**Background**

The Moving & Handling Team are often asked to advise on the management of a fallen person. In an aim to make this advice readily accessible to staff, the Partnerships Moving and Handling team have identified a pathway of actions to follow (flow chart) and a worked example of information required to be recorded in a care plan.

The purpose of this document is to offer clarity and general guidance for the management of the fallen person. If staff require additional support please contact the Moving & Handling Partnership’s team direct. Contact numbers can be located on the Moving and Handling HR Connect pages here - [Contact Details](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/moving-and-handling/).

**Things to consider when managing falls**

* All falls should be recorded in the patient’s notes and the Moving & Handling care plan and falls risk assessment updated accordingly.
* Have the falls times, locations been mapped? Further advice on this can be sought from the falls team - [Falls Homepage](http://www.staffnet.ggc.scot.nhs.uk/Acute/Rehab%20Assessment/Falls%20Services/Pages/defaultbbc4c21b05d14695845d724d458d4a58.aspx)
* What interventions are used to manage these falls effectively?
* Relatives and multi disciplinary team should be informed of behaviours which could lead to future falls and interventions taken to try to prevent them.
* Report all falls on Datix.

**Additional information**

* + Health & Safety Executive, Manual Handling: Manual Handling Operation Regulations 1992: Guidance on Regulations, HSE Publications.
  + NHS Greater Glasgow &Clyde, Moving & Handling Policy, 2013.
  + NBE, Backcare and RCN, the Guide to the Handling of People, 6th Edition, Backcare, Middlesex, 2011.
  + Royal College of Nursing, Manual Handling Assessments in hospitals and the community: an RCN Guide, 2007.
  + NHS Greater Glasgow & Clyde Policy and guidelines for the Prevention and Management of Adult In-patient Falls, 2010.

**Management Flowchart**

Person falls purposefully or not.

Is the person injured or unconscious

**YES**

**NO**

Follow local procedures which may include seeking medical attention

When person is ready to get up / stable enough to move, use the following guidance

When ready to move:

Is the person in a confined place?

Use sliding sheets to bring the person to a large enough space to enable the guidance to be followed

**NO**

**YES**

* Document incident or cumulative incidents in care plan and report on Datix
* Reassess using current falls risk assessment tool
* Relatives / main carer and multi-disciplinary team informed
* Review process and update intervention plan.

Refer to falling patient guidance ([here](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Moving%20and%20Handling/Documents/MDA%27s%20%20FSN%27s%20%20Safety%20Briefing%20Notes/MH%20Briefing%20Note%20No%203.%20The%20Falling%20Person.doc))

**Guidance** – Recovering a person from the floor using minimal assistance or a hoist ([Link](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Moving%20and%20Handling/Documents/Handouts%20and%20Info/NHSGGC%20Guidance%20-%20Recovering%20a%20person%20from%20the%20floor.doc))

For further information please visit our Moving & Handling Home page on HR Connect and access Partnership Team contacts ([Link](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/moving-and-handling/))

(Inpatient) Moving and Handling Intervention Plan

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s name:** |  | | | | **Named Nurse:** | | |  | | | | Risk Level: | |
| Very High | 88 |
| High |  |
| Medium |  |
| Low |  |
| BODY BUILD | | | | | | | | Problems with comprehension, behaviour, co-operation (specify**):**  Fallen person | | | | | |
| Obese | |  | Weight | |  | | |
| Above average | |  | Tall | | | |  |
| Average | |  | Average | | | |  |
| Below average | |  | Short | | | |  | Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): | | | | | |
| RISK OF FALLS | | | | | | | |
| High | |  | Low | | |  | |
| **Systems of Care to be Implemented**  This should include all activities likely to be undertaken with the client requiring assistance of staff including, personal hygiene, toileting, eating, and dressing | | | | | | | | | | | | | |
| * Map the persons falls and ascertain a pattern or triggers. * Monitor at high risk times * Observe for furniture etc in room which may increase injury. * Ensure staff are aware of how to slide a person to the floor if in close proximity. * Ensure staff are aware of how to talk, encourage, assist with hoisting to get person from the floor, appropriate to the persons needs. [M&H Documentation - Policy, Guidance, Safety Briefings & Handouts](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/Moving%20and%20Handling/Pages/MovingandHandlingHandoutsInformationSheets.aspx) * Complete Datix for individual or cumulative falls dependent on actual events. * Ensure all relevant parts of the persons care plan are completed inc. falls mapping; falls risk assessment tool, and nursing notes. * Ensure the management of the fall(s) and all contingency efforts are recorded clearly. | | | | | | | | | | | | | |
| **Remaining Control Measures Required**  This may include the requirement to hire in equipment | | | | | | | | | | | | | |
| * Falls mapping to be completed or continued and reviewed for higher risk times, locations etc… * Current falls risk assessment to be completed * Ensure appropriate equipment to hoist person from the floor is available | | | | | | | | | | | | | |
| **Date Assessed:** | | | | 2015 | | | | |  |  |  | | |
| **Assessor’s signature:** | | | |  | | | | |  |  |  | | |
| **Proposed Review date:** | | | |  | | | | |  |  |  | | |

(For Clients with Complex Moving and Handling Requirements)