All inpatient /residents slips, trips and falls that result in moderate (fracture injury) or severe harm must be investigated and reported using this toolkit following initial reporting on the Datix system.

Date of incident:
Datix number:
STEIS reference:
Completed by:
Date:

Reviewed by Senior Manager:

THIS FORM TO BE COMPLETED ELECTRONICALLY
<table>
<thead>
<tr>
<th>Ward/Nursing Home</th>
<th>Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of admission</td>
<td>Date and time of fall</td>
</tr>
<tr>
<td>Date fall reported</td>
<td>Datix ref. number</td>
</tr>
<tr>
<td>Date RIDDOR completed if applicable</td>
<td></td>
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<tr>
<td>Exact location of fall</td>
<td>i.e. Bedroom</td>
</tr>
<tr>
<td>Witnesses to fall</td>
<td></td>
</tr>
<tr>
<td>Details of Incident</td>
<td></td>
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<tr>
<td>Immediate management post fall</td>
<td></td>
</tr>
<tr>
<td>Was Post Fall Protocol followed appropriately?</td>
<td></td>
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<tr>
<td>State how the patient/resident was moved from the floor?</td>
<td></td>
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<tr>
<td>Date and time medical/Paramedic team contacted</td>
<td></td>
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<tr>
<td>Date and time medical/Paramedic team attended</td>
<td></td>
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<tr>
<td>Initial reason for admission</td>
<td></td>
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<tr>
<td>Diagnosis</td>
<td></td>
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<tr>
<td>1a. Number and Designation of staff on duty at time of incident.</td>
<td></td>
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</tbody>
</table>
1b. Was the ward fully and appropriately staffed? (Include staff rostered and those actually on shift)

1c. How were staff deployed at time of fall? (What activities were they engaged in and whereabouts)

2. History of falls prior to admission
   i.e. circumstances / frequency

3. Describe any previous falls during current inpatient/nursing home episode

4a. Date and time Falls Risk Assessment completed.

4b. Was patient/resident assessed as being at high risk of falls? (Y/N)

5a. Was there a Falls Care plan in place?

5b. Date and time Care plan commenced

5c. What interventions were in place to reduce falls risk?

6. What type of observation or care rounding was in place?

Patient/Resident risk factors

7a. Is there evidence of a moving and handling assessment?

7b. Was any equipment needed for the patient/resident to move safely?

7c. Was the equipment available?
8. Physiotherapy assessment plan
(If applicable)

9. Occupational Therapy plan
(If applicable)

10. Co-morbidity i.e. medical history, chronic
disease, palliative care, mental health issues

11. Is the patient/resident diabetic?
If patient/resident was diabetic, review blood
sugars, and comment on control of blood glucose
levels

12a. Please list details of patient/residents
medications, at time of fall, including dose
and frequency (inc PRN meds)

12b. Was patient/resident on high risk meds?
e.g. benzodiazepines, night sedation, anti-
psychotics (Full list on intranet within Falls
section of serious-incidents-RCA-training-tools)

12c. Was there evidence of medication
review?

13. Evidence of confusion/cognitive
impairment
Include details of wandering/restlessness and
agitation.

14a. Was the patient/resident in an observable
bed area?
e.g. Near as possible to nurse’s station
Was local environment clear of slip/trip hazards

14b. Was Call bell available?
(If applicable)

15a. Is there evidence of lying and standing
blood pressure monitoring? (Y/N)

15b. If so, did patient/resident have postural
hypotension?

16a. Is there evidence of routine urinalysis +/-
appropriate interventions included toileting
programme if required.
16b. Did patient/resident require assistance with toileting?  

17. Did patient/resident require glasses or hearing aid?  
If yes, were they on at the time of the fall

18a. Was patient/resident wearing footwear at time of fall?  

18b. Details of footwear  
i.e. good state of repair, well fitting

20. Were bed rails in use?  
If yes, include details regarding documentation and assessment for bed rails use  
Frequency of review and consultation with patient, family and/or carers.

21. Were bed rails up/down at time of fall?  

21a. Was the bed at the lowest height when the patient/resident fell?

22. Was falls equipment in place? E.g. chair sensors  
Provide details regarding documentation of rationale  
Had sensors been checked daily and documented on falls care plan

23. Were there any issues with the environment?  
Had there been any spillages on the floor/floor cleaned/use of hazard bollards/flooring etc?

24. Discharge details  
Was patient/resident fit for discharge? Did patient/resident have discharge date?  
Document reasons if discharge delayed
CHRONOLOGY (including details of documented post fall management)

Details of injuries sustained and treatment given
Conclusion

Summary of learning:

Notable Practice Identified:

Summary regarding an avoidable or unavoidable incident based on above factual information

Issues Identified:

Recommendations (please complete action plan using SMART principles)

How Being Open and Duty of Candour principles have been upheld:

Author:

FALLS PANEL VIRTUAL PANEL REVIEW CONCLUSION
Fall: avoidable ☐ unavoidable ☐

If unavoidable within EPUT care, were there any contributory factors which could have avoided this fall?

Are all areas of learning listed?

Action Plan completed? Yes ☐ No ☐

Signature: ___________________________ Print Name: ___________________________
Designation: ___________________________ Date: ___________________________

EXECUTIVE SIGN OFF
Signature: ___________________________ Print Name: ___________________________
Designation: ___________________________ Date: ___________________________
Serious Incident (Add number) Action Plan

Please complete this action plan using SMART principles
(Specific, Measurable, Attainable, Relevant, Time-bound)

<table>
<thead>
<tr>
<th>No</th>
<th>Recommendation</th>
<th>Actions required</th>
<th>Identified Lead</th>
<th>Target Date</th>
<th>Progress RAG status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>(title not name)</td>
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