

Title of POL: Falls Prevention

Custodian: Group Managing Director

Version Number: 03

Issue date: 27.01.26

Review date: 27.01.29

**POLICY (POL)**

|                                 |  |                         |             |
|---------------------------------|--|-------------------------|-------------|
| Title of Policy                 | Falls Prevention   |                         |             |
| What type of document is this?  | Policy   | Policy Reference Number | HHH-POL-039 |
| Purpose of Policy               | To ensure that all Helping Hands employees continuously take all reasonable precautions to minimise the risk of slips, trips, and falls for customers.   |                         |             |
| ROLES AND RESPONSIBILITIES      |  |                         |             |
| Roles                           | Responsibility   |                         |             |
| Carers                          | To ensure safety of customers by following Helping Hands falls prevention policy and associated guidance. To report any known customer slips trips and falls in the correct manner, to seek guidance, when necessary, from line manager(s). To report concerns to line manager(s) of any changes to customer needs in relation to falls prevention.  |                         |             |
| Care Manager – Branch Employees | To ensure that all reasonable precautions are taken to minimise the risks of slips, trips and falls for customers. To respond to changes to customer needs, ensure that all slips trips and falls are reported, recorded and managed correctly, investigated thoroughly and appropriate actions are considered. To ensure Care Quality Commission (CQC) or Care Inspectorate Wales (CIW) are notified of any serious injuries and the accurate tracking and logging of such notifications are maintained. To ensure that risk of falls is noted within customer support plans and risk assessment appropriately. |                         |             |
| Area Care Managers (ACMS)       | To support managers and oversee the effective reporting and recording of slips trips and falls. Liaise with branch employees to assess and track slips trips and falls trends at a regional level. Communicate trends, learning and outcomes effectively.  |                         |             |

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| <b>Quality Assurance (QA)</b> | To ensure that all monthly accident & incident reports are reported and trend analysis is completed quarterly.  |
| <b>All Other employees</b>    | To maintain a constant awareness of potential hazards within the workplace related to slips trips or falls. To report any known hazards or concerns to line manager(s). To deploy any reasonable precautions to minimise the risks of slips, trips and falls.   |
| <b>Scope of Policy</b>        | Helping Hands recognises its responsibility to ensure that all reasonable precautions are taken to minimise the risks of slips, trips and falls. The purpose of this policy is to provide employees with a strategy to identify customers at risk of falling and implement measures for the safe management, effective reporting, reduction of and where possible the prevention of slips, trips and falls. |

**1.0 Objectives**

- 1.1 To reduce the risk of falls to our customers, providing a safe environment.
- 1.2 To ensure compliance with relevant legislation and guidance.
- 1.3 To encourage and implement preventative measures wherever possible.
- 1.4 To clearly detail preventative measures in the appropriate form and risk assessment.
- 1.5 To improve awareness around risks and prevention of slips, trips and falls.

**2.0 Policy Details**

- 2.1 It is intended that all slips, trips and falls; including incidents that may have been unwitnessed but may have resulted in the same outcome as a fall, e.g., customer found on the floor; or near misses, e.g., where the intervention by another person may have prevented / controlled the fall, involving a customer will be:
  - 2.1.1 Reported to the relevant care manager(s) / senior member; and any family / key members involved will be notified.

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- 2.1.2 Assessed in collaboration with a clinician where required, e.g., NHS III, GP, or emergency services.
- 2.1.3 Recorded on an Accident – Near Miss & Incident form on the system without delay.
- 2.1.4 Where appropriate, branch to ensure referral of incident to:
- 2.1.4.1 Local authority – safeguarding: if there is suspicion that the fall resulted from neglect, omission of care, or poor environmental safety
- 2.1.4.2 The relevant regulator – CQC or CIW: If the incident resulted in serious injury, prolonged harm lasting more than 28 days, or death.
- 2.1.4.2.1 CIW – refer to The Regulation and Inspection of Social Care (Wales) Act 2016 – Statutory Guidance Regulation 60: Notifications
- 2.1.4.2.2 CQC – refer to The Health and Social Care Act 2008 (Registration) Regulations 2009 – Regulation 16: Notification of death of service user; and Regulation 18: Notification of other incidents
- 2.1.4.3 Any other relevant stakeholders where appropriate.
- 2.1.4.4 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) – Incidents must be reported to RIDDOR within 10 days if they result in the death of any person, specified injuries to workers, non-fatal accidents requiring hospital treatment for a customer, or dangerous occurrences
- 2.1.5 The care manager will ensure that:
- 2.1.5.1 All employees are made aware of how to report and record slips trips and falls.

