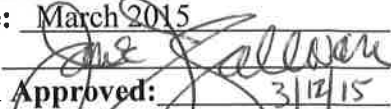


Fall Management Guidelines

Division of Developmental Disabilities Services Community Services Health Care Services Protocol #3

Fall Management Guidelines

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Reviewed by: The Health Care Services
Best Practices Workgroup
Last Revision Date: April 2006

Revised by: Community Nurse Committee
Revision Date: March 2015
Approved by: 
Date Revision Approved: 3/12/15

I. Purpose:

- A. To identify individuals who are at risk for falls and to systematically assess fall risk factors.
- B. To apply fall prevention program interventions to all individuals to ensure a proactive, standardized approach to safety that decreases the potential for falls.
- C. To assess and identify risk factors within the environment and make any necessary changes. (*Exhibit A*).

II. Policy:

Individuals are assessed of their risk for falls; management of the environment to prevent falls; provision and implementation of appropriate supports for those who are moderate to high risk for falls.

III. Application:

- All individuals receiving residential services from Division of Developmental Disabilities Services (DDDS).
- All individuals receiving day/employment services, which are funded by DDDS.
- DDDS Community Services Staff.
- DDDS Day Program Staff.
- DDDS Residential and Day Providers.

IV. Standards:

- A. A fall is defined as an event in which there is uncontrolled, downward displacement of an individual's body from a standing, sitting, or lying position. Individuals who are found on the floor and for which no known alternate reason can be discerned will also be identified as a fall.
- B. A Fall Risk Screening shall be completed by the consultative nurse when individuals are admitted into Residential Services. (*Exhibit B*). The nurse will notify the interdisciplinary team members with the result of the screening tool.

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- C. The results (score) of the Fall Risk Screening Tool shall be documented by the consultative nurse in the comments section under "Falls" in the annual ECHAT. The screening tool form is to be sent to HIM.
- D. Individuals living with their natural family shall have a Fall Risk Screening completed by the Day Service/Employment Provider upon admission to the day program. (*Exhibit B*). The provider will notify the individual/family/guardian/team with the results of the screening tool. The Fall Risk Screening Tool shall be attached in the day service's electronic record and the original form sent to HIM.
- E. As indicated by the fall risk screening tool (*Exhibit B*), any individual, whether in residential or day/employment services, scoring 10 or more will have an individual fall prevention plan or supports as part of his/her ELP or day service plan.
- F. Re-assessment shall be completed any time there is a change in any individual's health status that would affect his/her risk for falls, whether in residential or day/employment services (*Exhibit C*). The exhibit is intended as a list of examples/references and not as an all-inclusive list.
- G. A General Event Report (GER) will be completed by the staff who witness any fall. For Shared Living Providers, the staff who received report of the incident will generate the GER. All GERs will be reviewed by the consultative nurse and further interventions implemented as warranted.
- H. Individualized fall prevention plans shall include, but need not be limited to fall prevention education and consideration of environment, physical, medical, and other relevant factors.
- I. Falls shall be reviewed by the nurse consultant any time there is an injury that results in the need for medical care. An important step in reviewing such cases is trying to understand why the person has fallen. The review shall include consideration of the fall circumstances and intrinsic and extrinsic risk factors (*Exhibit C*). Such considerations can be reviewed during consultation, if possible, with the primary care physician. At the request of the assigned nurse consultant, in consultation with team members as appropriate, a nurse can request an assessment by a physical/occupational therapist.
- J. The Risk Management Committee will monitor fall data on a semi-annual basis in an effort to identify significant trends and, therefore, enhance individual safety.
- K. The nurse consultant is responsible for reporting the results for the assessment to the team members. Fall Management components will be developed by the teams and included in the individual's ELP.

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V. References

American Geriatric Society on fall prevention, "Guideline for the prevention of falls in the older person." *Journal of the American Geriatrics Society* 49 (5) : 664-672, May, 2009

Best Practices; Evidence based nursing procedures, second edition, "*Falls and the management of same*", Lippincott, Williams and Wilkins, pp 40-46, 2007

Department of Health and Human Services Centers for Disease Control and Prevention. (2005). *A home fall prevention checklist for older adults*. Retrieved from http://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf

Garrison, J. (2013). *Falling and intellectual/developmental disability*. Retrieved from <http://www.DDNA.org>

Minnesota Hospital Association. (2011). *Road map to a comprehensive falls prevention program*. Retrieved from <http://www.mnhospitals.org/Portals/0/Documents/ptsafety/falls/falls-prevention-roadmap.pdf>

VI. Exhibits

- A. CDC: A Home Fall Prevention Checklist for Older Adults
- B. DDDS Fall Risk Screening Tool
- C. Risk Factors For Falls

This checklist is based on the original version printed by the Centers for Disease Control and Prevention. Support for this version was provided by MetLife Foundation.

