

**Prevention and Management of Slips Trips and Falls, including falls from a height**

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## 1. Introduction

Slips and trips resulting in falls are the most common cause of major injuries in the workplace in the UK. Falls can be separated into two types – those occurring at the same level (i.e. on floors) and those falls that occur from a height (i.e. from a window or a step ladder). Falls from a height, even at quite low level can cause serious injury and death.

Patient safety is a key focus, especially when providing care and services to older and vulnerable persons. Falls are also a key focus within the National Service Framework for Older People with Standard 6 and the NPSA (Patient Safety First – campaign review 2008 to 2010) aiming to reduce the number of falls which result in serious injury as well as ensuring effective treatment and rehabilitation for those who have fallen, (DOH 2001)

Slips, trips, falls and falls from a height do not just affect patients but can affect staff and members of the public alike. Management of risks should therefore not be limited to clinical care and settings but must be inclusive of all environments.

Older People with mental health issues are up to three times as likely to fall as those without.

For each individual patient that sustains a fall, adverse outcomes in addition to any physical injury, may include:

- Psychological problems, for example, a fear of falling and loss of confidence in being able to move about safely. This may result in increased risk of pressure-related injuries, infections,
- Loss of mobility leading to social isolation and depression
- Increase in dependency and disability.
- Increased length of stay resulting from injury or psychological trauma after the fall
- Increased supported care on discharge

Falls are a major cause of disability and nationally a leading cause of mortality. A fall can precipitate the need for long-term care, fear of falling can provide a significant limitation on daily activities and long-term psychological difficulties for the older person.

These accidents can be cut dramatically through planning and positive management during refurbishment and in new builds, together with good housekeeping. Slips, trips and falls are not an inevitable part of the healthcare sector.

## 2. Policy Statement

Avon and Wiltshire Mental Health Trust will ensure that the risk of falling to all patients is assessed within all services. Where the risk of falls remains high appropriate risk management strategies will be employed to reduce the risk of falls and falls from a height as far as reasonably practicable. Additionally, where a patient is identified as being at high risk of falls, individualised steps will be undertaken to reduce the risk of injury and an alert added to their record on Rio.

The Trust will also ensure that all its premises and grounds are assessed for the risk of falls and that appropriate action where necessary is undertaken to minimise the risk of falls to anyone visiting the premises.

The Specification for flooring contained in the Guidance document [Flooring COF and Micro-roughness](#) is to be implemented through phased replacement of existing flooring as part of maintenance plans and through specification of the correct flooring, based on risk assessments, in new builds and refurbishments. Where risk assessments show that there is significant risk, such as in bathrooms or high risk areas, due to inappropriate flooring then these will be managed through normal channels to ensure the risk is addressed without undue delay.

### 3. Purpose

The purpose of this policy is to describe the process for managing the risks associated with slips, trips, falls and falls from a height involving patients, staff and any other persons who might come onto hospital or Trust premises.

It will examine the contributory factors that lead to slips, trips, falls and falls from a height and will outline the duties and responsibilities of all staff.

The aim of the policy is, by reducing and managing risks, to reduce the incidence of falls, minimise the number of serious injuries and standardise the quality of falls care and risk management across the Trust

The Health & Safety At Work Act 1974 places duties on the employer to ensure that, so far as is reasonable and practicable, work is safe and without risk. This also covers persons not at work but who may be affected by the employers undertaking. In the case of the Trust such persons are service users, visitors, contractors and members of the public.

### 4. Scope

This policy covers all settings and teams within the Trust without exception whether they are clinical settings or not. The environmental factors and falls from a height sections apply to all Trust staff, service users and visitors. It includes gardens, grounds and paths on Trust property, access and egress routes and within buildings interiors and access to roof spaces.

The clinical aspects of this policy are particularly relevant to all staff involved in the assessment, treatment and review of all patients / service users under the care of Avon and Wiltshire Mental Health Partnership NHS Trust.

Assessment not only includes assessments of patient falls but also assessment of the environmental risks associated with walking surfaces, steps, stairs etc.

