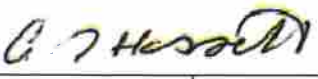


BROTHERS OF CHARITY SERVICES IRELAND **FALLS PREVENTION AND MANAGEMENT POLICY**

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Approved by	Brothers of Charity Services Ireland		
Signed	 Augustine T. Hassett		
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Contents

Ethos	3
1.0 Introduction	3
2.0 Policy Statement.....	3
3.0 Purpose	3
4.0 Scope	4
5.0 Legislation/other related policies:	4
6.0 Glossary of terms and Definitions.....	4
7.0 Roles and Responsibilities.....	5
8.0 Procedure/Protocol/Guideline:.....	5
9.0 Review.....	7
10.0 References/Bibliography.....	7
Appendix 1 Falls Risk Screening and Management Guidelines	9

Ethos

'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and aim to further the dignity of all associated with our services.'

'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression'.

The Brothers of Charity Services Ethos (2001), Going Forward Together.

1.0 Introduction

The Brothers of Charity Services Ireland endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships than enhance their quality of life. Our responses are based on the recognition of each person (who is supported by our services) as an individual, an equal citizen with equal rights and an absolute respect of that status. We therefore, support each person to live their lives based on their own personal vision and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

2.0 Policy Statement.

The Brothers of Charity Services Ireland recognises its role and responsibilities in relation to prevention of falls where possible and management of care plans to minimise the incidence and impact of falls for people supported by our services.

We aim to provide positive supports which are rights based, treating all individuals with dignity and respect, in line with organisational vision and mission statements.

In keeping with the Services ethos of using best and least restrictive practice, this policy provides guidance for the safe prevention and management of falls and related injuries.

3.0 Purpose

The purpose of this procedure is to set out the pathway and processes in relation to falls prevention and management.

The Policy aims to:

- Identify individuals at risk for falls through screening.
- Initiate preventative approaches and team based strategies.

- Provide guidance on how to implement approach strategies and interventions directly linked to extrinsic and intrinsic factors of individuals and staff supports.
- Monitor and evaluate incidents, trends and outcomes of falls.

4.0 Scope

This policy applies to all staff working in the Brothers of Charity Services Ireland and applies to all people supported by our Services, who are deemed to be at risk of falling.

The Brothers of Charity Services Ireland will endeavour to provide the tools necessary to ensure that the Falls Prevention and Management framework is implemented in a comprehensive and consistent manner throughout the organisation. Each service area must ensure consistent implementation of this policy and develop local procedural guidance to implement the policy.

5.0 Legislation/other related policies:

The Brothers of Charity Services Ireland complies with applicable national legislation and standards.

- Health, Safety and Welfare at Work Act, 2005.
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. No 367 of 2013.
- Brothers of Charity Services (2015) National Risk Management Policy.

6.0 Glossary of terms and Definitions

Extrinsic Factors: These are factors related to external sources such as the physical environment (e.g. obstacles and tripping hazards) or the socio-economic environment (e.g. living alone and lack of support networks). *Berg et al 1992.*

Fall : A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level (*WHO, 2012*)

Intrinsic Factors: These are factors defined as inherent and related to the individual which include both demographic (e.g. age and gender) and health factors (e.g. medical conditions, muscle weakness and medications).

Near Fall: A near fall is defined as a sudden loss of balance that does not result in a fall or other injury. This can include an individual who slips, stumbles or trips but who is able to regain control.

Risk Factors: A risk factor is defined as a 'probability of falling'. There are many risk factors which increase the likelihood of falling including intrinsic and extrinsic factors as in above

Unwitnessed Fall: An unwitnessed fall is defined as 'occurs when an individual is found on the floor and neither the individual nor anyone else knows how he/she got there'.

7.0 Roles and Responsibilities

7.1 Managers Responsibilities

Managers have the responsibility to ensure

- That a copy of this policy is available to staff
- The understanding, implementation and monitoring of this policy within their areas of responsibility.
- The provision of a safe environment for staff, people supported by our Services, relatives and visitors to the Service.
- Implementation of the tools and strategies available for prevention and management of falls;
- That appropriate systems are in place for the monitoring, analysis and review of falls related incidents.
- That comprehensive implementation and completion of actions occur following the development of individualised prevention and management strategies

7.2 Staff Responsibilities

Staff have the responsibility to ensure the following:

- They understand the policies, procedures and protocols associated with the prevention and management of falls.
- The identification of falls related risk factors that might impact the people supported by our Services.
- Adherence to the relevant assessment and referral protocols.
- The recording and reporting of all incidents and near misses in accordance with organisational policy.
- That all risk assessments, falls prevention and management plans are subject to review which should take place annually as a minimum requirement and more frequently as required.

