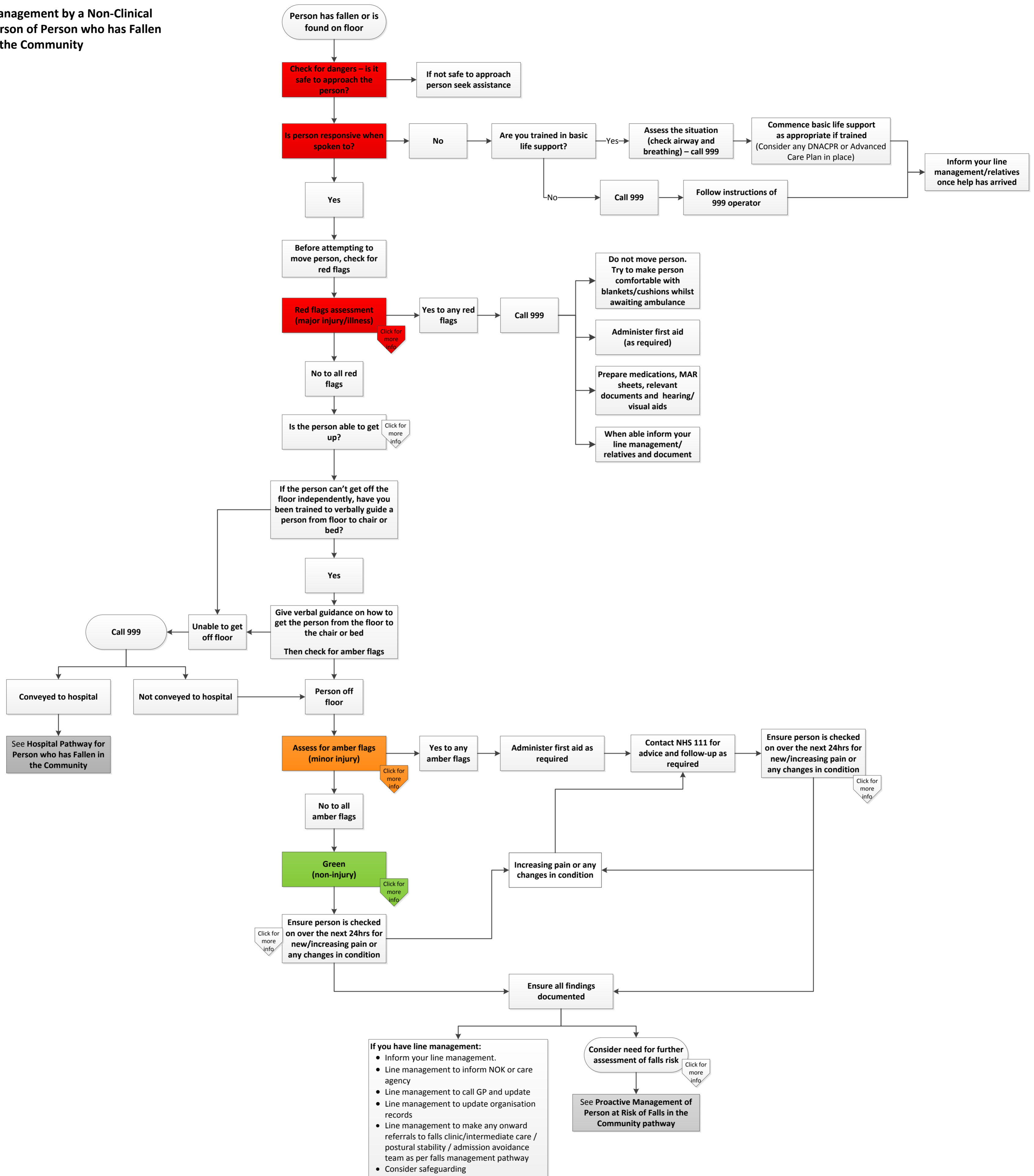


**Management by a Non-Clinical Person of Person who has Fallen in the Community**



## 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 – Facial droop, arm/leg new weakness, slurred speech)
- 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 torn skin/ skin flap
  
- 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.**

*\*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
- 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.

Back to  
pathway

### **Green (no injury)**

- Conscious and responding as usual
- No apparent injury
- 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



Back to  
pathway

**Ensure patient is checked on over the next 24hrs for new/increasing pain or any changes in condition**

\*This may be face to face or via telephone. If a friend or family member can stay or is able to monitor, this would be the preferred option.

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



Back to  
pathway

### **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