# Falls Guidance

## Falls Assessment of a customer who has fallen.

| Step | Performance | Yes or No | Comments |
| --- | --- | --- | --- |
| 1. | Approach | | |
|  | * Call for assistance from colleague. |  |  |
| * Check safe to approach. |  |  |
| * Do not move the person initially. |  |  |
| * Check conscious and breathing. |  |  |
| * Obvious serious illness/injury – Dial 999. |  |  |
| 2. | Assessment: Head Injury | | |
|  | * Head injury – **IF NO MOVE TO STEP 3** |  |  |
| * Head injury i.e. bleeding, complaining of head pain or customer has been observed hitting head – Dial 999. |  |  |
| * Be aware of anti – coagulant (blood thinning) medication. (Warfarin, aspirin etc.) * If an unwitnessed fall call 999 if the person is on blood thinners. * If fall is witnessed call GP / 111 for advice. |  |  |
| 3. | Assessment: General | | |
|  | * Any new pain? |  |  |
| * If no, unlikely to need 999. |  |  |
| * If yes, do not move the person and dial 999. |  |  |
| * Check person from head to toe for signs of injury. |  |  |
| * Look for unnatural movement/shape of bones or pains in joints. |  |  |
| * Look out for facial expressions to assist in assessing for pain. |  |  |
| * If no apparent new pain or injury, the person to be monitored. |  |  |
| 4. | Moving of people if assessed safe to move | | |
|  | * Enable the person to get up independently, if possible, i.e. on knees, use chair etc. It may be necessary to attempt this on more than one occasion. Please allow customer time to rest between attempts. - **IF YES, MOVE TO STEP 5.** |  |  |
| * Hoisting or Raizer lifting chair required to assist people from the floor after a fall. |  |  |
| 5. | Documentation | | |
|  | * Complete accident or incident form. |  |  |
| * If applicable body map. |  |  |
| * Does this fall require a v3c form uploaded onto AssessNet. **(If yes, report via AssessNet within three working days).** |  |  |
| * Does this fall require a Safeguarding referral **(If yes, complete online form).** |  |  |
| * Is a Falls Risk Assessment required **(If yes, complete and ensure that all staff are aware).** |  |  |
| * Senior member of staff to review the fall to add to care plan and risk assessment. |  |  |
| * Hospital admission and discharge form (hospital pack) completed (if applicable). |  |  |
|  | * Complete an Accident and Incident Outcome form (if applicable). |  |  |
|  | * All information is updated on the person-centred software (if applicable). |  |  |
| 6. | Other | | |
|  | * Inform next of kin as advised by the person who experienced the fall. |  |  |

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| Additional comments: |
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Once completed please sign and date below.

|  |  |
| --- | --- |
| Date: | Signatures of Attending Staff: |
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