APPENDIX I

FALLING PERSON PROTOCOL

Guidelines for Dealing with the Falling Person

Introduction/background
Dealing with falling and fallen people accounts for a large number of accidents and reported musculoskeletal injuries to staff within health and social care settings. A fall is commonly defined as an 'unexpected event in which the participant comes to rest on the ground, floor or other lower level'. (Lamb et al, 2005). A third of people aged 65 and over will fall each year. This rises to 45 per cent in the 80+ age group (Campbell et al, 1981; Prudham and Evans, 1981). Research has shown that half of the individuals who have fallen will fall again within one year (Close et al, 1999).

Annually, approximately 250 serious incidents to staff are reported nationally from the UK health care sector to the Health and Safety Executive (HSE). These typically result in a major injury. Between 2001 and 2005 the Health and Safety Executive recorded 957 injuries to health care staff caused by managing the falling or fallen person, which resulted in three days sickness absence or major injury (Mowbray et al 2006). Of these injuries 90 per cent resulted from involvement in a falling patient incident (HSE 2006). In light of all of the evidence it would be fair to say that every falls situation has a high risk of injury to both patient and staff.

Aim and Objectives of the Guidelines

Aim
To reduce the risks of injury associated with the falling person to the lowest level reasonably practicable.

Objectives
- To highlight the importance of risk assessment procedures
- To promote methods of falls prevention
- To provide practical guidance to staff on how to respond to situations where the person is falling

Guidelines Statement
These guidelines have been produced by LIAG which comprises of:
- Lincolnshire Primary Care Trust
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire County Council (Social Care)
- United Lincolnshire Hospitals Trust
- St Barnabas Hospice Trust
- East Midlands Ambulance Service

LIAG recognises that a positive approach should be taken to prevent musculoskeletal injury at work. The falling person has been clearly identified through analysis of accident statistics as posing a high risk of injury to staff attempting to manage falls. The organisations producing these guidelines are committed to following legal requirements and national best practice guidelines; and will achieve this via policy, planning, risk assessment, training, balanced decision making, clinical reasoning and where available evidence based practice.

Prevention of falls

Physical injuries resulting from a fall account for 400,000 visits to Accident and Emergency departments each year and the problem costs the Health Service an estimated 1.7 billion pounds per year (Golding & Ward, 2003).

The key to a successful falls prevention strategy understands the causes of falls. It is the responsibility of staff and managers to assess the risk factors. This should be done within the framework of falls and manual handling risk assessments. The risk assessment of all people and associated handling tasks is a legal requirement under the Manual Handling Operations Regulations 1992 (amended 1998 and 2002).

The causes of falls are multi-factorial and diverse. Causes can be due to both *intrinsic* and *extrinsic* factors (Cryer & Patel 2001).

Intrinsic factors – those that are due to the person's general physical and psychological state - e.g:

- Underlying medical condition – postural hypotension, bradycardias, arrhythmias, and hypothyroidism. All these could cause dizziness or drop attacks
- General decreased strength, balance and physical performance e.g. use of walking aids, poor gait and difficulty walking any distance. All these can occur as part of the natural aging process. Continence problems – urgency, frequency or stress incontinence
- Foot problems
- Sensory problems e.g. visual impairments or sensory deficits in limbs due to peripheral or central nervous system problems
- Medical conditions e.g. acute illness, stroke or other neurological disease
- Psychological factors e.g. depression, fear of falling
- History of previous falls, particularly three or more in the last year or previous fall with injury
- Cognitive impairment e.g. Alzheimer's/dementia

Extrinsic factors – external influences that may increase the risk of falling

- Hurrying
- Medication e.g. side effects of polypharmacy
- Altered environmental conditions
- Variations in floor surfaces and levels
- Space, furniture and layout of the area involved
- Frictional variations between shoe and floor
- Ill-fitting shoes/slippers
- Mobilising on the stairs

- Poor housing and lighting
- Pets

Managing the falling person

The Falling Person
National best practice guidelines (The Guide to the Handling of People 2005) advocate a limited range of intervention options dependent on presenting criteria. **These guidelines do not recommend that staff attempt to catch or support the full body weight of a falling person**.

Options for Intervention:
1. If the member of staff is close enough to the person and their weigh or height are not prohibitive then the following lowering method can be used.

