Pennine Care **NHS**
NHS Foundation Trust

DOCUMENT CONTROL	
Title:	**Inpatient Falls Risk Management Policy**
Version:	**1**
Reference Number:	**CL123**
Scope:	
This policy applies to older people's inpatient Mental health Wards and Intermediate Care settings but should also be applied to inpatients in adults of working age services and specialist services where falls risk is identified on admission or if the patient experiences a fall during their inpatient stay.	
Purpose:	
This policy describes Pennine Care NHS Foundation Trust's approach to reducing the incidences of avoidable harm occurring across Trust inpatient services attributable to falls, and to minimise the impact which falls can have on service users.	
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Patient Safety Lead – Matt Walsh	
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Other Trust documentation to which this guideline relates (and when appropriate should be read in conjunction with):	
CL015	Medicines Policy
CO009	Health & Safety Policy
CL004	Infection Prevention & Control Policy
CL047	Policy for the Safe Use of Bedrails
CO017	Minimal Lift – Safer Handling Policy
CL019	Clinical Risk Assessment Policy
CO010	Incident Reporting, Management & Investigation Policy
CO005	Education, Training & Development Policy
CL002	Consent policy
CL005	Observation and Engagement Policy
CL042	Physical Healthcare Policy
CO038	Violence Reduction Policy Positive and Proactive Interventions
Policy Associated Documents	
TAD_CL123_01	Getting to Know You
TAD_CL123_02	Inpatient Falls Prevention Risk Assessment

TAD_CL123_03	Moving and Handling Risk Assessment
TAD_CL123_04	Measuring Lying / Standing Blood Pressure
TAD_CL123_05	Guidance on the Use of Pressure Sensors for use on beds
TAD_CL123_06	Immediate Assessment of injury to a patient who has fallen

Other external documentation/resources to which this guideline relates:

	- NPSA 2007 Slips, trips and falls in hospital. - Patient Safety First The How To Guide For Reducing Harm From Falls. 2009 - www.patientsafetyfirst.nhs.uk NICE QS86 Falls in Older People: assessment after a fall and preventing further falls 2015 updated January 2017 - NICE CG161 Falls in Older People: assessing risk and prevention

CQC Regulations

This guideline supports the following CQC regulations:

	Regulation 12 of the Health and Social Care Act 2008

Contents Page

1. INTRODUCTION

Pennine Care NHS Foundation Trust is committed to providing the highest standard of care for people. Through its Clinical Governance systems, the Trust will continue to ensure that patient safety is at the centre of this work.

This Inpatient Falls Risk Management Policy is a component of the Trust's wider strategy for Patient Safety & Clinical Risk Management and Quality Assurance. It is therefore essential that this Policy is viewed within this wider context, and implemented in conjunction with all other relevant Pennine Care Policies and procedures.

2. PURPOSE

Falls are a major cause of disability and the leading cause of injury in Older People aged over 75 in the UK. The impact and risks of falling are acknowledged to be greater for older people, and the severity of falls related complications increases with age.

Falls are a significant cause of injuries, loss of confidence, increased morbidity, institutionalisation and mortality in all older 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 a year. Approximately 1-2% of falls in older people result in a fractured femur or hip and 50% of those people will not fully recover with 30% dying within 12 months.

The fear of falling can be so intense that often older people will not return to former levels of functioning and may ultimately result in admission to full time care.

The cost of falls includes distress, pain, injury, loss of confidence, loss of independence and mortality and estimated to cost the NHS more than £2.3 billion per year.

The aim of the Falls Risk Management Policy is to:

- Ensure staff are clear regarding the Trusts expected standard of practice in relation to falls risk management

- To ensure staff receive the necessary guidance and direction with regards to falls risk management

- Provide an appropriate risk assessment tool for staff use in order to formulate patients individual falls risk

- Provide direction and guidance for staff in order that they respond appropriately in managing patient care following a fall

- To ensure staff are aware of NICE guidance and that is followed within the Trust in relation to falls risk management

- To ensure service users and carers are given information and involved in and contribute to care plans in relation to falls prevention

3. RESPONSIBILITIES, ACCOUNTABILITIES & DUTIES

Chief Executive

The Chief Executive has overall accountability for the health and safety of patients, which is delegated to the Medical Director. The Inpatient Falls Risk Management policy must be implemented as described to ensure the safe management of falls risk is applied consistently across the Trust inpatient settings to which this policy applies.