8.0 Procedure/Protocol/Guideline:

The following section outlines the principles that apply for an effective falls management prevention programme. Relevant documentation in relation to falls risk screening and management guidelines is included in Appendix 1.

- Educate staff and individuals supported by the Services on fall management;
- Create safe environments, free of hazards;
- Screen individuals for risk factors related to falls;
- Develop and implement recommended interventions and strategies;
- Monitor the impact of interventions and strategies;
- Review and analyse accidents and incidents related to falls.
- Bone Health education and awareness.

8.1 Educating Staff and People who are supported by our Services

As individuals supported by the Services and staff learn about common causes of falling, they are more likely to identify potential problems and

help avoid a serious injury from occurring. An opportunity for learning within teams happens as part of the multifactorial assessment and intervention plans developed when a falls issue has been identified.

8.2 Creating safe environments

Careful design and layout of existing and future accommodation plans is essential. Another crucial factor in reducing the risk of falling is creating a hazard-free environment so far as is reasonably practical. Through education, staff can learn to identify safety hazards such as wet floors, clutter, loose throw rugs, ill-fitting shoes or clothes or uneven walkways. By alleviating these hazards, staff can greatly reduce a person's risk for falls.

Consideration of the wider community environment is also an important factor in promoting mobility and reducing falls. Staff should be encouraged to transfer assessment skills e.g. identification of potential hazards to the community environment and to encourage and support people supported by our Services to negotiate community environments safely in order to increase confidence and community mobility skills. Further opportunities to promote the development of safer community environments via linkage with broader community action groups and local authorities is a key factor to improving safe access for all.

8.3 Screening Process

A screening process will be implemented within the Services to help identify whether an individual might be at risk of falling. In addition, screening will help identify specific areas that may be contributing to falls and need to be assessed further such as vision, balance, or movement.

Extrinsic Factors	Intrinsic Factors
<ul style="list-style-type: none"> • Use of assistive devices • Impaired ADL (activities of daily living) • High level of activity • Medication, e.g. Polypharmacy or Psychotropic drugs Class 1a antiarrhythmic medications • Home: Furniture, floor surfaces, mats, lighting, clean floors • Environmental Factors: Bathroom: toilet, showers, raised toilet seats, grab rails, shower chairs, bath lifts 	<ul style="list-style-type: none"> • Age • Gait deficit • Sensory deficits • Hearing loss • Sight loss • Balance • Loss of mobility • Dizziness • Hypotension • Fear of falling • Muscle weakness • Arthritis • Depression • Cognitive impairment • Urinary incontinence

8.4 Developing and implementing recommended interventions/strategies

Once screening has been completed referrals should be made to relevant multidisciplinary personnel who will provide support and advice with regard to

falls prevention and management. Tools and guidance documentation should be available to all teams and to support staff in identification, assessment and prevention strategies. Interventions may include home modifications such as installing railings for stairs, having the GP review medications, a physiotherapy assessment to assess mobility which may include provision of mobility aids or implementing a simple exercise and balance programme.

Other environmental strategies may include repairing driveways or footpaths, installing better lighting within the home, rearranging items in closets or cabinets for ease of reach or use of grab rails as recommended.

8.5 Monitoring the impact of the interventions

Once interventions have been actioned, the team needs to plan and document regular built-in reviews to ensure the interventions are successful in the future. These reviews should be carried out annually as a minimum requirement or more frequently in line with the level of risk identified.

8.6 Review and Analyse of Accidents and Incidents related to Falls

As part of the overall risk management structure the Brothers of Charity Services Ireland analyse the incidents and accidents related to falls. This is beneficial for identifying persons at risk, reviewing outcomes of strategies and management plans. This supports the evaluation of the effectiveness of current policy and procedures.

8.7 Bone Health Education Awareness

Education around bone health will guide and inform people supported by our Services, parents, carers and staff about how to build and maintain strong bones throughout life. The importance of good bone health is linked to active lifestyles, healthy diet and prevention of osteoporosis. Happy Bones is one of the many education resources available for children and adults with an intellectual disability to increase awareness and promote healthy bones throughout the life span.

