Falls Awareness Training

Falls Training Programme

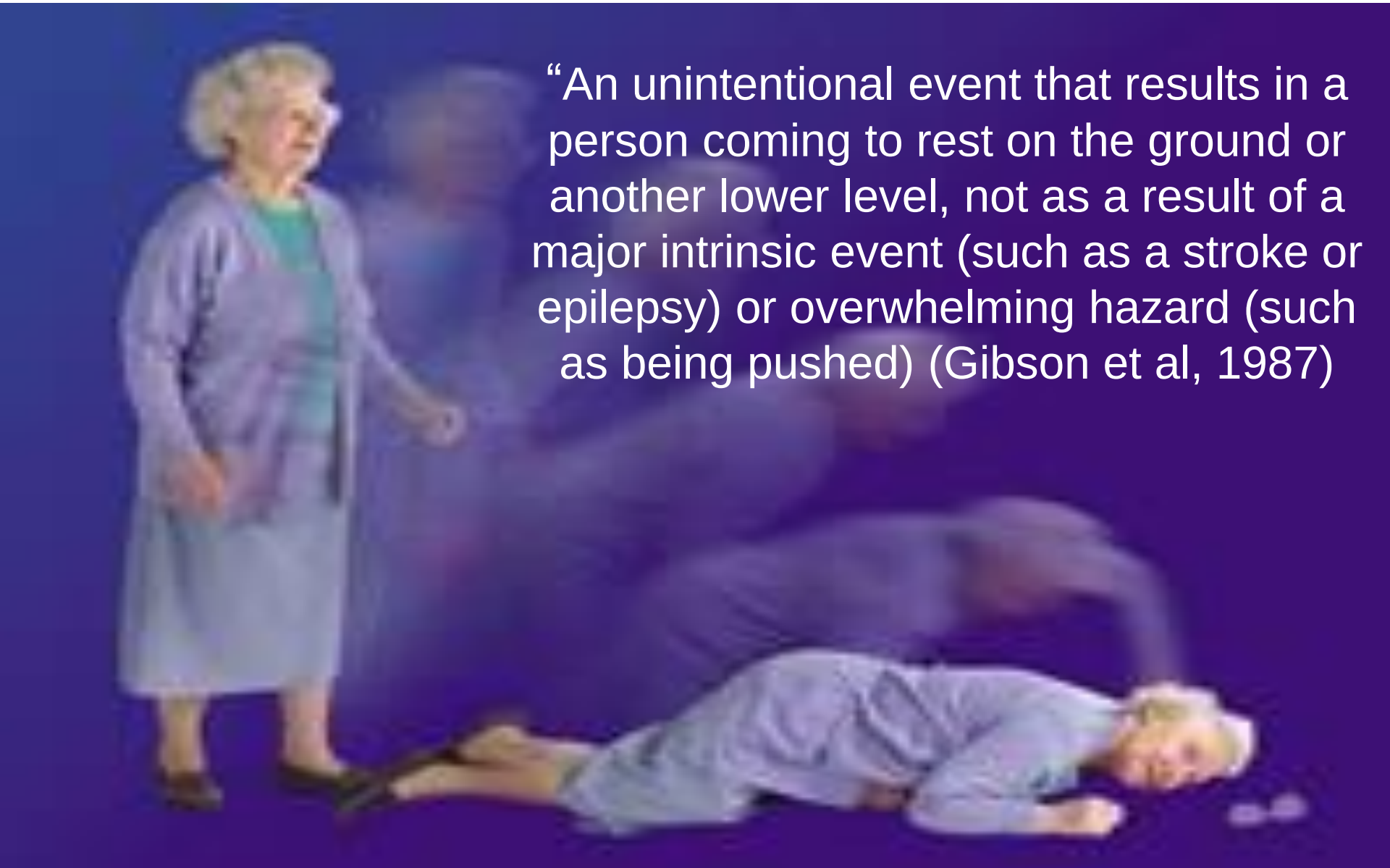
- Introduction including falls resource/national resource.
- Definition of a Fall
- Background to falls
- Consequences of a fall
- Risk factors for falls
- Osteoporosis
- Falls Risk Assessment
- Managing risk and all the different aspects
- Managing a resident who has fallen
- Analysing and reviewing falls
- Recommended actions

