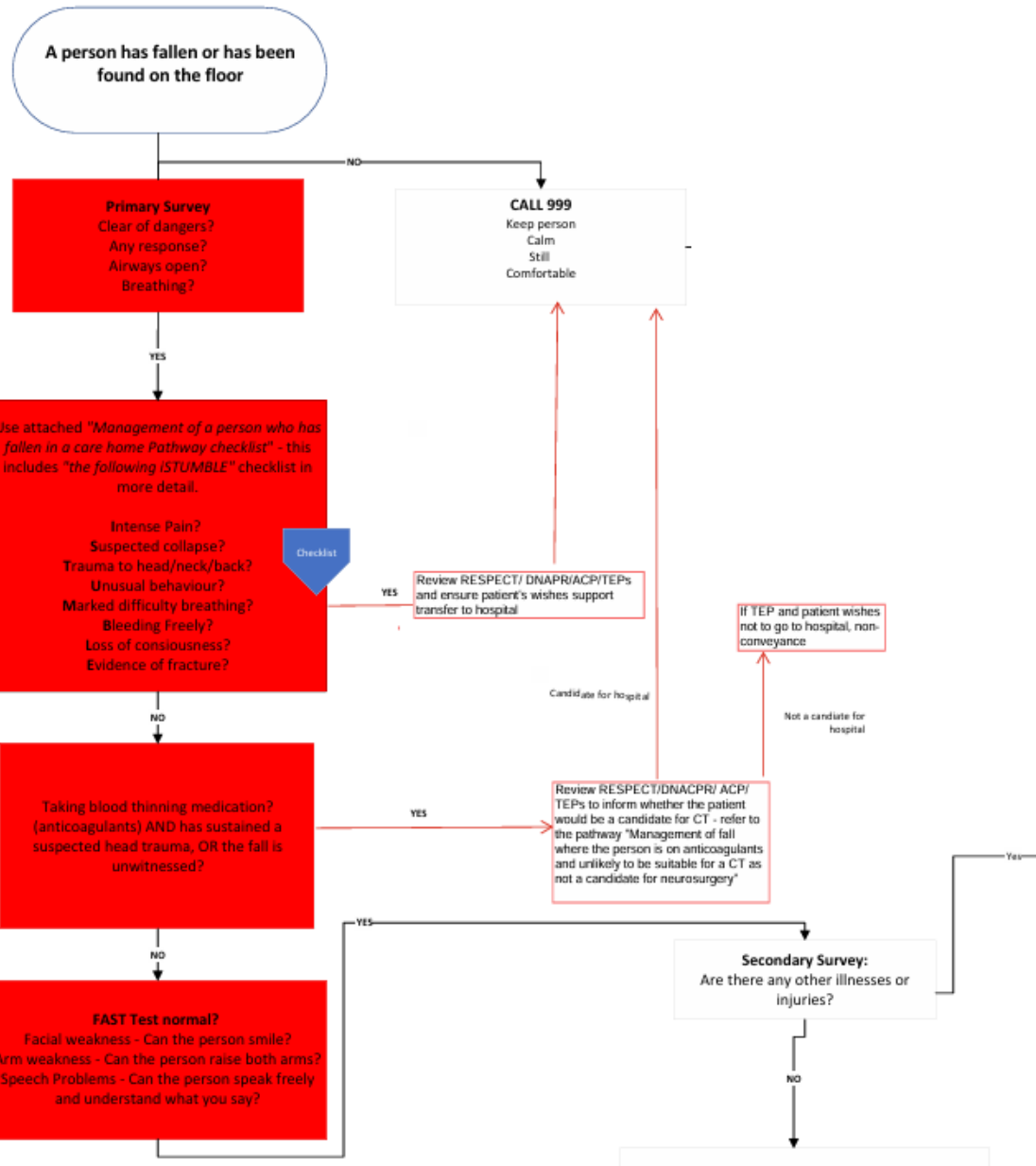
Glossary

- HCC – Hereford County Council
- CQC – Care Quality Commission
- MAR Sheet – Medical Administration Record Sheet
- ADRT – Advanced Decision to Refuse Treatment
- DMCMB – Do not attempt CPR
- LPA – Lasting Power of Attorney
- ACP – Advance Care Plan
- HAMAC – Herefordshire Admission Avoidance Response Card
- AP – Advanced Paramedic
- MCA – Mental Capacity Act
- BA – Best Interest Assessment
- SMB – South West Health
- SMB – East North West
- Neuro Obs – Neurological Observations
- RESOLVE 2 – Recognition Early Self Sign, Toler Observations, Response, Escalate
- RESOLVE – National Early Warning System
- MMR – Multi-Factorial Risk Assessment
- GCS – Glasgow Coma Scale
- SVN – Early Intervention Vehicle
- HAMAC – Herefordshire Admission Avoidance Response Card

Supporting Documents

- Post Falls Assessment Tool
- Management of a person who has fallen in a care home pathway checklist
- Verbally assisting when a person falls on their front
- Verbally assisting when a person has fallen on their back
- SWN RESPONSE Pathway
- HEALTH Valley RESOLVE 2
- Glasgow Coma Scale
- Adult Management by non-clinicians in the community of older people (for Adults) Pathway
- Subsidiary Referral Link





CALL 999
Keep person
Calm
Still
Comfortable

Stay with the person until the arrival of paramedics. Continue to monitor, taking observations and administering First Aid/CPR/ other treatment as necessary or appropriate, and in line with any Treatment Escalation Plan (TEP)

Ensure patient's mental capacity and wishes for management are followed, and all the relevant documentation is easily accessible to all staff to enable this.

Ask a colleague to review documents which may affect medical treatment including:

- **Advanced decisions to refuse Treatment (ADRT)**
- **RESPECT/ Do Not Attempt Resuscitation (DNACPR)/ PEACE documentation**
- **MCA and best interests decisions (BIA)**
- **Advanced Care Plan (ACP)**
- **Treatment Escalation Plan (TEP)**

Ask a colleague to prepare medication, MAR sheets and other relevant documents and personal belongings including glasses and hearing aids.

Inform relatives/carers As APPROPRIATE and with the person's consent. If they have capacity to make this decision.