### 5. Clinical Assessment and Management

The three new parts in the Quality Standard for Falls Prevention in Older People relate to clinical matters of identifying people at risk of falling, undertaking multifactorial risk assessment for older people at risk of falling, and the provision of multifactorial interventions.

#### 5.1 Identifying people at risk of falling

A person's diagnosis or age is not an indicator of risk of falls. Rather, NICE suggests that the following should be considered as indicators of an increased risk

- Having cognitive impairment
- Having a visual impairment
- Are physically frail or have a condition that affects mobility or balance such as arthritis, diabetes, incontinence, stroke, or Parkinson's disease.
- Are taking multiple drugs, psychoactive drugs (such as benzodiazepines), or drugs that can cause postural hypotension (such as anti-hypertensive drugs).
- Have a fear of falling

Practitioners should note that in line with National Guidance the Trust considers Falls Risk Assessments an important part of all Service User Assessments. As part of the Rio Risk Screen, all patients across in-patient and community services must be screened for falls risks with an alert added to their records on Rio as necessary.

If a risk of falls has been identified in the community setting on the Rio Risk Screen, the clinician should make a referral to the relevant physiotherapist or occupational therapist who may guide referral to appropriate generic services to ensure compliance with best practice and good management of falls.

On admission to functional and dementia care settings nursing staff should carry out an assessment of risk in line with the guidance given as part of the CPA process, this will be care planned accordingly to manage/control the risks identified and fully documented in the patient's records. Those patients identified with a diagnosis of dementia or functional illness and a higher number of risk indicators should have a comprehensive multifactorial assessment completed and recorded within care records. This should inform a plan of care that can best manage any risks whilst maintaining mobility, with an appropriately graded alert added to the records.

The risk assessment should be repeated according to changes in the patients' condition (including changes in medication), and care planned accordingly, these reviews will be fully documented in the patient records.

A diagram of the clinical risk management and care pathway is shown on Page 7. This summarizes the relationships and pathways described in this section.

## 5.2 Multifactorial assessment

NICE suggests a multifactorial assessment may include assessment for:

- Chronic conditions that affect mobility or balance (including arthritis, diabetes mellitus, stroke, Parkinson's disease, and dementia).
- Gait, balance, and mobility problems.
- Osteoporosis risk.
- Perceived impaired functional ability and fear relating to falling.
- Visual impairment.
- Cognitive, neurological, and cardiovascular problems.
- Urinary incontinence.
- Home hazards.
- Polypharmacy (the use of multiple drugs) and the use of drugs that can increase the risk of falls, for example drugs that can cause postural hypotension (such as antihypertensive drugs) and psychoactive drugs (such as benzodiazepines and antidepressants).

In-patients assessed at risk of falls should have an assessment made of their immediate bed space environment etc. to ensure that appropriate measures are taken to reduce risk, as per [Appendix 4 Nursing Actions](#) and "An Individualised Care Plan" ( refer to [Appendix 1 - Nursing Falls Care Plan Guidance](#) . This management plan should be reviewed with subsequent ward / clinical area moves if applicable.

## 5.3 Multifactorial interventions

NICE advises that multifactorial interventions which may be commonly offered following a multifactorial assessment include:

- Strength and balance training
- Home hazard assessment and intervention
- Vision assessment and referral.

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- Medication review — psychotropic drugs are reviewed, with specialist input if appropriate, and discontinued if possible.

Care plans should be modified to ensure that activities undertaken are done as safely as possible in conjunction with the patients' mobility assessment ([see Manual Handling Policy](#)) and updated regularly with the date recorded when completed. They should indicate if a service user is a frequent faller.

These additional interventions should be documented in the Care Plan and rationale recorded in the contemporaneous notes.

Referral to Occupational Therapy and Physiotherapy should be made for further assessment and intervention

Family and Carers should be made aware of the patient falls risk and advised of any issues that require attention while the patient is an inpatient e.g. provision of suitable footwear, availability of spectacles and they should be given a copy of the Falls leaflet. Additionally, staff may find it useful to provide copies of [Falls: assessment and prevention of falls in older people - CG161](#) whilst this document is designed predominantly for older people it contains useful information for all age groups. Time should be given to explain the contents of this leaflet and its implications by a relevant member of the Multidisciplinary Team.

