

**Fall Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of falling.

**Desired Outcome:**       will be protected from falls and remain safe in all environments**.**  Staff will report and respond as trained to any changes in condition, stability, or falls.

**Why at risk/History:**

**Supports and interventions:**

* Staff will provide assistance and physical support, as needed, when walking up/down steps, walking on uneven terrain, or while getting on and off the transportation vehicles.
* Staff will monitor for and address environmental hazards that may present a risk of falling such as poor lighting, clutter, uneven surfaces, slippery surfaces, stairs, or throw rugs.
* If fall occurs, assess       for injury and administer medical attention as necessary.

**Monitor:**

* Any change in stability
* Any change in condition

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any falls, changes in condition or stability, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any falls, changes in condition or stability, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Fall Risk** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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