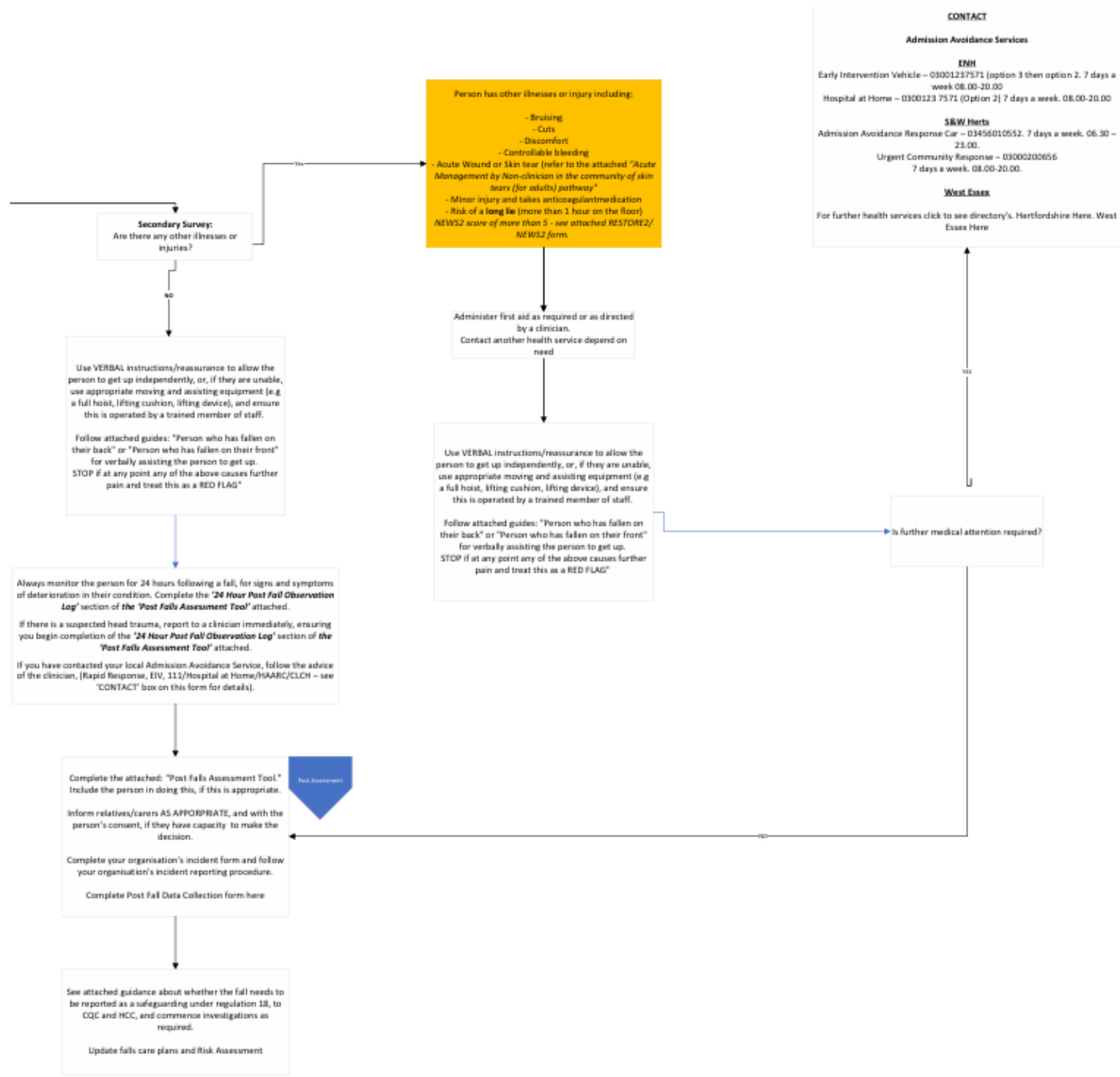
Complete the post falls assessment tool attached, including the severity of fall grading scale and the body map.

Complete your organisation's incident form and follow your organisation's incident reporting procedure.

Update falls care plan and risk assessment.

Complete falls data return form here

See attached guidance about whether the fall needs to be reported as a safeguarding under regulation 18 to CQC and HCC, and commence investigations as required.



Secondary Survey:
Are there any other illnesses or injuries?

Use VERBAL instructions/reassurance to allow the person to get up independently, or, if they are unable, use appropriate moving and assisting equipment (e.g. a full hoist, lifting cushion, lifting device), and ensure this is operated by a trained member of staff.

Follow attached guides: "Person who has fallen on their back" or "Person who has fallen on their front" for verbally assisting the person to get up. STOP if at any point any of the above causes further pain and treat this as a RED FLAG*

Always monitor the person for 24 hours following a fall, for signs and symptoms of deterioration in their condition. Complete the '24 Hour Post Fall Observation Log' section of the 'Post Falls Assessment Tool' attached.

If there is a suspected head trauma, report to a clinician immediately, ensuring you begin completion of the '24 Hour Post Fall Observation Log' section of the 'Post Falls Assessment Tool' attached.

If you have contacted your local Admission Avoidance Service, follow the advice of the clinician, (Rapid Response, EIV, 111/Hospital at Home/HAARC/CLCH - see 'CONTACT' box on this form for details).

Complete the attached: "Post Falls Assessment Tool." Include the person in doing this, if this is appropriate.

