



Falls Prevention



Awareness



Older population

People aged 65 and older have the highest risk of falls

Injuries

Leading cause of death among people aged over 75 in the UK

Risk factors

Falls are due to the presence of one or more risk factor

Living situation

People who live in Care homes are 3 times more like to fall than people living at home

Prevention

Falls prevention is the responsibility all care home staff

Definition of a fall



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

(Gibson et al, 1987).



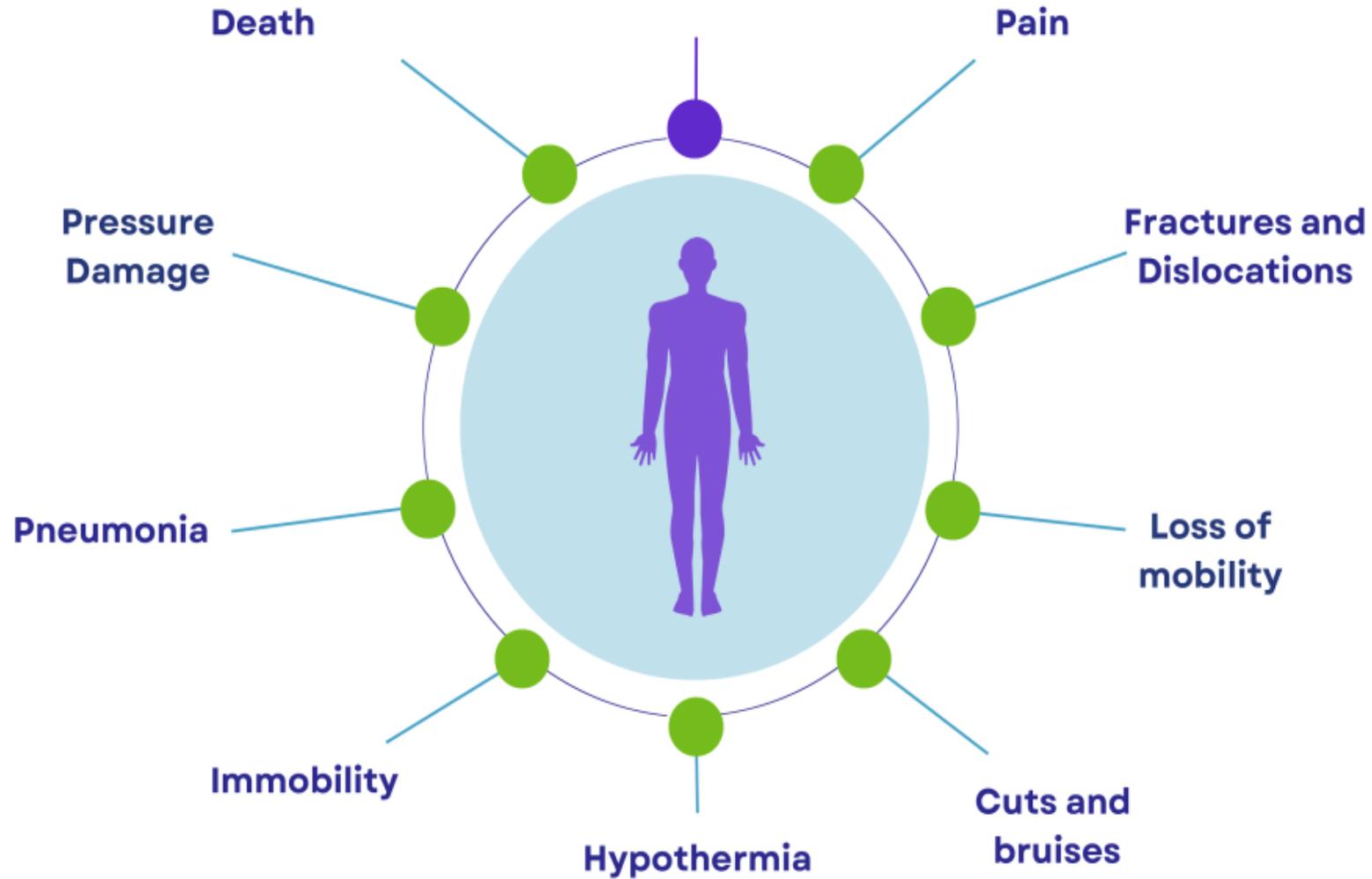
Everyone working in a care home has a key role in identifying and reducing the risk of falls as part of supporting the health and well-being of individuals.



What are the physical impacts of a fall?