National Resource – Managing Falls & Fractures in Care Homes for Older People

1. Introduction to falls and fractures
2. Guidance for improving the quality of care
3. Prevention of falls and fractures
4. Keeping well
5. Management of falls and fractures
6. Working together
7. Education and written guidance

Self Assessment tool

Definition of a Fall



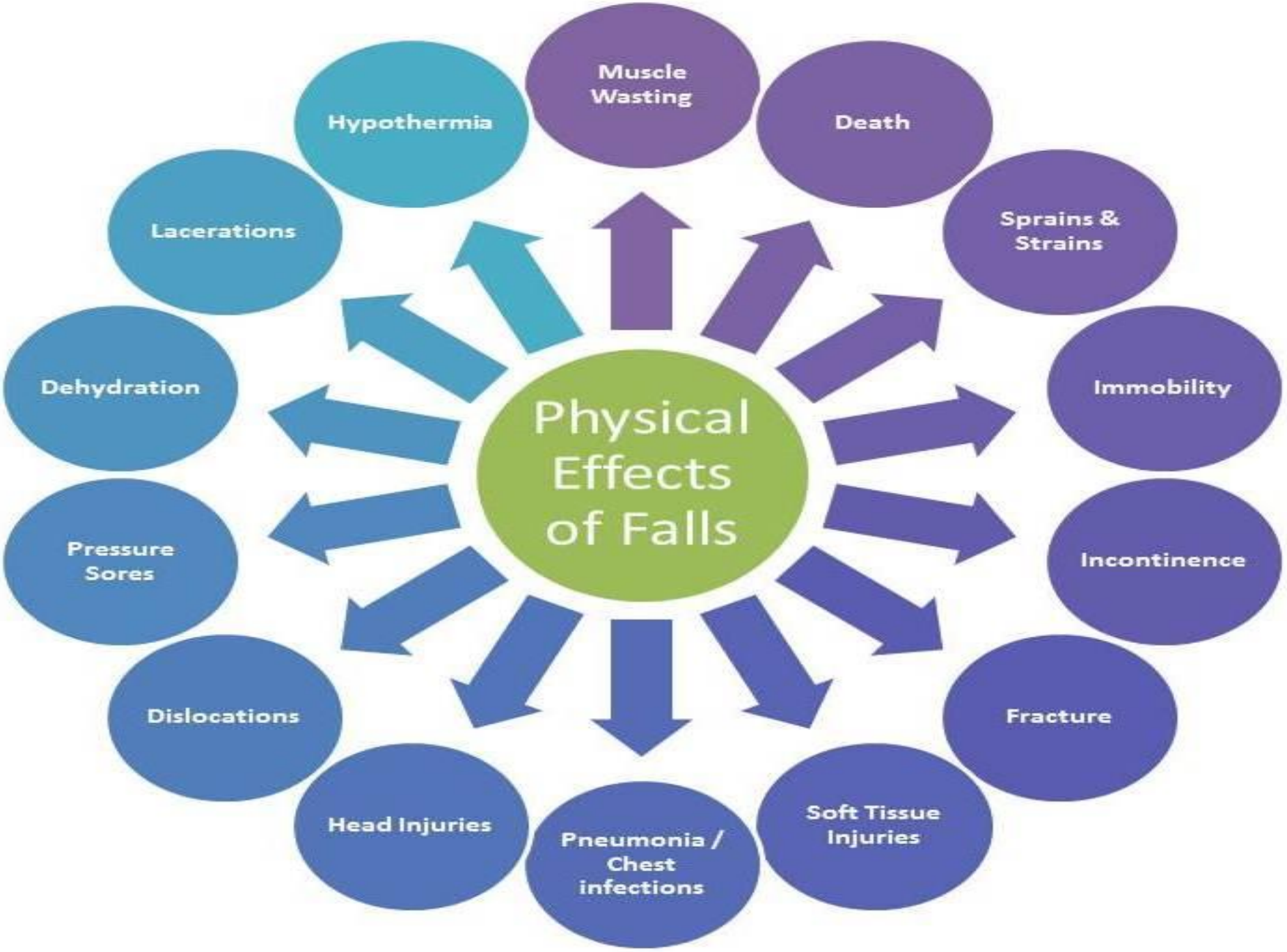
"An unintentional event that results in a person coming to rest on the ground or another lower level, not as a result of a major intrinsic event (such as a stroke or epilepsy) or overwhelming hazard (such as being pushed) (Gibson et al, 1987)

