Fall Scene Investigation by SafelyYou

FORM

SECTION 1 | RESIDENT DETAILS

Name

Room #

Date/Time of Fall
mm/dd/yy hh:mm
☐ AM ☐ PM

Last Known Wellness Check
mm/dd/yy

Last Continence Check
mm/dd/yy hh:mm
☐ AM ☐ PM

First Responder Name

SECTION 2 | FALL SCENE

Scene Details (filled out by first responder):

Was the resident last seen in bed?	YES ☐	NO ☐	
***If yes,** consider the following:*	YES	NO	N/A
Was a wheelchair or walker placed at the bedside?	☐	☐	☐
Are extra mobility aids visible to the resident?	☐	☐	
If there is a floor mat, is it secured to the floor?	☐	☐	☐
Is a transfer enabler in place (bed rail, cane or halo)?	☐	☐	
Is the bed in a low position?	☐	☐	☐
Is bedding out of place?	☐	☐	

Was the resident last seen in a chair?	YES ☐	NO ☐	
***If yes,** consider the following:*	YES	NO	N/A
Was a mobility aid positioned near the chair?	☐	☐	☐
Does the resident transfer in/out of this chair on their own?	☐	☐	
Is the chair a recliner?	☐	☐	
If yes, is the footrest up?	☐	☐	
Does the resident transfer in/out of the recliner independently?	☐	☐	

Does the resident ambulate in their room?	YES ☐	NO ☐	

***If yes,** analyze the scene for activity clues.*

Was the resident...

- ☐ Trying to change clothes?
- ☐ Retrieving or moving belongings?
- ☐ Heading for the bathroom?
- ☐ Reaching for something?

Other items to consider	YES	NO	N/A
Do clothes and shoes fit properly and comfortably?	☐	☐	☐
Are socks non-skid?	☐	☐	☐
Does the resident seem weaker than usual?	☐	☐	

Fall Scene Investigation by SafelyYou

SECTION 3 | ROOM DETAILS

	YES	NO	N/A
Could the flooring be a contributing factor?	☐	☐	
Could it be too dark?	☐	☐	☐
Was the television on?	☐	☐	☐
Was the bathroom light on?	☐	☐	☐
Was the bedroom door open?	☐	☐	☐
Was the closet door open?	☐	☐	☐
Is the room cluttered?	☐	☐	☐
Are there multiple mobility aids?	☐	☐	☐
Were other people present? (i.e. visiting family or staff attending)	☐	☐	
Does the resident seem weaker than usual?	☐	☐	

SECTION 4 | ACTION PLAN

Immediate Interventions

Additional comments regarding the fall scene

Take a de-identified photo of the fall scene for review during the team huddle. (Refer to community policy on the use of photos.)

Post Fall Action (complete during team fall huddle)

Contributing Factor	Action Item	Due Date *mm/dd/yy*	Responsible Party