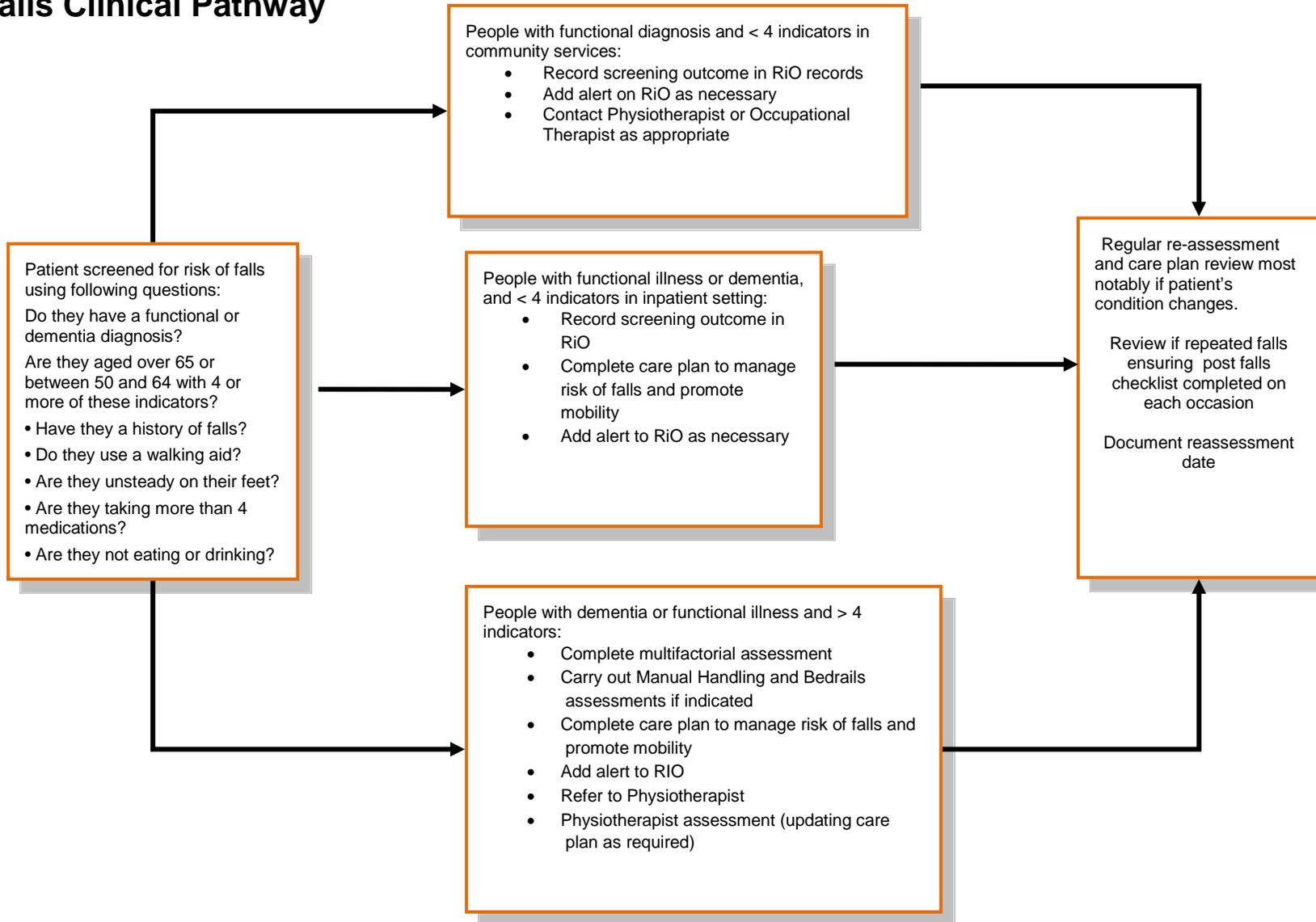
The Discharge Summary sent to the patient's General Practitioner (GP) on discharge/commencement of leave should clearly identify any risk of falls identified during the hospital stay, including what additional support in the community is required (i.e., referral to the PCT/Commissioning Group Falls Specialists etc).