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- 2.1.5.2 All employees have access to the falls prevention policy and associated guidance.
- 2.1.5.3 All carers have completed mandatory moving and handling training.
- 2.1.5.4 All reports of slips, trips and falls result in a dynamic review of relevant risk assessments and support plan for the affected customer, according to this policy.
- 2.1.5.5 The support plan review is holistic, i.e., will look at other risk factors and assessments to identify and assess possible reasons for falls and how they may be prevented in future.
- 2.1.5.6 All applicable Accident – Near Miss & Incident forms are populated with evidence of investigations, reviews, outcomes, immediate, underlying and root causes, and relevant learning.

**3.0 Procedures**

- 3.1** The risk of slips trips and falls is applicable to everyone. However, there are some individuals who may be at greater risk associated with a range of factors but not limited to; medical conditions, medication with side effects, physical or sensory impairments. Therefore, Helping Hands understands that a robust approach to falls prevention and procedures related to risk assessing, reporting, recording, investigating, root cause and learning is essential.
- 3.2** This policy provides requirements for employees on how to implement Helping Hands Falls Prevention Policy for customers. The policy should be read in conjunction with the Moving and Handling Policy and Procedure. Helping Hands commits to continuous improvement and learning from incidents to prevent reoccurrence.

**POLICY (POL)****3.3 Initial Customer Assessment:**

- 3.3.1 A falls risk assessment must be completed for customers who have experienced a fall in the past, and customers at risk of falls.
- 3.3.2 When assessing a customer's risk of falls, it is important to consider factors including history of falls, balance & mobility, medication and any sensory or cognitive impairments. Refer to the 'Risk Assessment – Guidance' (appendix one).
- 3.3.3 If a falls risk assessment is required, it should be completed within the Moving & Positioning Care Needs & Risk Assessment. Details of any moving and handling 'support required' should be included within the risk assessment.
- 3.3.3.1 Environmental risks which pose slip and trip hazards should be populated within the Environmental Risk Assessment.
- 3.3.3.2 Care and support tasks / routines which pose slip, trip or falls risks should be included within the applicable risk assessment. For example:
- 3.3.3.2.1 If the carer supports the customer with taking a shower, the Personal Care Risk Assessment may include specific slip, trip or falls risks associated with the task, such as; ensuring the non-slip shower mat is in place, ensure standing water on floor surfaces is mopped up.
- 3.3.4 The falls risk assessment should clearly define any 'risks identified'. E.g., a specific medication causes drowsiness, impaired balance, and slow reactions.

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3.3.5 For any 'risks identified', the falls risk assessment should include person-centred risk management, control measures, preventative measures, and the required action to take in the event of a slip, trip or fall. Consider home modifications e.g. grab rails or non-slip mats.

3.3.6 The individual responsible for the assessment should consider providing the customer with the Customer Slips Trips and Falls Awareness Guide which may support with slips, trips and falls management. The branch *can purchase via Coreprint or a PDF version is located on Collaborate*.

3.3.7 The individual responsible for the assessment should consider discussing appropriate referral options with the customer which may support with falls management and prevention. For example, a local Falls Service, or Occupational Therapy support. *For further guidance, refer to the 'Advice & Referral Options' (appendix two)*.

3.3.8 Reassess at each care needs review and following any falls / near misses, or if there is change in risk. E.g., the customer's ability / condition has improved or deteriorated.

**3.4 In the event of a customer slip, trip or fall:**

3.4.1 An immediate observational assessment must be carried out by the employee to assess the customer's physical state and level of safety.

3.4.2 Employees can refer to the '*STUMBLE*' algorithm to help assess the customer's physical state (see appendix three; adapted from West Midlands Ambulance Services).

3.4.2.1 Employees can use the ISTUMBLE app. You can get the ISTUMBLE app for free from either the *Apple App Store for iOS devices* or the *Google Play Store for Android devices*. Simply

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search for "ISTUMBLE" in either of the app stores and download it from there.