Falls within Care Homes

- Half of all care home residents will fall each year
- The rate of emergency admissions due to falls in people aged over 65 living in care homes is almost four times higher.
- 25% of older people who falls in care homes suffer serious injury.
- 40% of hospital admissions from care homes follow a fall
- About 35% falls occur among non-ambulatory residents
- Residents spend 80-90% of their time sitting or lying down
- Newly admitted residents are at highest risk within first few weeks / months
- The statistics are higher if the resident has dementia.

Falls are not an inevitable part of ageing

Consequences of a FALL

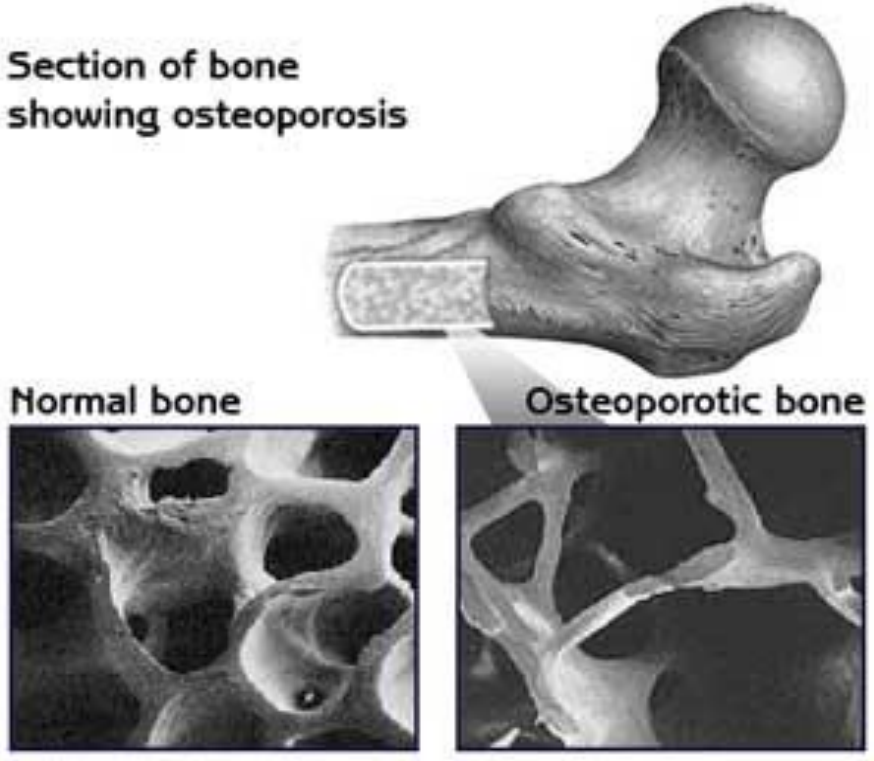

Physical Effects of Falls
Muscle Wasting
Death
Sprains & Strains
Immobility
Incontinence
Fracture
Soft Tissue Injuries
Pneumonia / Chest infections
Head Injuries
Dislocations
Pressure Sores
Dehydration
Lacerations
Hypothermia


