Mangar HEALTH

Post fall management fact sheet

Safeguarding the lives of care home residents

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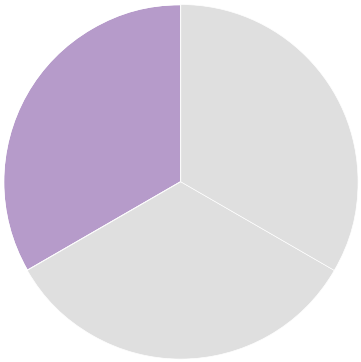
People aged 65 and older have the highest risk of falling, with **30% of people older than 65 and 50% of people older than 80 falling at least once per year. (NICE, 2013).**



1/3 of all people aged over 65 will have a fall this year

A fall is described as 'inadvertently coming to rest on the ground or other lower level without loss of consciousness and other than as a consequence of sudden onset of paralysis, epileptic seizure, excess alcohol intake or overwhelming external force' (Close et al 1999, p93).

Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term health condition. Around 1 in 3 adults over 65 will have at least one fall a year, and about half of these will have more frequent falls (NHS).

Most falls do not result in serious injury but they can cause the person to loose confidence, become withdrawn, and feel as if they have lost their independence. The length of time it takes to help a resident into a safe and upright (standing or seated) position can have a significant impact on their recovery.

The first line of defence in falls prevention is to prevent the falls, however the reality is not all falls can be prevented. The second line of defence is to prevent long lie times after the fall, which can lead to these serious health complications, which can negatively impact the quality of life for residents and are potentially costly to the NHS.

Post-fall timescales

Delayed initial recovery – Lie greater than 10 minutes but less than 1 hour

Long-lie – Lie greater than 1 hour post fall

1. Why residents fall

Anyone can fall and the reasons can be varied from altered walking pattern (gait), the environment or the specific risk created by the task the resident is performing.

Many residents in care home environments are likely to have increased problems with balance and/or muscle strength, which significantly increases the risk of a fall.

Person	Environment	Activity
Previous falls, fractures, stumbles and trips	Stairs and steps	Limited physical activity/ exercise
Impaired balance/gait	Floor coverings	Poor nutrition/fluid intake
Medical history of Parkinson's, stroke, arthritis, cardiac abnormalities.	Poor lighting - glare, shadows	Alcohol intake
Fear of falling	Lack of appropriate adaptations (e.g. grab rails, stair rails.	Carrying, reaching, bending, risk-taking behaviour (e.g. climbing on chairs or ladders)
Medication	Low furniture	Footwear
Acute illness	No access to telephone or alarm system	Inappropriate use of/ refusal to use assistive devices
Dizziness	Heating (including changes in temperature)	
Postural hypotension	Thresholds, doors Access to property, bins, garden, uneven ground	
Syncope	Inappropriate walking aids	
Reduced muscle strength	Clutter and tripping hazards (e.g. rugs, flexes)	
Foot problems		
Continence		
Cognitive impairment		
Impaired vision		
Low mood		
Pain		

2.Why is avoiding a long-lie so important?

Lying on the floor for a long time following a fall is the one of the most serious consequences of the fall. The results of a long lie or delayed initial recovery include:

- Skin damage resulting in pressure sores
- Reduced confidence
- Increased anxiety
- Hypothermia
- Dehydration
- Pneumonia
- Kidney failure (through rhabdomyolysis)
- Death

It is therefore critical to maximise recovery from the fall that resident is given the right care, at the right time, in the right place.

Role of the ambulance service

The ambulance service is often called to nursing and residential Care Homes to assist care staff to lift residents after a fall.

However, it is not the responsibility of the ambulance service to lift uninjured people up from the floor within care environments.

Following the I-STUMBLE flowchart will ensure that emergency services are used efficiently and that the residents' needs are met following a fall in a timely way.

3.What to consider during and following a fall

It is important that you look after yourself, as the carer, at all times. If you are with someone when they are falling be sure not to try and catch them but instead support a controlled fall and lower to a safe position, even if this is the floor, being careful to ensure any impact is minimised. Be aware of your back care and use safe moving & handling techniques.

If you find someone who has fallen then use the I-STUMBLE algorithm to determine an appropriate course of action.

When should you call an ambulance?

The Ambulance Service in the UK issue guidelines on when to call the emergency services.

This one, called ISTUMBLE, is used by West Midlands Ambulance Service NHS Trust.

- Clear of dangers?
- Any response?
- Airway open?
- Breathing adequate?
- Pulse?

