

Fall facts for allied health professionals

Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.

Allied health professionals have an important role to play in preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls.

What do allied health professionals need to do?

1. Promote independence for older people. Many falls can be prevented. → See Section 1 of the Guidelines
2. Examine fall prevention in the context of an older person's circumstances, goals and interests. → See Section 1 of the Guidelines
3. Ensure that preventing falls is standard practice when caring for older people. → See Section 2 of the Guidelines
4. Take an active role in screening and/or assessing a person's risk of falling and act on the results. → See Section 3 of the Guidelines
5. Use evidence-based fall-prevention interventions and outcome measures as part of a multidisciplinary, multifactorial approach to preventing falls. → See Sections 4 & 5 of the Guidelines
6. Continually review standard strategies, assessments, interventions and outcomes to identify areas for improvement.
7. If a fall occurs, report and analyse the circumstances around the fall. Ensure that people who have fallen or are at high risk of falling have additional injury prevention strategies in place. → See Section 5 & 6 of the Guidelines
8. Allied health professionals have an important role in the team approach to planning, implementing and evaluating a fall-prevention program.

What is a fall?

'A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.' World Health Organisation



Recommendations for allied health professionals

The following summary provides insight into the allied health professional's role in preventing falls.

Levels of evidence and strength of recommendations

The Guidelines (see page xvii) clearly identify the level of evidence (I to IV) and the strength of recommendations (A-D).



Recommendations nearer Level I-A are based on high-quality research and are stronger than those nearer Level IV-D, which are based on consensus expert opinion.

Additionally, where published evidence was not available,



Good practice points are based on clinical experience or expert consensus.



Recommendations

Recommendations are made as part of a multifactorial, multidisciplinary fall-prevention program.

Balance II-B

Identify balance, mobility and strength problems, then tailor an individual exercise or activity program.

Cognitive impairment IV-D

Provide supervision and assistance to ensure that people with delirium or dementia, who are not capable of standing and walking safely, receive help with all transfers.

Continence III-D

Identify, assess and introduce a management plan for people with incontinence or who are at risk of becoming incontinent.

Feet and footwear III-C

Screen older people for ill-fitting or inappropriate footwear and give education and information about footwear features that may reduce fall risk.

Vision II-C

Include visual function screening and ensure regular vision review.

Environment II-B

Include environmental modifications to ensure a safe environment.

Environment II-C

Have people who are considered to be at higher risk of falling assessed by an occupational therapist for specific environmental/equipment needs and training to maximise safety.

Hip protector pads I-D

Consider hip protector use for people living in residential aged care facilities with a high risk of hip fracture.

After a fall III-C

Complete a post-fall assessment on all older people who fall whilst in hospital or residential aged care facilities.



Good practice point

Surveillance and observation:

Surveillance and observation approaches are particularly useful for older people who have a high fall risk and who may be temporarily or permanently cognitively impaired.

All health care workers have a role to play in addressing all of the risk factors for falling and preventing injury. Refer to Guidelines for the comprehensive and complete list of recommendations.

Fall facts for doctors

Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.

Doctors have an important role to play in preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls.

What do doctors need to do?

1. Promote independence for older people. Many falls can be prevented. → See Section 1 of the Guidelines
2. Examine fall prevention in the context of an older person's medical circumstances, goals and interests. → See Section 1 of the Guidelines
3. Ensure preventing falls is standard practice when caring for older people. → See Section 2 of the Guidelines
4. Take an active role in assessing a person's risk of falling by reviewing past and current history, physical examination, medications and investigations, and act on the results. → See Section 3 of the Guidelines
5. Use evidence-based fall-prevention interventions and outcome measures as part of a multidisciplinary, multifactorial approach to preventing falls. → See Sections 4 & 5 of the Guidelines
6. Continually review standard strategies, assessments, interventions and outcomes to identify areas for improvement.
7. If a fall occurs, report and analyse the circumstances around the fall. Ensure that people who have fallen or are at high risk of falling have additional injury prevention strategies in place. → See Section 5 & 6 of the Guidelines
8. Doctors have an important role in the team approach to planning, implementing and evaluating a fall-prevention program.