Referrals on to other agencies and Professionals.

If following assessment there are concerns regarding:

Medication	Refer for medication review by an AWP responsible prescriber
Postural Hypotension	Refer to medic and / or nursing colleagues.
Vision	recommend eye test
Hearing	recommend hearing test
Foot Problems	refer to GP to request input from podiatrist.
Specific problems relating to persons environment	refer to Occupational Therapist.
Nutrition	Complete Core Assessment 24hr Physical Monitoring using Nutrition Screening Tool Calculator  <a href="#">Nutritional Screening Tool Calculator</a>

## Falls Clinical Pathway



## 6. Environmental Risk Assessments – Risk to all persons

All Trusts premises must be assessed for risks arising from slips, trips and falls. Risk of falls from a height and access to high places should be assessed. Tasks involving work at a height shall be assessed and where reasonably practicable avoided. Where work is required at a height suitable control measures should be put in place to control the risk of falls. This equipment should be suitable to the nature and duration of the work.

Teams within shared premises, either AWP or other organisations will have a joint responsibility for these buildings and are required to co-operate and co-ordinate their actions so that all areas are covered. This particularly relates to public areas on Trust estate such as car parks, paths and common garden areas. Risk assessments must be in line with a risk assessment work plan which identifies, in order of priority, the significant risks that staff or other persons may be affected. These assessments are reviewed when there has been significant change or reason to believe there has been change, or in any event, on an annual basis. The [Standard Risk Assessment Tool](#) detailed in the [Risk Assessment Policy P054](#) should be used for recording assessments following the matrix and system for grading risks as detailed.

Instrumental in developing safe systems of work is the knowledge of risks present. These risks and the control measures or safe systems of work are identified through the risk assessment process.

The Trust will therefore need to ensure that suitable and sufficient risk assessments have been made and that measures are identified to reduce these risks to the lowest level which is reasonable and practicable. The risk assessment should also identify those groups who are exposed to risk and those that are vulnerable, the very young or older adults and any risky areas, lobbies, bathrooms that may be slippery or areas such as windows, balconies or roof access where there is a risk of falls from a height.

Further guidance on slips, trips and falls can be found in [Appendix 2](#) of this policy and guidance on falls from heights can be found in [Guidance On The Application of The Work at Height Regulations](#) and the Trusts [Window Safety Policy](#).

Specifications for new and replacement flooring is given in [Flooring COF and Micro-roughness Guidance](#) and should be referred to whenever flooring needs to be replaced. It must not be replaced like for like but should be assessed to determine the most appropriate product.

Each team will appoint sufficient competent risk assessors and ensure they are given reasonable resources, training and time to complete risk assessments in line with the work plan. Where there is no appointed assessor the default responsibility is that of the team manager.

### 6.1 Post Fall Care and Guidance

If a service user falls then nursing staff should follow the guidance in the [Post Falls Checklist](#) and record in RIO records. Staff should complete an incident form following a fall experienced by a service users or staff including where fall occurred, any injuries, observations, footwear, walking aids and any environmental factors. If the fall is a repeated episode then this should be recorded in the service user's care plan and updated if necessary and a request made for reassessment by a physiotherapists

## 7. Roles and Responsibilities

### 7.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all service users under their specific care.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

### 7.2 Responsibilities of The Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

### 7.3 Responsibilities of the Programme Director for Organisation Development

The Programme Director for Organisational Development, as person responsible for training takes responsibility for ensuring that the Learning & Development Department provides adequate training to ensure this policy is implemented and that the content of the training is regularly reviewed to ensure it continues to provide the necessary skills and knowledge to ensure staff are able to discharge their legal duties and duty of care in accordance with current standards and best practice

