Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE RESPONDING TO FALLS IN THE COMMUNITY AND USE OF RAIZER II LIFTING CHAIR IN A COMMUNITY SETTING

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Jan 2023*	*New SOP. Approved at Community Services Clinical Network Group (19 January 2023).*
1.1	*Feb 2024*	*Reviewed. Approved at Community Services Clinical Network Group (21 February 2024).*

Contents

1. INTRODUCTION

These standard operating procedures (SOPs) have been developed to guide the practice of staff working in the community teams. They also provide a framework for the provision of safe and effective care.

Please note these SOPs are subject to change dependent on service development. Please ensure the most up to date version is used - these can be found on the trust intranet under clinical policies and procedures - C.

Across all Services staff are to comply with the following Standard Operating Procedure (SOP) to ensure a knowledgeable skilful competent workforce across all localities and staff grades operated by Humber Teaching NHS Foundation Trust

2. SCOPE

This SOP will be used across community services teams within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff who are permanent, temporary, bank or agency staff.

The following are overarching, guiding principles for safe and effective practice when using these standard operating procedures.

- The standard operating procedures do not replace professional judgement which should be used at all times
- A clear rationale should be presented / recorded in support of all decision making
- Practice should be based on the best available evidence
- Appropriate escalation when required

3. DUTIES AND RESPONSIBILITIES

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Team Leaders / Clinical lead will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Team Leader / Clinical lead will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Performance and Development Review (PADR) process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

Once made aware that patient in the community is on the floor and unable to get up, please confirm that they are conscious, breathing, not experiencing new or worsening chest pain, have any new weakness in one arm / leg or face (FAST), have no severe bleeding and no evidence of significant injury or fracture as per the Falls Responder Assessment Tool on systm1.

If there's concern regarding any of the above then the referrer should be advised to contact 999 immediately for support. If the above screening questions are negative then a clinician and another member of staff (registered of unregistered) should be dispatched as a UCR visit as per SOP Community - Urgent Community Response Service SOP22-023

4.1. Step 1. Immediate Response

If patient isn't breathing on arrival, provide basic life support as per the Medical Emergencies and Resuscitation Policy. The responder risk assessment. (appendix 1) should be completed for every assessment and uploaded on to Systm1 following the visit.

Assess patient's consciousness level using the ACVPU assessment**.** Any altered consciousness level or new confusion should be treated as a medical emergency, DIAL 999. Ensure the environment is safe to approach the patient.

4.2. Step 2. Assess for Life- or Limb-Threatening Injuries

Healthcare professionals must check people who fall in the community for signs or symptoms of fracture and potential for spinal/head injury **before moving them**. The physical assessment of a patient following a fall must be carried out by a competent registered practitioner. Please see Falls Flowchart appendix 2 Falls Procedure Proc473. Identification of a potential life or limb injury requires immediate emergency response. DIAL 999.

Superficial injuries (minor cuts and bruises) will require basic first aid however, vigilance should be maintained, and the patient should be monitored closely. If superficial injury has occurred request a review by the most appropriate professional as soon as possible.

4.3. Step 3. Vital signs

Following a fall ensure a full set of physical observations and NEWS2 score is recorded. Escalate and monitor as per Deteriorating Patient Policy N-062 The NEWS2 tool should be used as an aid to clinical assessment. It is not a substitute for competent clinical judgement. Any concern about a patient's clinical condition should prompt an urgent clinical review, irrespective of the NEWS. This may include an emergency response by dialling 999.

Following any trauma to the head, other than superficial injuries to the face, assess the patient level of consciousness using ACVPU. If the patient scores CVPU on initial assessment the patient will require 999 to be contacted. Continue to monitor the patient's vital signs including the level of consciousness until the patient is reviewed by a paramedic.

4.4. Safe Handling following a Fall using Raizer II chair

Following assessment using the structured Falls Responder Assessment Tool if considered safe to do so, ensure safe methods of handling the patient to avoid causing pain and/or further injury. This is critical to their chances of making a full recovery.

If potential head, spinal injury or fracture is suspected **do not** move the patient until a review by medical/paramedical staff has taken place.

If potential head, spinal injury or fracture is **not** suspected proceed with use of Raizer II chair if able to do so. Safe manual handling methods should be used as per Trust moving and handling training.
Ensure patient is in an area where it is possible to safely operate the Raizer II chair and that you have enough space to apply the back support and legs. Ensure patient is aware of what the

purpose of you attending is and what is about to happen at each step. Follow instructions as per Raizer II User Manual to assist patient in getting up from the floor. User manuals are stored with the Raizer II. Demonstration of it's appropriate use can be viewed here: Raizer II Patient Lifting Chair

Do not attempt to assist patient in getting up if they are unable to follow instructions. Contact 999 if this is the case.