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Recommendations for doctors

As part of a team approach, doctors should diagnose and manage intrinsic risk factors for falling, particularly potentially modifiable cardiovascular and neurological causes including cardiac arrhythmias and Parkinson's disease. Specific causal and contributory medical conditions should be reviewed and managed appropriately. Unusual causes may need to be considered in a specific clinical context (e.g. polymyalgia rheumatica). Medications that can cause falls should be reviewed and minimised. Calcium and vitamin D should be prescribed and management of osteoporosis considered.

The following summary from the Guidelines provides insight into the doctor's role.

Levels of evidence and strength of recommendations

The Guidelines (see page xvii) clearly identify the level of evidence (I to IV) and the strength of recommendations (A-D).



Recommendations nearer Level I-A are based on high-quality research and are stronger than those nearer Level IV-D, which are based on consensus expert opinion.

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Recommendations

Recommendations are made as part of a multifactorial, multidisciplinary fall-prevention program.

Medications II-B

Medication related to falls needs to be reviewed and appropriately modified.

Vitamin D I-A

Vitamin D and calcium supplementation should be considered as a routine management strategy, as it appears to significantly reduce the risk of falls among ambulatory or institutionalised older people.

Vision II-C

Include visual function screening and ensure regular vision review.

After a fall III-C

Post-fall assessment should be completed on all older people who fall whilst in hospital or residential aged care facilities.

Osteoporosis II-B

To decrease subsequent fracture rates, appropriate treatment with bisphosphonates should be undertaken for those who have previously sustained a fracture and who have osteoporosis.

Balance II-B

Identify balance, mobility and strength problems, then tailor an individual exercise or activity program.

Cognitive impairment IV-D

Ensure accurate diagnosis and early management of delirium.

Continence III-D

Identify, assess and introduce a management plan for people with incontinence or who are at risk of becoming incontinent.

Restraints III-C

Alternatives to restraint should be considered and trialled for people with cognitive impairment. Restraint should be considered the last option for people who are at risk of falling.

Hip protector pads I-D

Hip protector use should be considered for people living in residential aged care facilities with a high risk of hip fracture.

Feet and footwear III-C

Screen older people for ill-fitting or inappropriate footwear and give education and information about footwear features that may reduce fall risk.



Good practice point

Surveillance and observation:

Surveillance and observation approaches are particularly useful for older people who have a high fall risk and who may be temporarily or permanently cognitively impaired.

All health care workers have a role to play in addressing all of the risk factors for falling and preventing injury. Refer to Guidelines for the comprehensive and complete list of recommendations.

Fall facts for health managers

Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.

Health managers have an important role to play in preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls.

What do health managers need to do?

1. Facilitate and support health services in the promotion of independence for older people. Some falls may occur but many can be prevented. → See Section 1 of the Guidelines
2. Ensure fall-prevention programs are implemented and evaluated in the context of an older person's circumstances, goals and interests. → See Section 1 of the Guidelines
3. Ensure standard strategies are in place for preventing falls when caring for older people. → See Section 2 of the Guidelines
4. Ensure that the health service has processes that include screening and/or assessing a person's risk of falling and that action is taken based on the results. → See Section 3 of the Guidelines
5. Ensure evidence-based fall-prevention interventions and outcome measures are being used as part of a multidisciplinary, multifactorial approach to prevent falls. → See Sections 4 & 5 of the Guidelines
6. Support the continuous review of the standard strategies, assessments, interventions and outcomes to identify areas for improvement.
7. Ensure policies and procedures are in place so that if a fall occurs, the circumstances around the fall are reported and analysed. Support additional injury prevention strategies for people who have fallen or are at high risk of falling. → See Section 5 & 6 of the Guidelines
8. Facilitate and support the planning, implementation and evaluation of a fall-prevention program.

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Recommendations for health managers

At the strategic or organisational level, health managers will facilitate, resource and support the planning, implementation and evaluation of their fall-prevention program.

At the point of care level, health managers need to facilitate and support:

- involvement of the patient, resident and their carers in fall prevention (see Section 1 of the Guidelines)
- standard fall-prevention strategies (see Section 2 of the Guidelines)
- assessment of fall risk (see Section 3 of the Guidelines)
- implementation of fall and injury prevention strategies (see Sections 4 and 5 of the Guidelines)
- post-fall management (see Section 6 of the Guidelines).