Inform relatives/carers AS APPROPRIATE, and with the person's consent, if they have capacity to make the decision.

Complete your organisation's incident form and follow your organisation's incident reporting procedure.

Complete Post Fall Data Collection form here

See attached guidance about whether the fall needs to be reported as a safeguarding under regulation 18, to CQC and HCC, and commence investigations as required.

Update falls care plans and Risk Assessment

Person has other illnesses or injury including:

- Bruising
- Cuts
- Discomfort
- Controllable bleeding
- Acute Wound or Skin tear (refer to the attached "Acute Management by Non-clinician in the community of skin tears (for adults) pathway"
- Minor injury and takes anticoagulant medication
- Risk of a long lie (more than 1 hour on the floor)
- NEWS2 score of more than 5 - see attached RES709E2/NEWS2 form.

Administer first aid as required or as directed by a clinician.
Contact another health service depend on need

Use VERBAL instructions/reassurance to allow the person to get up independently, or, if they are unable, use appropriate moving and assisting equipment (e.g. a full hoist, lifting cushion, lifting device), and ensure this is operated by a trained member of staff.

Follow attached guides: "Person who has fallen on their back" or "Person who has fallen on their front" for verbally assisting the person to get up. STOP if at any point any of the above causes further pain and treat this as a RED FLAG*

Is further medical attention required?

CONTACT

Admission Avoidance Services

EHV
Early Intervention Vehicle - 03001237571 (option 3 then option 2. 7 days a week 08.00-20.00
Hospital at Home - 0300123 7571 (Option 2) 7 days a week. 08.00-20.00

S&W Helix
Admission Avoidance Response Car - 03455010552. 7 days a week. 06.30 - 23.00.
Urgent Community Response - 03000200656 7 days a week. 08.00-20.00.

West Essex
For further health services click to see directory's. Hertfordshire Here. West Essex Here



What to do when a person has fallen on their front



Ensure the person lays still for a moment, whilst you keep them calm and check for injuries. If the resident is not hurt and they think they can get up, encourage them to follow the steps below.

They must be able to move themselves with guidance. Follow steps from 1-9

1.



Place hands shoulder width apart, palms flat to the floor with elbows out to the side

2.



Move one hand underneath the forehead, still with palms flat to the floor

3.



Allow this arm to push and roll the body over to one side, lifting the knees up towards the chest, with the other arm in a 90 degree angle, palm flat to the floor

4.



With the palm flat to the floor, ensure it is level with the shoulder. Use the arm to push your body weight up, allowing the other arm to support your weight

5.



Walk the hands back towards the hips, bringing the body into a side sitting position

6.



Press both hands down into the floor whilst lifting the bottom up and carefully placing the weight onto the knees. Find a chair for the next stage if you are able to

7.



Hold the chair in front of you and slide or raise the foot of your stronger leg forwards so it is flat on the floor

8.



Use the arms and legs to push up onto both feet and slowly rise to a standing position

9.



Turn around and walk slowly so the chair can be felt on the back of the knees. Bend the knees and hinge from the hips to lower down on the chair with control.

© Hertfordshire Care Providers Association Ltd. 2020 - All Rights Reserved

stopfalls@hcpa.info | www.hcpastopfalls.info | 01707 536 020

What to do when a person has fallen on their back



Ensure the person lays still for a moment, whilst you keep them calm and check for injuries. If the resident is not hurt and they think they can get up, encourage them to follow the steps below.

They must be able to move themselves with guidance. Follow steps from 1-9

1.



Bend a knee and lift the arm of the same side, and bring it across the body

2.



Initiate a roll over by turning the head in the opposite direction of the lifted arm

3.



Lift both knees up towards the chest and allow the body to roll over on to its side, with the hand that crossed over the body placed flat on the floor

4.



With the palm flat to the floor, ensure it is level with the shoulder. Use the arm to push your body weight up, allowing the other arm to support your weight

5.