9.0 Review

This policy will be reviewed every three years or more frequently if required by legislation or best practice

10.0 References/Bibliography

- *Ability West (2015) Falls Prevention Management Procedure.*
- *Brothers of Charity Services South East (2014) Falls Prevention & Management.*
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- *Brothers of Charity Services Galway (2016) Manual Handling Policy.*

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- *Brothers of Charity Services (2016) Falls Management – Adult Services.*
- *St. Mary's Hospital & Phoenix Park Community Nursing Units HSE (2012) Falls Prevention & Management policy.*
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Appendix 1 Falls Risk Screening and Management Guidelines

1.0 Introduction

The purpose of this document is to give guidance and support to staff when recording, implementing and monitoring care strategy plans to help reduce the risk of falls for all people supported by the Services.

2.0 Definition of a fall (WHO 2012):

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

This definition is widely accepted to include slips, trips and falls for whatever reason.

There are a number of documents included in this package:

- Post Falls Assessment form (to be completed after every fall)
- Falls Risk Screening form
- Falls Management Care Plan

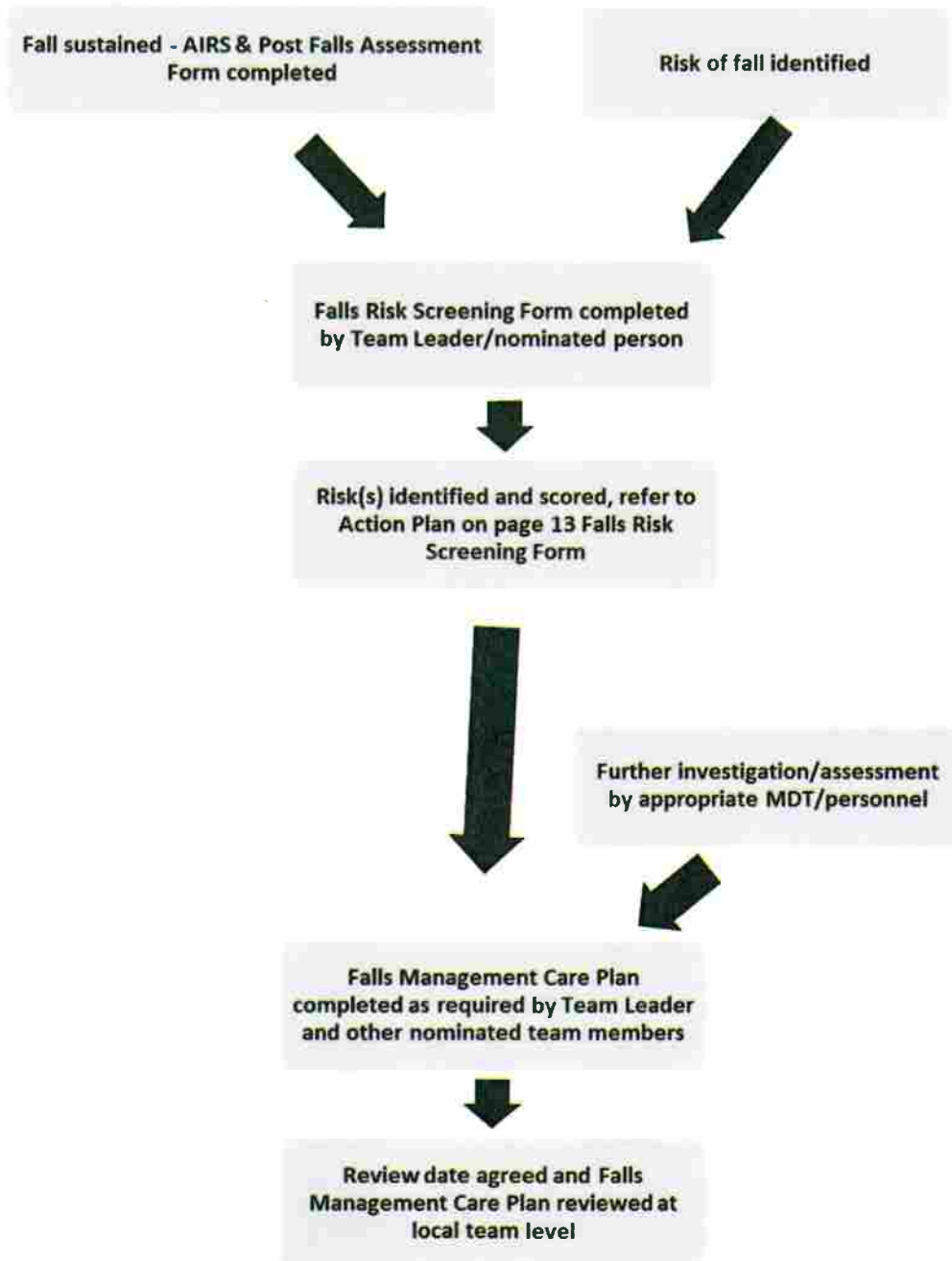
3.0 Falls Risk Screening and Care Pathway

