Reducing Falls in a Care Environment Workbook
Welcome!

Welcome to this workbook which goes with the scenarios from the Falls DVD or You Tube clips for East Midlands HIEC Falls Prevention project. We hope that the questions for each scenario and the information in the book will improve your knowledge and understanding on how help reduce falls in older people in care homes. We would suggest that you try and answer the questions after watching the scenarios. The answers are here too with some extra information.

The key messages of this workbook is that many of the slips, trips and falls that occur in care homes are preventable and that there is often more then reason for someone to fall. This workbook is aimed directly at you, the caregivers, focusing on areas where actions can reduce the risk of falls of the care home residents you look after. This can be done by a falls risk assessment with actions from this and assessments after someone has fallen. Importantly good falls management often means looking at several risk factors.

You can find us on You Tube and Facebook too!

YouTube: http://www.youtube.com/user/EMHIECFallsProject
FaceBook: http://www.facebook.com/pages/Emhiec-Falls-Project/209853965772938
QUESTIONS

Scenario 1 - How to assess simple falls risk

1) What is the likelihood of an elderly person falling in a care home compared to their home?
   a. Equal risk
   b. 2 times more likely
   c. 3 times more likely

2) What are the 5 key steps in a falls risk assessment?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

3) How can we classify risk factors into 2 broad groups?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

4) Do you know of any falls risk assessment tools?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
Scenario 2 – What to do when someone falls

1) What percentage of falls in care homes result in a hip fracture?
   a. 1-5%
   b. 5-10%
   c. 10-20%

2) What are the effects of a fall on an older person?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3) Who should make the initial assessment?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4) Explain why all resident falls should be documented.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
5) What is the role of the ambulance service with regards to falls in care homes?

Scenario 3 – Correct medication with regards fall avoidance

1) In general, how many medications does a resident need to be taking to be at high risk of falls?

Scenario 4 – Assess footwear for safety

1) What is the best kind of footwear to reduce risk of falls in the elderly?
2) Why is foot care important in reducing falls risk?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Give 2 examples of medical conditions affecting vision.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4) How can we improve a resident’s environment to reduce falls risk?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5) Do you know of any local services that provide support for those with visual/hearing impairment?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Scenario 5 – Use wheelchairs appropriately
1) Give some examples of mobility aids.

______________________________
______________________________
______________________________
______________________________

2) Where should residents’ mobility aids be kept?

______________________________
______________________________
______________________________
______________________________

3) How can exercise and maintaining physical activity reduce risk of falls?

______________________________
______________________________
______________________________
______________________________
ANSWERS TO QUESTIONS

How to assess simple falls risk

1) It is 3 times more likely for older person to fall in care home compared to living in the community.

   Also 1/5 orthopaedic beds are occupied by an older person with a hip fracture

   In 2009/2010 >130 people in Derbyshire were admitted to hospital with hip fracture from a care home

2) 1 – Identifying hazards (hazard= anything that may cause harm)

   2 – Identifying those at risk from hazard

   3 – Determining risk from hazards

   4 – Record findings

   5 – Regular review of assessment

3) Risk factors can be broadly split into person-specific (or intrinsic) factors and environmental (or extrinsic) factors:

<table>
<thead>
<tr>
<th>INTRINSIC</th>
<th>EXTRINSIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs including prescribed medicine and alcohol</td>
<td>Floor surfaces</td>
</tr>
<tr>
<td>Age-related changes including vision, poor balance, reduced muscle strength and hearing</td>
<td>Inadequate lighting</td>
</tr>
<tr>
<td>Medical conditions including cardiovascular and neurological disorders</td>
<td>Hazardous furniture</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Poorly maintained equipment</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Dementia</td>
<td>Poorly fitting clothing</td>
</tr>
<tr>
<td>Eye-sight</td>
<td>Hazardous stairs</td>
</tr>
<tr>
<td>Fear of falling</td>
<td>Foot care and footwear issues</td>
</tr>
<tr>
<td></td>
<td>Mobility aid issues</td>
</tr>
</tbody>
</table>

The next section will give you more information on the different causes of falls:

**Person Specific or Intrinsic**

**Eyesight**

Poor vision is an important risk factor for falls especially when there is also poor lighting. Residents should be encouraged to use clean glasses when required. It is important that glasses are checked at regular intervals by an optician to make sure they are right for the person. When not in use, glasses should always be in easy reach for the resident.