No → **Call the emergency services**

Yes

I ntense pain
S uspected collapse
T rauma to neck/back/head
U nusual behaviour
Marked difficulty in breathing/chest pain
B leeding freely
L oss of consciousness
E vidence of fracture

Yes to 1 or more → **Call the emergency services**

FAST* test normal

No → **Call the emergency services**

Yes

Use correct lifting aids and manual handling to lift resident from floor

Reassess

Treat minor injuries within scope of practice
Consider GP/nurse for minor injury treatment
Observe regularly for changes in condition
For further advice call NHS 111

Documentation & pilot log book
Commence falls investigation
Complete a falls referral

Call the emergency services

Keep resident
Calm
Still
Comfortable

Answer all questions and follow instructions from call taker

Wait with resident until ambulance arrives

Inform next of kin

4. Options for lifting a resident post-fall

If there is no evidence of injury then you can help the resident to get off the floor but it's important that you assist them to get themselves up.

- Let them get up in their own time, without being hurried. Place a chair near their head, and one near their feet.
- Ask the person to roll onto their side.
- Support the person so that they can kneel on both knees facing the chair.
- Place the chair that was by their feet, behind them so it is ready to sit on.
- Using the seat of the chair to support them, ask them to bring one leg forward placing their foot firmly on the floor.
- If they can, ask them to push up to standing position while you place the other chair behind them to sit on.

If there is no evidence of injury but the resident is unable to get themselves up in this way then there is equipment available that can help without putting either resident or carer at further risk.

ELK

The ELK is a compact, lightweight lifting cushion, ideal for use in confined spaces.

If someone falls over and can shuffle on to the cushion or be rolled on from the recovery position and assisted to sit upright, then the ELK can then be inflated at the touch of a button with someone supporting the individual from behind to bring them to a seated position ready to stand.

Camel

The Camel lifting chair will both sit up and lift a fallen person.

With an inbuilt backrest and internal ring construction, the Camel offers a fully supportive lift that is ideal for anyone living with dementia or other cognitive impairment.

5. Aneurin Bevan Case Study

In Autumn 2017 Aneurin Bevan Health Board, Wales Ambulance Service and 12 South Wales care homes participated in a 6-month product trial.

The objectives of the trial were:

- Safeguarding residents lives by reducing the time they are left on the floor after a fall, while waiting for an ambulance
- Empowering care home staff to lift fallen residents
- Reducing calls to the ambulance service to lift uninjured residents
- Reducing avoidable admissions to hospital.

The trial involved providing every care home with a lifting cushion and training staff to recognise when it is safe to lift a fallen resident using an algorithm called ISTUMBLE.

Before the trial, 58% of ambulance calls from the care homes resulted in residents being admitted to hospital.

Outcome

In the first six months of the trial, there were 521 falls, of which 401 or 77% were managed effectively by carers using ISTUMBLE and Mangar lifting equipment. Of the 120 calls to 999, only 35% needed hospital treatment.

The key outcomes included:

- 526 ambulance hours saved
- Improved care for residents
- Estimated annual cost saving of £200K to the NHS, through avoidable ambulance calls, A&E admissions and overnight stays in hospital.

"The ISTUMBLE flow chart and procedure document represent a genuinely impressive attempt to address morbidity and mortality increases associated with falls. This is ground breaking practice and should be encouraged across all elderly care providers"

Dr Sue West-Jones FRCEM, MRCS, MBChB, BSc, Dip Med Tox, Dip Med Ed
Consultant in Emergency Medicine and Paediatric Emergency Medicine

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6. Conclusion

It is important that falls are used as a learning incident to ensure that all risks are minimised in the future for this resident.

For this to happen there must be:

- Up-to-date individual risk assessments & care plans
- Accurate and timely documentation of the fall
- Appropriate processes & protocols in place
- Access to equipment that enables safe response for both residents and care team

Kate Sheehan

With over 30 year's clinical experience, Kate Sheehan is one of the UK's most respected independent Occupational Therapists.

A former Chairperson of the Royal College of Occupational Therapists specialist in Housing section, winner of the Elma Shearer award 2017, Kate has also represented the College on the European OT Council.

Kate has presented her work on Inclusive Design and Housing Standards both nationally and internationally, including Australia, Greece and Croatia.

With a wealth of knowledge and expertise, Kate has worked with many leading names in the healthcare industry and is advocate for using equipment to maximize independence and reduce risk.

Kate worked with Bristol University on the publication of 'Minor adaptations without delay'. She is a co-author of the new Wheelchair Housing Design Guide and wrote two chapters for a book for newly qualified occupational therapists, published in 2017.

Kate is a Director of The OT Service, which provides housing Occupational Therapy services to case managers and specialist consultancy work to companies and individuals in relation to the needs of disabled individuals and the 50+ market.