

Learning Objectives:

- Falls facts
- Falls risk
- Falls prevention



Walking is a complex process where the body integrates motor, sensory, and cognitive functions, but as a person ages, significant changes occur that increase the risk of falling. (HHQI Falls Prevention Best Practice Intervention practice 2018 update)

RISK FACTORS FOR FALLS:

Research has identified many conditions that contribute to falling. These are called **risk factors**. They include:

- Lower body weakness
- Fear of falling
- Improper use of assistive devices
- Dehydration
- 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
 - loose throw rugs, clutter, pets and other items that can be tripped over
 - no handrails along stairs or in the bathroom

*As the number of risk factors rises, so does the risk of falling. **Many risk factors can be changed or modified to help prevent falls.**

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! Questions to ask 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:

- More than one in four older adults fall each year.
- With more than 10,000 Americans turning 65 each day, falls are a growing and significant public health problem.
- One of the major risk factors for falls is medications that may change the way a person feels or thinks due to side effects.

Many older Americans take medications for sleep disorders, anxiety, high blood pressure, or chronic pain.

Side effects from these drugs can change the way a person feels or thinks and can cause drowsiness, loss of balance, changes in vision, slower reaction time, and other effects that increase the risk of falling.

These side effects can increase or even start for the first time, as a person gets older.

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

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

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In-Home Aide Checklist for Falls Prevention (*follow the plan of care for your client*):

- Report all falls (even unwitnessed) to your supervisor. A client may report a fall to you but be hesitant to tell the nurse or therapist.
- Report any changes in how your client moves around (unsteady, changes in usual abilities).
- 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").
- Notify your supervisor if you notice loose throw rugs, or carpets with curled or fringed edges in your client's home, they are a risk factor in the physical environment for falls.
- Be aware that pets such as a dog or cat could cause a tripping/falls hazard to your client. Keep watch for toys, bones, or spilled water near bowls and dry any spill or wet area to avoid slips. Report concerns you may have related to clients' pets and falls risk to your supervisor.
- Check the plan of care for clients' falls risk status, and any precautions, or assistive devices used such as a cane, walker, bedside commode, other. Report any concerns with defective assistive devices/mobility equipment- (walker, cane, wheelchair, etc.) to your supervisor.
- Reinforce the need for the client to rise slowly after sitting or lying down 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 regarding client falls.
- 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 both inside and outside with **nonskid soles** and to watch out for highly waxed floors.
- Remind the client to use their walker, cane, other assistive device correctly, and notify your supervisor if the client requests education on using assistive devices.

The link below is to a website for a stay independent brochure with a checklist for a person to check their risk of falls; this may be helpful to share with your clients.

https://www.cdc.gov/steady/pdf/stay_independent_brochure-print.pdf

- ➔ 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 (ask your client about moving items – i.e. stacks of books, boxes, decorative items, electrical cords, etc.) out of pathways to prevent tripping. Make sure there is good lighting, notify your supervisor if you think your client would benefit from grab bars or rails in the shower, stairs, or in the bathroom.
- ➔ Be mindful when assisting a client with ambulation that the transition areas between flooring types, such as carpet to tile, increases the risk of tripping due to the differences in lighting and floor height where the patient's toe or rubber tips of canes/walkers get caught. Use care when walking patients with oxygen or catheter tubing to prevent tripping.

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.

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.
- ❖ 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; a towel bar or tile soap dish should not be used as an aid in moving.



Observe, Record, and Report (ORR)

ORR is an important role in your work as an In-home aide in helping to prevent client 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 supervisor 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 (and rushing to the bathroom at night), client unsteady when walking or using furniture/walls for support, client not using cane or walker*).

Be sure to know your agency policy on who to report to as well as what and how to report. The agency nurse, therapist or client’s physician could provide a falls risk assessment and suggest interventions for falls prevention.

Follow directions on the plan of care about any fall the client may have such as:

- Report all falls or almost falls, even if you did not see the fall.
- Follow agency policy and supervisor’s direction about reporting and recording the incident.

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

References- CDC, Older Adult Falls <https://www.cdc.gov/features/falls-older-adults/index.html> (accessed 2/18/19); 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://agerrtc.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](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/Prevent/Accidents/PreventFalls/>; <http://www.homehealthquality.org/CMSPages/GetFile.aspx?guid=939b01c1-1591-45b1-bf97-d2d76a3c1bfa>; HHQI Falls Prevention Best Practice Intervention practice 2018 update.

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 seek medical attention right away to make sure they do not have a brain injury. Falls are the most common cause of traumatic brain injuries (TBI).