

Organisation name Site or unit		STANDARD OPERATING PROCEDURE Falls, pressure injury and nutrition risk screening	
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Review date		Replaces	
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Signature			

Standards > **Standard S4** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · LTC-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S4 (Long-term care), criterion S4.1

At a glance

- Screen every resident on admission for falls, pressure injury and nutrition risk.
- Repeat the screen on the schedule set for each risk level and after any fall, skin change or weight loss.
- Put a written measure in place for every resident at risk.
- Review the measures at each screen.
- Stop and get help straight away if: a resident at risk has no screen on record, or no measure in place for a known risk.

1. 1. Purpose

To find residents at risk of falls, pressure injury and malnutrition early, and to act before harm happens (S4.1).

2. 2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility

When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. 3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. 4. Background

Older people and people with limited mobility can fall, develop pressure injuries, or lose weight quickly, often without anyone noticing until harm is done. A risk check on arrival and on a schedule, with measures put in place, prevents most of these.

5. 5. Responsibilities

Role	Responsibility	Competence
Care home nurse in charge	Completes the screen and sets the measures	Registered nurse
Care staff	Watch for change and report it the same shift	Trained in the screen

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. 9. Procedure

Step 1. Screen on admission.

- Complete the falls, pressure injury and nutrition screen within 24 hours of arrival.
- Record the result on LTC-FRM-001.

Key point: Admission is the first and most important screen.

Step 2. Set measures.

- For each resident at risk, write the measure: mobility aids, pressure relieving equipment, or food and fluid plan.
- Tell the care team where it is recorded.

Key point: A risk with no measure is not managed.

Step 3. Repeat and react.

- Repeat the screen on the schedule for the risk level.
- After any fall, new skin change or weight loss, screen again the same day.

Key point: Change is the trigger.

Step 4. Record in the register.

- Enter each at-risk resident on LTC-REG-001 with the date of the next screen.

Key point: The register shows who is due.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Residents screened on admission within 24 hours	100%	Monthly	Nurse in charge	Escalate to clinical lead

At-risk residents with a measure in place	100%	Monthly	Nurse in charge	Escalate to clinical lead
Screens repeated on schedule	At least 70%	Quarterly	Clinical lead	Escalate to clinical lead

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. 16. Related documents

ID	Title	Use
<u>LTC-FRM-001</u>	Risk screen and measures record	Screen form
<u>LTC-REG-001</u>	Falls, pressure injury and weight register	Register

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17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus. Scale choice to follow the national care home guidance.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

No e-learning course is linked to this document yet.

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- [Standard 28: Long-Term Care](#)