

Scottish Patient Safety Programme

National falls definition - detailed document

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Introduction

This document sets out the national definition of a fall for people receiving care in clinical settings, together with operational definitions designed to support consistent reporting.

Standardising falls reporting will enable a shared understanding of falls data in clinical settings across Scotland. Reliable data will enable learning, inform policymaking, and help track the impact of improvement efforts over time.

This document reflects the outcomes of research and testing. We would like to thank all testing boards for their invaluable support and for the time and expertise they contributed to this work.

Definition of a fall

“An event which results in a person coming to a rest unintentionally on the ground or floor or other lower level.”

Falls to be included in reporting

Falls including controlled falls and falls due to an environmental cause are included in reporting. The following section outlines the definition for each and provides examples to support consistent reporting.

Fall

Falls that meet the definition above where any part of the body touches the ground or lower surface.

Examples include:

- A person mobilises without walking aid or assistance and falls to the floor or lower surface.
- A person side-stepping around the bed, using the bed for support, losing balance, and falls to the floor or lower surface.
- Unwitnessed fall where a person is found at rest on the floor and is unable to get back up independently.

Controlled fall

The person begins to fall but is assisted to a lower surface by a staff member or another person to reduce the risk of injury. If a staff member, carer, visitor is injured during the controlled fall, this should be recorded in line with local policy.

Examples include:

- A person loses balance while mobilising and is guided to the floor by a staff member.
- Within therapy sessions, the person begins to fall and is safely lowered to the floor or another lower level.
- The person is supported and lowered to the floor in response to recognised signs of a medical event.

Operational criteria:

- Fall must be witnessed.
- Another person intervened to slow or guide the descent.
- Adverse event report documents the assisting action.

Environmental cause, including external force from an object

A fall due to environmental hazards, like slippery floors, uneven ground or being struck by a moving object.

Examples include:

- fall from a slip or a trip
- spillages, slippery or wet floors, uneven or broken flooring
- poor lighting
- clutter or obstacles including equipment such as catheter or oxygen tubing, wires and drip stands
- inadequate or missing handrails
- accidental collision of two people, resulting in a fall
- impact from a moving object such as being hit by a door or a trolley.

Operational criteria:

- The fall was caused by something in the environment.
- Seen or confirmed by investigation, for example, staff or person's account.

Excluded from falls reporting

External force from a person

A fall due to external force from another person(s), including the force of an object thrown by another person or person-to-person force. These incidents should be reported as per local policy.

Examples include:

- A person strikes or pushes another person, resulting in a fall.
- A person throws or pushes an object towards another person, causing them to fall.

Operational criteria:

- Clinical judgement determines that the fall would not have occurred without the force from another person, either person-to-person or a propelled object.
- If a person is safely guided to the floor or another lower level during a physical intervention, using approved and controlled techniques, this would not be classified as a fall and should be reported as per local policy.

Intentional fall

An intentional fall occurs when a person is observed to intentionally descend to the ground, floor, or lower level. Intentional falls are where the person states intent, or there are behavioural and contextual indicators that suggest purposeful action.

These events should be reported as per local policy.

Operational criteria:

- Lack of accidental cause.
- Consistent with a person's history, communication preferences, or behavioural cues.

Included or excluded from reporting depending on predictability

Fall following a medical event

This category refers to falls that directly result from an acute episode or acute deterioration of a chronic medical condition. These events involve a temporary loss of consciousness, balance, or control, leading to a fall.

It is expected that the inclusion or exclusion of a fall following a medical event will require the clinical judgement of the event reviewer. For example, falls as a result of syncope, may be included or excluded depending on clinical context.

Included (could have been reasonably anticipated)

Reporting and reviewing falls following a medical event that could have been reasonably anticipated helps identify learning and potential areas for improvement in practice.

Examples include:

- Syncope due to orthostatic (postural) hypotension.
- Metabolic causes such as hypoglycaemia.
- Delirium.
- Adverse drug reactions, for example, sedation.

Excluded (could not have been reasonably anticipated)

Falls that are secondary to unanticipated medical events.

Upon review, a collapse resulting in a fall can be excluded from falls reporting if it **could not** have been reasonably anticipated and / or prevented. Context and patient history should be taken into consideration.

These events should be recorded in accordance with current local policy.

Examples include:

- Cardiac arrest.
- Stroke.
- Seizure.
- Syncope due to an arrhythmia.

Falls with harm

This risk matrix supports consistent assessment of physical harm, resulting from of a fall.

The matrix aligns with the Health Improvement Scotland (HIS) [National Adverse Events Framework](#) and has drawn on prior work from NHS Lanarkshire.

Descriptor	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Extreme - 5
National Adverse Events Framework	Adverse event leading to minor injury NOT requiring first aid.	Minor injury or illness, first aid treatment required.	Injury requiring medical treatment. Injury (RIDDOR reportable) that results in >7 days incapacitation for routine work. Consideration of Organisational Duty of Candour.	Long term incapacity/disability requiring medical treatment. Specified RIDDOR injury; occupational disease or dangerous occurrences with/without a ≥ 7 day incapacitation for routine work. e.g. fractures, amputation, crush, serious burns. Consideration of Organisational Duty of Candour.	Any adverse event leading to death(s). Major permanent incapacity. RIDDOR reportable work-related fatality. Consideration of Organisational Duty of Candour.
Examples	Minor physical injury not requiring first aid, for example: - A fall that does not result in physical harm or injury - Short-term pain - Scratch, small bumps, grazes, redness, or slight bruising - Muscle/joint strain - Short-term feeling of emotional upset.	Minor physical injury requiring first aid, for example: - Cuts, bruising, sprains - Minor lacerations requiring sterile strips - Skin flaps.	Injury requiring medical treatment, for example: - Laceration requiring sutures. - Fractured fingers or toes. - Dislocation of fingers, thumbs, toes - Significant bruising - Internal injury requiring treatment and hospital stay longer than 7 days.	Injury resulting in long term incapacity or disability requiring medical/surgical treatment, for example: - Brain injury or suspected brain injury that requires urgent imaging, reversal of anticoagulation, transfusion of blood products or surgical intervention. - Fracture requiring cast or surgery. - Dislocation of wrists, ankles, hip, shoulder, knee or spine.	Injury resulting in death or major permanent physical incapacity, as a result of a fall, for example: - Fall contributing to death. - Permanent physical impairment as a result of a fall. - Unable to return to work.
Reporting category	Category 3	Category 2		Category 1	

V1.0