- 3.4.3 If the answer is YES to any of the criteria in, I Stumble, then 999 must be called and the customer should not be moved. If the customer is taking anticoagulant medication and a head injury has visibly occurred or is suspected, then 999 must be called.
- 3.4.4 In all 999 cases employees should support the customer to remain calm, still, and comfortable; if any bleeding is present, apply constant pressure to the site with a clean dressing.
- 3.4.5 Where the answer is NO to all criteria in the 'I STUMBLE' algorithm, refer to Helping Hands moving and handling protocol for supporting the customer from the floor using the one or two chairs technique. If unable to do this, then 999 must be called for support.

**4.0 Reporting and recording a customer slip, trip or fall:**

**4.1 Carer reporting a customer slip, trip or fall:**

- 4.1.1 Carers must ensure customer slips, trips and falls are reported on a Customer Notification Form as soon as safe to do so.
- 4.1.2 A full account of the incident and initial actions taken must be included within the notification.
- 4.1.3 If any injury, including any skin damage or bruising is evident, the injury must be recorded on the body map within the Customer Notification Form

**4.2 Branch recording a customer slip, trip or fall:**

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- 4.2.1 The care manager must ensure Customer Notification forms are reviewed and slip, trip and falls are recorded on an Accident – Near Miss & Incident form on the system.
- 4.2.2 If any injury, including any skin damage or bruising is evident, the injury must be recorded on the body map within the Accident – Near Miss & Incident form.
- 4.2.3 The care manager must ensure the incident is investigated and a dynamic review of the falls risk assessment and environmental risk assessment is conducted. The review must be holistic and consider other risk factors and assessments to identify and assess possible reasons and root cause.
- 4.2.4 The care manager should consider providing the customer with the Slips Trips and Falls Awareness Guide which may support with slips, trips and falls management.
- 4.2.5 The care manager should recommend and encourage the customer to see a GP for assessment and if the customer is taking anticoagulant medication, do mention this to the GP.
- 4.2.6 The care manager should consider discussing appropriate referral options with the customer which may support with falls management and prevention, such as an occupational or physical therapist. Refer to the 'Advice & Referral Options' (appendix two).
- 4.2.7 If the customer has experienced three falls in a rolling 12 months, it is recommended to discuss with the GP referral to a specialist falls team.
- 4.2.8 Any medical assistance sought, investigation, referrals suggested or arranged, root cause, actions identified, preventive measures and



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learning should be recorded on the Accident – Near Miss & Incident form on the system and conversations should be logged in the communication log.

4.2.9 Where applicable, the customer's support plan should be updated.

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| TRAINING, is training required?  | Yes  |          |
| Details of training  | Falls prevention training is available via the Learning Management System (LMS), including a Falls Awareness video designed to raise awareness and understanding of falls prevention.<br><br>All branch employees and carers are required to complete annual moving and handling training. |          |
| COMPLIANCE<br><br>How is compliance within this document going to be monitored?                          | The quality assurance team will monitor process and adjust the policy at time of review, or before, if required.   |          |
| EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION  |  |          |
|  | Positive/Negative/N/A  | Comments |
| Does the document have a positive or negative impact on one group of people over another based on their: |  |          |
| • Age?   | N/A  |          |
| • Disability   | N/A  |          |
| • Gender assignment?   | N/A  |          |

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| <ul style="list-style-type: none"><li>• Pregnancy and maternity (which includes breastfeeding)</li></ul>   | N/A |  |
| <ul style="list-style-type: none"><li>• Race (including nationality, ethnic or national origins or colour)?</li></ul>  | N/A |  |
| <ul style="list-style-type: none"><li>• Marriage or civil partnership?</li></ul>   | N/A |  |
| <ul style="list-style-type: none"><li>• Religion or belief?</li></ul>  | N/A |  |
| <ul style="list-style-type: none"><li>• Sex?</li></ul>   | N/A |  |
| <ul style="list-style-type: none"><li>• Sexual orientation?</li></ul>  | N/A |  |
| If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable? | N/A |  |
| If the impact on one of the above groups is likely to be negative:   |     |  |
| Can the impact be avoided?   | N/A |  |
| What alternatives are there to achieving the document's aim without the impact?  | N/A |  |
| Can the impact be reduced by taking different action?  | N/A |  |