Walk the hands back towards the hips, bringing the body into a side sitting position

6.



Press both hands down into the floor whilst lifting the bottom up and carefully placing the weight onto the knees. Find a chair for the next stage if you are able to

7.



Hold the chair in front of you and slide or raise the foot of your stronger leg forwards so it is flat on the floor

8.



Use the arms and legs to push up onto both feet and slowly rise to a standing position

9.



Turn around and walk slowly so the chair can be felt on the back of the knees. Bend the knees and hinge from the hips to lower down on the chair with control.

© Hertfordshire Care Providers Association Ltd. 2020 - All Rights Reserved

stopfalls@hcpa.info | www.hcpastopfalls.info | 01707 536 020

The importance of getting people up off the floor

- Assisting the individual from the floor as soon as possible restores their dignity
- Reducing time spent on the floor reduces the risk of serious complications (Luchete and Yelon, 2017)
- Avoiding prolonged distress while on the floor reduces the chance of a fear of falling (Laveden et al, 2018)
- Admission to an emergency department can be avoided, but even where admission is necessary, inpatient length-of-stays can be reduced (Gallet et al, 2018)
- It is important to have the knowledge, skills and confidence to follow best practice guidance and therefore to provide the best possible care

Management of Person who has Fallen in Care Home Pathway

Checklist for Red and Amber Flags

Note: If the person has dementia or another issue which effects their understanding or communication, where possible, assess for injuries/signs of pain, and compare to what is normal for them. When there is uncertainty, manage as if the Red/Amber Flag is present.

PRIMARY SURVEY - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
D	Is the environmental clear of danger to you and the resident?		Call 999
R	Is the person responsive?		Call 999
A	Is their airway open and clear?		Call 999
B	Are there signs of normal breathing?		Call 999
ISTUMBLE – RED FLAGS - IF YES TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
I	Intense Pain • New pain since fall, including: • Headache, chest pain and abdominal pain • Consider both pain from injury caused by fall or medical causes	Call 999	
S	Suspected Collapse - Ask resident if this was a trip or collapse (do they remember falling) Any dizziness, sudden nausea or pain before the fall. Includes "near fainting" episodes	Call 999	
T	Trauma to Neck/Back/Head/Face • New pain in neck/back/head following fall • New injury on head with/without bleeding • Any new numbness/paralysis in any limbs	Call 999	
T	Taking anticoagulant medication with an unwitnessed fall or suspected trauma to head • Including: Warfarin, Apixaban, Rivaroxaban, Dabigatran, Eliquis , Enoxaparin and Dabigatran	Call 999	
U	Unusual Behaviour • New or increased confusion • Acting differently to normal and e.g. agitated, drowsy, quiet • New or increased difficulty speaking e.g. slurred speech, words mixed up, marked stuttering	Call 999	
M	Marked Difficulty in Breathing/Chest Pain • Severe shortness of breath, not improved when anxiety is reduced • Unable to complete sentences • Blue/pale lips, blue fingertips, becoming lethargic or confused	Call 999	
B	Bleeding Freely - uncontrollable • Free flowing, pumping or squirting blood from wound • Apply constant direct pressure to injury with clean dressing (elevate if possible) • Try to estimate blood loss (per mugful)	Call 999	
L	Loss of Consciousness Indicators could include: • Drifting in and out of consciousness • Limited memory of events before, during or after fall • Unable to retain or recall information/repeating themselves	Call 999	
E	Evidence of Fracture • Obvious deformity e.g. shortened/rotated, bone visible, severe swelling • Reduced range of movement in affected area • Unusual movement around affected area	Call 999	
FAST - IF NO TO ANY QUESTION CALL 999 IMMEDIATELY		Yes	No
F	Facial weakness: Can the person smile?		Call 999
A	Speech problems: Can the person speak clearly and understand what you say?		Call 999
S	Arm weakness: Can the person raise both arms?		Call 999
T	Time to call emergency services immediately		
SECONDARY SURVEY – Administer First Aid as required If further medical attention is required contact Prevention of Admission (PoA) Services: E&N Herts- Early Intervention Vehicle 7 Days a week 08:00-20:00 0300 123 7571 (option 3 then option 2) Hospital at Home 7 Days a week 08:00-20:00 0300 123 7571 (option 2) S&W Herts- Admission Avoidance Response Care 7 Days a week 06:30-23:00 0345 601 0552 Urgent Community Response 7 Days a week 08:00-20:00 03000 200 656		Yes	No
	Person has other injury or illness. E.g. bruising, cuts, discomfort	First aid	111/PoA services
	Person is bleeding but it is controllable	First aid	111/PoA services
	Person has a skin tear (Refer to Acute Management by Non-Clinician in the Community of Skin Tears (for Adults) pathway) download thewchincapsulaprosnhs.uk	First aid	111/PoA services
	Person has minor injury and takes anticoagulant medication	First aid	111/PoA services
	Risk of a long lie (more than 1 hour on the floor)	First aid	111/PoA services
	NEWS2 score of more than 5 – see attached: NEWS1/2.pdf (icb.nhs.uk)	First aid	111/PoA services

