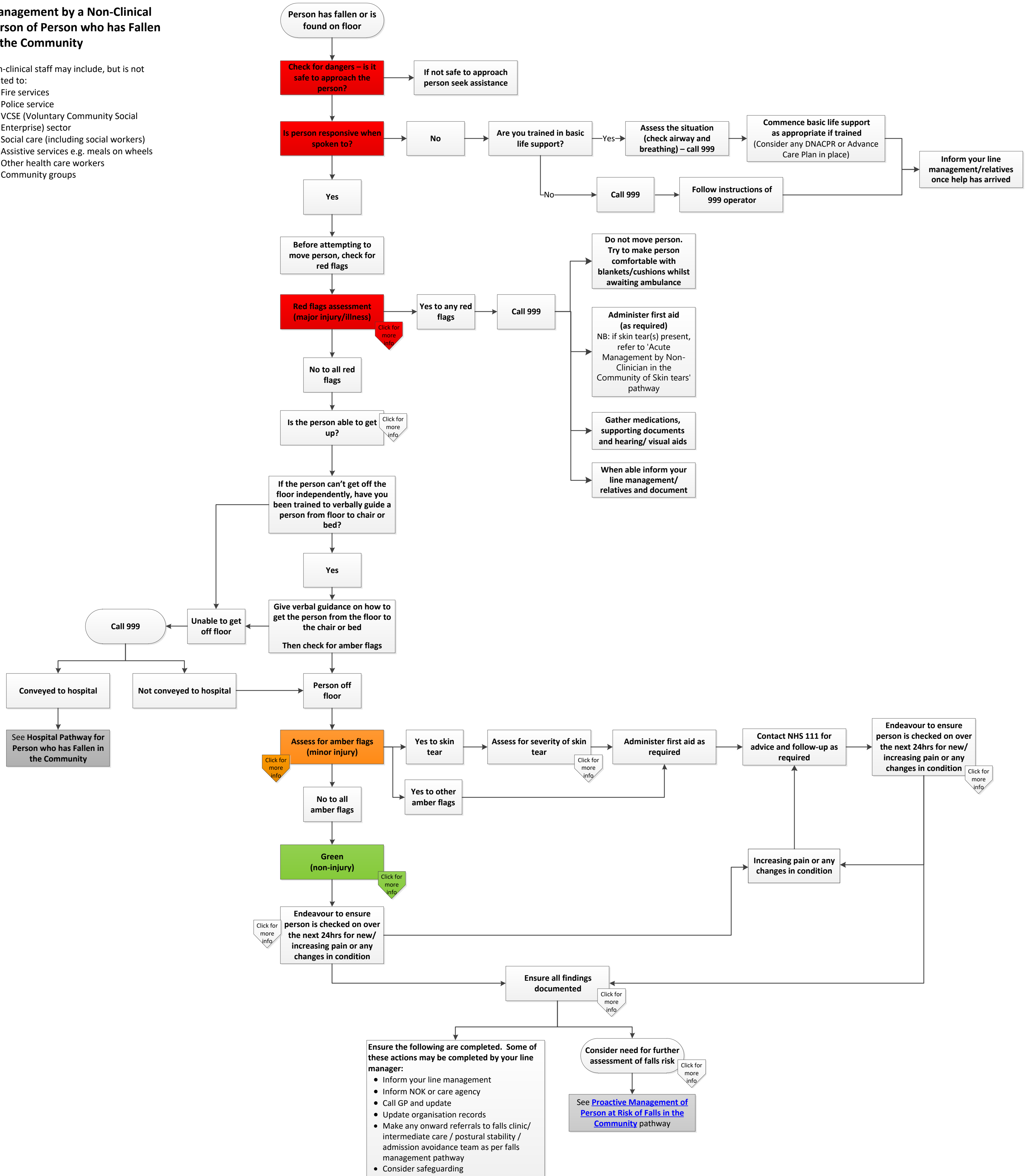


Management by a Non-Clinical Person of Person who has Fallen in the Community

Non-clinical staff may include, but is not limited to:

- Fire services
- Police service
- VCSE (Voluntary Community Social Enterprise) sector
- Social care (including social workers)
- Assistive services e.g. meals on wheels
- Other health care workers
- Community groups



