

Learning Objectives:

- Falls facts
- Falls risk
- Falls prevention



Many falls do not cause injuries. But one out of five falls does cause a serious injury such as a broken bone or a head injury.

These injuries can make it hard for a person to get around, do everyday activities, or live on their own.

Research has identified many conditions that contribute to falling. These are called **risk factors**. Many risk factors can be changed or modified to help prevent falls. They include:

- Lower body weakness
- Vitamin D deficiency
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants. Even some over-the-counter medicines can affect balance and how steady someone is on their feet.
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers such as
 - broken or uneven steps
 - throw rugs or clutter that can be tripped over, and
 - no handrails along stairs or in the bathroom.

As the number of risk factors rises, so does the risk of falling. Many falls are linked to a person's physical condition or a medical problem, such as a chronic disease.

Other causes could be safety hazards in the person's home or community environment (such as clutter).

Preventing accidents requires the development of a habit of safety awareness on the job and in one's own personal life.

As an In-home aide, maintaining a safe environment is very important for the individual you are assisting, the family and yourself!

Are you aware of potentially unsafe conditions in the individual's surroundings? Do you notify your supervisor of potentially unsafe conditions? Do you take precautions to avoid unsafe conditions?

FALLS FACTS AND STATS:

Falls remain the leading cause of fatal and nonfatal injury for older Americans. Falls threaten seniors' safety and independence and generate enormous economic and personal costs.

Why is a fall in older adults so serious?

One out of five falls causes a serious injury such as broken bones or a head injury.

Each year, 2.8 million older people are treated in emergency departments for fall injuries.

Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.

Each year at least 300,000 older people are hospitalized for hip fractures.

More than **95%** of hip fractures are caused by falling, usually by falling sideways.

Falls are the most common cause of traumatic brain injuries (TBI).

Adjusted for inflation, the direct medical costs for fall injuries are \$31 billion annually. Hospital costs account for two-thirds of the total.

(CDC- Important facts about falls)

❖ ***The risk of falling increases after an elderly individual comes home from the hospital.***

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In-Home Aide Checklist (follow the plan of care for your client)

- Report all falls (even unwitnessed) to your supervisor. The client may report a fall to you but be hesitant to tell the nurse or therapist. Report any changes in balance or gait that you observe. Report any symptom that could lead to falls (i.e. client states- "I can't see as well as I used to or my medication makes me dizzy or sleepy.")
- Know how many falls occur each month at your agency.
- Report any environmental problems that could cause falls to your supervisor.
- Report clients not following fall prevention measures.
- Reinforce all fall prevention interventions. Ask your supervisor if you have questions about these.
- Reinforce the need for the client to rise slowly to avoid getting dizzy and falling.
- Know how to assist a client after a fall. Discuss this with your supervisor and know your agency policies and procedures.
- Report any concerns with defective mobility equipment- (walker, cane, wheelchair, etc.) to your supervisor.
- Remind clients that high heels, floppy slippers and shoes with slick soles can make a person slip, stumble and fall, so can walking in stocking feet. Reinforce the need to wear properly fitting, sturdy shoes with **nonskid soles** and to watch out for highly waxed floors.
- Remind the client to use their walker or cane correctly.



Poor vision can increase a person's risk of falling; encourage your clients to have regular eye exams

Encourage your clients to *get up slowly* after they sit or lie down

Encourage your clients to wear shoes both inside and outside the house and avoid going barefoot or wearing slippers

Report to your supervisor if your client has a pet that poses a trip/fall hazard to your client (i.e. small dog)

The link below is to a website for a stay independent brochure with a falls risk assessment that may be helpful to share with your clients.
http://www.cdc.gov/steady/pdf/stay_independent_brochure-a.pdf

Being afraid of falling is understandable, especially after a person has had a fall. It's good for clients to be concerned about safety and to be more careful about moving around. However, **sometimes fear of falling makes elders stop doing things that they are still capable of doing.**

When they stop doing their usual physical or social activities, they risk becoming physically weaker and then more fearful.

This downward cycle results in increasing the risk of falling- be sure to talk to your supervisor if you notice this with your client's.

Older adults can ask their doctor or pharmacist to review their medicines — both prescription and over-the-counter — to reduce side effects and interactions.

Older adults are affected by many health conditions that can increase their risk of falls. Because of these conditions, it is important that they keep as active as possible to maintain their strength, balance, and flexibility to reduce the risk of falling.

A diet of foods filled with sufficient vitamins and minerals can help boost energy levels, muscle strength, and bone health. A healthy and varied diet can do much to prevent problems. Part of the aide's role is to assist the client with nutritional needs according to the plan of care.

