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October 23, 2024

TRAINING BULLETIN

Fall Risks, Signs and Symptoms

When it comes to falls, health staff will take into consideration the incarcerated person's (IP) main complaint, mechanism of injury and presenting signs and symptoms. All personnel, sworn and medical, should take observed and suspected falls by incarcerated persons seriously so that the necessary assistance and treatment is provided quickly.

Risk Factors

Include a history of falls, impairment in balance, reduced muscle strength, visual problems, if the person takes over four medications, taking psychoactive drugs, gait difficulty, depression, dizziness, functional limits, age over 80 years, female sex, incontinence, cognitive difficulties, arthritis, diabetes, and pain.

Reference: Appeadu MK, Bordoni B. Falls and Fall Prevention in Older Adults. [Updated 2023 Jun 4].

Below are useful tips for sworn staff when responding to an IP who fell (witnessed) or claimed he/she fell. It follows guidelines outlined in the Prehospital Trauma Life Support (PHTLS) program of the National Association of Emergency Medical Technicians (NAEMT):

Sign and Symptoms

Symptoms are subjective. In the absence of obvious signs of injuries (discoloration, dislocation, swelling, fractures, etc.), health staff will err on the side of caution to address an individual's complaint as well as mechanism of injury. In the instances of unwitnessed fall incidents, health Staff will **not** determine if the fall is "true" or "real" but instead assess, treat, and manage their patient based on reported complaint, mechanism of injury and presentation. When health staff conducts a neurologic assessment for their patient who claim they fell, the medical team will determine if spinal motion restriction or spinal precaution is indicated.



Call medical staff to respond to the scene if an IP complains of any of the following signs/symptoms after a fall:

- ✓ *Head injury*
- ✓ *Pain in the neck or back*
- ✓ *Pain on movement of the neck or back*
- ✓ *Deformity or injury to the neck or back*
- ✓ *Guarding or splinting of the muscles of the neck or back*
- ✓ *Unable to move arms or legs*
- ✓ *Complaints of numbness, or tingling in the legs or arms at any time after the incident*
- ✓ *Change in skin color (pale)*
- ✓ *Fractures, dislocation, or injuries to any extremity*

Do not move the IP if any of the above signs/symptoms are present. If you find an unresponsive IP on the floor, assume he/she fell and sustained a head or neck injury. Do not move the IP unless the position they are in, prevents you from conducting an initial assessment and/or provide life saving measures. Only move an IP in the stated conditions if the risk of not moving them, outweighs the risk of moving them (Fire, exposure to harmful chemicals/drugs in the immediate area, unable to provide life saving measures). Health staff will assess, treat, and manage the IP upon their arrival at the scene.