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| Is there an impact on employees, customer or someone else's privacy?           | N/A  |  |
| Changes since previous version   | <ul style="list-style-type: none"> <li>Added to new policy template</li> <li>Updated to align with NICE NG249 (2025) and Quality Standard QS86.</li> <li>Incorporated Cornerstone LMS for mandatory training delivery and compliance monitoring</li> </ul>   |  |
| Who was involved in developing /reviewing/amending the document? (list titles) | Clinical Manager<br>Quality Development Lead   |  |
| How confidential is this document  | Public   | Can be shared freely within and outside of Helping Hands |
| References   | <p><i>Care Quality Commission (CQC) – Regulation 12: Safe Care and Treatment</i><br/> <a href="https://www.cqc.org.uk/guidance-regulation">https://www.cqc.org.uk/guidance-regulation</a></p> <p><i>NICE NG249 (2025) – Falls Assessment and Prevention in Older People and People 50+ at Higher Risk</i><br/> <a href="https://www.nice.org.uk/guidance/ng249/resources/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk-pdf-66143964997573">https://www.nice.org.uk/guidance/ng249/resources/falls-assessment-and-prevention-in-older-people-and-in-people-50-and-over-at-higher-risk-pdf-66143964997573</a></p> <p><i>NICE Quality Standard QS86 – Falls Prevention in Older People</i><br/> <a href="https://www.nice.org.uk/guidance/qs86">https://www.nice.org.uk/guidance/qs86</a></p> <p><i>Health and Safety Executive (HSE) – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)</i><br/> <a href="#">RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations – HSE</a></p> |  |
| Associated Documents   | SOP-008 – Accident, Near Miss, and Incident Reporting Policy<br>POL-056 – Moving and Handling Policy<br>Customer Notification Form<br>Accident, Near Miss & Incident Form<br>Customer Slips, Trips and Falls Awareness Guide   |  |

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| <u>Appendices</u> |  |

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| <b>Falls Risk Assessment Guidance – Appendix One</b>   |   |
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| <b>FALLS HISTORY</b>   | Gaining a clear insight into the customer's falls history is important when assessing the falls risk. Consider when, where, how and why the fall(s) occurred.   |
| Has the customer had 1 or more falls within the last 12 months?                                  |   |
| <b>BALANCE &amp; MOBILITY</b>  | Balance problems can arise from medical conditions, injuries, side effects or actions that effect body systems such as the muscles, bones, joints, heart, eyes and inner ear. The time of the day and cognitive impairments may also affect a customer's balance.<br><br>Consider how balance problems may affect the customer's ability to walk and perform transfers.   |
| Is the customer unsteady when walking unaided?   |   |
| Does the customer have difficulty with transfers? (e.g. getting on and off the toilet/bed/chair) |   |
| <b>Hydration/Fluids</b>  | Dehydration is a contributor to increasing the risk of falls as it can result in dizziness and a drop in blood pressure.<br><br>Be aware of the signs of dehydration such as; headaches, dizziness / confusion, loss of appetite and feeling sick, fast breathing or pulse, excessive sweating and pale clammy skin, cramps in the arms legs and stomach, high temperature 38C+, being thirsty.<br><br>Offer encouragement to stay hydrated with fluids such as water, fruit, or vegetables |

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|  |  | juices, unless otherwise advised by a health care professional.   |  |
|  | <b>MEDICATION</b>  | Medications may cause side effects which increase the chances of having a fall.   |  |
|  | Is the customer on medication?   | There are a greater number of side effects associated with multiple medication use and the side effects are often more intense. Interactions between medications can also cause side effects, so it's important to check.   |  |
|  | Is the customer taking four or more medications?   |   |  |
|  | Is the customer taking any of the following: sedatives, anti-depressants, anti-Parkinson's, diuretics (water tablets) anti-psychotics, anti-coagulants, anti-hypertensives, opiate pain relieve? | <ul style="list-style-type: none"> <li>• <b>Sedatives:</b> can cause drowsiness, impaired balance, slow reactions.</li> <li>• <b>Anti-depressants:</b> can cause blood pressure to drop when sitting or standing up quickly causing dizziness (orthostatic hypotension).</li> <li>• <b>Anti-Parkinson's:</b> can cause light-headedness, low blood pressure leading to dizziness, confusion, hallucinations, sleepiness, blurred vision.</li> <li>• <b>Diuretics (water tablets):</b> can cause dizziness.</li> <li>• <b>Anti-psychotics:</b> can cause drowsiness and dizziness.</li> <li>• <b>Anti-coagulants (blood thinners):</b> can cause dizziness and taking <b>blood thinners</b> can significantly worsen the effects of a <b>fall</b>, potentially causing internal or excessive external bleeding.</li> <li>• <b>Anti-hypertensives:</b> can cause light-headedness, dizziness, feeling weak and drowsy.</li> </ul> |  |
|  | Has there been a recent change in medication that may affect falls risk? (e.g. changes involving any of the above)   |   |  |