### 7.4 Responsibilities of All Directors & Clinical Directors

All Directors and Clinical Directors will bring this policy to the attention of all their staff, including new and temporary staff, and management team and ensure that it is observed at all times. Directors and Clinical Directors will also require each team to:

- Ensure the pathway is followed for all in patients. Outcomes should be recorded on Rio.
- A care plan is formulated and that adequate actions appropriate to that risk are undertaken.
- Environmental risk assessment findings must be recorded and should be entered on the delivery unit specific risk register. Action should be taken to rectify any significant risks in line with good risk management process. All risk assessments must be reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident). The significant findings of risk assessments must be communicated to staff as should the controls and recommendations given as a result of the risk assessment.
- All clinical risk assessments must be reviewed at CPA review or on significant change (i.e. change of presentation, condition or after an adverse incident).
- Ensure control measures and safe systems of work as necessary are developed and implemented. These will include regular inspections to monitor cleanliness, maintenance issues and general wear and tear.
- Ensure that the process is monitored and adequate support is provided for line managers to ensure that their responsibilities are met.
- Ensure arrangements which implement this policy are devised and reviewed.

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- Play a key leadership role in developing and sustaining a pro active culture, personal and professional responsibility for health and safety issues.

### 7.5 Responsibilities of Line/Ward Managers and Team Leaders

#### General responsibilities

- Managers will bring this policy to the attention of all their staff and ensure that these are observed.
- Ensure that this policy is implemented within their team and that both clinical and non-clinical risk assessments are undertaken as appropriate to the setting.
- Ensure control measures and safe systems of work as necessary are developed and implemented and communicated to staff.
- To undertake quarterly inspections of the area within their remit to check for any new risks or loss of safety controls. This duty is not to repeat the whole risk assessment but to identify any changes that could lead to new or increased risk. Such checks should be noted on the workplace inspection forms. Any defects or risks should be acted upon immediately.
- Ensure arrangements which implement this policy are devised and reviewed.
- Play a key management role in developing and sustaining a pro-active culture, personal and professional responsibility for health and safety issues and work.
- Duties in regards to falls from windows are contained within the [Window Safety Policy](#)

### 7.6 Clinical responsibilities (inpatient teams only)

#### Ward/team Managers

- Ward/team Managers should ensure that all environmental assessments including those from falls from a height and windows are undertaken and reviewed as per policy, and that all actions as appropriate are undertaken.
- Ward/team Managers should ensure that individual patient assessments are undertaken on all in-patients as per policy, and all actions as appropriate are taken and documented in the care plan.
- Actions not implemented should be identified to the delivery unit Clinical Risk Lead.
- All in-patient falls should be reported. Those patients that fall frequently, and any that sustain an injury, should be investigated following the [Policy for the Reporting, Management and Investigation of Adverse Incidents \(including Serious Untoward Incidents\) \(Also known as The Incident Policy\)](#). Risk assessments and plans should reviewed in the light of the incident investigation findings. Any event that results in serious harm should be thoroughly reviewed through the RCA process so that lessons are learned.
- Ward/team Managers should ensure that all appropriate referrals are made and that appropriate care providers are advised regarding discharge plans.

### 7.7 Health and safety responsibilities (all managers and team leaders)

- Ensure non-clinical risk assessments for slips, trips and falls and falls from a height are undertaken which identify potential risks and the adequacy of the systems that manage these risks. These assessments come under the schedule of assessments required by the Trust under the [Risk Assessment Policy –P054](#).
- Risk assessments must be reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident). The significant findings of risk assessments must be communicated to staff as should the controls and recommendations given as a result of the risk assessment

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- Managers should communicate any risks via their LDU service specific risk register using the locally agreed process for undertaking this.
- Duties in regards to falls from windows are contained within the [Window Safety Policy](#)

### 7.8 Responsibilities of Individual Employees

#### All Community Clinical Staff

- If a risk of falls has been identified in the community setting on the Rio risk screen consider referral to the relevant physiotherapist or occupational therapist ;this may be within generic community services ,to ensure compliance with best practice and good management of falls.

