Procedure Title:		**FALLS PREVENTION**		
Procedure No:			Rev Level:	003
Written By :	Summerville Healthcare		Date	May 2022
Edited by :	Hilda Joyce			
Approved By	Mary Thomakutty		Commence	May 2022
Next Review Date:	May 2025	Review By:	Mary Thomakutty	

Date	Rev Level	Revision Description	Reviewed by
2014		Original	
2017	1	No changes	
2020	2	COVID - 19	
2022	3	REVIEWED	Mary Thomakutty

INTRODUCTION

Falls are a common but often overlooked source of injury and, in many cases, death. In Ireland, approximately 250 older people die each year from falls.

Three quarters of falls related deaths occur among those aged over 65.

Everyone is potentially at risk of having a fall, but certain groups of people are more vulnerable than others. One of these groups are:

- adults who are over 65

Some older adults have a combination of health-related factors that increase their risk of having a fall, such as:

- muscle weakness
- problems with balance and mobility
- poor eyesight

Around 30% of adults who are over 65 and who are living in the community will experience at least one fall a year. This figure rises to 50% for those who are living in nursing homes or residential care.

Not all falls will result in injury, but a significant minority do. For example, 20% of older adults will require medical attention for a fall, and 5% will experience a serious injury, such as a fracture.

Falls can also have an adverse psychological impact, particularly on elderly people. A fall can sometimes result in a person losing confidence, becoming withdrawn and feeling like they have lost their independence.

It is therefore essential that those people working in a nursing home are aware of the importance of preventing the older person for whom they are caring from falling.

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them.

Care home residents are particularly vulnerable to COVID-19 as a consequence of their complex medical problems and advanced frailty. In some situations, outbreaks in care homes have proven to be devastating and it is clear that care home residents have a particularly guarded prognosis if they become hypoxic secondary to COVID-19.

DEFINITION OF A FALL

A fall is defined as an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness.[1]

LAW/ REGULATIONS/GUIDELINES

The matter of falls management is provided for throughout the Health Act 2007 in the following sections:
Risk Management Procedures
Schedule 4: 11: (a) requires a record of “any accident”.
National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA) is not silent on the issue of falls.

PURPOSE

The purpose of this procedure is to inform staff and other parties as to the best practice, training and methodologies required to prevent a resident of the home from falling.

SCOPE

The assessment of the hazards, both environmental and clinical which contribute to the risk of a resident falling.

The action requires, including training, which will eliminate fall or which will reduce the number of falls to an acceptable level.

POLICY

The policy of this home is to eliminate, or reduce to an acceptable level, the number of falls in the home.

All staff working with residents will be fully trained in resident handling and in techniques which contribute to falls prevention.

The management will investigate every fall with the intention of preventing a reoccurrence. A record will be maintained of all falls.

PROCEDURE

The nurses are responsible for carrying out the risk assessment using the Canard's Falls Risk and developing the Care Plan.

The following hazards contribute to the risk of a resident falling:

- Mobility Impairment
- Falls History
- Inappropriate Footwear
- Impaired Safety Awareness
- Psychotropic drug use
- Visual Impairment
- Cognitive Impairment
- Low BMI
- Urinary Incontinence
- Faecal Incontinence
- Dizziness
- Identified Falls Risk
- Disturbed sleep pattern
- Balance deficit
- Gait deficit
- Fear of falling

- Environmental hazards
- Number of Medications
- Cardiovascular Medications
- Muscle weakness
- Depression
- Orthostatic and postprandial hypotension

COMMON CAUSES OF FALLS

Common causes of slips, trips and falls include:

- unsafe ladders
- unsafe stairs, steep stairs or slopes
- slippery surfaces
- obstructions
- poor footwear
- untidy areas
- running
- low lighting
- hurried or careless movements
- distractions

The natural process of ageing can often place older adults at an increased risk of having a fall.

There are three reasons for this, which are outlined below.