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|  |   | <ul style="list-style-type: none"> <li>• <b>Opiate pain relief:</b> can cause sedation, dizziness, nausea and vomiting, confusion and headaches.</li> </ul> <p>A change in medication may increase the risk of falls due to possible reactions between medications and the side effects which may arise.</p> <p>A Sudden withdrawal from certain medication can also trigger symptoms which may increase the risk of falls</p>  |  |
|  | <b>SENSORY IMPAIRMENT</b>   | <p>Sensory impairment relates to sight and hearing.</p> <p>A person may have:</p> <ul style="list-style-type: none"> <li>• Been born with a sensory impairment</li> <li>• Developed an impairment over time (age related)</li> <li>• Acquired an impairment through incident/trauma</li> <li>• Acquired an impairment as a result of a medical condition.</li> </ul> <p>Visual impairments such as; macular degeneration Hemianopia, Glaucoma, Cataracts and Diabetic Retinopathy can restrict a person's field of vision or how clear they can see images.</p> |  |
|  | Does the customer have poor vision? (following a stroke, a person may have restricted vision on one side and people with dementia may experience visual problems) |   |  |
|  | Does the customer have poor hearing?  |   |  |

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|  |   | A hearing impairment may reduce the customer's awareness of their surroundings which may have an effect on their balance.  |  |
|  | <b>COGNITIVE IMPAIRMENT</b>   | Cognitive impairments may increase the customer's risk of falling dependant on their condition.  |  |
|  | Is the customer often confused, disorientated, restless or highly irritable or agitated?        | If the customer is confused and disorientated, at times they may become unaware of their environment and surroundings which increases their risk of falling.   |  |
|  | Does the customer have reduced insight, judgement or is the customer uncooperative with carers? | If the customer has reduced insight or judgement, they may be attempt actions which as a result, may increase their risk of falling e.g. walking without their walking aid.<br><br>If the customer is uncooperative with cares and where the customer may not accept support, It may increase their risk of falling e.g. refusing to use walking aid(s). |  |
|  | <b>MEDICAL CONDITIONS</b>   | There are many medical conditions which may increase the risk of falls. it is important to understand how a medical condition may impact the customer and whether it increases the risk of falling.  |  |
|  | <b>ENVIRONMENT</b>  | There are many environmental hazards to consider inside and outside of the home.<br><br>The different seasons/weather can present  |  |



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|                         | <p>a variety of hazards and risks throughout the year. For example (but not limited to):</p> <ul style="list-style-type: none"> <li>• Poor lighting can make it harder to see objects and obstacles.</li> <li>• Trip hazards such as wires, clutter, uneven slabs or tiles, ruffled carpets/rugs.</li> <li>• Broken stairs or floorboards.</li> <li>• Slip hazards such as water, ice, mossy decking, polish residue on floors.</li> </ul>   |  |
| OTHER RISKS TO CONSIDER | <ul style="list-style-type: none"> <li>• Loose-fitting, trailing clothes that might cause you to trip.</li> <li>• Ill-fitting or open back shoes/slippers.</li> <li>• Walking/mobility aides which are in bad repair and have signs of damage.</li> <li>• Lifting equipment that has not been serviced by a relevant professional within the appropriate timeframe.</li> <li>• Medical equipment: - trailing oxygen tubing, catheter tubing (particularly if a night bag is attached to a leg bag) which can pose a trip hazard.</li> <li>• Pets (especially cats and small dogs) can pose a trip hazard.</li> </ul> <p>Visual checks on all moving &amp; handling equipment must be completed before using to ensure they do not have any signs of damage which may cause them to be unsafe. All Moving and handling equipment should be serviced regularly as per specific guidelines.</p> |  |