**Medication**

When using sedative drugs it must be remembered that they should be given at the appropriate time because they can increase the risk of falls by making residents sleepy and unsteady. So, for instance, they should not be given before the times when someone might be making a journey to their bedroom.

**Medical Causes of falls**

Some of the important medical causes of falls are:

Stroke, Parkinson’s disease, arthritis and muscle disease.

As falls in older people can cause fractures it is important to consider if the person affected is at risk of having osteoporosis. Osteoporosis is a condition resulting in weaker bones which fracture more easily than
normal. Most common fractures seen in osteoporosis sufferers are hip, wrist and spine fractures. It is estimated to affect 1 in 3 women and 1 in 10 men over the age of 65 years. Helping someone with osteoporosis to reduce the risk of a fracture may include medication to strengthen the bones (e.g. calcium, vitamin D, alendronic acid) and hip protector pads which should be worn for 24 hours a day. Residents suspected of having osteoporosis should be referred to the GP for an assessment.

Cardiovascular Causes of falls

Problems with heart rate and/or blood pressure control can result in falls sometimes associated with blackouts. An example of this is orthostatic hypotension, which means that the blood pressure falls more than expected when someone stands up. People may often describe that they feel as if they are going to pass out, or may even do so briefly. If a resident is taking any medication that can lower the blood pressure this can make the problem of orthostatic hypotension worse and increase the risk of falls. Residents who may be at risk of this should be referred to their GP.

Continence

Incontinence, particularly of urine, is a falls risk factor. Residents who often and repeatedly rush to the toilet increase their risk of falling. This is worse at night time when incontinence can be most troublesome and there is the added problem of it being dark. Often having a commode at the bedside can reduce the risk of falls in those residents with problematic urinary incontinence. These residents with urinary problems may need an assessment by a urologist or District Nurse after a GP assessment.

Dementia

Dementia is an important falls risk factor for falls. People with dementia may take unnecessary risks whilst mobilising as they do not always
remember the advice given to them. People with dementia also often have trouble in understanding the risks that can cause falls.

4) Risk assessment tools include STRATIFY and 16 point falls risk assessment tool.

What to do when someone has a fall

1) 10-20% of falls in care homes results in a hip fracture

2) A fall can have a serious impact on the life of an older person with increasing:
   a. Social isolation
   b. Problems with activities of daily living
   c. Tendency to depression
   d. Physical or emotional dependence
   e. Fear of further falls

3) The initial assessment should be done by a senior member of staff and if emergency treatment required the individual care home policy should be followed. If there are no serious injuries found a risk assessment should be done. Remember all falls should be fully documented and recorded in the care home accident book. A thorough risk assessment should hopefully highlight areas where action may be required to reduce the risk of further falls.

4) All falls should be fully documented and recorded in the care home accident book and/or falls register. Such records may identify particular trends e.g. a resident that repeatedly falls after meal
times. Together with the falls risk assessment these records show that appropriate action is being taken and reducing the risk of more falls.

5) The response of the East Midlands Ambulance Service (EMAS) paramedic called to a resident who has fallen depends on whether that resident is assessed to be injured or uninjured by the EMAS paramedic:

   a. If the resident is assessed to be injured the EMAS paramedic will be transported to the appropriate hospital

   b. If the resident is assessed as uninjured it is the responsibility of the care home staff to lift the resident and continue their care. It would be recommended to refer the resident to the GP or the falls team.

