

# **Repeat/uninjured fallers - how do they get up?**

## **Background**

South Central Ambulance Services (SCAS) are beginning to refuse to attend and pick up fallers who do not need conveying to A&E. Currently, this is mainly focussed on residents of care (? only nursing) homes but is also affecting community dwellers. These clients are classed low priority by SCAS when they do plan to send a crew. This may mean lying on the floor for 2 hours or more. Research shows that a 'long lie' significantly increases the risks of complications.

**This initial outline paper examines some of the issues and potential solutions, makes recommendations and seeks guidance for future action.**

## **Nursing homes:**

Should have their own hoists. Are these suitable for hoisting from the floor and properly maintained?

Are staff trained in assessing risk of hoisting?

Is there a need for a protocol regarding which fallers need an ambulance for conveyance to A&E?

## **Care Homes:**

Do they have hoists/trained staff?

If so, issues as above. If not, is there a need for a service they can access?

## **Community:**

There are some reports that the Fire Service are called in lieu (?directed by SCAS). Fire crews have First Aid training; can they distinguish which fallers need conveyance to A&E?

## **What is needed:**

- A clear understanding of SCAS policy and timescale.
- Knowledge of the numbers involved – report for August 2006 stated there were 205 fallers picked up by 2 Shires but not conveyed in mid and south Bucks and 164 picked up and conveyed.

## **Issues**

- How would we educate members of the public and staff of care homes to seek an alternative source of assistance?
- How would a new service receive calls? Should SCAS triage 999 calls and then redirect if appropriate?
- Use Community Alarms but
  - a) there are several in Bucks
  - b) only Wycombe's call centre is local – can others distinguish Bucks clients?
- Geography – Bucks is extensive with large rural areas; is there a need to combine with another service in order to provide cover while making good use of staff time?
- There is a need to make links with Moving & Handling policies.

## Interested parties

Consider involving:

SCAS

Bucks PCT

Bucks Adult Social Care

Thames Valley Emergency Access

South Central Strategic Health Authority

Care Homes

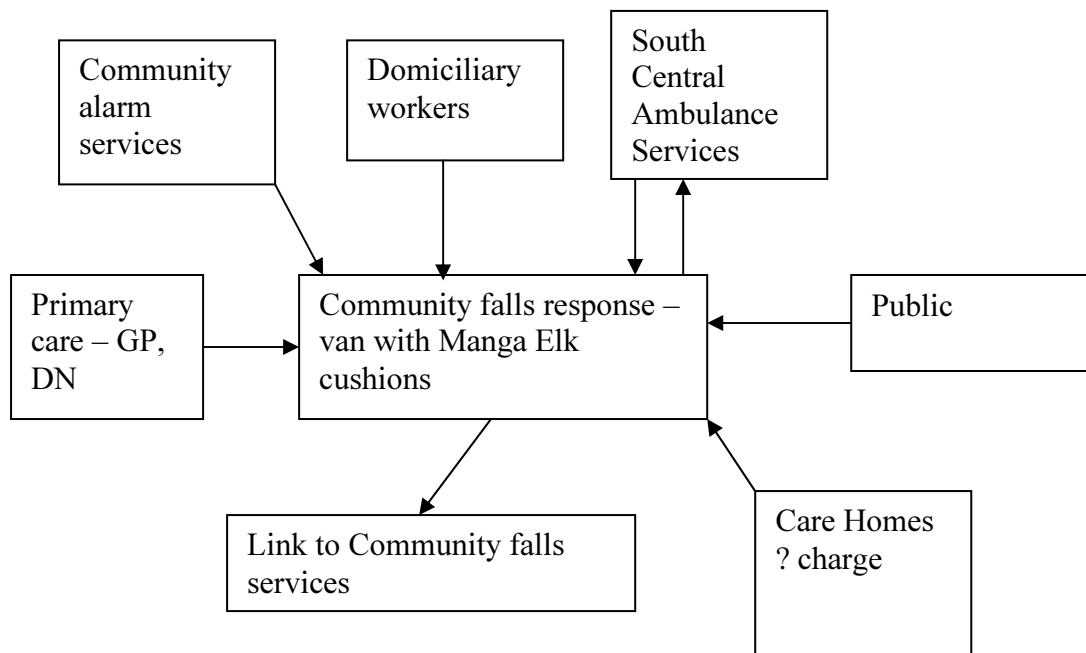
Community Alarm services

Housing services – sheltered and mobile wardens.

## Options

- Educate older people how to help themselves to get up
- Educate their carers, formal and informal, how to advise an uninjured faller to help themselves up
- Establish a mobile lifting service, eg a person with a van with inflatable Manga Elk cushions, funded by some of the interested parties. Training and protocol will be needed re not moving certain patients, when to send for assistance etc.
- Link to community alarm system
- All of the above in combination

## Diagram to illustrate possible links to a Bucks service



**Services in other areas**

Vale Housing (**Oxon**) runs retirement housing with 24 hr response fully mobile scheme managers. Residents wear a pendant alarm which they activate if they fall. A scheme manager visits and if appropriate uses Manga Elk to raise resident from floor. Moving to 2 person response. Roger Bartlett  
01235 536001

**Milton Keynes** – mobile wardens respond to some community alarm calls with Manga Elk lifting cushions.

**Eastbourne** – LAA funded pilot of falls response team in high activity area 7days per week 7.30-11.30am & 6.30-10pm. Wealden & Eastbourne Lifeline run (training from ambulance service). Vehicle equipped with First Aid, Manga Elk, community responder kit (defibrillator, oxygen etc), ambulance trust radio. Single handed but direct access to Emergency Care Practitioners. Calls received via 999 triage system or direct through lifeline. Refer, if appropriate and patient agrees, to falls prevention team.

John Chibnell 01323 644422

**Warwickshire** – established Alternative Response Vehicles in 2002

**Southampton City PCT** have a rapid response falls team

Further details of these last 2 services will be sought.

**Recommendations:**

1. Any response must be multi-agency and integrated with existing services.
2. Clarification is required of the issues identified.
3. There should be further investigation of possible solutions, including questions of funding.
4. A detailed options paper should be brought to OPPB for decision.