Red flags assessment (major injury/illness)

Do not move*, call 999 and perform first aid (as indicated):

Life threatening:

- Airway/breathing problems
- Signs of a stroke (FAST positive – Face (droop/cannot smile), Arms (+/- legs new weakness), Speech (slurred), Time (to call 999))
- New or unusual chest pain
- Severe or/and uncontrollable bleeding
- The person is very warm, or cold, or clammy to touch
- Major chest or abdominal injury

Head injury/blackout:

- Loss of consciousness (blacked out)
- Reduced levels of consciousness (e.g. not alert or changing; person appears drowsy)
- New dizziness or vomiting
- Head injury and at least one of the following: confusion, memory loss, blurred vision, vomiting, loss of consciousness, dizziness, or person is on anticoagulant/blood thinning medication e.g. warfarin.

Injuries:

- New neck or/and back pain
- Pain on moving limbs
- New limb deformity (including if one leg appears shorter than the other or leg looks rotated)
- New extensive swelling to a limb or joint
- New extensive bruising
- New immobility (cannot move arms or legs normally) or unable to weight bear
- New numbness to a limb/ altered sensation
- Limb appears pale or feels cold
- Significant skin tear/skin flap – type 3b (immediate referral) and type 3a (refer ASAP within 24 hours)
 - If unsure injury is a skin tear, see photo in 'What are skin tears' box in 'Acute Management by Non-Clinician in the Community of Skin tears':
 - Where uncertainty exists regarding type of skin tear, manage as the worst likely type (e.g. if unsure if type 3a or 3b manage as 3b)
- Fall from a height above 1 metre or more than 5 stairs
- Person is acting abnormally compared to their usual behaviour
- Person has signs of being under the influence of drugs or alcohol (this could mask more serious symptoms and injuries)

If trained carry out physical observations (e.g. blood pressure, pulse rate, etc.) and neurological observations (e.g. pupils equal and reacting) – if abnormal escalate as per local protocol

Please note: If fall was unwitnessed, use your judgement and assess environment for potential hazards - do rule out fall from height or head injury.

If the person has dementia or another issue which effects their understanding or communication where possible assess for injuries/signs of pain and compare to what is normal for them. When there is uncertainty manage as if the red flag is present.

**Moving a person should be avoided due to the risk of worsening of injury. However in some cases, where not moving a person would cause more harm (e.g. in contact with hot pipes/radiator risking burns, vomiting and risk of choking) the person should be moved the minimum amount necessary in the safest and least disruptive way to move them out of danger. Carers should not put themselves at risk of danger.*



Is the person able to get up?

Use your judgement and knowledge of the service user to assess if the person could get up from the floor.

If a person is on the floor for a long time, it increases the risk of:

- Skin breakdown and pressure sores
- Dehydration
- Incontinence
- Hypothermia (low body temperature. Note: if the person feels cold to touch this is a red flag)
- Psychological issues (including distress and fear)

If a person does not have any red flags (see: Red flags assessment), identify if there are any reasons if the person cannot be moved from the floor and where possible, help the person off the floor by either verbally guiding or assisting the person (via usual processes).

When you attempt to move the person, if they are in pain or have difficulty in mobilising (compared to usual) - STOP and call 999.

Once off the floor, ensure the person is comfortable, for example: give the person a blanket, offer them a drink (if they can swallow normally), ensure they are in dry and clean clothes.

Assess for amber flags (minor injury)

Once red flags have been ruled out, and the service user is off the floor and made comfortable, assess for minor injury.

- Minor bruising
- Minor cuts - if patient has a skin tear on their lower limb refer to the 'Acute Management by Non-Clinician in the Community of Skin Tears (for Adults)
- Minor discomfort

Call 111 for advice if:

- The person hit their head but have no other associated symptoms (Note: Head injury and associated symptoms is a red flag)
- Person was on floor for a long/unknown time*
- The fall was unwitnessed* and you cannot get a reliable account of the fall (Note if the person lost consciousness this is a red flag)
- Signs of skin breakdown/ pressure points on skin
- Any other concerns

*Long lie and unwitnessed falls:

If a person is on the floor for a long time, it increases the risk of: Skin breakdown and pressure sores; Dehydration; Incontinence; Hypothermia (low body temperature); Psychological issues (including distress and fear).