Medical Director

The Medical Director is the executive lead for Falls Prevention and has a key role in leading the implementation of the Policy into operational practice.

Executive Director of Nursing and Allied Health Professionals

The Associate Director of Quality Governance is responsible for patient safety and quality across the organisation. This includes oversight of governance arrangements in place for the safe and effective prevention and management of slips trips and falls for service users, staff and others.

Patient Safety Lead

The Head of Patient Safety is responsible for reviewing all reported falls incidents and ensuring appropriate investigation and learning is communicated and embedded across the organisation. In addition the Head of Patient Safety is responsible for maintaining and updating the risk register and submitting reports to the Trust board and DBU Integrated Governance Groups for discussion and action.

Health and Safety Adviser

The role of the Health and safety Adviser is to:

- Advise the Trust on health and safety matters with regards to relevant legislation and compliance.

- Support the Trust in investigating, along with DBU and other representatives, accidents and incidents and assist in completing reports for submission to the relevant departments, personnel and external agencies

- Ensure reports with regards to the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 are completed and submitted in a timely manner as required.

- Collate information and present reports to the Board, Health and Safety Committee and Borough/ DBU Health and Safety Working groups on health and safety issues and recommend proactive and remedial action as deemed necessary.

- To monitor health and safety risk assessments and ensure inclusion on the Trust Risk Register where required.

Local Inpatient Service Managers

The Managers/Leads are responsible for ensuring that:

- Their staff are aware of their responsibilities in relation to falls risk management

- That all staff follow Trust Policy in relation to the management of falls risk and patient handling

- That information is made available to patients and carers with regards to falls risk management

- That patients are included in decision making regarding falls risk management or if the person lacks capacity that appropriate decisions are made in accordance with the Mental Capacity Act 2005.

- That any restrictions on the persons liberty or free will to prevent a fall are in accordance with the persons legal rights including those under the MHA 1983 or MCA 2005 including the DOLS.

- That staff are competent to manage patient falls risk and undertake appropriate training in Patient Moving and Handling and Falls Risk Management.

- That staff have access to appropriate equipment to enable them to safely and effectively manage patients moving and handling needs and that mechanisms are in place to enable such equipment to be serviced and maintained in accordance with Trust guidelines

- That the areas over which they have control are designed and managed in such a way as to avoid the extrinsic causes of falls.

- Lessons are learnt from investigations into previous falls and preventative actions implemented.

- To ensure that a co-ordinated multi professional team approach is adopted in the avoidance and management of falls.

Individual employees

All members of staff have an individual responsibility to comply with safe standards of care for patients' and to manage falls in accordance with Trust procedures. It is the responsibility of every employee to report any potential environmental hazard and to ensure the appropriate member of the Trust is informed so that necessary action can be taken.

Inpatient Falls Prevention Group

The Trust has established an Inpatient Falls Risk Management Group;

- to promote best practice in relation to falls risk management and share expertise

- To lead on and implement the actions contained in the Trust Safety Plan falls indicator

- To lead on training in Falls Risk Management

- To lead on policy development in relation to Falls risk management, risk assessment and audit in this area

- Monitor falls which result in serious harm and identify themes and lessons learnt

- To ensure NICE guidance is embedded within practice

The group includes representatives from each of the Trust older people inpatient mental health wards and intermediate care bed based units.

4. THE PROCESS

4.1. Falls Risk Management

A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level (NICE Quality Standard 86).

The reasons why patients fall are complex and influenced by physical illness, mental health problems, medication and age related issues, as well as the environment. Consequently efforts to reduce falls and injury will need to involve a wide range of staff and, in particular, those working in nursing, medical, therapy, pharmacy, management and facilities.

Most of the patients admitted to the services under the scope of this policy will be at high risk of falls due to age, medical conditions, mental state and number of medications being taken. Therefore using screening tools to identify those at high risk is of little value.

A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls (NICE QS86) therefore all patients on admission need to be asked whether they have had a fall in the last 12 months.

NICE guidance states that the most effective intervention for fall prevention is a multi-factorial individual fall's risk assessment and management programme (NICE QS86). There are over 400 identified causes for falls (NICE QS86).

