

Department:	Rehabilitation Centre		
Document:	Departmental Policy and Procedure		
Title:	Safety in Rehabilitation Centre		
Applies To:	All Rehabilitation Staff		
Preparation Date:	January 11, 2024	Index No:	REH-DPP- 011
Approval Date:	January 25, 2024	Version :	(1)
Effective Date:	February 25, 2024	Replacement No.:	REH-DPP- 011(N)
Review Date:	February 24, 2027	No. of Pages:	02

1. PURPOSE:

- 1.1 To provide a safe environment for both, the patient and the Rehabilitation staff in order to protect from unintentional injury.

2. DEFINITIONS:

3. POLICY:

- 3.1 All Rehabilitation staff has to have the awareness about maintaining the safety within the department by attending the "Hospital Safety Program" in order to prevent at least decrease the exposure of the patient and the staff to any type of harm.
- 3.2 The Rehabilitation staff specialist must be aware of patient on a daily basis and have to understand the scope of the issue.
- 3.3 All Rehabilitation staff have to have BLS.

4. PROCEDURE:

- 4.1 Environment and Rehabilitation staff safety
 - 4.1.1 Follow warning signs e.g. hospital codes and fire alarm.
 - 4.1.2 Put fire equipment in a place with an easy access and you have to know how to use.
 - 4.1.3 Participate in annual Fire Drill test. (PASS technique: press, aim, squeeze and sweep).
 - 4.1.4 Be sure that you know the evacuation routes and what to do in case of fire.
 - 4.1.5 Be sure that you Switch off all machines at the end of duty.
 - 4.1.6 Staff should be following the infection control principle and practices.
- 4.2 Patient:
 - 4.2.1 Each rehabilitation staff will check patient vital signs before administering treatment to ensure the suitability of treatment for him.
 - 4.2.2 Each Rehabilitation staff will review the patient chart and check if there is any contraindications and precautions before administering treatment.
 - 4.2.3 Handle the patient correctly. Seek help when needed. Use mechanical aids when necessary.
 - 4.2.4 When transporting a patient to the treatment area by wheelchair or stretcher, take the following safety precaution:
 - 4.2.4.1 Lock the wheel brakes or secure the vehicle in place before moving the patient.
 - 4.2.4.2 Prevent the patient from falling using safety belts or side rails and use fall risk form with patient need.
 - 4.2.5 Closely supervise all patient in the clinic area especially disoriented patient or those who have medical precautions (e.g., history of heart disease or seizure). Do not leave the confused or disoriented patients on therapy table without supervision.
 - 4.2.6 If the patient at risk to fall make a safety plan for patient, e.g. ask the patient to use can for assistance, modify the home environment to be safe for the patient, and ask the patient family to supervise the patient while walking.

- 4.2.7 If there is any patient fall down, you must do OVR and discuss with your team the causes and the solution.
- 4.2.8 With electrotherapy treatments, adjust the intensity to comfortable level to avoid electrical burns. Inform the patient to avoid touching, removing the pads while the machine is working, to avoid electric shock.
- 4.2.9 Instruct the patient and/or his family member in the proper use of equipment, such as TENS, home hot packs, correct to avoid any injury.
- 4.2.10 Be sure that hot packs are wrapped well with towels to prevent accidental burns to the patient. If the hot pack are applied on the patient body, the therapist has to check the patient's response at 5 minutes intervals and wrap it with another towel if the hot pack is very hot.
- 4.2.11 You have to know the infection control procedures e.g. hand hygiene and series of personal protective equipment.
- 4.2.12 Close supervision of all patients in the clinic, especially during treatment with small toys and blocks, to prevent choking accidents when swallowing small pieces.

5. MATERIALS AND EQUIPMENT:

6. RESPONSIBILITIES:

- 6.1 All staff in Rehabilitation department.

7. APPENDICES:

- 7.1 Risk fall form.

8. REFERENCES:

- 8.1 Polices & procedures emergency codes in MCH Hafer Albatin.
- 8.2 Polices & procedures of rehabilitation centre in KKGH-Hail.
- 8.3 Polices & procedures of rehabilitation centre in KKGH- Hafer-Albatin.
- 8.4 Polices & procedures of Physiotherapy Department MCH- Al-Jouf.