#### All inpatient clinical staff

- Complete the Care plan and add an alert for all patients assessed at risk of falls (see pathway on Page 7) Review if a fall or significant change in condition occurs referring to physiotherapy and occupational therapy for follow up and completion of a multifactorial assessment
- Ensure all care given is documented in the patients notes (see also [Nursing Care Plan Guidance](#) for information) and a care plan is in situ if risks are identified this should be updated following a further fall.
- Ensure those people identified at risk of falls are discussed as appropriate in handover, wards rounds, and when patients are transferred to other services.
- If a fall occurs then staff should follow the post falls checklist and guidelines on what to do if a person falls and recorded in RIO records (Appendix 5) [Post Fall Checklist](#).
- Careful consideration should be given to the use of bed safety rails and assessment findings (please refer to [Safety Guidance for Selection, Maintenance and Use of Bed rails](#)). Any care planned should be discussed with the patient and/or Next of Kin/carers where appropriate and with the patients' consent. This should be documented in the patient records. (Appendix 6) [Policy Guidelines and Procedures for Using Bedrails Safely and Effectively](#)
- Ensure ongoing environmental checks are undertaken to minimise hazards that could increase falls risk e.g. suitable levels of lighting, obstacles, wet floors etc.
- Ensure compliance with agreed preventative measures is ongoing.
- Ensure any deviations are documented. Non-compliance with care plans should be considered either as an Adverse Incident, and should be reported accordingly and documented in the care plan.

#### Duties of all staff

The Health and Safety at Work Act 1974 states the following duties:

- Every employee has a duty of care for the health and safety of people at work and of other persons who may be affected by work activities.
- Employees must take care of themselves and others at work and co-operate with AWP in the implementation of health and safety systems.
- Employees must obey the directions of their employer in matters relating to health and safety or compliance with legal duty.
- Employees must not interfere with or misuse items provided in the interests of health and safety.
- Staff have a duty follow all safe systems of work, procedures and management plans in place to control risks. Furthermore staff must report any hazard that could give rise to new or increased risk to health and where appropriate, take immediate compensating action.

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- Further guidance can be found in Appendix 7 [Slips, Trips and Falls and Falls from a Height – Guidance to staff](#).

### 7.9 Learning & Development Department

The Learning & Development Department will provide an adequate training resource to ensure that the Trust can comply with its policy. It will liaise with operational management to ensure that training needs are monitored and that provision reacts accordingly.

### 7.10 Estates and Facilities Directorate

The Estates and Facilities Directorate will, liaising with the Project Manager, ensure that all new builds and refurbishments and other projects shall include suitable and sufficient risk assessments and consideration of the elimination or control of risks from slips, trips and falls by liaising with staff and the health and safety department in formulating specifications within the project (see [Flooring COF and Micro-roughness](#) guidance).

To facilitate this, the Estates and Facilities Directorate will provide appropriate representation in project steering groups and, liaising with the Project Manager, include appropriate representation from affected staff, the health & safety department and other pertinent leads such as Infection Control, Facilities Management and Sustainability.

The Estates and Facilities Directorate will monitor the planned preventative maintenance programme for the Trust roads and paths are in place in order to reduce slips, trips and falls.

The Estates and Facilities Directorate will carry out regular inspections of Trust car parks, paths and walkways are carried out and appropriate actions taken.

The Estates and Facilities Directorate will ensure guidance and advice referred to in HTM61 is followed with regard to flooring design, specification, procurement, construction, commissioning, cleaning and maintenance of flooring.

The Estates and Facilities Directorate will, so far as is reasonably practicable provide appropriate lighting in general areas in order to reduce the risk of individuals misjudging flooring or not seeing contaminants.

The Estates and Facilities Directorate will ensure contractors and sub-contractors are effectively monitored in order to reduce hazards from slips, trips, falls and falls from heights which they create.

The Estates and Facilities Directorate will ensure that suitable contracts and arrangements are in place for the treatment of Trust roads and pathways during adverse weather conditions (e.g. snow and ice) in order to reduce risk of slips, trips and falls.