The Trust has a falls risk assessment document which prompts staff to consider all the major intrinsic and extrinsic factors which may increase a patient's risk of falls (TAD_CL123_02) and this is document staff should use to assess falls risk.

Staff also need to consider the risks to the individual patient presented by the ward environment.

4.2. Environmental Risk Factors

Staff may want to use the following as an aid to consideration of the full range of risk factors for falls for individual patients in their particular ward/ unit environments.

Many aspects of inpatient environments may have an impact on the risk of falls and injury. Planning and design of inpatient environments should take into account learning from falls, and aim to include design and specification features which may reduce the risk of falls and the injuries sustained from falls. Although there is little research into the impact of environmental changes on falls, clinical services should work jointly with the Estates department to assess and reduce environmental risks and implement good practice wherever possible. This will include consideration of:-

- Flooring surfaces, including any unevenness, slopes or steps, and how slippery the floor surface is when wet and dry;

- Flooring patterns as this can create an illusion of slopes or steps to impaired eyesight. Low shine floor cleaning may also reduce perceptual problems for people with impaired eyesight;

- Where practically possible, the reduction of risks of falls from height e.g. window sills that may create a risk of falls from height

- Lighting, including pooling, shadowing, poor lighting and sudden changes from dim to bright lighting, and the position of the light switches;

- Worn or damaged flooring or carpets can present a trip hazard to patients, visitors and staff. Rugs should not be used. Problems with flooring should be reported and repaired immediately;

- The design of doors, handrails, toilets and bathrooms. Colours of these articles should contrast with walls and floors to enable them to be seen more easily

- The location of call bells, and the distance and spaces between beds, chairs and toilets

- Single rooms can lead to difficulty in observing patients within the general ward environment. It is not possible to maintain line of sight observation for all patients at all times, staff should consider the use of pressure sensors to alert them when a patient is getting out of bed, off a chair;

- Signposting in inpatient settings, particularly for toilets;

- Spillages Slippery floors from liquid or food spillages present a slip hazard to all patients, visitors and staff. The "wet floor" signs used can be trip hazard themselves especially for older people with cognitive problems and/or visual impairment. Taller signs which are at eye line are available.

- Flexes, trailing cables across walkways or open areas can present a trip hazard for all patients, visitors and staff. No cables or flexes should be allowed to cross open areas, including portable devices. Where this is occurring the Estates department or Trust Health and Safety Advisor should be contacted to plan alternative arrangements. This may include securing cabling to walls.

- Layout of Ward/Place of Furniture - Furniture should be placed appropriately to leave all walkways clear. Consideration should be given to the height of chairs and beds but also to the general level of clutter and unnecessary furniture. Walkways should be clear. Low footstools and coffee tables can cause a trip hazard. Coffee tables should be at the side of chairs not in front. Other patients walking aids/ handbags can be a hazard and staff should take care patients are not positioned where others have to walk close to their mobility aids.

- Windows – Falls from poorly restricted windows are NHS England *Never Events.* Staff need to ensure all window audits are completed and any defects are reported to estates immediately.

The Trust recognises there may be different requirements for different client groups and service areas, and that a particular patient group may present a complex range of different risks. Preventing deaths from suicides is a key target for mental health services. Consequently Pennine Care NHS Foundation Trust is committed to reducing potential ligature points in the inpatient environment to prevent death from hanging and strangulation.

The Trust recognises that some falls prevention strategies may be incompatible with this, in particular the installation of grab rails within the ward environment. Analysis of the incident data from within the Trust and nationally, has highlighted that the risk of serious injury resulting from a fall in hospital is much higher than the risk of suicide for patients within older people's inpatient services. Therefore the consideration of anti -ligature design within inpatient services may be different within older people's inpatients areas.

Conversely as the risk of suicide in the younger inpatient population will be higher than the risk of injury from falls, anti -ligature design within working age adult ward areas will be a priority, and grab rails will not be routinely installed.

4.3. Inpatient Pathway

1. All patients who are admitted to the units under the scope of this Policy will be asked about their history in relation to falls on admission. The details of the circumstances of the fall, any injuries and actions taken should all be ascertained and staff should bear in mind patients may use other words to describe falls, so they should ask about collapses, tumbles, funny turns etc.