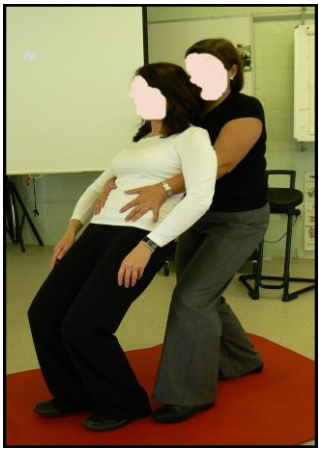
- Release any hold on the person and move behind them
- With both hands open, take a step back to maintain a stable base
- Keep close to the person (picture 1)
- Hold around the person's trunk, not their arms (picture 1)
- Bend both knees and lower the person to the floor (pictures 2 – 4)

2. It must be noted that many fallers will be in a situation where they are beyond the point for intervention by staff. If the member of staff is too far away from the falling person or if the dynamic risk assessment deems that the person is too heavy or tall to be safely lowered as detailed in option 1, then the person may need to be left to fall taking into account point three.

3. When allowing a person to fall, wherever possible, hazardous objects must be moved away. The handler may also need to redirect the fall away from immovable or dangerous objects (The Guide to the Handling of People 2005).

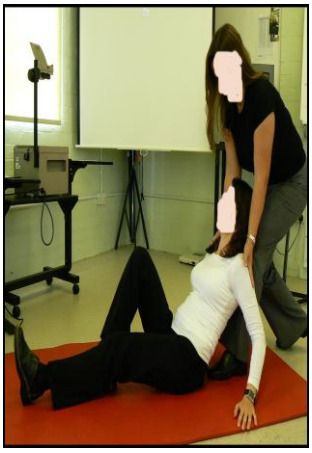
Picture 1

Picture 2



Picture 3

Picture 4



Risk

Assessment

Despite all preventative measures some people will still fall with risk of harm to themselves and their handler. A documented Manual Handling Risk Assessment and falls risk assessment should be completed in accordance with organisational procedures. Staff must also be aware that a dynamic risk assessment at the time of the fall will indicate the action to be taken.

Stairs

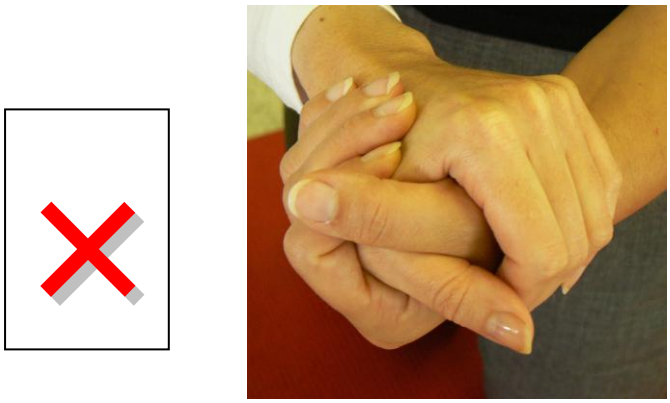
Assisting people on the stairs carries inherently high risks for both staff and people. 60% of falls in the home occur on the stairs resulting in almost 1000 deaths of older people every year (Health Promotion England 2000).

Extreme care should be taken when considering assisting a person to mobilise on the stairs (The Guide to the Handling of People 2005). A suitable and sufficient risk assessment should be carried out when considering undertaking this task. People who cannot independently negotiate the stairs should consider other alternatives, e.g. having a bed downstairs, installing a stair lift or vertical lift etc.

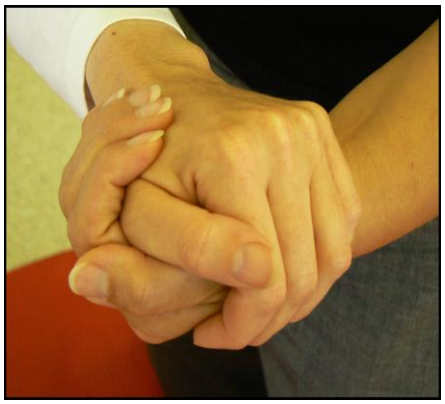
Handholds
Holding a person's hand as in picture 5, or linking arms will place staff at risk if the person falls as they will tend to hold on. Injury to fingers, thumbs, arms and shoulders are therefore very likely.

The risk can be reduced by holding the hand as in picture 6 (a palm to palm hold). By holding the whole hand the staff member can roll their hand away from the persons, in the direction of their fingers. This enables the handhold to be released.

Picture 5



Picture 6



Incident reporting
Staff involved in a falls incident should document it using the reporting system relevant to their organisation.

Management of the fallen person
See the Lincolnshire Interagency Fallen Person Protocol – Appendix 1.

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