The Falls Risk Screening and Care Pathway should be followed to guide staff in all the steps involved in supporting all people supported by the Services who are identified as either at risk of falls or who have already sustained falls. Brief explanations for each of the steps on the pathway are given below:

1. People supported by the Services at risk of falls/have sustained falls: It is the responsibility of all staff to be vigilant towards any risks or hazards which may result in a near miss or fall being sustained. The pathway can be followed where people supported by the Services are suspected of being at risk for falls, e.g. several near misses, having to be supported while walking, noticeable change in physical/medical condition.
2. Falls Risk Screening form: This should be filled in by the Team Leader with input from frontline staff most familiar with people supported by the Services. This may highlight one or several key factors resulting in a risk of falls occurring – there is no hierarchy in risk weighting, all can be deemed to be equally significant dependent on the circumstances of each person supported by the Services. Factors can be both intrinsic (related to the person supported by the Services themselves) or extrinsic (related to their environment/equipment). Several documents may need to be referred to including IMARS, 6 Monthly Medication reviews by GP, AIRS summary sheets, Bone Health Screening form etc.
3. Risks identified and scored: The Falls Risk Screening form when completed should be scored as per Risk Matrix and the appropriate level of action followed as indicated on the Action Plan.

4. Further investigation/onward referral: The risks as identified on the Falls Risk Screening form will determine what onward referrals may be required to help support people supported by the Services and staff in implementing the overall falls management strategy.
5. Falls Management Care Plan: Any recommendations as a result of investigations/ assessments or input in anyway should be recorded in the Falls Management Care Plan and staff involved to sign off at end of plan. Reference may also need to be made to other existing protocols/care plans e.g. Manual Handling Risk Assessment, Epilepsy Risk Assessment and Care Plan, Positive Behavioural Support Plan etc. All frontline staff need to sign off on having read the completed Care Plan, a copy of which may need to be forwarded to the relevant Sector Manager depending on the level of risk identified.
6. Review date for Falls Management Care Plan: This will be decided by the team depending on the circumstances for each person supported by the Services and the urgency of actions required to be taken. At the time of review, the Falls Risk Screening form should be used to identify if any risk factors have been reduced or changed which may impact on the score in the Risk Matrix and subsequent urgency and level of interventions being required as per the Action Plan. This may lead to a new Falls Management Care Plan having to be drawn up or the existing one having to be slightly updated.

FALLS RISK SCREENING AND CARE PATHWAY



Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Parameter	Assessment	Tick below
A. Cognitive Function	Alert, orientated, good safety awareness.	
	Diminished safety awareness.	
	Anxiety, poor cooperation, confusion, fear of falling	
	Lack of safety awareness/impulsivity	
B. Mobility /continence	Mobile / continent	
	Mobile / incontinent	
	Impaired mobility / continent	
	Impaired mobility / incontinent	
C. Gait / balance	Gait/ balance normal	
	Balance problem in standing	
	Difficulty rising from sitting	
	Balance problem when walking	
	Ataxia (unsteady gait)	
	Difficulty with uneven terrain	
	Requires assistive devices/support	
D. Vision	Adequate	
	Poor	
	Legally blind	
E. BP	History of hypotension (<90/60)	
	History of post-fall hypotension	
	Orthostatic drop > 20mmHg from baseline	
F. Falls history	History of falls in past 6 months (state no.)	
	Highest AIRS level of injury sustained in past 6 months	
	Risk Rating Score – see Risk Matrix Page 8	
G. Medications See page 3	None currently	
	1-2 of these meds	
	3-4 of these meds	
	Recent change in meds / dosage	
H. Existing conditions See page 3	None present	
	1-2 present	
	3 or more present	

Complete Falls Management Care Plan with any issues and recommendations for follow-up.