9. APPROVALS:

	Name	Title	Signature	Date
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KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health		MRN: _____ رقم الملف الطبي: Name: _____ الاسم: Nationality: _____ الجنسية: Age: _____ سنة <input type="checkbox"/> Years <input type="checkbox"/> شهور <input type="checkbox"/> Months <input type="checkbox"/> يوم <input type="checkbox"/> Days Date of Birth: _____ / _____ / 14 _____ H _____ / _____ / 20 _____ تاريخ الميلاد: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس:
Hospital: _____ مستشفى _____	Region: _____ المنطقة _____	Dept./Unit: _____ القسم/الوحدة _____

FALL RISK ASSESSMENT AND RE-ASSESSMENT TOOLS

(choose a tool appropriate to the patient age group, draw a line across other tool and write N/A)

I. "MORSE" FALLS RISK ASSESSMENT (Write appropriate answer and sum up from "a" to "f" to get the total score)

(ADULT PATIENTS)

Category	Parameters	Score	TIME
a) History of falling (immediate & in not less than three (3) month time)	No	0	
	Yes	25	
b) Secondary diagnosis (include meds risk) diuretics; benzodiazepines; antihypertensive; corticosteroids; drugs treating diabetes mellitus; polypharmacy (4 or more drugs)	No	0	
	Yes	15	
c) Ambulatory aids	None/ Bed rest/ Nurse assist	0	
	Crutches/stick/frame	15	
	Furniture/walls	30	
d) Intravenous therapy	No	0	
	Yes	20	
e) Gait	Normal/ Bed rest/ Wheelchair	0	
	Weak	10	
	Impaired	20	
f) Mental Status	Oriented to own ability	0	
	Over estimates/ forgets limitations		
	PATIENT'S SCORE	15	
	DATE INITIAL		
	JOB NUMBER		
PATIENT'S SCORE: DATE: INITIAL: JOB Number:			

SCORING: 0-25 (Low risk) 30-55 (Medium risk) >55 (High risk)

Perform "Morse fall risk" re-assessment every shift, if there is a change of patient clinical status, post operative and other procedure, and after a fall. If the score is medium or high risk, educate and implement the intervention guide for fall risk prevention.

Name: _____	الاسم: _____	MRN: _____	رقم المريض: _____
II . "HUMPTY DUMPTY" FALL RISK RE-ASSESSMENT (Write & sum up the appropriate answer from "a" to 'g' to get the total SCORE: _____ (If score is 12 or above at risk for falls) Minimum Score = 7 Maximum Score = 23 (PEDIATRIC PATIENTS)			
Parameters	Criteria	Score	Time
a) Age	Less than 3 years old	4	
	3 to less than 7 years old	3	
	7 to less than 13 years old	2	
	13 years and above	1	
b) Gender	Male	2	
	Female	1	
c) Diagnosis	Neurological Diagnosis	4	
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope/Dizziness, etc.)	3	
	Psychological/Behavioral Disorders	2	
	Other Diagnosis	1	
d) Cognitive Impairments	Not aware of Limitation	3	
	Forgets Limitations	2	
	Oriented to own ability	1	
e) Environmental Factors	History of falls or Infant-Toddler placed in bed	4	
	Patient uses assistive devices or Infant-Toddler in crib or Furniture/Lighting (Triple room)	3	
	Patient placed in bed	2	
	Outpatient Area	1	
f) Response to Surgery/Sedation/Anesthesia	Within 24 hours	3	
	Within 48 hours	2	
	More than 48 hours/None	1	
g) Medication Usage	Multiple usage of : Sedatives (excluding ICU patients sedated and paralyzed) Hypnotics, Barbiturates, Phenothiazines, Antidepressants, Laxatives/Diuretics, Narcotics	3	
	One of the medications listed above	2	
	Other medications/None	1	
	Patient's Score Date Initial Job number		
Note: Perform "Humpty Dumpty" falls risk re-assessment every shift, If there is a change of patient clinical status, post operative and other procedure, and after a fall. If the score is high risk educate and implement the intervention guide for fall risk prevention.			