Post Falls Assessment Tool

Scan and send to person's GP when complete and keep in care records

Part of the Management of Person who has Fallen in Care (Home Pathway)

Name of person		
Place of residence		
Precise Location of fall		
Date and time of fall		
Name and signature of person assessing	Time and date of assessment	
IMMEDIATELY POST FALL		Tick and sign
Red Flag - First aid and/or CPR given and 999 called		
Amber Flag - 111 or 999 service contacted		
Amber Flag - First aid treatment given		
Suspected head trauma – Reported to a clinician and '24-hour Post Fall Observation Log' commenced		
Level of consciousness (compared to baseline) (TICK ONE) Also see attached: '24-hour Post Fall Observation Log'	Responsive as normal	
	Less responsive than usual	
	Unresponsive or unconscious (call 999)	
Pain or discomfort (TICK ONE)	No evidence of pain or discomfort	
	Showing signs of pain or complaining of pain	
Where is the pain?		
Injury or wounds (TICK ONE)	No evidence of injury, bleeding or wounds	
	Evidence of swelling, bruising, bleeding or deformity/shortening/rotation of limb	
Where is the injury or wound/s?		
Movement and mobility (TICK ONE) Also see attached: '24-hour Post Fall Observation Log'	Able to move all limbs as normal for the person	
	Able to move limbs but has pain on movement	
	Unable to move limbs as normal for the person or there is a major change in mobility	
Restore2/NEWS2 assessment score: Use RESTORE2 documentation: RESTORE2.pdf (icb.nhs.uk) and follow appropriate escalation pathway below: Escalation-pathway-Restore-2-Hertfordshire.docx (live.com) Escalation-pathway-Restore-2-Oxygen-Herts-Valleys-40921.docx (live.com)	NEWS2 SCORE:	
CAUSE OF FALL (IF KNOWN)		
Has there been a pattern of falls, or a fall in the past 12 months? If yes, complete HCPA's Multifactorial Falls Risk Assessment tool (MFRA) Falls-Multifactorial-Risk-Assessment-Form-v4-Jan-24.pdf (hcpastopfalls.info)		
Internal factors: (e.g. medication, poor balance, vision, hearing, other health related issues)		
External factors: (e.g. footwear, mobility aid, obstacles, lighting etc.)		
OUTCOME OF FALL		
Outcomes	Comments	Tick and sign
Relatives/carers informed as appropriate, with the person's consent, if they have capacity to make this decision.		
Post Falls Assessment (this form) completed and sent to GP		
Incident form completed		
Reported as a Safeguarding incident under Regulation 18 to CQC and HCC if required		
Investigation commenced if instructed by Safeguarding team		
Multifactorial Falls Risk Assessment (MFRA) and care plan updated		

Falls Severity Incident Report

Name of person:	
DOB:	
Address: <i>(home, care home etc)</i>	
Place fall occurred: <i>(in the bathroom, in hospital ward, outside a shop etc)</i>	
Date and time fall took place:	
Name of witness:	
Name of person reporting (if different from witness):	

Details of the fall:

Reason for fall: (if known)

Internal factors: (such as: medication, poor balance, vision, hearing other health related issue etc.)