Assessor(s): _____

Team Leader signature: _____

Screening date: _____

Review date: _____

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Medications taken (tick as appropriate):

Diuretics		Psychoactive medication	
Cardiac		Antianxiety	
Antihypertensives		Sedatives	
Steroids		Antidepressants	
Osteoporosis medication		Benzodiazepines	
Antihistamine		Anti-Parkinson's	
Antibiotic		Anti-epileptic	
Hypoglycaemic		Anaesthetic	
HRT		Laxatives	
Anticoagulants		Other	

Conditions / disorders person presents with (tick as appropriate):

Vestibular disorder		CVA/TIA		Neurological condition	
History of RTIs		Epilepsy		Peri/Post Menopausal	
Osteopenia/osteoporosis		Anaemia		Dementia	
History of fracture(s)		Haemophilia		Cardiovascular disease	
Reduced range of movement		Diabetes		Endocrine disorder	
History of UTIs		Pain		Hypoglycaemia	
Sensory issues/impairment		Amputation		Risk of dehydration	
Recent weight loss/gain		ASD		Metabolic disorder	
Musculoskeletal disorder		Foot condition		Hearing impairment	
Poor nutritional intake		Anxiety		Excess alcohol intake	
Recent/past Cancer diagnosis		Arthritis		Depression/Bipolar	

Please specify any other condition/disorder that may be relevant:

Has a Bone Health Screening been performed as part of the annual medical check? Yes ☐
No ☐

If yes, did this indicate they are at risk for poor bone health? _____

Brothers of Charity Services Ireland Falls Risk Assessment

Name:

DOB:

Age:

BOC Ref No:

ENVIRONMENTAL SAFETY CHECKLIST

A. LIVING AREAS		YES	NO	N/A
A.1.	Adequate lighting?			
A.2.	Floor area clear of clutter / wires / rugs?			
A.3.	Floor surface level and in good repair?			
A.4.	Adequate space to manoeuvre?			
A.5.	Furniture of suitable height?			
A.6.				
A.7.				
B. HALLWAY				
B.1.	Adequate lighting?			
B.2.	Floor area clear of clutter / wires / rugs?			
B.3.	Adequate space to manoeuvre?			
B.4.	Handrails present?			
B.5.				
C. BEDROOM				
C.1.	Adequate lighting?			
C.2.	Floor area clear of clutter / wires / rugs?			
C.3.	Adequate space to manoeuvre?			
C.4.	Furniture at correct heights?			
C.5.	Brakes applied on furniture?			
C.6.				
C.7.				
D. BATHROOM				
D.1.	Adequate lighting?			
D.2.	Floor clear of clutter /wires / rugs?			
D.3.	Are assistive devices available if needed?			
D.4.	Space to manoeuvre?			
D.5.				
E. KITCHEN				
E.1.	Adequate lighting?			
E.2.	Floor free of clutter / wires / rugs?			
E.3.	Adequate space to manoeuvre?			
E.4.	Access to appliances?			
E.5.				
F. OUTDOORS				
F.1.	Level surfaces?			
F.2.	Clear of clutter / debris?			
F.3.	Steps / handrails present and safe for use?			
F.4.	Ramps in good repair and safe for use?			
F.5.	Adequate space to manoeuvre?			
F.6.				

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

G. STAIRS		YES	NO	N/A
G.1.	Are there stairs?			
G.2.	Can the person manage them safely and independently?			
G.3.	Do they require supervision?			
G.4.	Do they require assistance?			
G.5.				
H. TRANSPORT				
H.1.	Access standard bus / car door?			
H.2.	Requires side-steps to access bus?			
H.3.	Requires ramp to access?			
H.4.	Requires lift to access?			
H.5.	Requires supervision?			
H.6.	Requires assistance?			
H.7.				
H.8.				
I. GENERAL ENVIRONMENT				
I.1.	Safe and confident in unfamiliar environment?			
I.2.	Safe and confident in noisy environment?			
I.3.	Safe and confident with transition between different floor surfaces?			
I.4.	Are there risks posed by other service users in the environment in relation to falls?			
I.5.				
J. ACCESS				
J.1.	Is person able to safely approach access from outside and inside?			
J.2.	Is person able to safely cross all thresholds?			
J.3.	Do doors open with ease?			
J.4.				
K. OTHER (please specify)				
K.1.				
K.2.				
K.3.				
L. OTHER (please specify)				
L.1.				
L.2.				
L.3.				