- Older people are more likely to have chronic health conditions, such as heart disease, dementia or low blood pressure (hypotension). Dizziness is a common symptom of low blood pressure. These conditions can increase the risk of a fall.
- Older people are more likely to have impairments, such as poor vision or muscle weakness.
- Older people are more likely to have disabilities that can affect their balance.

Among older adults, some of the most common reasons for accidental falls include:

- falling or slipping in the bathroom
- falling or slipping due to dim light
- falling or slipping on rugs or carpets that are not properly secured, or on floors that are wet or recently polished
- falling or slipping when reaching for storage areas, such as cupboards
- falling or slipping down the stairs

As mentioned above, falls can also sometimes occur as a result of health reasons. Some common health reasons linked to falling include:

- loss of balance due to disability or muscle weakness
- a sudden episode of dizziness
- a sudden brief loss of consciousness due to an underlying health condition, such as a heart condition or low blood sugar (a brief loss of consciousness is known as a drop attack)
- low blood pressure (hypotension)
- visual impairment

Falls can be particularly troublesome for older women, as osteoporosis (thinning and weakening of the bones) is a common problem among older women. Having osteoporosis increases the risk of fracture following a fall. Osteoporosis is caused by hormonal changes that occur during the menopause.

GENERAL ADVICE

Making small changes in and around the nursing home can make a big difference in reducing accidents. Some general advice for preventing falls includes:

- mop up spills straight away
- remove clutter, trailing wires and frayed carpet
- use non-slip mats and rugs
- use high wattage bulbs in lights and torches so you can see clearly
- organise your nursing home so that climbing, stretching and bending are kept to a minimum,
- avoid residents from walking on slippery floors in socks or tights
- avoid residents wearing loose-fitting trailing clothes that might trip them up

ADVICE FOR OLDER RESIDENTS

Some older people are reluctant to seek advice about fall prevention from their GP and other support services because they believe that their concerns will not be taken seriously.

The reality is that all health professionals take the issue of fall prevention in older people very seriously because they know the potentially serious impact that falls can have. As a result, a great deal of help and support is available for older people.

CALCIUM AND VITAMINS

Research has found that taking daily vitamin D and calcium supplements can strengthen muscles and bones, helping to prevent falls in people who are 65 and over.

However, the vitamin D and calcium supplements that are found in supermarkets often do not contain a high enough amount to provide full protection. Therefore, if you think a resident would benefit from having daily supplements, you should speak to their GP who will be able to prescribe stronger supplements.

New findings have also confirmed the efficacy of dietary vitamin supplements – including vitamin C and vitamin D – in helping the immune system fight off COVID-19.

Dietary supplements containing micronutrients and vitamins C and D are a safe, low-cost, and effective way of helping the immune system fight off COVID - 19 other acute respiratory tract diseases according to a new report.

“The roles that vitamins C and D play in immunity are particularly well known. Vitamin C has roles in several aspects of immunity, including the growth and function of immune cells and antibody production. Vitamin D receptors on immune cells also affect their function. This means that vitamin D profoundly influences your response to infections.

“The problem is that people simply aren’t eating enough of these nutrients. This could destroy their resistance to infections.”

The role of calcium

Calcium is needed for our heart, muscles, and nerves to function properly and for blood to clot. Inadequate calcium significantly contributes to the development of osteoporosis. Many published studies show that low calcium intake throughout life is associated with low bone mass and high fracture rates. National nutrition surveys have shown that most people are not getting the calcium they need to grow and maintain healthy bones.

Calcium culprits

Although a balanced diet aids calcium absorption, high levels of protein and sodium (salt) in the diet are thought to increase calcium excretion through the kidneys. Excessive amounts of these substances should be avoided, especially in those with low calcium intake.

Lactose intolerance also can lead to inadequate calcium intake. Those who are lactose intolerant have insufficient amounts of the enzyme lactase, which is needed to break down the lactose found in dairy products. To include dairy products in the diet, dairy foods can be taken in small quantities or treated with lactase drops, or lactase can be taken as a pill. Some milk products on the market already have been treated with lactase.