Estates and Facilities Directorate will ensure guidance and advice referred to in HTM61 is followed with regard to flooring cleaning and maintenance.

Estates and Facilities Directorate will ensure that appropriate means of cleaning floors is available and that suitable safe systems of work and equipment is in place that reduces the risk of slips, trips and falls by reducing the hazards from wet, slippery and contaminated floors. Risks from working from height shall be avoided where reasonably practicable or by means of selection of appropriate access equipment, safe systems of work and risk assessment.

Duties in regards to falls from windows are contained within the [Window Safety Policy](#).

## 7.11 Health & Safety Department

The Health & Safety Department will advise and support staff as necessary in conducting health and safety risk assessments using the HSE Slip Assessment Tool (SAT) as formal slip testing where deemed appropriate

The Health and safety Department will assist in specifying appropriate flooring materials.

The Health & Safety Department will also conduct random inspections to review assessments. Under authority granted in the Trusts [Health and Safety Policy P094](#) members of the Health & Safety Department have the power to issue internal improvement notices for non compliance with this policy or in the case of imminent and serious risk an internal prohibition notice, the scope of which may be to prohibit the use of a room or area until adequate rectification of the risks has taken place.

## 8. Standards

The following are regulations enforceable by HSE:

- Health & Safety At Work Act 1974
- Management of Health & Safety At Work Regulations 1999
- Workplace, Health Safety and Welfare Regulations 1992
- The Work at Height Regulations 2005 (as amended)

NICE CG161: Falls: assessment and prevention of falls in older people

## 9. Training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of slips, trips and falls and falls management.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for slips, trips and falls has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

### 9.1 Raising Awareness

Awareness in slips, trips and falls and falls from a height are generated by a number of processes within the Trust and include:

- Corporate Induction training
- Team level induction
- Health and Safety Essentials for Managers Training
- Statutory risk assessment scheduling
- Communications bulletins, including information for staff
- Carers information booklets
- CPA training - assessing patient risks

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- Local health and safety meetings and PEAT meetings
- The Bedrails policy and associated guidance.
- Thematic reviews of incidents

### 10. Monitoring or Audit

The Trusts Physical Healthcare group has oversight of falls incidents, trends, falls prevention and best practice. It reports regularly to the Quality and Standards Meeting.

Annual falls audits are carried out by physiotherapists in a number of inpatient wards. The Trust's arrangements for falls prevention and management will be evaluated through annual risk assessments and clinical risk assessments. Progress with risk assessments and any actions arising from them are reviewed through LDU safety groups and risk registers.

The Trust benchmarks its performance on incidents annually in relation to falls with other mental health trusts through consideration of the NRLS reports. Details of this analysis is included within the reports to Quality and Standards Committee (on a six monthly basis)

The Health and Safety Group review adverse incident data and environmental risk assessments

An annual programme of risk assessments is in place to monitor the Trust's arrangements for environmental falls hazards and through falls assessments of part of the patients CPA. The results of this activity are reported to the Health, Safety, Security and Fire Group. The schedule of risk assessments is linked to the [Risk Assessment Policy P054](#)

The Learning and Development department will maintain records of CPA training and falls training and follow up non attendees. The training programme is routinely evaluated by participants.

The Trust commissions an annual audit of health and safety, of which falls management is a part. The results of this audit are reported to the Health, Safety, Security and Fire Group and the Quality and Standards Committee.

### 11. Definitions

**FALL** – A fall is an event which results in the person or a body part of the person coming to rest inadvertently on the ground or other surface lower than the person, whether or not an injury is sustained. It occurs at the same level as the surface being traversed.

**SLIP** – A slip is to slide accidentally causing the patient to lose their balance, this is either corrected or causes a person to fall.

**TRIP** - A trip is to stumble accidentally often over an obstacle causing the person to lose their balance, this is either corrected or causes the person to fall

**FALL FROM A HEIGHT** – Is a fall from a raised position such as from a window or a stepladder. Under the Work at Height Regulations 2005 working at “a height” is a place where the person could be injured falling from it.

