



<b>Title</b> Protocol 17: Fall	<b>Date</b> 03/25/2019
<b>CDE Number</b> M-1902006	<b>CDE Credit Hours</b> 1 HRS

Falling occurs often and is a commonly used protocol throughout the system. There are many reasons a person will fall: slipping on a wet floor, tripping over an object, or just tripping over their own feet. Within the fall protocol, there are rules, and axioms to consider while processing a call.

Case entry has rules that will help you to know when protocol 17 (Falls) is the appropriate pathway to follow.



**Case Entry Rule 2:**

If the complaint description involved TRAUMA, Choose the Chief Complaint Protocol that best addresses the mechanism of injury

**Case Entry Rule 4:**

When cardiac arrest appears to be TRAUMATIC in nature, choose the chief complaint that best fits scene safety concerns and the mechanism of injury

Both rules address selecting a chief complaint that best addresses scene safety as well as mechanism of injury. If there are any safety issues at the scene, we want to ensure our caller stays safe as well as making sure our responders know about them. One scenario to consider with scene safety is an intentional jumper. With suicidal jumpers, scene safety issues may still need to be addressed. Depending on the distance of the jump, the patient could still be alive which means that they may have concealed weapons, and even unexploded bombs. To let responders know this, the fall protocol includes an answer of "Jumped (suicide attempt)" as an answer for the question "What caused the fall?" This will also add a J suffix to the final coding.

- FALL/FOL/:
1. MOVE DOWNWARD, TYPICALLY RAPIDLY AND FREELY WITHOUT CONTROL FROM A HIGHER TO A LOWER LEVEL
  2. TO DESCEND FREELY BY THE FORCE OF GRAVITY



In addition to scene safety issues, we want to address the mechanism of injury or MOI. Healthcare providers use mechanism of injury to help determine how likely it is that a serious injury has occurred. The mechanism of injury describes how, and with what force a patient may have been injured. In EMS training, the mechanism of injury has been the starting point of evaluating the potential for injury in trauma patients and providing care. We are taking this thought process and moving it into the dispatch environment. We need to have a basic understanding of how our patient was hurt to include what type of force may have caused the injury.

Keeping the mechanism of injury in mind while processing a call through protocol 17, there are many variables that will determine the severity of a fall, such as: how far a person fell, how they hit the ground, what caused the fall, and the age of the person. The distance a person falls is key factor in determining a response in dispatch. When trying to figure out what to select for how far a person may have fallen, remember, the distance is measured from the lowest part of the body. Some definitions on distance are defined in additional information to give further clarification on what to select based off the callers answer:

**Extreme Fall:** The patient has fallen a distance of 30ft/10m (3 stories) or higher

**Long Fall:** The patient has fallen from a distance of:

Adult/Child- 10-29ft (3-9m)

Infant-6-29ft (2-9m)

These definitions do not cover every answer within protocol for how far a patient may have fallen. There are options for a ground level fall as well as a fall less than 10ft/3m (1 story):

Ground level
Less than 10ft/3m (1 story)
LONG FALL – 10–29ft (3–9m)
EXTREME FALL – 30ft/10m (3 stories) or more
Unknown

When selecting the distance of a patients fall we need to again consider mechanism of injury and what type of force may have caused injuries. If a patient has fallen down stairs, this is considered a ground level fall. The IAED released a statement related to this:



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*“A LONG or EXTREME FALL “free fall” is a different mechanism of injury that involves greater inertia than what is essentially multiple ground-level falls when a patient falls down stairs.”*

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This does not mean that falling down stairs can not cause injuries, but that those injuries are more likely to be obvious as they are in ground level falls (ex: broken wrist/swollen ankle) A fall down stairs or ground level fall are triaged based on apparent external injuries, uncontrolled bleeding, and level of consciousness. In a long or extreme fall, these may cause injuries that may not be apparent at the time of occurrence. These types of falls are triaged based on apparent external injuries or hemorrhage, level of consciousness, and mechanism of injury. These types of falls have the potential to cause unseen injuries to internal organs or vessel trauma.

Understanding exactly what happened is another important bit of information to ensure that Protocol 17 is used correctly. It is good practice to clarify during case entry after asking “Tell me exactly what happened” to find out what exactly happened when this patient “fell over”. This will help to determine exactly where we need to be within protocol. (seizure, cardiac arrest, unconscious). There are times when it could be appropriate to take another pathway which is why protocol 17 has rules to address when it should not be selected:

**CC Rule 4:**

DANGEROUS, uncontrolled hemorrhage (neck, armpit, or groin) resulting from a ground-level fall should be handled on protocol 21 (Hemorrhage/lacerations).

**CC Rule 7:**

Ground-level falls caused by fainting, near fainting, or dizziness should be handled on protocol 31. (unconscious/fainting (near))

Understanding all of the rules and axioms on the fall protocol should make it easier to determine when this pathway is appropriate and when it is not. Be sure to run through





scenarios to work through some of the more uncommon situations such as the jumper and some of the extreme fall situations.



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