External factors: (such as: footwear, mobility aid, obstacles, lighting etc.)

Previous history of falls (including last fall and any pattern observed)

Severity of Fall Grading Scale

(Part of the Management of Person who Fall Policy in Care Home Pathway)

Scan and send to resident's GP when complete and keep in care records

Please note: The level of harm is indicated by the Classification Code
The addition of a 'U' after the Classification Code means that the fall was Unwitnessed

Classification of Fall	Witnessed (tick)	Unwitnessed (tick)
A. NO HARM – A safety incident that had the potential to cause harm but was prevented, resulting in no harm to the individual. This would include: <ul style="list-style-type: none"> Scenarios where a person is supported to the floor by a care and support worker Scenarios where a person deliberately sits down because they think they might fall Scenarios where a person rolls from a low-low bed onto the crash mat next to the bed OR A safety incident that occurred but where no harm was caused. This includes: <ul style="list-style-type: none"> Individuals whose neurological observations were monitored and recorded, but who sustained no injury or adverse effects from the fall 	A	AU
B. LOW HARM – A safety incident that required minor treatment and caused minimal harm (minor treatment includes first aid, additional therapy or additional medication or additional observations)	B	BU
C. MODERATE HARM – A safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm (for example a return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment or transfer to another area such as intensive care because of the incident). Moderate harm also means prolonged pain or prolonged psychological harm which the service user is likely to experience for a continuous period of at least 28 days	C	CU
D. SEVERE HARM – A safety incident that appears to have resulted in permanent harm to one or more <u>individuals</u> receiving care, where the permanent harm directly relates to the incident and not the natural course of the individual's illness or underlying condition. Permanent harm refers to a permanent lessening of bodily, sensory, motor, <u>physiologic</u> or intellectual functions. This includes falls resulting in fractured neck of femur (hip) fracture	D	DU
E. DEATH – Any safety incident that directly results in the death of one or more people receiving care. The death must relate to the incident rather than to the natural course of the individual's illness or underlying condition	E	EU

Guidance on reporting a Safeguarding under Regulation 18 after a fall

Using the guidance below, decide whether the fall needs to be reported as a Safeguarding under Regulation 18, to CQC and HCC (see link at the end of this form), and commence investigations as instructed by the Safeguarding team.

CQC say:

Regulation 18: Notification of other incidents (Page last updated: 11 August 2023)

18 (2) The incidents referred to in paragraph (1) are—

(a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—

- (i) an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary,
- (ii) changes to the structure of a service user's body,
- (iii) the service user experiencing prolonged pain or prolonged psychological harm, or
- (iv) the shortening of the life expectancy of the service user.

(b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—

- (i) the death of the service user, or
- (ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a)

CQC Guidance on Regulation 18(2) (Page last updated: 12 March 2024)

Injuries include those that lead to, or that if untreated are likely to lead to, permanent damage – or damage that lasts or is likely to last more than 28 days – to:

- A person's sight, hearing, touch, smell or taste
- Any major organ of the body (including brain and skin)
- Bones
- Muscles, tendons, joints or vessels
- The development after admission of a pressure sore of grade 3 or above that develops after the person has started to use the service.

Any injury or other event that causes a person pain lasting, or likely to last, for more than 28 days.