2005



**Check
for
Safety**



**A Home Fall
Prevention
Checklist for
Older Adults**



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Department of Health and Human Services
Centers for Disease Control and Prevention



For more information, contact:
Centers for Disease Control and Prevention
770-488-1506
www.cdc.gov/injury



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Fall Management Guidelines



“Making changes in our home to prevent falls is good for us and for our granddaughter when she comes to visit.”

FALLS AT HOME

Each year, thousands of older Americans fall at home. Many of them are seriously injured, and some are disabled. In 2002, more than 12,800 people over age 65 died and 1.6 million were treated in emergency departments because of falls.

Falls are often due to hazards that are easy to overlook but easy to fix. This checklist will help you find and fix those hazards in your home.

The checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.



Fall Management Guidelines



“Last Saturday our son helped us move our furniture. Now all the rooms have clear paths.”

FLOORS: Look at the floor in each room.

Q: When you walk through a room, do you have to walk around furniture?

- Ask someone to move the furniture so your path is clear.

Q: Do you have throw rugs on the floor?

- Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

- Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

3



Check
for
Safety



Check
for
Safety

4

Fall Management Guidelines

STAIRS AND STEPS:

Look at the stairs you use both inside and outside your home.

Q: Are there papers, shoes, books, or other objects on the stairs?

- Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven?

- Fix loose or uneven steps.

Q: Are you missing a light over the stairway?

- Have an electrician put in an overhead light at the top and bottom of the stairs.

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

- Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out?

- Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn?

- Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

- Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.



Photo courtesy of John Powell



Fall Management Guidelines

KITCHEN: Look at your kitchen and eating area.

Q: Are the things you use often on high shelves?

- Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: Is your step stool unsteady?

- If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BATHROOMS: Look at all your bathrooms.

Q: Is the tub or shower floor slippery?

- Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: Do you need some support when you get in and out of the tub or up from the toilet?

- Have a carpenter put grab bars inside the tub and next to the toilet.



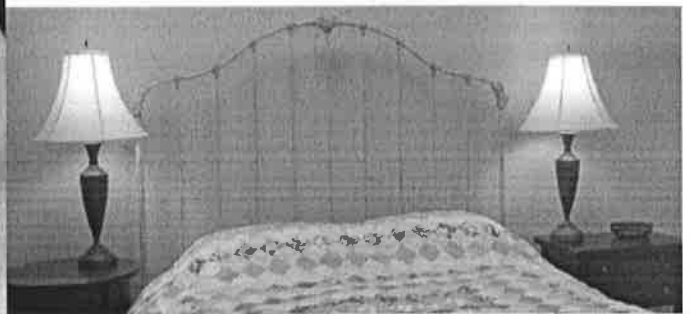
Fall Management Guidelines



BEDROOMS: Look at all your bedrooms.

Q: Is the light near the bed hard to reach?

- Place a lamp close to the bed where it's easy to reach.



"I put a lamp on each side of my bed. Now it's easy to find the light if I wake up at night."

Q: Is the path from your bed to the bathroom dark?

- Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Fall Management Guidelines

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and coordination.



- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

Fall Management Guidelines



"I feel stronger and better about myself since I started walking every day."

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

**Division of Developmental Disabilities Services
Community Services**

Fall Risk Screening Tool

Name: _____ Site: _____
 Date of birth: _____ MCI: _____
 Prepared by: _____ Date of screening: _____

