

Guidelines for the use of Falls Sensors

NHS Lothian recommends a multifaceted strategic approach to the prevention of falls in hospital. A small number of falls sensors are available in some wards as part of the multifactorial approach to falls prevention. The guidance for the use of falls sensors should not be read in isolation and does not relax the need to implement other falls prevention interventions detailed in the NHS Lothian Falls policy.

Falls sensors are thought to have a part to play with falls prevention. However, there is a lack of published studies for their efficacy, but a few older studies have suggested they can be beneficial (Heslin et al 1992) (Widder 1985). Whilst they cannot prevent falls, they can serve as an “early warning system”, alerting nursing staff when patients attempt to leave their chairs / beds unassisted. To be effective, they need to be implemented with care and with a clear understanding of their limitations.

What are Falls Sensors?

These devices consist of a battery operated alarm unit and a pressure-sensitive pad. The alarm unit is generally mounted on to the bed / chair frame. The bed sensor is generally placed under the mattress and the chair sensor is placed on the seat of the chair. When the patient attempts to leave the bed / chair, the sensor strip detects the absence of weight and sounds the alarm. Staff will require training in the use of this device prior to use.

A cord and clip option is available for use when patients are sitting in a chair. The clip is attached to the patient’s garment, usually at the top of their shoulder or close to the back of their neck, and if they move out of the chair, the clip detaches and the alarm sounds. **The cord and clip is not to be used when patients are in bed.**

When to use a Falls Sensor?

The decision to use a falls sensor is made after a falls risk assessment has been carried out and following discussions with the health care team providing the care.

If a patient is unable to give consent for their use, then an adult with incapacity form and care plan must be completed.

Criteria for the use of a Falls Sensor:

- Patient is at high risk of falling when getting up unattended
- Patients who fall on a recurring basis
- Patient is cognitively impaired (e.g. dementia, depression, delirium) and unable to recognise the difference between safe and hazardous transfers
- Patients with neurological disorders e.g. Parkinson’s, Stroke.

Appendix 13: Falls sensor guidelines

Other Factors to consider when using a Falls Sensor:

- Consideration should be given to patients who are nursed in multiple occupancy bed bays as bed alarms can disturb the sleep patterns of other patients (there may be an option to switch off the local alarm and use a radio pager).
- Patients who have been allocated a falls sensor should be nursed close to the nurses' station, in order to allow staff to hear the alarm and respond quickly enough to try and prevent a fall.
- Staff caring for the patient using a falls sensor must be trained in how to operate and maintain the device.
- Consider patients with low body weight, as they may not be able to supply sufficient weight to be able to activate the pressure sensitive system.
- Patients nursed on a pressure relieving mattress or pressure relieving overlay mattress.
- Cases of extreme agitation where the patient is restless and frequently leaves their bed.

Management of patients at risk of getting out of bed / chairs without regard for their personal safety:

Follow general falls prevention and safety precautions as detailed in NHS Lothian Inpatient Falls policy.

- The nurse should review the patients falls risk assessment and care plan frequently.
- The patient should be moved close to the nurse's station to maximise supervision.
- The patient nourishment, hydration and toilet needs should be reviewed frequently.
- The bed should always be in the low position.
- Ensure that the patient has the call buzzer to hand at all times.

Obtaining a Falls Sensor:

- The nurse should assess the patient in conjunction with the multidisciplinary team.
- Each area will have a local guideline for accessing a falls sensor.
- The rationale for the use of the falls sensor should be discussed with the patient, or their relative / carer if appropriate. Record of this conversation should be documented in the patient's notes.
- The care plan should reflect that a falls sensor is in use and a clearly defined review date should be agreed with the multidisciplinary team.
- Staff must ensure they are familiar with the equipment and how it works. If in doubt, staff can liaise with colleagues, the falls link nurse, or contact the company that provided the equipment.

Maintenance and Checking

- Falls sensors must be checked frequently for faults.
- If a fault is identified, remove the device from use immediately and discuss with the Falls Coordinator.

References:

1. Heslin, K., Towers, J. Lecki, C. et al (1992). Managing Falls: Identifying population- specific risk factors and preventative strategies. In: S.G. Funk, E.M. Tornquist, M.T. ge, &R.A. Wiese (Eds), Key aspects of elder care: Managing falls, incontinence, and cognitive impairment pp.70-80. New York Springer.
2. Widder, B. (1985). A new device to decrease falls. Geriatric Nursing, 6,287-288.

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Information on Falls Sensors for Patients / Families / Carers

What are Falls Sensors?

This device is a battery-operated alarm unit which contains a pressure-sensitive strip. The pressure sensitive pad is placed under the mattress or on the seat of the chair. When the patient attempts to leave the bed or chair, the sensor detects the absence of weight and sounds the alarm.

Falls sensors are part of a range of interventions carried out for patients as part of the NHS Lothian falls prevention initiative.

Falls sensors do not prevent falls but they do act as “an early warning system”, alerting staff when a patient attempts to leave their bed / chair unassisted. These sensors have their limitations and will only work if the staff hear the alarm and are able to respond at that time. Whilst staff will make every effort to respond on time it should not be assumed that staff will be in a position to respond on every occasion.

Initially, falls sensors will be issued for a period of assessment. However, their use will be continuously assessed and they may be removed should this be deemed appropriate by the healthcare team.

Why are Falls Sensors used?

Falls sensors are only thought to be of benefit to a small number of patients and are only issued following a specialist assessment.

Who Decides?

The decision to use a falls sensor is made after a falls risk assessment has been carried out and following discussions with the health care team providing the care.

This decision is usually discussed with the patient and their relatives or carers should this be appropriate.

If you require more information regarding falls sensors please ask the nursing staff to speak to the Falls Coordinator who will be happy to assist with your enquiries.