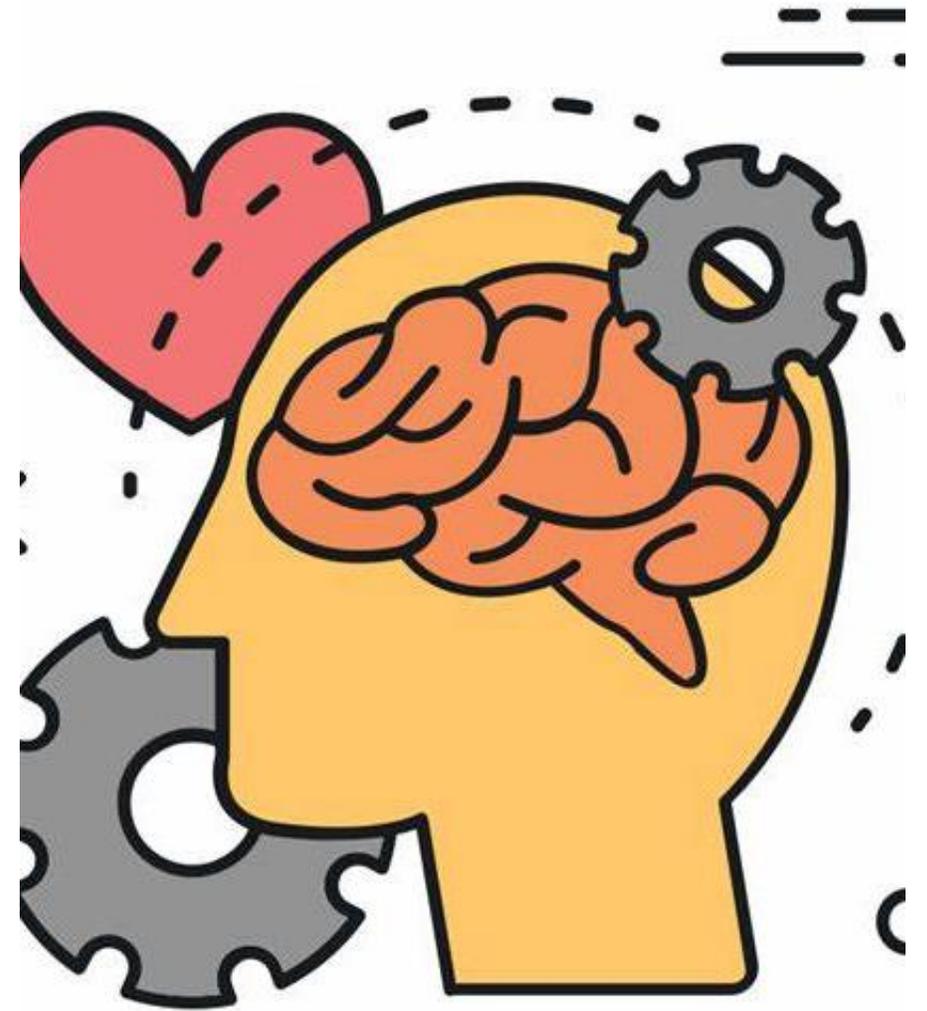
What do you think are the physical impacts to an individual after they have experienced a fall?