_Correct medication with regards fall avoidance_

1) In general, a resident on four or more medications is at a high risk of falling.

2) More specifically drug groups can be broadly categorised into those that cause a high or moderate risk of falling:

<table>
<thead>
<tr>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure (hypertension) drugs</td>
<td>Antidepressants e.g. amitriptyline</td>
</tr>
<tr>
<td>e.g. ramipril, doxazosin, amlodipine, atenolol</td>
<td></td>
</tr>
<tr>
<td>Heart Medication e.g. amiodarone, isosorbide</td>
<td>Antipsychotics (e.g. haloperidol)</td>
</tr>
<tr>
<td>mononitrate</td>
<td></td>
</tr>
<tr>
<td>Diuretics (e.g. furosemide)</td>
<td>Drugs for urinary incontinence e.g. oxybutynin</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Anti-epileptics (e.g. carbamazepine)</td>
<td>Sleeping Tablets e.g. diazepam</td>
</tr>
<tr>
<td>Allergy Drugs e.g. chlorpheniramine</td>
<td>Parkinsons Disease Tablets e.g. levodopa</td>
</tr>
<tr>
<td>Pain Relief e.g. morphine</td>
<td></td>
</tr>
</tbody>
</table>

All residents should have medication reviews regularly, by their GP or the pharmacist but if they are taking four or more medicines including one or more from the above list, the interval between medication reviews may need to be shorter.

**Assess footwear for safety**

1) Footwear and flooring should be considered together as it is the relationship between them that determines the risk of falls. Footwear should be correctly fitting and flooring surfaces should be even, regularly maintained and free of clutter. They should preferably be cleaned at quiet times so as not to cause hazard to residents.

2) The feet are the part of the body in contact with the floor when walking. Any abnormalities in the feet such as problems with the skin and nails can increase the risk of falling by changing people’s gait. A chiropodist can help correct foot problems, give advice on choosing suitable shoes and keeping feet healthy.

3) a) Age-related macular degeneration  
   b) Cataracts  
   c) Diabetic eye disease
4) When looking at resident’s environment it is useful to focus on a few particular areas. These include floor surfaces (see answer 1), lighting, furniture and fittings and appliances. To reduce falls risk there should be good lighting available for residents especially for people who have urinary problems at night. Furniture can act as a hazard. Beds and chairs, should ideally be assessed as suitable for their users including safe transfers, by an appropriately trained person. Fittings and appliances should be considered in falls risk assessment such as making sure there are no loose electrical cables from sockets to appliances.

5) This will vary according to region e.g. in Derbyshire DAB = Derbyshire Association for Blind and CAMTAD = Campaign for Tackling Acquired Deafness

Using mobility aids appropriately

1) Possible answers
   a. Walking stick
   b. Crutches
   c. Walking frames such as Zimmer frames
   d. Walking trolleys
   e. Wheelchair
   f. Mobility scooters

2) Residents’ mobility aids should be kept within easy reach. They should be regularly maintained and be assessed to be appropriate for their user by a trained professional such as a physiotherapist.
Each piece of equipment should be used appropriately and should not be shared by residents.

3) Residents who remain as physically and mentally active as they can be have a lower risk of falls compared to those who are less active. As we age there is a loss of balance and mobility which can be improved by physiotherapy, which can include an exercise programme called Otago and chair based exercises.

We hope you have found this workbook helpful.

These are some other sources of information on Falls you may find helpful:


2) Managing falls in care homes NHS Bexley PCT


5) Managing Falls in Care Homes. Derbyshire County, NHS (Workbook, draft version)
6) www.hse.gov.uk
7) www.cae.org.uk
8) www.riddor.gov.uk
9) www.nice.org.uk
Certificate of Completion of EM HIEC Falls Prevention Package

Name.................................................................

Completed the EM HIEC Falls Prevention Package on .....................

Signed..............................................................

Date...............................................................