Other tips for falls prevention - keep pathways clear, make sure there is good lighting, notify your supervisor if you think your client would benefit from grab bars or rails in the shower, on stairs, in the bathroom.

Older adults with a physical disability are at greater risk of falling than older adults without a physical disability. Falls typically occur while doing everyday activities such as walking, getting up from a chair, or bending down. There are both physical and emotional consequences from falling.

➔ Rushing to the bathroom, especially at night, increases the chance of falling.

Bath and Shower Safety:

- ❖ Always place rubber or nonskid mat in the tub before client enters
- ❖ Be sure bathroom floor is dry to help prevent slips and falls
- ❖ Do not add oil to bathtub water, apply oil to client’s skin after the bath if part of the plan of care
- ❖ Be sure bath water is the proper temperature (this is important to prevent burn injuries with hot water, especially if the individual you are assisting cannot feel the water temperature as with paralysis, neuropathy, etc.); adjust water pressure before giving/assisting with a shower
- ❖ Stay near or in the bathroom while client is bathing per plan of care instructions
- ❖ Use good body mechanics
- ❖ Be sure bath or shower chairs have rubber suction cups at ends of legs; these will steady the chair and prevent it from sliding
- ❖ Have client use grab bars, if present; do not permit client to use towel bar or tile soap dish as an aid in moving.



Six categories of common risk factors for falling are:

- Home safety
 - Physical mobility
 - Medications management
 - Transitioning home from hospital
 - Fear of falling
 - Safety factors outside the home
- When someone returns home from the hospital, their risk of falling increases in all three areas mentioned already—physical mobility, managing medications, and home safety. The aide needs to pay special attention to these factors to prevent falls after hospitalization.
 - Risk factors for falling outside the home include vision factors—such as changes in the light from indoors to outdoors and sun glare; steps, curbs, and irregular pavement on sidewalks and in streets; elevators and escalators; floors that become slippery when wet. The aide needs to be aware of all these risk factors and prepare the client for these challenges, in order to keep them both safe when going outdoors.
 - Rushing to the bathroom, especially at night, increases the chance of falling. Observe if your client has to rush to the bathroom and talk with your supervisor as this is a risk factor for falling.

Observe, Record, and Report (ORR) is an important part of the In-home aide’s job and is an important tool for preventing falls and/or reducing injury from falls.

- Observe: In-home aides are the “eyes and ears” of the care team. Small changes that you may notice about the client could reduce the client’s risk of falling—or even save his or her life!
- Record: In addition to recording what they do, aides note what they observe while doing those tasks and while spending time with the client. Be sure to know your agency policy regarding how to record your observations.
- Report: In-home aides share their observations and notes with the RN and other members of the client care team on a regular basis. This helps the care team to know how the client’s condition has changed. In terms of falls prevention, sometimes aides may notice changes that make them feel concerned that the client may be more likely to have a fall (*i.e. rushing to the bathroom*). In those cases, the appropriate person needs to be contacted immediately. Be sure to know your agency policy on who to report to as well as what and how to report.

Falls Prevention is important! Falls are the main reason why older people lose their independence.

References- AHHC 2010 conference presentation- Falls Prevention- Dave Tushar PT- UNC/Rex; AHHC 2006- The Aides Role in Improving Ambulation and Transfers- Cheryl Atwater, PT; Best Practice Intervention Package Fall Prevention- HHQI; Fall Prevention awareness curriculum- PHI and the NCOA and the Department of Labor. N.C. Division of Public Health / www.ncpublichealth.com / Injury Epidemiology & Surveillance Unit / www.injuryfreenc.ncdhhs.gov- 8/11; NC Falls prevention coalition. CDC-STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit for Health Care Providers; University of Washington (2013). How to Prevent Falls [Factsheet]. Aging and Physical Disability Rehabilitation Research and Training Center. <http://agertrc.washington.edu/>. CDC- Falls are leading cause of injury and death in older Americans, accessed October 25, 2016. NIH Falls and Older Adults <https://nihseniorhealth.gov/falls/faq/faqlist.html-10/26/16>. <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Falls-SER-NC-2016-FINAL.pdf> <http://www.scdhec.gov/Health/PreventAccidents/PreventFalls/>; <http://www.homehealthquality.org/CMSPages/GetFile.aspx?guid=939b01c1-1591-45b1-bf97-d2d76a3c1bfa>

- ➔ Falls can cause head injuries. These can be very serious, especially if the person is taking certain medicines (like blood thinners).
- ➔ A person who falls and hits their head should see their doctor right away to make sure they don’t have a brain injury.