**When is a fall an ASP referral?** It can be difficult to answerthis question. Each case requires careful consideration based on the individual circumstance alongside the use of professional judgement. Agencies should have their own ASP policies in place and the following guidance should be considered alongside these. ASP is everyone’s business. The Act places a duty on public bodies where they know or believe an adult is an “adult at risk” of harm and action needs to be taken to protect them from harm, to make a referral by reporting the facts and circumstance of the case to the council for the area the person is located (ASP Code of Practice 2022).

**How are falls and Adult Support and Protection (Scotland) Act 2007 legislation linked?**

Adults in care settings, may be unable to safeguard themselves due to lacking the necessary power, ability or authority (to do something); not able” (ASP Code of Practice 2022) and therefore may have an increased chance (the risk) of falls and therefore potential injury (the harm) due to disability, mental disorder, illness or physical or mental infirmity (vulnerability).

**What is a fall?**

A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level (National Institute for Clinical Excellence, 2014). A fall can occur anywhere i.e. in an adult’s own home, external environment or in a health care setting.

**3**

**Examples of falls where an ASP referral (AP1) should be considered if you know or believe an adult is at risk of harm. The list is NOT exhaustive:**

**\*** As a result of safety equipment not in working order/used incorrectly. **\*** No risk assessment in place or not been reviewed/updated to mitigate the risk. **\*** Repeated falls despite preventative advice/measures put in place/falls guidance not followed. **\*** Result of medication mismanagement. **\*** No falls management training and/or not adhering to policy/protocols. **\*** Supervision/staff levels fall below legal requirements. **\*** Environmental hazards e.g. clutter, poor lighting**. \*** Medical intervention not sought/given appropriately.

**2**

**1**

**How to report a fall?**

**-** All falls should be reported in line with your agencies policies and procedures.

It is important to remember that an ASP referral must be made following a fall where there is concern e.g. neglect or omission of care.

-Decision not to make an AP1 referral - assessment, analysis & rationale should be documented.

-AP1 should be considered, if you know or believe the adult is at risk of harm.

**4**

**Roles and Responsibilities**

Actions to minimise risk of falls & associated harm by considering some of the following: -

-Risk asst should be reviewed & update in line with procedures.

-Awareness of moving & assisting policy & appropriate training is undertaken.

-Assessing risk of falls is key to fall prevention & management.

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**6**

**The ASP Act (Scotland) Act 2007 Section 3(1):-** defines an ‘adult at risk’ as someone who meets all of the following three-point criteria:

• they are unable to safeguard their own well-being, property, rights or other interests;

• they are at risk of harm; and

• because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

**5**

**7**