- Make sure that the patient is lying on their back.
- Place the Raizer II seat on the floor next to the patient.
- Ask the patient to bend their legs and carefully push the seat under their legs
- Attach the backrest first before applying the legs and fasten the seat belt.
- After each attachment a sound will be played by the Raizer II chair.
- If all attachments are fitted correctly, the Raizer II chair will make a double confirmation sound.
- Inform the patient that they are about to be taken from lying to sitting.
- Once Raizer II chair is in place and ready to be used, please support the neck of the patient whilst the transition from lying to sitting is happening.
- Once patient is in seated position on the Raizer II chair at an appropriate height, check the patients' wellbeing including checking that there isn't any new reported pain.
- If patient is feeling well, assist them in transferring to a different chair using their normal walking aid.
- Always run the Raizer II to the horizontal position prior to disassembly (otherwise the next assembly of the Raizer II will be upset).

4.5. Reporting and Recording

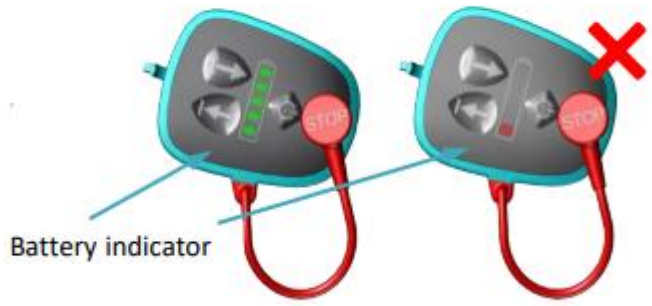
Documentation should be completed as per the Community Services Assessment and Documentation SOP22-007. In addition The Falls Responder Assessment Tool should be completed. Following a patient fall in the community a post falls Multifactorial Falls Risk Assessment will be carried out and must be documented on SystmOne. An exploration of falls should also be completed on the clinical system.

4.6. Ensuring patient is safe on leaving

Advise patient to escalate to appropriate service if starting to feel unwell in the coming days following the fall. If any trip hazards are present that could have caused the fall or put the patient at further risk, please remove trip hazards if consent is gained from the patient.

4.7. Charging of the Chair

Make sure that the Raizer is always fully charged. A charger and an adapter cable for USB charging are supplied with the device, and we recommend that the Raizer always be charged and ready for use. You should check the Raizer for power at least once every 6 months and recharge if necessary. Check that the chair is charged prior to use. The battery indicator must not flash red.



4.8. Cleaning of the chair

The Raiser II chair should be cleaned using green Clinell wipes following each use.

4.9. Staff training and competency

Use of the raiser chair will be demonstrated to all staff. Staff should also request that use of the chair be covered in their moving and handling training.

4.10. Care and maintenance of the chair

General maintenance / service of the chair should be completed yearly. The Raizer II will begin to flash a service message when it is time for the service inspection. Also an audible alert will be given as a reminder that it is time for the service inspection. The chairs have a maintenance contract through Vividcare (aftersales@vivid.care). Please contact your team lead to notify them the service is due.

5. REFERENCES

Raiser user manual: user MANUAL – RAIZER® II – EN VERSION 05.02 (liftup.dk)

NHS England » Going further on our winter resilience plans

Appendix 1 - Falls Responder Assessment Tool

For use by responders trained to undertake baseline observations

Follow the checklist in numerical order. If YES to any of the questions in sections 1-7 STOP and immediately contact YAS on the Health Care Professionals line 0300 3300295

	Yes	NO
Safety 1. Is there immediate danger to you or the patient		
Speak 2. Is the patient NOT conscious or NOT fully alter?		
Airway 3. Is the patient NOT able to speak? Is there significant neck pain resulting from the fall? Pins and needles, loss of sensation or numbness?		
Breathing 4. Is the patient unable to speak in full sentences? Do they have blue lips (cyanosis)? Noisy breathing (audible wheeze)? Is the breathing abnormal for the patient? Complaining of shortness of breath?		
Circulation 5. Complain of or history of chest pain prior to or after falling? Check pulse – NOT present / regular? Cold hands / abnormal skin? Feel Dizzy prior to or after the fall? Serious Bleeding?		
Disability 6. Does the patient NOT remember falling? Any loss of consciousness? New confusion? Sign of Stroke? FAST positive? Sign of head injury? (included face)		
Expose / Examine 7. Are there signs of bleeding, new wounds or new bruising?		

8. Pain of deformity to any limbs? 9. Patient unable to move limbs without pain or discomfort?				
Observations (where possible to be done prior to moving the patient)				
Examination	Within range			
Level of consciousness	Alert			
Resp rate	12-20			
Heart rate	51-90			
Oxygen Sats	>96%			
Systolic BP	111-219			
Supplemental Oxygen	No			
Temperature	36.1-38 c			
NEWS 2 Score	Below 4			
FAS test negative (smile equal? Raise patients arms - can they maintain them? Is their speech slurred?				
Time of fall				