Physical

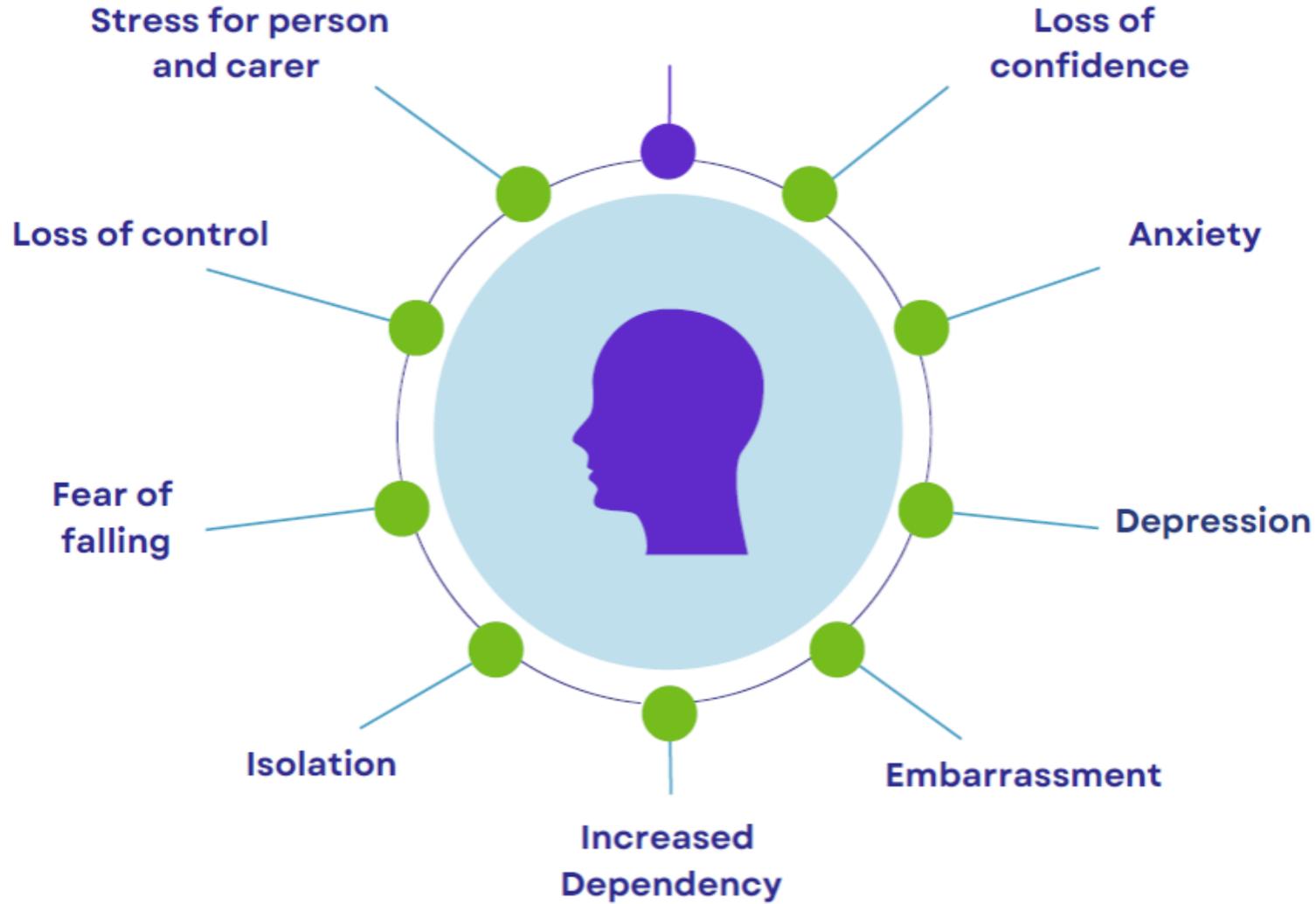


What are the psychological impacts of a fall?

What do you think are the psychological impacts to an individual after they have experienced a fall?



Psychological



The image features a white background with several abstract geometric elements. In the top left, there are two vertical yellow dashed lines. To their right is a solid blue circle. Further right, a green L-shaped line is visible. In the top right corner, a yellow circle is partially cut off. On the left side, a green square outline is partially visible. In the bottom left, a yellow dashed line forms a curved path. A large orange semi-circle occupies the right half of the image, containing the text 'Why do people fall?' in white.

Why do people fall?

These are some of the risk factors

History of falls

Ageing

Being less physically active

Nutrition and hydration

Medications

Alcohol

Environment

Continence

Equipment

Osteoporosis

Dizziness

Impairments – cognitive, sensory

Feet and footwear or clothing



Exercise

Risk factors

Assessment tool

Risk assessment



Activity

What can happen because of inactivity?

- Loss of muscle mass and power
- Bones get weaker
- Respiratory problems
- Slowing down the digestive system, constipation, faecal impaction
- Neurological problems
- Malnutrition, anorexia, dehydration
- Kidney dysfunction, UTIs, retention, incontinence
- Circulation compromise
- Pressure ulcers
- Blood clots
- Loss of confidence
- Isolation and depressed

All of these can increase the risk of falling. Once someone has experienced a fall, their risk of having another fall increases.

Benefits of activity

What are the benefits?

- Improved balance and posture
- Remaining as independent as possible
- Improved cardiovascular fitness, strength and flexibility
- Less dependence on staff
- Reduction in agitation for those with dementia
- Confidence to be more active
- Reduction of pain
- Preserving physical function and mobility
- Maintaining abilities for activities of daily living
- Fun and enjoyment
- Sense of purpose
- Improved mood and self-esteem
- Maintaining cognitive function

These risk factors can reduce the risk of falling and harm from falls.