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| <b>Advice &amp; Referral Guidance - Appendix Two</b>  |   |  |
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| <b>Risk Factor</b>  | <b>If yes, please consider the following advice</b>   | <b>Referral options</b>                                      |
| History of fall or fear of fall   | <ul style="list-style-type: none"> <li>Review root cause of fall with customer.</li> <li>Ask about fear of falling/ loss of confidence.</li> </ul>  | Nurse / GP/<br>Occupational<br>Therapist                     |
| A fall since commencement of care provision   | <ul style="list-style-type: none"> <li>Review home environment.</li> <li>Review lighting to ensure environment is always suitably lit.</li> <li>Ensure any necessary items are in reach e.g. spectacles, drinks, books, pendant alarm.</li> <li>Keep environment free of clutter.</li> <li>Review of risk assessments and care plan.</li> </ul> | GP<br><br>Consider discussing with customer and lead contact |
| Three falls within a rolling year   | <ul style="list-style-type: none"> <li>As above</li> </ul>  | Specialist Falls Team  |
| <p>Is the customer on four or more types of medication?</p> <p>Does the customer take antidepressants, antipsychotics, sedatives, drugs that lower blood pressure, or opiate pain relief?</p> | <ul style="list-style-type: none"> <li>Has medication been reviewed in last 6 months?</li> <li>Check compliance with medication.</li> <li>When did they last have their blood pressure checked by a healthcare professional?</li> </ul>   | GP / Prescribing Nurse                                       |

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| Is the customer unsteady on their feet/shuffling gait/poor balance? Any difficulty getting from sitting to standing/ any problems with current transfer methods? | <ul style="list-style-type: none"> <li>Consider use of transfer and mobility aids (are they still appropriate?), ensure they are always in reach.</li> <li>Assess supervision needs in toilet/ bathroom areas.</li> <li>Ensure profile bed is kept at lowest level, except when providing care or transferring.</li> </ul>              | Occupational Therapist / Physiotherapist / GP |
| Has the customer had an eye test in the last year?   | <ul style="list-style-type: none"> <li>Suggest an eye test if sight is affecting balance/depth perception.</li> <li>Review lighting to ensure environment is always suitably lit.</li> <li>Ensure customer is wearing appropriate spectacles (ensure which spectacles to wear and when to wear is detailed in the care plan)</li> </ul> | Optician                                      |
| Any difficulty in hearing conversation speech?   | <ul style="list-style-type: none"> <li>Suggest visiting an audiologist, consider need for removing ear wax or to test hearing. Poor hearing can impair balance and depth perception, increase risk of falls.</li> </ul>   | Nurse / GP / Audiologist                      |
| Any recent weight loss?  | <ul style="list-style-type: none"> <li>Discuss diet, mouth/denture problem.</li> <li>Advise on adequate fluid intake.</li> <li>Consider reason for weight less if unintended</li> </ul>   | GP / Dentist / SALT / Dietician               |
| Is the customer dizzy?   | <ul style="list-style-type: none"> <li>Recording duration of dizziness</li> <li>Consider causes – is it prompted by head/neck movements/ change in position/medication?</li> </ul>  | GP  |

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| Are there any environmental hazards?  | <ul style="list-style-type: none"> <li>Identify hazards and discuss ways of reducing risks of fall e.g. trailing cables, frayed rugs, clutter, animals etc.</li> <li>Consider suitability of seating: Is it high enough, does it have stable arms to assist with standing from the chair?</li> </ul> | Consider discussing with customer and lead contact                   |
| Is the customer able to care for own feet and nails?<br><br>Is the current footwear suitable?                         | <ul style="list-style-type: none"> <li>Observe condition of feet and nails and consider referral to Podiatrist.</li> <li>Advice about suitable low heeled, supportive shoes or non-slip socks/slippers.</li> <li>Consider Footwear assessment guidance.</li> </ul>                                   | Podiatrist<br><br>Consider discussing with customer and lead contact |
| Is there new or acute confusion, incontinence, infection, constipation? (specify)                                     | <ul style="list-style-type: none"> <li>Observe for signs of infection.</li> <li>Consider referral to GP to review medication and treatment plan.</li> </ul>  | Nurse / GP   |
| Is the customer confused, agitated, and unable to understand and follow directions, or have a tendency to wander off? | <ul style="list-style-type: none"> <li>Consider referral to GP if new onset and review possible cause.</li> <li>Support customer to engage in meaningful activities/distraction techniques</li> <li>Assess need to referral to memory clinical if ongoing.</li> </ul>                                | GP/memory clinical   |
| Is there a diagnosis of Osteoporosis?   | <ul style="list-style-type: none"> <li>Has the customer had a review in the last year?</li> <li>Is the customer taking a calcium supplement, have they been taking their medication?</li> </ul>  | GP   |

