British Columbia Patient Safety & Learning System

Degree of Harm for Fall-related Injuries

Use these guidelines and examples to assist in determining and standardizing the degree of harm for injuries associated with falls.

Reporter: If you are unsure of the severity of an injury, select the higher rating so appropriate attention will be given to the event. The Handler will assess and revise the degree of harm when following up on the report after diagnosis is confirmed (e.g. fracture is shown on x-ray).

Handler: You are responsible for confirming the correct degree of harm, updating the injury list for the person affected (in the *People Involved* section) and entering the final outcome for the patient (in the *Follow-up* section) before giving the event report Final Approval status.

DEGREE OF HARM	GUIDELINES AND EXAMPLES
1 – No harm	Any fall where the patient or resident is not harmed in any way. ***Example**:* • Sits on edge of bed, slides off onto floor without sustaining injury.
2 – Minor harm	Any fall causing **mild, temporary** harm requiring application of bandage, dressing or ice, cleaning of wound or abrasion, elevation of limb, or administration of analgesic. Injuries do not exceed minor bruises and lacerations. **No impact or trauma was witnessed or evident above the neck (head, face or ears).** ***Example:*** • Falls while ambulating, knee red and swollen, two skin tears to arm. Dressing applied to arm, ice applied to knee.
3 – Moderate harm	Any fall causing **significant temporary or mild permanent** harm requiring suturing, steri-strip or skin glue application, casting, or splinting. **For witnessed impact to the head (including face, ears, and scalp) or head trauma found on assessment, without loss of consciousness, assign a minimum degree of harm of 3.** ***Examples:*** • Falls out of bed, complains of arm pain. X-rays reveal fractured arm. Cast applied. • Falls out of bed, strikes head, no loss of consciousness, laceration to ear. Head CT scan normal, ear laceration sutured.

4 – Severe harm	Any fall where **serious harm, either temporary or permanent**, occurs and requires surgery or consultation with a neurosurgeon, orthopedic surgeon, or general surgeon. **Witnessed impact to the head (including face, ears, and scalp) with loss of consciousness should be assigned a degree of harm of 4.** ***Examples:*** • Falls out of bed, fractures hip. Requires surgical repair. • Falls getting into bed, strikes head on headboard, 10 second loss of consciousness then alert and oriented x 3. Head CT completed, diagnosed with concussion. • Falls, fractures pelvis. Requires 2-4 weeks of non-weight bearing and rehabilitation.
5 – Death	Any fall that results in or significantly contributes to **immediate or eventual death**. ***Examples:*** • Falls, hits chest on chair, sustains multiple rib fractures. Transferred to ICU, develops pneumonia. Requires intubation and ventilation. Dies 2 weeks later. • Falls, fractures hip. Transferred to higher level of care for surgery and rehabilitation. Returns to residential care facility, deteriorates and dies 3 weeks later. • Falls, strikes head, remains unconscious. CT scan shows massive cerebral bleed. Is not a surgical candidate, comfort care ordered, dies the same day. • Falls, fractures femur. Leg casted. Develops pulmonary embolus, dies 1 week later. **Do not** assign degree of harm 5 to events where the patient dies but the death is unrelated to the fall, e.g. patient falls and fractures wrist, then dies 2 days later due to progression of cardiac condition. Degree of harm should be assigned as appropriate to the injury sustained in the fall - degree of harm 3 - not based on the fact that patient has died.

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