Complete Falls Management Care Plan with any issues and recommendations for follow-up.

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

EQUIPMENT SAFETY CHECKLIST

A. BEDS	YES	NO	N/A
A. 1. Is the bed at the correct height?			
A. 2. Is the bed approved for the person's weight?			
A. 3. If there are wheels, are the brakes working?			
A. 4. Are bed rails prescribed?			
A. 5.			
B. WHEELCHAIRS			
B. 1. Are the brakes working?			
B. 2. Are the anti-tips working and in place if needed?			
B. 3. Do the footrests / legrests adjust to allow standing?			
B. 4. Do the armrests detach easily for transfers?			
B. 5. Are lapbelts provided?			
B. 6. Are lapbelts used as prescribed?			
B. 7.			
C. POWER CHAIRS			
C. 1. Are the brakes working?			
C. 2. Are the anti-tips working and in place if needed?			
C. 3. Do the footrests/legrests adjust to allow standing?			
C. 4. Do the armrests detach easily for transfers?			
C. 5. Is the speed at its appropriate setting for the environment?			
C. 7.			
D. WALKING AIDS / STICKS / STANDERS			
D. 1. Are the rubber tips in good condition?			
D. 2. Is the unit stable?			
D. 3. Is it at the correct height for the person?			
D. 4. If wheeled, are the wheels moving freely?			
D. 5. If braked are the brakes working?			
D. 6.			
E. BATHROOM EQUIPMENT			
E. 1. Is the unit at the correct height?			
E. 2. Are brakes / rubber tips in good condition?			
E. 3. Are all fittings secure?			
E. 4.			
F. LIFTS / HOISTS			
F. 1. Is a hoist available if needed?			
F. 2. Are staff trained in its use?			
F. 3. Is the unit serviced every 6 months?			
F. 4. Is the prescribed sling being used by service user?			
F. 5.			

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

G. CLOTHING / FOOTWEAR			
G. 1. Is person wearing the appropriate footwear?			
G. 2. Is person wearing orthotics if prescribed?			
G. 3. Are trousers of correct length?			
G. 4.			
H. OTHER (please specify)			
H. 1. Are glasses prescribed?			
H. 2. Are glasses worn as prescribed?			
I. OTHER (please specify)			
I. 1. Has all equipment been serviced and checked as required?			
I. 2			

Complete Falls Management Care Plan with any issues and recommendations for follow-up.

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Risk Matrix – please highlight appropriate score on table below and insert in Section F in Falls Risk Screening form

Risk Rating: Using the risk matrix multiply *likelihood x severity* to obtain risk rating. Scores are to be determined on past falls history, i.e. number of falls that have occurred and highest level of injury sustained as recorded on AIRS.

Where no falls have occurred, the person supported by our Services' medical condition or particular circumstances will determine the severity, e.g. history of fractures/osteoporosis, living environment.

When the risk rating is obtained use the Action Plan table to follow what actions are required.

SEVERITY						
L I K E L I H O O D		Low 1	Minor 2	Moderate 3	Severe 4	Catastrophic 5
	Rare 1	1	2	3	4	5
	Unlikely 2	2	4	6	8	10
	Possible 3	3	6	9	12	15
	Likely 4	4	8	12	16	20
	Almost Certain 5	5	10	15	20	25

Scoring Table

Likelihood		Severity	
1	Rare – Highly unlikely that this will ever happen	1	Low – No injury or adverse outcome
2	Unlikely – Do not expect it to happen but it is possible	2	Minor – Short term injury/damage e.g. First Aid only
3	Possible – May occur occasionally	3	Moderate – semi permanent injury/damage e.g. laceration
4	Likely – Is likely to occur occasionally	4	Severe – Permanent Injury/illness e.g. fracture
5	Almost certain – Likely to occur on many occasions	5	Catastrophic - loss of body part/paralysis/death

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Action Plan

Assessment	Priority	Action Required
Trivial Risk 1-3	Non-urgent	No action needed
Minor Risk 4-6	Non-urgent	Screening conducted Staff vigilance Monitoring required Onward referral/consultation as appropriate Falls Management Care Plan completed as determined by risk identified
Moderate Risk 8-12	Action needed	Screening and assessment conducted Onward referral/consultation as appropriate Controls required as soon as practical Falls Management Care Plan completed
Substantial Risk 15-16	Urgent action needed	Screening and assessment conducted Onward referral/consultation as appropriate Controls required immediately Falls Management Care Plan completed Signed off by Sector Manager
Intolerable Risk 20-25	Urgent action needed	Work/activity prohibited/ceased Screening and assessment conducted asap Management contacted immediately Controls required immediately Signed off by Sector Manager

