

Visitor Fall Prevention & Response

Below is a list of recommendations directed at improving processes associated with visitor falls.

1. Establish an organizational commitment to providing an environment free from fall risk.
2. Include visitor fall risk prevention and management in the facility's fall reduction program.
3. Identify responsible key personnel, e.g., safety officer; risk manager.
4. Train reception area personnel, nurses, volunteers, and other staff to informally assess visitor falls risk and report identified risks for immediate correction.
5. Develop a process for responding to a visitor fall.
6. Train appropriate personnel. Identify the individual responsible for the initial response to a visitor fall, e.g., supervisor.
7. Train appropriate personnel. Identify the individual responsible for completion of a comprehensive post-accident investigation immediately after the report of a fall, e.g., supervisor.
8. Provide immediate assistance to the victim and transport appropriately to the emergency department for a clinical evaluation.
9. Instruct nonclinical personnel (e.g., receptionists, housekeeping staff) not to attempt to lift a fallen individual off the ground, but rather to call for clinical assistance.
10. Complete a post-fall assessment immediately upon discovery of the fallen visitor.

Document the following information on a hospital approved event report form:

- The location of the fall.
 - The date and time of the fall.
 - A factual account of the fall and/or condition of the visitor at the time the fall was discovered.
 - Names of those who witnessed or discovered the fall.
 - A description of any sustained injuries.
 - A list of environmental factors.
 - A statement by the visitor regarding the fall.
11. Complete an accident investigation immediately after the visitor fall has been discovered. Document the following information on a hospital approved accident investigation form.

Assessment of the Scene

- Inspection of the site, equipment, material that were involved in the accident/incident.
- Site must be secured especially in the case of a critical injury.
- Use of photographs, sketches, drawings of the accident/incident scene indicating sizes, distances, and weights of objects as appropriate.

Interviewing

- Visitor involved.
- Any eyewitnesses.
- Outside experts if applicable, i.e., suppliers, equipment designers.
- Interviews should be:
 - Conducted as soon as possible.
 - Addressed one-on-one in a quiet place.
 - Documented.
- Do not assume responsibility.

Identifying the Contributing Factors

- Factors to consider:
 - People, equipment, material, environment, process.

Complete the Report

- Record all findings of the accident/incident investigation on the standard investigation reporting form ensuring that all requirements of the written investigation procedure are captured.

12. Post-visitor fall management.

- Manage all visitor falls in a consistent manner.
- Encourage all fall victims to be seen in the Emergency Department.
- Request victims who refuse to be seen sign a refusal to be seen statement.
- Provide victims with information on planned follow-up to the incident (risk manager contact, etc.).

13. Establish a standardized process to post-visitor fall management.

- Courtesy ED visit. Determine if the hospital will pay for a follow-up visit.
- Establish a process for post-visitor fall management, including an identified contact person.
- Report any fall resulting in any sort of injury to the MMIC claims representative.

- The MMIC claims representative will discuss any plans for compensation moving forward with the hospital's risk manager, or designated individual. MMIC requires an immediate investigation, observation of the area and visitor interview along with other incident information to be reviewed with Claims.

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