

Local Managers should communicate these key safety messages to their staff at handovers, staff meetings, huddles etc. They are developed in response to events that have occurred or identified hazards.

Introduction

All employees have a duty of care to minimise the risk of patient falls. However, the risk of falls can be reduced by assessing the individual and implementing appropriate care. Timely communication is key to ensure those at risk are highlighted during the patients stay and their journey across health and social care. Any change in a patient's condition can increase their risk of falling and they must be re-assessed.

Precise and timely communication between staff, including support services, (especially at transition points between departments) is vital. It is important to notice and report a change in a patient's condition, which may increase their risk of having a fall.

Your Responsibilities

To ensure a safe workplace environment and have knowledge and skills in the prevention of falls and apply this to reduce an individual's circumstances which may make them at risk of falling. All staff should be familiar with the NHS Greater Glasgow and Clyde Prevention and Management of Falls Policy.

For all patients at all times

- The call buzzer is within reach
- The bed and chair are of a suitable height
- A suitable walking aid is provided and within reach
- Suitable footwear is worn
- Glasses and hearing aid are worn if required

Identify patients at risk

Using the falls risk assessment in conjunction with professional judgement will support the person centered care plan. This must be completed for all patients within 24 hours of admission. If the patient's condition changes or has a fall the risk assessment must be reviewed, updated and documented.

All patients, of all ages, have a heightened risk of falling when admitted to hospital, either due to their past medical history, their current condition or by the very fact that they are within an unfamiliar environment.

Patients expected to be at greater risk include:

- History of previous falls
- Impaired/Reduced mobility
- Cognitively impaired

Toolbox Talk / Note – Prevention and Assessment of Patient Falls

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- Requiring frequent toileting
- Stressed or distressed individuals
- Sensory deficit including visual or auditory impairment

patients, relatives and carers' is readily available in clinical settings.

There is a greater risk for our patients when they transition through the organisation. Communication of falls risk or history is vital to ensure safe high quality care is delivered. If the patient is to be transferred, any falls history, identified risks, interventions and resultant injuries must be communicated to the receiving care setting.

Following Assessment

A falls intervention checklist will be completed for any patient who has been identified as being at risk or having a history of falls. A copy of NHS Greater Glasgow and Clyde 'Adult in patient falls prevention advice for

Further information and guidance is available on the Falls Service Homepage on Staffnet

- Staffnet > Acute > Rehabilitation and Assessment > [Falls Service](#)

Remember – Many Falls are Preventable