Brothers of Charity Services Ireland Falls Risk Assessment

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Onward referral made to appropriate personnel, please fill in as appropriate:

Tick	Healthcare Professional/Personnel	Date referred
	Physiotherapist	
	Occupational Therapist	
	Psychologist	
	Clinical Nurse Specialist	
	GP	
	Speech and Language Therapist	
	Psychiatrist	
	Pharmacist	
	Dietician	
	Orthotist / Chiropodist	
	Optician / Eye Specialist	
	Consultant	
	Buildings and Facilities Manager	
	Other:	

Brothers of Charity Services Ireland Falls Management Care Plan

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Falls Management Care Plan

Details

Individual's Name:		File Reference Number:	
Form completed by		Date:	

Brief history of falls and identified risks:
(Please see Falls Risk Screening form)

RISK IDENTIFIED	PREVENTION / MANAGEMENT STRATEGY
-----------------	-------------------------------------

Brothers of Charity Services Ireland Falls Management Care Plan

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

A.	Cognitive Function	
B.	Mobility / Continence	
C.	Gait / Balance	
D.	Vision	
E.	BP	
F.	Falls History	
RISK IDENTIFIED		PREVENTION / MANAGEMENT STRATEGY
G.	Medications	

Brothers of Charity Services Ireland Falls Management Care Plan

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

H.	Existing Conditions	
I.	Environment Related Risks	
J.	Equipment Related Risks	

Brothers of Charity Services Ireland Falls Management Care Plan

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Sign- off sheet for Team Leader and all relevant personnel

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Review date as agreed by team: _____

Date copy forwarded to Sector Manager/Regional Manager if applicable: _____

Brothers of Charity Services Ireland Falls Management Care Plan

Name: _____ DOB: _____ Age: _____ BOC Ref No: _____

Sign off Sheet for frontline staff - Falls Management Care Plan

[illegible]

POST FALLS ASSESSMENT

Details			
Individual's Name:	File Reference Number:	Date of Fall:	Time of fall:
Form completed by:			
<p>The form is to be completed when a person has sustained a fall. The assessment should be completed as soon as possible after the fall has happened. Staff need to be vigilant to review the assessment where necessary as some signs and symptoms may present at a later stage. The form allows for several reviews of the signs and symptoms within a 24 hour period.</p> <p>Any concerns regarding a suspected head injury should be reported to GP and guidance followed.</p>			

Assessment Details	Signs & Symptoms	D & T 1 st observation	D & T 2 nd observation	D & T 3 rd observation	D & T 4 th observation	Comments
Level of Consciousness	D=Date T=Time Tick below boxes Yes= \sqrt No=x					
	Responsive					
	Less responsive than usual					
	Unresponsive/unconscious (call 999)					
Head Injury	History of a blow to the head					
	Leaking fluid from the nose or one ear					
	PEARL (pupils equal and reacting to light)					
	Nausea or vomiting					
	Noisy breathing					
	Blurred or double vision					
	Loss of balance and coordination					
	Altered sensation in the fingers or down one side of the body					
Pain/ Discomfort	Loss of short-term memory – e.g. recent events					
	Headache					
	No evidence of pain/discomfort					
	Showing signs of pain (non-verbal)					
	Complaining of pain (verbal)					
Injury/wounds (check	Showing signs of pain/discomfort on examination					
	No evidence of bleeding					

POST FALLS ASSESSMENT

for open wounds, haemorrhage)	Swelling/deformity					
	Bruising/bleeding					
	Site of injury (if any)					
Movement (check for shortening or rotation of limb)	Able to move limbs on command (within pre-fall range of movement)					
	Able to move but with pain					
	Unable to move limbs on command or spontaneously					
Mobility	Avoidance of normal movement activities					
	Able to get up and weight bear					
	Able to assist but showing signs of discomfort					
	Unable to assist themselves up and requires hoist or other handling equipment.					
	Major change in mobility and condition from pre-fall status					
Observations (record the following)	Pulse					
	Blood Sugar					
	Blood Pressure					
State Any Action Taken as a result of the fall:						

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Please indicate on body chart any observable signs of injury/bruising/loss of movement and areas where service users report any symptoms of pain/discomfort