Slips, trips, falls and falls from a height should be reported as incidents under the Trusts Adverse Incident Reporting Policy, either being recorded as a near miss or actual injury. Some of these may come under the definition of RIDDOR (see below)

**RIDDOR** – the Reporting of Industrial Diseases and Dangerous Occurrences (Regulations, 1995). Certain incidents such as major injuries that arise out of or are in connection with work have to be reported to the Health and Safety Executive (HSE). These may include falls resulting in fractures amongst other incidents.

Further guidance on RIDDOR is available on the Trust Intranet:

<http://ourspace/StaffServices/FtoJ/HealthSafety/Pages/RIDDOR.aspx>

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## 12. Associated and Related Procedural Documents

Trust Policies

[Health and Safety Policy P094](#)

[Risk Assessment Policy P054](#)

[Window Safety Policy P049](#)

[Engagement and Observation Policy P087-](#)

[Manual Handling Policy P048](#)

[AWP Care Programme Approach and Risk Policy P032](#)

[Incident Management policy P057](#)

[Policy for the Recognition Prevention and Management of Violence and Aggression P057](#)

[Medicines Policy P060](#)

[Policy Guidelines and Procedures for Using Bedrails Safely and Effectively P068](#)

Appendix 1 of the Guidelines and Procedures for Using Bedrails Safely and Effectively Policy P068 – [Bedrails Risk Screen](#)

Appendix 2 of the Guidelines and Procedures for Using Bedrails Safely and Effectively Policy P068 – [Risk Assessment for the Use of Bedrails](#)

### 12.1 Falls and Fall Prevention Guidance Documents

[Flooring COF and Micro-roughness](#)

[Guidance on the application of the work at Height Regulations](#)

[Guidelines for the Management of a Fall or Suspected Fall](#)

[Slips, Trips and Falls and Falls from a Height – Guidance to staff.](#)

## 13. References

WHO publication - Kanis JA, on behalf of the World Health Organisation Scientific Group. Assessment of osteoporosis at the primary health care level. WHO Collaborating Centre for Metabolic Bone Diseases, University of Sheffield 2007

Preventing Slips and Trips at Work IND G 225 (2007)

Slips and trips: Guidance for employers on identifying hazards and controlling risks HSG155 (1996)

Slips and trips in the health services HSIS 2 (2003)

Assessing the slip resistance of flooring: HSE Slips and trips 1 (2007)

Slips and trips: The importance of floor cleaning HSE Slips and Trips 2 (2005)

Health Technical Memorandum 61: Flooring DOH (2006)

The Work at Height Regulations 2005 – A brief guide to the Regulations INDG 401 (2007)

NICE CG161: Falls: assessment and prevention of falls in older people

## 14. Appendices

- Appendix 1 [Nursing Falls Care Plan Guidance](#)
- Appendix 2 [Risk Control Checklist for slips, trips and falls and falls from a height](#)
- Appendix 3 [Commonly prescribed Drugs that may contribute to falls](#)
- Appendix 4 [Nursing Actions](#)
- Appendix 5 [Post falls checklist](#)
- Appendix 6 [Policy Guidelines and Procedures for Using Bedrails Safely and Effectively](#)
- Appendix 7 [Slips, Trips and Falls and Falls from a Height – Guidance to staff.](#)
- Appendix 8 [Falls Summary NICE 161](#)

<b>Version History</b>				
<b>Version</b>	<b>Date</b>	<b>Revision description</b>	<b>Editor</b>	<b>Status</b>
1.0	17 Dec 2008	Approved by Board	PAD/RA	Approved
2.0	01 Mar 2011	Approved by the Quality and Healthcare Governance Committee	PAD/EB	Approved
3.0	4 Dec 2012	Revisions made at Trust Nursing Advisory Group. Approved by Quality and Safety	PAD	Approved
4.0	7 May 2014	Approved by the Quality and Standards Committee	PAD	Approved
5.0	19 April 2016	Approved by the Quality and Standards Committee	PAD	Approved
5.1	15 Aug 2018	Minor Amendments approved by Julie Kerry inc change link to Post Falls Checklist	CL	Approved