Vitamin D

The body needs vitamin D to absorb calcium. Without enough vitamin D, one can't form enough of the hormone calcitriol (known as the "active vitamin D").

This in turn leads to insufficient calcium absorption from the diet. In this situation, the body must take calcium from its stores in the skeleton, which weakens existing bone and prevents the formation of strong, new bone.

You can get vitamin D in three ways: through the skin from sunlight, from the diet, and from supplements.

Experts recommend a daily intake of 600 IU (International Units) of vitamin D up to age 70.

Men and women over age 70 should increase their uptake to 800 IU daily, which also can be obtained from supplements or vitamin D-rich foods such as egg yolks, saltwater fish, liver, and fortified milk.

The Institute of Medicine recommends no more than 4,000 IU per day for adults. However, sometimes doctors prescribe higher doses for people who are deficient in vitamin D.

MEDICATION REVIEW

If a resident or nurse is concerned that the side effects of any medication that they are taking may increase their risk of having a fall, they can request a medication review with their GP.

There may be alternative medications that they can use, or the dose of their current medication could be lowered. In some cases, it may be stopped altogether.

SIGHT TESTS

If the Home is concerned that poor vision is increasing the risk of having a fall, an appointment should be made with an optician to have a sight test so that the resident's vision can be assessed.

Although not all causes of age-related visual impairment can be treated, a number can. For example, surgery is an effective treatment for cataracts.

EXCERCISE

Research has shown that older people who take part in regular strength and balance training are less likely to have a fall.

A natural consequence of ageing is that balance can begin to deteriorate as the resident loses muscle strength and tone. Regular exercise will lead to stronger muscles, better balance and improved ability and mobility.

Residents that have been identified as medium risk of having a fall will be recommended exercises individually or as part of a group class, to improve balance.

KEY CRITERIA USING A RECOGNISED PREVENTION TOOL

Observe the mobility status of the resident

- Regular monitoring of the resident is recommended, especially during visits to the toilet
- Regular toileting of the resident is recommended
- Note any attempts by the resident to mobilise himself/ herself
- Instruct resident to use the bell for assistance
- Inform the family of high-risk category for falls injury
- Review sensorial aids: e.g. glasses, hearing aids regarding suitability

GUIDELINES FOR ACTION WHEN FALL OCCURS

Inform the Nurse immediately

- Assess the residents immediate condition & provide assistance
- Examine the resident for any obvious injuries, Check head, spine, ribs, pelvis and hips.
- Remove the resident to a safe environment, if appropriate, using the correct manual handling procedure.
- Place the resident in a comfortable and safe position using safe lifting technique
- Notify the Doctor involved in the resident's care
- Complete an Accident /Incident form and determine the cause of the fall through the Preventative Corrective Action system.
- Notify the family if an injury occurred.
- Record in the nursing notes.
- Raise an incident report.

TRAINING

All staff who are involved in assisting residents in moving / lifting will undergo training in patient handling. The training will be carried out by a competent person.

Untrained staff **will not** assist a resident in any moving process.

HAZARDS

Interventions to reduce fall and injury risk for all residents:

- Beds should be maintained at their lowest level/ use ultra-low beds
- Call bells should be placed within reach of all residents with instructions on their use and constant reminders.
- Always apply brakes to beds, bed tables, wheelchairs and commodes, etc.
- Ensure appropriate footwear
- No trailing clothes e.g. dressing gown belts.
- Encourage residents to mobilise and to participate in functional activities to maintain their abilities and ongoing lifestyle.

Where Residents are identified as at high falls risk, also consider:

- Use of injury prevention devices - ultra low beds
- Listening monitor systems
- Sensor alarms – chair and bed
- Hip Protectors

Environmental interventions must also be considered:

- Prompt management of spillages
- Appropriate use of Signage
- Avoidance of trailing flexes while cleaning and during maintenance work
- Ensure good lighting

- Promote a clutter free environment
- Appropriate assessment prior to use of bedrails

The following are specific techniques / methods which can reduce the hazards which could cause a resident to fall:

Slip Trip Hazards

- Remove throw rugs, runners, cords, and small objects
- Use slip resistant mat at sink
- Do not wax floors or use only non-skid wax
- Tack down or tape carpet edges
- Identify high threshold with florescent tape or remove
- Repair torn flooring

Lighting (dim, shadows, glare)

- Adjust curtains/blinds
- Change light bulbs as required
- Use night light.