**POLICY (POL)****I Stumble – Appendix Three** (adapted from West Midlands Ambulance Service)

I stumble is to be used by care givers to quickly determine if someone who has fallen needs immediate medical help. If the answer is **YES** to **any** of the criteria below, then **999** must be called. In all 999 cases, employees should not attempt to lift the customer. Instead, encourage the customer to remain calm, still and as comfortable as possible.

**I**ntense Pain

- New Pain since Fall
- Includes Headache, Chest Pain and Abdominal Pain
- Consider both pain from injury caused by fall or medical causes

**S**uspected Collapse

- Ask individual if this was a trip or collapse (do they remember falling?)
- Any dizziness, sudden nausea or pain before the fall
- Includes “near fainting” episodes

**T**rauma – to Head/Neck/Back

- New pain in Head/Neck or Back following the fall
- New visible or physical injury, lump or dents to head – with or without bleeding
- Any new numbness or paralysis in any limbs or face

**POLICY (POL)****U**nusual Behaviour

- New Confusion
- Acting Different to Normal Self e.g. agitated, combative, aggressive, sleepy, quiet
- Difficulty Speaking e.g. Slurred Speech, words mixed up, unable to verbalise objects, stuttering

**M**arked Difficulty in Breathing/Chest Pain

- Severe shortness of breath, not improved when any anxiety is reduced
- Unable to complete full sentences
- Blue/Pale lips or fingers, becoming lethargic or confused
- New Onset of inability to mobilise/lay still without difficulty in breathing

**B**leeding Freely

- Free flowing, pumping or squirting blood from a wound
- Widespread swelling and bruising to face/head or injured limb
- Apply constant direct pressure to injury with clean dressing, elevate the limb but only if this can be done without causing pain
- Try to "estimate" blood loss, in mugful's (often difficult)

**L**oss of Consciousness

**POLICY (POL)**

- Knocked Out
- Drifting in and out of consciousness
- Limited memory of events leading up to, during or after fall (unusual for customer)
- Unable to retain or recall information, repetitive speaking (unusual for customer)

**E**vidence of Fracture

- Obvious Deformity – e.g. shortened and rotated limb, bone visible, severe swelling
- Reduced range of movement in affected area
- Unusual movement in affected area

**Appendix Four – Details to Include in the Accident – Near Miss & Incident form (but not limited to):**

- Record a category, e.g., slip, trip, or fall
- Record an appropriate subcategory, e.g., slip – water (where applicable)
- Exact location / room where fall occurred (indoor or outdoor)
- Was medical assistance required? (e.g., paramedic / first aid)
- What happened? (provide as much detail as possible)
- Are there risk assessments in place?
- Were there any witnesses present?
- When did the fall happen? (24 hours clock).
- Activity at the time of fall such as bathing, accessing items on table, walking around in the garden, transferring from chair to bed etc.
- Does customer remember falling? (especially in the event of unwitnessed fall)
- Did customer call for help?
- Was there any associated dizziness?
- Any palpitations/chest pain?

Title of POL: Falls Prevention

Custodian: Group Managing Director

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**POLICY (POL)**

- Were there any injuries?
- Did the customer hit their head?
- Was there any loss of consciousness?
- Was the customer able to get up from the floor? Was any equipment / support used?
- If any injury is evident – record on the body map
- Detail any other symptoms and events
- Detail escalation to CQC/RIDDOR if required
- What was the immediate, underlying and root causes as to why the incident occurred?