| Directions: This assessment is to be completed on all residents upon admission and annually in conjunction with the ELP and any significant changes in health status. Check applicable items that best apply and indicate points to the right. Add points and note total score below. | Points |
|---|--------|
| Mental Status: <input type="checkbox"/> (0 pt) Oriented/alert at all times/ or comatose <input type="checkbox"/> (1 pt) lethargic/forgetful/inconsistent orientation or response to stimuli <input type="checkbox"/> (2 pts) confused-non-agitated/ highly distractible/ depressed/ uncooperative/ impaired judgment <input type="checkbox"/> (3 pts) confused/agitated/aggressive/non-purposeful behavior/impulsive | |
| Physical Status: <input type="checkbox"/> (0 pt) Normal/well/healthy/no remarkable medical and physical problems <input type="checkbox"/> (1 pt) dyspnea/respiratory conditions <input type="checkbox"/> (2 pts) syncope/orthostatic hypotension/joint difficulties (arthritis, contractures) <input type="checkbox"/> (3 pts) seizure disorder/ cachexia/wasting/LE amputation/vestibular imbalance | |
| Elimination: <input type="checkbox"/> (0 pts) Independent and continent <input type="checkbox"/> (1 pt) Catheter and/or ostomy/ dependent (uses protective undergarments) <input type="checkbox"/> (2 pts) Elimination with assistance/occasional incontinence <input type="checkbox"/> (3 pts) Independent but incontinent (urgency/frequency) | |
| Sensory: <input type="checkbox"/> (0 pt) No hearing or vision problems <input type="checkbox"/> (1 pt) hearing loss/impairment only <input type="checkbox"/> (2 pts) vision loss/impairment only <input type="checkbox"/> (3 pts) has both hearing and vision loss/impairments | |
| Neuromotor: <input type="checkbox"/> (0 pt) Normal muscle tone/ no weakness/ no paralysis/ no spasticity <input type="checkbox"/> (1 pt) Upper extremities only (weakness/paralysis/spasticity/athetosis) <input type="checkbox"/> (2 pts) Lower extremities only (weakness/paralysis/spasticity/athetosis) <input type="checkbox"/> (3 pts) both upper and lower extremities (weakness/paralysis/spasticity/athetosis) | |
| Gait: <input type="checkbox"/> (0 pt) independent ambulator/ non-ambulatory/ immobile <input type="checkbox"/> (1 pt) non-ambulatory/has bed mobility/has wheelchair mobility <input type="checkbox"/> (2 pts) independent ambulator with assistive device (i.e. walker/cane) <input type="checkbox"/> (3 pts) ambulatory with physical assistance and assistive device/unsteady gait | |
| History of Falling Within Past 3 Months: <input type="checkbox"/> (0 pt) None <input type="checkbox"/> (1 pt) near falls or fear of falling <input type="checkbox"/> (2 pts) 1-2 falls <input type="checkbox"/> (3 pts) multiple falls (more than 2) | |
| Medications <input type="checkbox"/> Antihistamine <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Antiseizure/Antiepileptic <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cathartics <input type="checkbox"/> Diuretics <input type="checkbox"/> Hypoglycemic agents <input type="checkbox"/> Psychotropics <input type="checkbox"/> Sedatives/Hypnotics <input type="checkbox"/> Narcotics <input type="checkbox"/> Other On the above medication groups, indicate how many the resident is currently taking: <input type="checkbox"/> (0 pts) No medications <input type="checkbox"/> (1 pt) 1 medication <input type="checkbox"/> (2 pts) 2 medications <input type="checkbox"/> (3 pts) 3 or more | |
| Total Score: | |
| 0- 9 points: Low risk 10- 17 Moderate risk 18 or more: High risk If the person scores 10 or more: safety support should be implemented and reflected in the ELP. | |

**Division of Developmental Disabilities Services
Community Services**

Risk Factors For Falls

Intrinsic Factors

Factors originating with the individual – includes normal aging changes, diseases (chronic and acute), and medication use.

- Advanced age
- Previous falls
- Muscle weakness
- Gait & balance problems
- Poor vision
- Postural hypotension
- Chronic conditions including arthritis, diabetes, stroke, Parkinson's incontinence, dementia
- Fear of falling

Extrinsic Factors

Factors outside the person – includes physical environment, assistive devices and footwear.

- Lack of stair handrails
- Poor stair design
- Lack of bathroom grab bars
- Dim lighting or glare
- Obstacles and tripping hazards
- Slippery or uneven surfaces
- Psychoactive medications
- Improper use of assistive device

(Reference: Centers for Disease Control and Prevention. *Risk Factors For Falls*. Retrieved from http://www.cdc.gov/HomeandRecreationalSafety/pdf/steady/risk_factors_for_falls.pdf)