BE PROACTIVE

Falls are not an inevitable part of ageing

Many falls are preventable

There are actions that you can take to reduce the risk of an individual falling

Our aim:

React

Support

Risk factors

Managing

Prevention

Involvement



REACT TO

FALLS



<http://reactto.co.uk/react-to-falls>



React to Falls

Why do individuals fall and what are the risks?

[React To Falls Part 2 on Vimeo](#)



Resources

videos and workbook www.reactto.co.uk



NHS
Humber and North Yorkshire
Integrated Care Board (ICB)

Improvement
Academy

Number of days without a FALL

Best Run of Days
Without A Fall

NHS
Nottinghamshire Healthcare
NHS Foundation Trust

Care Homes and Domiciliary Care

NHS Humber and North Yorkshire Integrated Care Board (ICB)

REACT

FALLS

PREVENTION

Falls Prevention Self-Assessment Skills Booklet-Care Workers

A fall is when a person unintentionally comes to rest on the ground or on a lower level

Quality & Nursing Team NHS Vale of York CCG

Care Homes and Domiciliary Care

We Care We Connect We Innovate

NHS Humber and North Yorkshire Integrated Care Board (ICB)

REACT

FALLS

PREVENTION

Reducing the Risk of Falls

A fall is when a person unintentionally comes to rest on the ground or on a lower level

Quality and Nursing Team Humber and North Yorkshire Integrated Care Board

REACT FALLS PREVENTION

Have we missed anything?

How many days since our last fall, what have we learnt?

! Who are we worried about today?

R Review medical history and physical health

Pain	Unwell/Infection	Medication risks
Diet and fluid intake	Recent falls/Fractures	

E Environment and Equipment

Use of Sensors/Alarms	Flooring & Doorways	Clutter
Lighting	Footwear & Foot care	Transfers & Stairs

A Activity

Altered gait	Stumble & trip	Walking aids
Sleep	Mobilisation	Dizziness/loss of Balance

C Communication and Understanding

Cognition/risk awareness	Communication difficulties		
Vision	Hearing	Mood	Communication aids

T Toileting and Continence

Frequency/urgency	Constipation	Change of habits	
Assessment	Assistance/aids	Clothing	Signage

? What are we going to do as a team to reduce the risk of falling?

Further info at: <http://www.reactto.co.uk>

REACT FALLS

Reducing the Risk of Falls

A resource for care home staff and other healthcare providers

Team work and communication is key



An effective team is far more able to recognise when things are going wrong than any one individual.

A team that works together well is a safe team as they are more likely to know what is happening around them.

Teams work best when all members feel safe and have a voice.



React to Falls

React to reduce the risk of falls

[React To Falls Part 3 on Vimeo](#)





Case study - John

Today I am worried about John because he has had 2 falls in the last month where he bumped his head and hurt his back; then yesterday he was very unsteady and stumbled twice, nearly falling in the dining room and again whilst on his way to the toilet.

Meet John



76yrs old

Rheumatoid
arthritis

Previous knee
replacement

Prostate cancer with
bone secondary's

Can mobilise
independently with a
walking stick although
very slow and
unsteady at times

Urgent need to
pass urine

Medications for bone
pain and symptoms
of Rheumatoid
arthritis

Underweight

Dizzy when first
standing

Mild confusion and
memory loss

Hard of hearing

Experienced 3
falls over last
month

Team activity



REACT to Falls

R

Review medical history & Physical health

E

Environment & Equipment

A

Activity

C

Communication & Understanding

T

Toileting & Contenance





Review medical history and physical health

Pain

Unwell/Infection

Medication risks

Diet and fluid intake

Recent falls/Fractures

Medication

Dizzy

Bone pain

Previous knee replacement

Recent falls

Rheumatoid arthritis

Poor dietary intake



Review medical history & Physical health

Review falls history,
frequency & patterns

Check medical &
physical health

Blood
pressure/dizziness

Fractures/
osteoporosis

Illness/infection

Check for any pain

Request GP/medical
Review as required

Consider side
effects of medication
and request a
medication review
as required

Ensure adequate
nutrition, consider
fortified diet or
supplements

Consider referral to
dietician or SALT if
required

Encourage fluids 6-8
cups per day



Environment and Equipment

Use of Sensors/Alarms

Flooring & Doorways

Clutter

Lighting

Footwear & Foot care

Transfers & Stairs

Poor night vision

Poor footwear

Feels the cold

1st floor room

Cluttered room

Able to use call but forgets



Environment & Equipment

Ensure access to call bell and consider use of sensor equipment

Ensure adequate supervision

Ensure floors are clear from clutter & hazards (Rugs/flexes etc...)