Psychological Effects of Falls
Increased Dependency
Emotional Distress
Loss of Control
Social Isolation
Withdrawal
Fear of Further Falls
Low Self Esteem
Embarrassment
Anxiety
Depression
Carer Stress
Feelings of Uselessness

Hip fracture

- Care home residents are at a higher risk of fractures
- They are ten times more likely to have a hip fracture
- One third of care home residents will be dead four months following a hip fracture
- The statistics are higher if the person has dementia

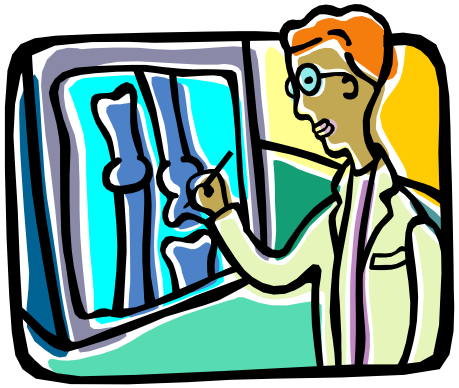
Osteoporosis



- One in two women and one in five men over the age of 50 have Osteoporosis (thinning bones)

A progressive, systematic, skeletal disease characterised by low bone mass and microarchitectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture. (WHO 1994)

Risk factors for Osteoporosis



- Previous low impact fracture aged over 55
- Close family history of osteoporosis:
- History of parents / siblings hip fracture
- Long term immobility / sedentary lifestyle
- Alcohol
- Smoking
- Steroid use for more than three months
- Weight loss (weight < 57kg) / Low Body Mass Index (< 19)
- Early menopause (younger than 45)
- Diet

Risk Factors for Falling

- Intrinsic (individual)
- Extrinsic (external e.g. environment)

Risk factors for falls

Risks relating to the individual (‘intrinsic’):

- Previous falls
- Fear of falling
- Age related changes
- Certain long term medical conditions present
- Medications
- Poor vision
- Weakness and walking/gait problems

A decline in a person’s intrinsic risk factors (declining function and balance) means that the extrinsic risk factors (loose mat, slippery floor) no longer cause a correctable trip; they cause an injurious fall.

Risks relating to the surrounding environment (‘extrinsic’):

- Environmental hazards
- Inappropriate or incorrect use of walking aids
- Inappropriate footwear

Falls and Bone Health Risk Assessment

- Whilst all residents are at risk some characteristics have been associated with a higher risk of falling
- If residents are identified as being at high risk of falling and/or having Osteoporosis then appropriate interventions must be implemented to minimise this risk.
- ALL residents **must** have a multifactorial falls risk assessment/ intervention management falls care plan completed on admission, reviewed monthly and updated if there is a change in their condition or they fall.
- A risk management/intervention plan/falls care plan is imperative to manage the risk and for staff to follow.

Falls Risk and Managing Risk

Some aspects to consider

- Involve resident and relatives/friends in falls prevention
- Chair/bed at optimum height for safe transfers
- Call system at hand
- Nursing high risk residents in an easily observable area of home.
- Monitor blood pressure
- Orientation of resident to environment

Involve Residents

Staff should involve residents. Residents need to know : -

- How to move and transfer safely.
- How to spot and avoid hazards.
- When they might be at risk and how to minimise risk.
- What to do if they should fall.
- How to use alarms and call systems.
- Consulted about falls equipment/strategies in place.
- Visitors can also be involved in reporting if resident seems unsafe, monitoring residents footwear, ensuring items are within easy reach, asking for assistance when mobilising a resident, reporting to staff hazards.