Reaching/Bending

- Store commonly used items on lower shelf or on countertops or close to the resident

Chairs

- Ensure brakes are used
- Keep in good Repairs

Table (Moveable, not sturdy)

- Anchor against wall if flimsy or unstable
- Avoid table as support
- Repair

HALLWAY/PASSAGEWAYS

Slip Trip Hazards

- Remove throw rugs, runners, cords, and small objects
- Use non-skid mesh carpet backing
- Tack down or tape carpet edges
- Do not wax floors or use only non-skid wax
- Clear pathways of furniture
- Identify high thresholds with florescent tape.

Lighting (dim, shadows, glare)

- Adjust curtains/blinds
- Change light bulbs
- Use night lights
- Add lamps
- Remove throw rugs, runners, cords, and small objects
- Use non-skid mesh carpet backing
- Tack down or tape carpet edges
- Do not wax floors or use only non-skid wax
- Clear pathways of furniture
- Identify high thresholds with florescent tape.

Chair/Sofa (too low, soft, armless, sit-stand difficult)

- Use alternative firm chair/sofa with arms
- Add firm cushions or folded blankets to raise seat

BEDROOMS

Slip Trip Hazards

- Remove throw rugs, runners, cords, and small objects
- Use non-skid mesh carpet backing
- Tack down or tape carpet edges
- Do not wax floors or use only non-skid wax
- Clear pathways of furniture
- Identify high thresholds with florescent tape.

Lighting (dim, shadows, glare)

- Adjust curtains/blinds
- Change light bulbs
- Use night lights
- Add lamps

Bed (high, low, soft, not positioned to best advantage)

- Use low/low beds and crash mats
- Adjust bed frame to best height for transfers
- Add bed board to increase firmness
- Ensure easy access to beds

Bending/Reaching

- Place commonly used clothing on shelves or in bureau drawers at waist or shoulder height

BATHROOM

Carry out a risk assessment and decide on how many staff members are needed to avoid the risk of a resident falling when bathing or showering.

Slip/Trip

- Remove throw rugs
- Use bath mat with non-skid backing after bath
- Keep bath mat off floor when not in use
- Clear pathways
- Use non-skid mesh carpet backing
- Mark high thresholds with florescent tape.
- Remove moulding or reverse swing of door to increase width for easy access

Bathtub/Shower

- Use non-skid rubber mat in shower or tub
- Use grab bars
- Replace worn rubber tips of tub chair/benches
- Install grab bars, commode frame
- Install raised seat on toilet
- Repair wobbly toilet seat

Lighting (dim, shadows, glare)

- Adjust curtains/blinds
- Change light bulbs
- Use night lights

Door Locks (present)

- Remove locks
- Never lock door

STAIRS/ STEPS

Slip Trip Hazards

- Mark top and bottom steps with florescent tape
- Mark steps that are higher or lower than others
- Repair loose threads or carpeting
- Use rough texture pain or abrasive strips on outdoor steps
- Clear all objects from stairs

Lighting (dim, shadows, glare)

- Install switches at top and bottom of stairs
- Keep torch at top and bottom of stairs
- Adjust curtains/blinds

RISK ASSESSMENT

Risk assessment will be carried out on a three monthly basis or more often as necessary using the Canard's Falls Risk.

Bibliography

HIQA Standards for Residential Care Settings for Older People in Ireland

The Health Act 2007

The HSE

Citizenship Social Work with Older People Malcolm Payne, *St. Christopher's Hospice, London.*

Nursing Older people Redfern & Ross

Clinical Nursing Procedures 6th Edition The Royal Marsden Hospital

Help the Aged 2005