2. All patients and/or carers should be given a copy of the Trusts Falls Prevention Leaflet on admission.

3. The Trust Multifactorial Assessment for Falls Risk should be completed for all patients within 24 hours of admission. An initial safety plan should be initiated to cover the period of admission until the full assessment can be completed with all the required information and the patient's individual risk formulated. It is important that staff consider all aspects of risk, including night-time as a specific issue.

4. Staff should discuss with patients (and/ or carers with the consent of the patient) information with regards to their normal routines, activity level and mobility needs.

5. A full physical screen using the Trusts physical health documentation should be completed and medication reconciliation undertaken with a view to identifying any medications likely to increase fall's risk.

6. The patients lying and standing BP should be recorded as per guidance (TAD_CL123_04). If staff are unable to obtain a lying reading they should record the reason why not and document a sitting blood pressure but make it clear it is a sitting reading which is being recorded. Staff should not complete lying, sitting and standing blood pressure readings as the sitting will negate the lying.

7. Repeated lying standing BP measurements should be taken on any change to the patient's presentation. These include changes in mobility, levels of consciousness, physical illness, changes of medication and MUST be repeated after a fall.

8. Where a patient has a history of falls, uses a mobility aid or there are any concerns regarding mobility a referral to physiotherapy should be made on admission. If a patient is subsequently assessed as being at risk of falls then a referral to physiotherapy should be made at that point.

9. Staff should consider using the additional assessments in this Policy including Gait Assessment, Getting to know me (TAD_CL123_01), at this point (TAD_CL123_02)

10. A patient moving and handling assessment should be completed

11. Once all information has been gathered then a risk formulation should be undertaken and care plans produced indication all interventions required to mitigate against falls risk

throughout the whole 24 hour cycle. These care plans should be devised with and communicated to the patient, carer and all other staff involved in the patients care.

12. Risk assessments should be revisited on any change of circumstance for the patient, including environmental change i.e. bedroom or ward, and updated

13. Care plans need to be reviewed regularly and in particular if there is any change to the patient's condition which would increase the risk of falls.

14. Falls risk and mitigation should be discussed by the MDT at review.

15. Staff should give consideration to the introduction of a system for identifying to all staff what level of assistance a patient requires with mobility. Systems in use at the moment include colour coding on the patient information boards, colour coding of walking aids, wrist bands. This is particularly important where bank or agency staff may be in charge of the ward.

4.4 Other Considerations

Bed Height

Beds should be adjusted to the correct height for the patient to be able to get on and off safely and this should be documented in the care plan. Staff should also consider nursing the patient on an ultra-low bed where there is very high risk of a fall out of bed, however this must not be used as a form of restraint to prevent patients from getting up and should be used either with consent or in the patients best interests under the Mental Capacity Act 2005 and documented as such. Use of these beds should be care planned and communicated to family/ carers.

Bedrails

Bedrails are a medical device governed by the *Medicines and Healthcare Products Regulatory Agency* (MHRA) and should only be provided where they are the right solution to prevent falls from bed. All use of bed rails needs to be risk assessed as per the Trust Policy *Using Bedrails Safely and Effectively.* Staff however should always be aware that bedrails can present a further hazard for confused patients and injury sustained from climbing over bedrails or becoming entrapped could be greater.

If bed rails are fixed to patients beds and unable to be removed, consideration should be given to disabling their accidental use with ties and a discussion with estates should take place.

Entrapment of neck or chest in bed rails is an *NHS England* Never Event. The fitting of bed rails to current guidelines is the responsibility of the person prescribing their use and not the manufacturer of beds/ mattresses.

Bedrails should not be used as a means of restricting patient's movement and decisions about their use in patients lacking the capacity to consent to their use should be made in the patients best interests under the *Mental Capacity Act 2005* and clearly documented as such. Consideration may need to be given be given to an application for a DOLs if this would amount to a depravation of liberty.

4.5 Use of observations to prevent falls

Where inpatients are at risk of falls due to increased levels of agitation, or behaviours associated with their condition it may be appropriate to increase the level of observation assigned to the patient to manage the acute situation. Patients should be assigned an appropriate observation level according to the Trusts *Observation and Engagement Policy CL5* and the risk assessment and care plan should take account of the individual's needs. Observation levels should be reviewed daily and other interventions aimed at reducing levels of agitation/ behaviours or strategies to manage the risk of falling due to the agitation/ behaviours should be in place so that formal observation is necessary for the minimum amount of time possible.