Use judgement and knowledge of the service user when discovering an unwitnessed fall. For example, if a fall is discovered on the first visit of the day, there is clearly a risk that the service user has been on the floor all night. Even if the service user appears uninjured, in this situation, additional advice from NHS 111 should be sought. It is important to mention that the fall was unwitnessed and estimated time the service user was on the floor (if known) when explaining the purpose of the call.

Assess for severity of skin tear

If skin tear is present refer to 'Acute, Same-Day Management of Skin Tears by Non-Clinician in the Community (for adults)' pathway.

Contact health care professional to continue management of patient (urgent/ same day). Call 111 first before urgent care/minor injuries/ extended access GP

See below for guidance on identifying the skin tear.

Definition of skin tears

A skin tear is a wound caused by shear, friction and/ or blunt force (e.g. after a fall) resulting in separation of skin layers. A skin tear can be full or partial thickness. Example pictures including severity are shown below.

Classifications of skin tears of the lower limb



Type 1: linea laceration, no skin loss
Green Flag



Type 2a: flap laceration, non or minimal skin loss, flap looks viable/ proximal or lateral base
Green Flag



Type 2b: Flap laceration, flap looks non-viable/ distal base
Amber Flag



Type 3a: skin loss
Red Flag



Type 3b: Associated haematoma, associated limb swelling
Red* Flag

Classification and management of skin tear types

Skin Tear Type	Flag Rating	Meaning of Classification	Implication/ Management	Timeframe for referral
Type 3b	Red*	A skin tear with underlying haematoma. The features will be a haematoma (swelling) or an expanding haematoma with tense tissues		3b - *Refer immediately
Type 3a	Red	A skin tear where the skin flap is absent, exposing the wound bed. There is no haematoma		3a - Refer ASAP within 24 hours
Type 2b	Amber	A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap is non-viable i.e. colour is pale, dusky or darkened	May require surgery if flap non-viable	Refer within 2 days
Type 1 and 2a	Green	2a - A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened	Can treat conservatively with regular dressings - provided it is adequately debrided	May refer to Plastics Dressing Clinic (PDC) for advice during hours (nurse to nurse)
		1 - A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale, dusky or darkened		

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Green (no injury)

- Conscious and responding as usual
- No apparent injury (apart from type 1 and 2a skin tears)
- No head injury
- No complaints of pain/ discomfort (verbally and non-verbally)
- Mobility unaffected – able to move limbs on command or spontaneously
- No signs of bruising/wounds
- No signs of limb deformity/ shortening/ rotation

Endeavour to ensure person is checked on over the next 24hrs for new/increasing pain or any changes in condition

24 Hour Observation:

If unable to provide themselves, they are advised to utilise any other support available.

Discuss with the person and/or their carer and agree together a plan for checking on them over the next 24hrs (agree this with your senior manager as appropriate). This could include, but is not limited to:

- Identify if any other care visits or visits from other services are expected
- Use of visits later in the day
- Identifying friends, family or neighbours who could visit the service user or may choose to contact them via telephone to check on wellbeing.
- Use of tele-healthcare, if installed
- Remind the service user to use assistive technology e.g. pendant alarm as required
- Consider use of other services including the VCSE (Voluntary Community Social Enterprise) sector

Provide advice and give leaflet to the person who has fallen about signs and symptoms to be aware of and advise them to call NHS111 if concerned or 999 in an emergency

If there are any changes in the service users condition causing concern, contact NHS 111. Contact 999 in an emergency



Ensure all findings documented

- When and how the person was found
- Any injuries identified
- How long the person was on the floor for
- How they were assisted from the floor e.g. how many people assisted, any equipment used

Follow your organisation's normal safeguarding policy/ procedure



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Consider need for further assessment of falls risk

See [Falls Management pathway](#) – may need referral to falls clinic/ intermediate care team/ postural stability/Admission avoidance team

Consider the reason for the fall e.g. dehydration or trip hazard, and put a plan in place to mitigate these risks