Avoid raised thresholds between rooms

Avoid patterned floors and thick pile carpets

Ensure adequate lighting

Clean up spills

Consider downstairs rooms

Maintain appropriate temperature

Ensure appropriate footwear and foot care, refer to Podiatry if required



Activity		
Altered gait	Stumble & trip	Walking aids
Sleep	Mobilisation	Dizziness/loss of Balance

Slow and unsteady

Altered gait

Poor posture

Loses balance

Stumble and trips

Uses walking stick (inappropriate aid)

Struggles with doors/steps

Mobilises independently

Dizzy on standing



Activity

Support individuals to be active and make own lifestyle choices

Promote exercise and activity

Check appropriate aids, support and supervision in are in place

Consider increasing supervision

Encourage to stand still on first standing

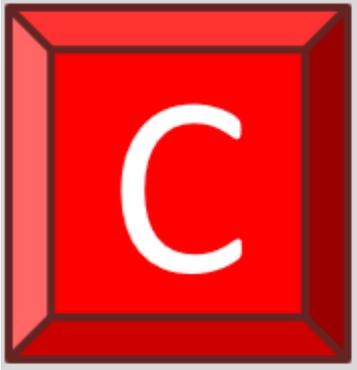
Advise to stand upright when mobilising

Refer physio/ OT

Review trips/slips, reviewing location and activity

Encourage activity during the day and promote restful. Ensure not hungry at bedtime

Increase night supervision and consider use of sensor equipment



Communication and Understanding

Cognition/risk awareness

Communication difficulties

Vision

Hearing

Mood

Communication aids

Mild confusion and memory loss

Doesn't always recognise limitations

Lacks awareness of some risks

Low mood

Poor hearing – no aids

Wears glasses and frequently loses them

Can verbally make needs known and follow instruction



Communication & Understanding

Consider alternative methods of communication, signs, pictures, nonverbal gestures/prompts

Speak clearly, use simple instruction and repeat information when necessary

Don't approach from behind

Observe behaviours, you know your residents and will usually recognise when something is wrong

Consider hearing/sight tests

Ensure glasses clean, correct and wearing

Ensure hearing aids are clean, working, worn and batteries are replaced



Toileting and Continence

Frequency/urgency	Constipation	Change of habits	
Assessment	Assistance/aids	Clothing	Signage

Difficulties with buttons/zips due to arthritis

Cannot always find the toilet

Enlarged prostate

Urgency and frequent need to PU

Occasional constipation

Nighttime need to PU



Toileting & Continence

Individuals should be supported with continence and toileting

Complete continence assessments

Ensure adequate signage

Monitor for any change in bowel or urine habit

Ensure clothing is manageable – zips, buttons, fastenings

Ensure good lighting

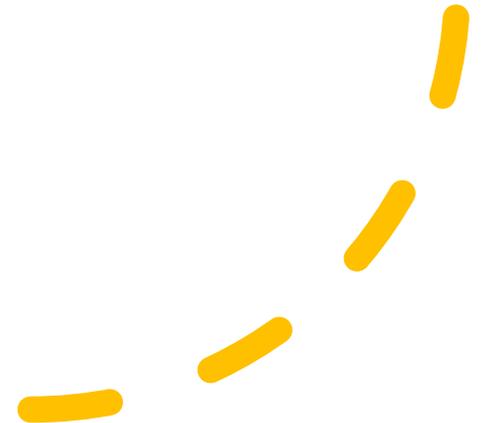
Consider the use of commodes or bottles if required



React to Falls

What should you be doing to react to falls?

[React To Falls Part 4 on Vimeo](#)



Knowledge check





Who are at the highest risk of falls?