Caution should be exercised in using 1-1 observations solely to prevent falls as the use of 1-1 will not necessarily prevent falls, will give a false sense of assurance to patients and carers and it is also very difficult to stop once commenced purely on the basis of falls prevention. Where patients have a particular medical problem causing falls or have levels of agitation which make falls more likely then 1-1 may be useful as a short term measure but the symptoms the 1-1 is being used to address should be clearly documented on the observation plan.

4.6 Avoid hypnotic and sedative medications

Whilst there are numerous medicines that can increase risk of falling, a review on drugs and falls in the older population from the Centre for Reviews and Dissemination (University of York, 2004) demonstrated that "*a consistent risk relationship between the use of psychotropic drugs and falls was identified*". The increased risk was associated predominantly with antipsychotics, benzodiazepines, sedative-hypnotics and antidepressants. Hartikainen et al. (2007) in their systematic review also found that "*The main group of drugs associated with an increased risk of falling was psychotropic's: benzodiazepines, antidepressants, and antipsychotics.*"

Note that patients habituated to sedatives or hypnotics should not have them abruptly discontinued, but gradually reduced.

When undertaking a medication review, an individual patient assessment should be made. The assessment should consider the expected benefits of continuing a particular medication versus the expected risks, including the risk of falling. This guidance is not intended to identify drugs that should be avoided in patients but rather it is intended to allow prescribers to make an informed risk assessment. Always check with your ward pharmacist to see if other medication might contribute to falls.

Drugs causing hypotension (low blood pressure)

Diuretics e.g. Bendroflumethiazide, Frusemide, Bumetanide, Coamilofruse,

Amiloride, Spironolactone, Co-amilozide, Navispar

Ace inhibitors e.g. Enalapril, Lisinopril, Perindopril

Nitrates e.g. Isosorbide Dinitrate, Isosorbide Mononitrate

Calcium antagonists e.g. Nifedipine, Amlodipine, Felodipine, Diltiazem

Beta-blockers e.g. Atenolol, Propranolol, Metoprolol

Tricyclic antidepressants e.g. Amitriptyline, Dosulepin

Drugs causing impaired balance or dizziness

Benzodiazepines e.g. Temazepam, Nitrazepam, Diazepam, Lorazepam

Hypnotics e.g. Zopiclone, Zolpidem

Opioid analgesics e.g. Co-codamol, Co-dydramol, Dihydrocodeine, Morphine

Antipsychotics First and second generation can cause dizziness, hypertension and ataxia.

SSRI and related antidepressants e.g. Fluoxetine, Paroxetine, Citalopram, Sertraline

Anti-Parkinson drugs e.g. Co-careldopa, Co-beneldopa

Drugs which cause dehydration

Laxatives e.g. Senna, Lactulose, Bisacodyl

Medication bought over the counter (non-prescribed)

Antihistamines e.g. Chlorpheniramine, Loratidine, Cetirizine, Acrivastine

4.7 Patient Management Following a Fall

When a patient is found on the floor or has reported/ been observed to have fallen there is still the opportunity to reduce the degree of harm by promptly detecting and effectively treating any injuries, considering why the patient fell, and applying measures that could reduce the risks or further falls or injury.

There needs to be consideration in identifying and treating any new physical cause for the fall which could be an ominous sign of a change in their underlying illness. It is extremely important that any fall triggers a review to identify what further actions might be taken to prevent the patient falling again, and for learning that might prevent other patients from falling.

Early detection and treatment of fractured neck of femur is associated with reduced mortality.

Following a fall;

1. All patients should be checked for injury by a suitably trained and qualified person before attempts are made to get the patient off the floor.
2. Please see the Immediate Post Falls Checklist for advice on areas to consider when checking for injury TAD_CL123_06
3. If a patient has already got themselves off the floor when they report the fall they should still be checked for injury
4. All patients who fall in hospital should have a medical examination within 12 hours whether they appear to be injured or not
5. All patients who fall should be referred for a physiotherapy assessment
6. There should be a medical review of the patients physical status and medication to judge whether there is any impact from these factors
7. The patients lying and standing blood pressure should be recorded
8. There should be consideration given to any environmental factors impacting on the fall, change of room, ward, lighting, flooring spillages, trip hazards

