

DEPARTMENT OF DEVELOPMENTAL SERVICES
Nursing Protocol: Falls # NP 11-1

Implementation Date: July 1, 2013

Purpose:

This protocol is designed to reduce the incidence of falls and injuries related to falls.

Applicability:

This protocol shall apply to registered nurses employed or contracted by DDS or private agencies licensed or funded by DDS who provide or coordinate care to persons in residential and respite programs, or to persons receiving individual supports or residing in Community Companion Homes or attending DDS funded day programs.

This does not apply to individuals who are living independently or with families unless they participate in a day program or respite program.

Definition:

Fall - An unintentional change in position resulting in coming to rest on the ground or at a lower level.

Implementation:

For persons residing in CLAs, ICF/MR facilities, CCHs or attending respite programs:

1. Assessment of Risk:
 - a. A fall risk prevention plan (attachment A) shall be done by the RN initially to establish a baseline and at any time there is a change of condition that may impact the fall risk.
 - b. Areas to be assessed include falls history, functional status, medications, underlying illnesses and problems, sensory status, psychological status and environmental status. (attachment B)
 - c. Reassessment shall occur at least annually
2. Planning:
 - a. The Planning Support Team (PST) in conjunction with the RN shall develop a plan that addresses factors that can be managed or controlled, based on the fall risk prevention plan (attachment A).
 - b. The PST, in conjunction with the RN shall identify the need for further evaluation and assist the individual in securing these evaluations.
3. Implementation:
 - a. The PST shall implement measures approved in planning phase to assist the individual.
 - b. The Post Fall Evaluation (attachment C) will be completed by the staff on duty at the time of the fall.
 - c. The PST, in conjunction with the RN will revise the plan to address factors that may have contributed to the fall and that can be managed and controlled.
4. Evaluation:
 - a. The PST in conjunction with the RN shall evaluate the effectiveness of the plan after any subsequent falls and at least annually.

For persons receiving individual home supports or attending DDS funded day programs

Screening of Risk: Persons receiving individualized home supports or receiving day program services require a fall risk screening by a staff member (Attachment D). If one or more fall risks are identified in

the screening, a fall risk assessment by the RN to establish a fall risk prevention plan is required. Rescreening shall occur annually or any time there is a change that may impact the fall risk.

Attachments:

Fall Risk Prevention Plan – Attachment A
Determining the Existence of Fall Risk Factors – Attachment B
Post Fall Evaluation Tool – Attachment C
Fall Risk Screening Tool- Attachment D

References:

CT Nurse Practice Act
CT State Board of Nursing Examiners Declaratory Ruling
Job Performance Standards – RN
Job Performance Standards – LPN
Health Care Protocols