- a. People over 55 years old
- b. People over 65 years old
- c. People over 75 years old
- d. People over 85 years old



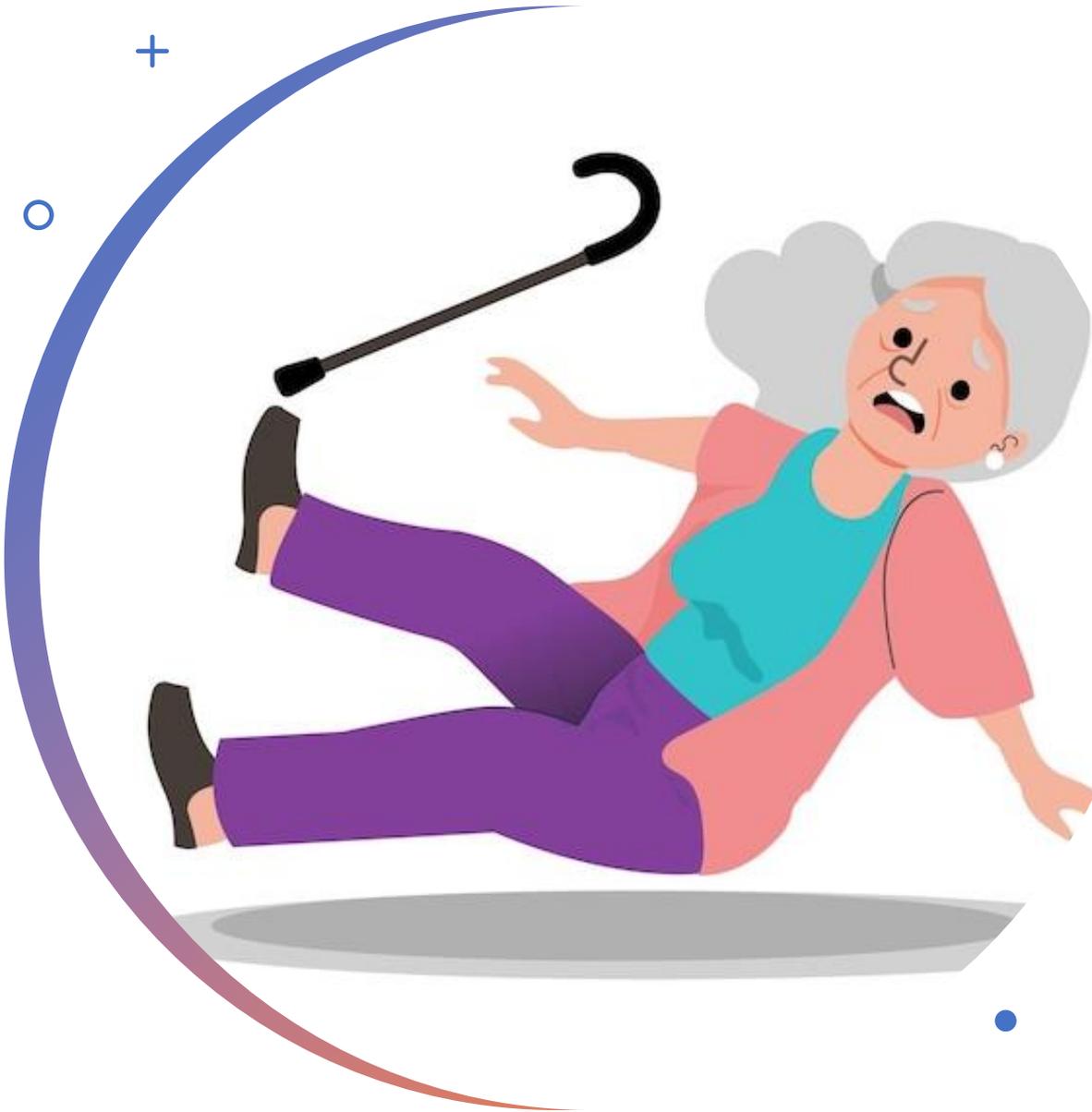
How soon should someone have a risk assessment on admission to a care home?

- a. Within 12 hours
- b. Within 24 hours
- c. Within 36 hours
- d. Within 72 hours

People living in care homes are how much more likely to have a fall than if they were living at home?

- a. 2 times more likely
- b. 3 times more likely
- c. 4 times more likely
- d. 5 times more likely





What is a fall?

- a. An unintentional event that results in a person coming to rest on the ground not due to a major intrinsic event
- b. The result of being pushed over or due to a major intrinsic event

Which list is physical impacts of a fall, and which is psychological impacts of a fall?

List A

Death

Pain

Immobility

Pressure damage

Physical

List B

Anxiety

Fear of falling

Isolation

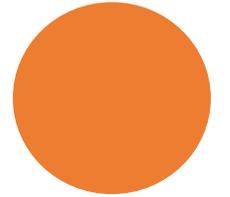
depression

Psychological



Falls may occur due to what?

- a. Medical reasons
- b. Physical reasons
- c. Environmental factors
- d. Combination of all
- e. All the above



**Any
questions?**