Medical

Risk factor:

- Stroke
- Parkinson's disease
- Dementia
- Epilepsy
- Diabetes
- Heart disease
- Arthritis
- High blood pressure
- Low blood pressure

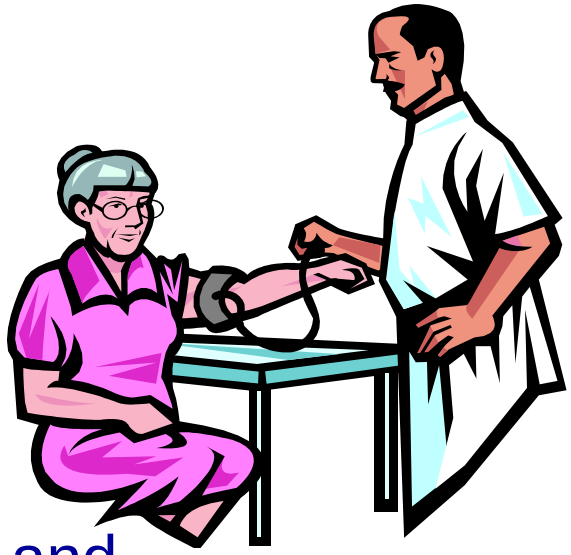
Action:

- Consider medical review from GP if condition not been reviewed in last 6 months
- Check for signs of acute illness or infection

Dizziness and Fainting

Risk factor:

- Dizziness on standing / sitting up
- Fainting / blackouts
- Palpitations



Action:

- Check postural blood pressure (lying and standing)
- Advise person to move legs before standing / count to 10 before walking
- Refer to GP

Cognitive Impairment

Risk factor:

- Difficulty with memory
- Confusion
- Disorientation
- Restlessness
- Agitation
- Unaware of risks and hazards

Action:

- Identify causative factors for agitation and treat
- Optimise environmental safety
- Do not leave resident unattended on commodes, toilets, in baths or showers
- Use visual cues as reminders
- Use routine practices
- Consider sensor equipment (bed / chair alerts)
- Encourage or assist with regular drinks / fluid intake

Balance and Mobility

Risk factor:

- Unsteady / unsafe walking
- Difficulty with transfers (on/off chair /bed/chair)

Action:

- Encourage regular exercise, keeping physically active and mobile
- Mobility aid within reach
- Supervision / assistance if required
- Appropriate equipment, rails, heights of bed / chair
- Consider referral to physiotherapy if mobility changes
- Walking aids regularly maintained
- Wheelchairs serviced/repaired, brakes good working order. Safety straps used when being pushed
- Wheelchair/Mobility monthly inspection checklist

Exercise and Falls Prevention

Being active has many benefits:

- Strengthens muscles
- Improves stamina and flexibility
- May reduce joint pain.
- Reduces risk of falls
- Research shown individuals with a disability are more likely to be inactive.
- Recommended 150mins/week or 30mins,5 days in the week. Activities lasting 10mins or more have benefit.
- Strength AND your balance including weight bearing exercises are v important

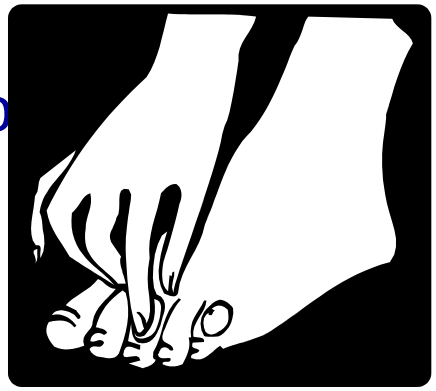
Footcare and Footwear

Risk factor:

- Painful feet
- Corns, ingrown toe nails, bunions, fungal infections, loss of sensation in feet
- Unsupportive footwear, loose slippers

Action:

- Feet should be washed daily, dried thoroughly, and toenails should be filed when appropriate
- Footwear should fit properly
- Soft, firm leather shoes with man-made thin so
  heel with good grip
- Slippers should not be worn for long periods
- Consider referral to podiatrist



Sensory impairment

Risk factor:

- Poor vision
- Poor hearing (important for balance)

Action:

- Yearly eye exam
- Check eye-health: macular degeneration, g
- cataracts and diabetes can affect vision
- Some residents need help to keep glasses clean / prompting to wear
- Bifocals and Varifocals can be a risk factor for falling – safer with separate glasses for reading and distance
- Ensure room is free from clutter
- Adequate lighting / night lights
- Ensure hearing aid is worn, clean, batteries working
- Refer for hearing test if not assessed in last year

Diet

- Good diet essential for good health
- Attractive well balanced, nourishing meals, individuals choice.
- Consider feeding ability, denture care, appetite

For Bone Health particularly need:

- Calcium - Milk, cheese and yogurt
- Vitamin D - oily fish, eggs, fat spreads and cereal
- Sunlight - 20 mins, 3 x week exposure of sun to the face and arms

Fluids

The problems of low blood pressure are made worse by dehydration. To help reduce the risk of falls you must ensure:

- Residents get at least 1.5L of fluid each day.
- Water is available at all mealtimes.
- A jug of water or fruit juice is always within reach.
- Start the day with a glass of water
- You are quick to respond to requests for the toilet!

Medication

Risk factor:

- Polypharmacy: 4 or more prescribed medications
- Psychotropic drugs: sleeping tablets, sedatives, antidepressants and anti-psychotics can cause drowsiness.
- Hypotensive drugs and diuretics may cause blood pressure to lower and cause dizziness

Action:

Medication needs to be considered and reviewed preferably yearly by GP

Look out for side effects such as dizziness, drowsiness, confusion

Continence

Risk factor:

- Difficulty accessing toilet
- Frequency
- Urgency
- Toileting overnight
- Difficulty managing clothes
- Constipation

Action:

- Continence assessment
- Agree a toileting routine and use of continence products
- Consider commode for night-time use
- Ensure safe environment – night lights, avoid wet flooring
- Consider referral to continence service

Environment

Risk factor:

- Hazards / clutter
- Rugs / flexes / raised thresholds
- Poor lighting
- Wet flooring
- Low temperatures

Action:

- Lighting: including use of natural light, night lights
- Flooring: avoiding swirling patterns / changes in textures
- Set out everyday items to prevent over reaching
- Ready access to alarm bell
- Ensure area is hazard / clutter free
- Ensure bedclothes/nightwear not trailing
- Ensure can safely get on/off bed/chair/toilet

Changes in mood

Risk factor:

- Low mood
- Anxiety
- Fear of falling (remains seated due to fear)

Action:

- Reassure
- Encourage socialisation
- Encourage mobility
- Engage in meaningful activity

Managing a Resident Who Has Fallen

- Staff must not attempt to lift a resident
- They must use suitable hoists or lifting equipment
- Injuries which might be made worse by lifting must be considered first, if in doubt medical opinion must be sought
- A person who is assisting a patient should know their own capabilities and seek additional help if needed.
- Assess the situation
- Plan ahead, remove any hazards, have necessary equipment available and in position
- Explain what they are going to do to the patient
- If resident is unhurt and physically able follow the “get up and go plan”

Reflection and Analysing Causes of Falls

- Purpose- to establish all causes of fall
- Look at facts and events leading up to fall, What Happened? Activity at time of fall
- Ask Why? Until ALL causes of fall are established
- Obtain information. Clearly document facts.
- Ward Falls Log – Where? When? Time of day. Who involved. Witnesses. Staffing levels.
- Action Plan -Devise a plan which will prevent a similar event happening again.

Action to Reduce Risk of Injury and Severity of Injury

- Ensure everyone knows the policy for dealing with a serious injury
- Hip Protectors???
- Regular checks on patients areas.
- Observation Management Checklist
- Minimise risk from sharp edges or hard corners
- Wander Sensor Alarms Pads

Conclusion

- Falls are not an inevitable sign of getting older
- Many falls can be prevented
- Every resident must have a multifactorial falls risk assessment
- Target risk factors with a linked action plan
- Everyone in the care home team needs to know about falls prevention and bone health