9. There should be consideration given to any patient factors which might have impacted – patient wearing glasses, correct footwear, agitation, fatigue, continence

10. The patients risk assessment and care plan should be updated to reflect findings and planned intervention to reduce risk of further falls

11. Carers should be informed as soon as possible of the fall, any injuries and actions going forward

4.8 Assisting Patients off the floor

1. Staff should not attempt to get a patient up off the floor until the patient has been checked for injury by an appropriately trained practitioner

2. Patients with suspected fractured neck of femur, neck, back or spinal injury should be made comfortable on the floor to await emergency medical assistance and should never be lifted using a fabric hoist.

3. Where staff are reasonably sure, after examining the patient, that the patient has no injury they should be encouraged to get themselves from the floor using backward chaining technique.

4. Where patients are unable to get themselves off the floor then an appropriate lifting device should be used e.g. CAMEL, ELK or hoist

5. Where patients fall in an inaccessible area ie between wall and toilet a slide sheet may be used to move the patient to a location where they can be checked.

6. Staff should not manually lift patients off the floor unless there is an appropriate transfer sheet and at least 7 staff available to assist

7. Where there is evidence of head injury or the fall was not witnessed staff must complete neurological observations as per Trust guidelines.

8. There should be full documentation of all checks made and actions taken regarding assisting the patient from the floor detailing staff involved and any equipment used.

4.9 Reporting Falls

All falls should be reported as an incident in accordance with the Trusts *Incident Reporting, Management and Investigation Policy*. The fall should also be documented in the patients care record. The next of kin should be informed of all falls occurring and where injury is sustained this should be immediately or as soon as the patient has been assessed.

Incident forms should be completed with as much detail as possible including;

- reported or observed causes for falls

- Who checked the patient for injury

- How the patient was assisted off the floor

- Details of any equipment used

- Details of any injury, treatment given and by whom

- Which doctor the fall has been reported to

- All actions taken post fall

The number of falls in each area and trends in inpatient falls will be monitored by the Inpatient Falls Risk Management Group. All grade 4 and 5 incidents will be reviewed by the group and learning will be shared. This will be a standing agenda item. Local and MHDBU Quality Groups will monitor falls on a monthly basis.

The circumstances of falls of grades 4 and 5 will be reviewed and analysed by the Trust's Head of Patient Safety, and Governance Managers within the Patient Safety Improvement Group (PSIG) Recommendations to prevent recurrence will be agreed and detailed in the Team Investigation Report submitted to the Patient Safety Improvement Group.

4.10 Equipment used in falls prevention

There are many types of equipment available on wards to use to assist patients with mobility or moving and handling.

- Walking sticks
- Walking frames
- Hoists
- Wheelchairs
- Camel or Elk
- Transfer sheets
- Rotor aids
- Bed rails
- Positioning aids
- Evacuation chairs
- Bed/ chair alarms (TAD_CL123_05)

All walking aids should be prescribed by a physiotherapist to ensure they are of the correct type and size for the patients assessed need.

All staff using equipment should be trained in its safe use and competent to do so. Wards and units should keep a record of all such training in the department.

All equipment used needs to be in good working order and be regularly serviced. Any defective or damaged equipment should not be used. A servicing record for all equipment should be kept within the ward or department.

The Trust has provided bed sensors for use in older people's inpatient mental health wards and intermediate care units. Staff should refer to the Guidance at TAD_CL123_05 for appropriate use and documentation.

5. TRAINING

Staff that are required to assist patients with mobility/ moving and handling must be trained in Patient Moving and Handling, Level 2, according to the Trust's mandatory training programme.

The Trust also provides training specifically for the use of hoists and the safe use of bed rails which it is recommended staff attend.

Falls risk assessment and prevention training updated 2 yearly will be provided to staff in older people's inpatient mental health wards and the Trust Intermediate Care Units. This will be administered through the learning and Development Department and be required training for these groups of staff.

6. EQUALITY IMPACT ANALYSIS

As part of its development, this policy was analysed to consider its effect on different groups protected from discrimination by the Equality Act 2010. The requirement is to consider if there are any unintended consequences for some groups, and to consider if the policy will be fully effective for all protected groups. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers or advance equality in the delivery of this policy.

7. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

8. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

9. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

10. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

11. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.