Intelligence functions such as:

- Intelligence
- Speech
- Thinking
- Remembering
- Making judgements

-Solving problems

Injuries or events leading to psychological harm including:

- Post Traumatic Stress Disorder
- Other stress that requires clinical treatment or support
- Psychosis
- Clinical Depression
- Clinical anxiety

These lists are not exhaustive.

You must tell us (CQC) about a serious injury to a person using your service if either of the following has happened:

- The person was seriously injured while a regulated activity was being provided
- Their injury may have been a result of the regulated activity or how it was provided

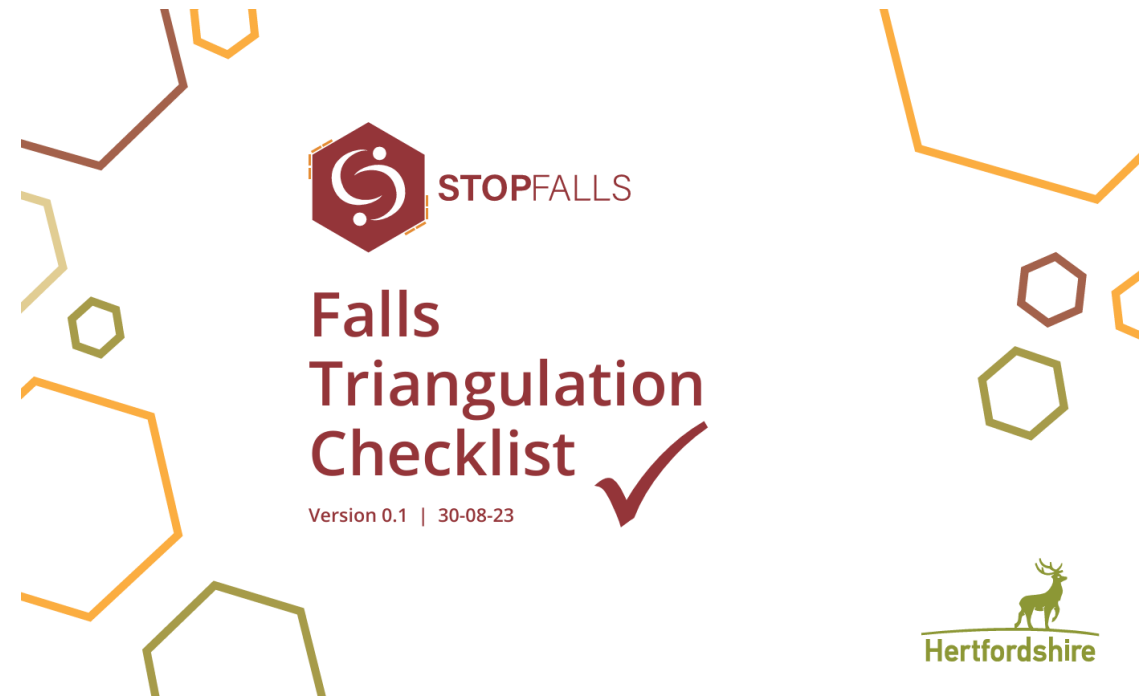
If the serious injury is the result of an assault, you should use our allegation of abuse notification form instead.

You must submit your notification online or send it by email using the following link:

[Safeguarding referral \(hertfordshire.gov.uk\)](https://www.hertfordshire.gov.uk/safeguarding-referral)

Care plans should contain all of the relevant documentation for each person, including risks and interventions that need to be put in place.

There should be links that cross-reference the falls care plan to ALL relevant parts of the care plan - this is called 'triangulation'.



Links need to be updated with the correct ones

- [Management-of-Person-who-has-Fallen-in-Care-Home-Pathway-v12.pdf \(hcpastopfalls.info\)](#)
- [Management-of-Person-who-has-Fallen-in-Care-Home-Pathway-Checklist-v12.pdf \(hcpastopfalls.info\)](#)
- [Carehomes-Post-Falls-Assessment-Tool-v12.pdf \(hcpastopfalls.info\)](#)

Any questions?