There are a number of support resources available to assist in this process. Of importance to the health manager is the *Implementation guide for Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities*. Health managers may consider appointing designated fall-prevention personnel to use the Implementation guide to prevent falls within their existing systems.

All people who work for health care facilities have a role to play in addressing all of the risk factors for falling and preventing injury. Refer to the Guidelines for comprehensive and complete information on preventing falls and harm from falls in older people.

Fall facts for nurses

Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.

Nurses have an important role to play in preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls.

What do nurses need to do?

1. Promote independence for older people. Many falls can be prevented. → See Section 1 of the Guidelines
2. Examine fall prevention in the context of an older person's circumstances, goals and interests. → See Section 1 of the Guidelines
3. Ensure preventing falls is standard practice when caring for older people. → See Section 2 of the Guidelines
4. Take an active role in screening and/or assessing a person's risk of falling and act on the results. → See Section 3 of the Guidelines
5. Use evidence-based fall-prevention interventions and outcome measures as part of a multidisciplinary, multifactorial approach to preventing falls. → See Sections 4 & 5 of the Guidelines
6. Continually review standard strategies, assessments, interventions and outcomes to identify areas for improvement.
7. If a fall occurs, report and analyse the circumstances around the fall. Ensure that people who have fallen or are at high risk of falling have additional injury prevention strategies in place. → See Section 5 & 6 of the Guidelines
8. Nurses have an important role in the team approach to planning, implementing and evaluating a fall-prevention program.

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Recommendations for nurses

As part of a team approach, nurses ensure standard fall-prevention strategies are in place, take an active role in assessing a person for risk of falling and implement targeted individualised fall and injury prevention interventions. Nurses play a key role in recognising a change in a person's risk of falling and therefore play an integral part in communicating this to all members of the health care team. Nurses are well positioned to drive organisational change to prevent falls through a team approach to planning, implementing and evaluating a fall-prevention program.

The following summary from the Guidelines provides insight into the nurse's role.

Levels of evidence and strength of recommendations

The Guidelines (see page xvii) clearly identify the level of evidence (I to IV) and the strength of recommendations (A-D).



Recommendations nearer Level I-A are based on high-quality research and are stronger than those nearer Level IV-D, which are based on consensus expert opinion.



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Recommendations

Recommendations are made as part of a multifactorial, multidisciplinary fall-prevention program.

Ensure standard fall-prevention strategies are in place II-C

Consider a multifaceted approach to prevention of falls as part of routine care for all older people in hospitals and residential aged care facilities.

Assess or screen for fall risk II-B

Conduct a systematic and comprehensive, multidisciplinary fall-risk assessment to inform the development of an individualised plan of care to prevent falls.

Implement fall-prevention interventions II-B

Develop and implement a targeted and individualised fall-prevention plan of care based on the findings of a fall screen or assessment.

Cognitive impairment IV-D

Provide supervision and assistance to ensure that people with delirium or dementia, who are not capable of standing and walking safely, receive help with all transfers.

Continence III-D

Identify, assess and introduce a management plan for people with incontinence or who are at risk of becoming incontinent.

Feet and footwear III-C

Screen older people for ill-fitting or inappropriate footwear and give education and information about footwear features that may reduce fall risk.

Restraints III-C

Consider and trial alternatives to restraint for people with cognitive impairment. Restraint is the last option for people who are at risk of falling.

Vision II-C

Include visual function screening and refer for visual function maximisation.

Environment II-B

Include environmental modifications to ensure a safe environment.

Hip protector pads I-D

Consider hip protectors for people living in residential aged care facilities with a high risk of hip fracture.

After a fall III-C

Complete post-fall assessment on all older people who fall whilst in hospital or residential aged care facilities.



Good practice points

Involve the patient, resident and their carers

Encourage the participation of older people in fall prevention.

Surveillance and observation:

Surveillance and observation approaches are particularly useful for older people who have a high fall risk and who may be temporarily or permanently cognitively impaired.

Syncope and dizziness

- *In the presence of known hypotension, or situations of risk such as post operatively, people should be encouraged to slowly sit up from lying, slowly stand up from sitting, and to wait a short time before walking.*
- *Postural hypotension should be considered as a potential cause of unexplained falls.*

All health care workers have a role to play in addressing all of the risk factors for falling and preventing injury. Refer to Guidelines for the comprehensive and complete list of recommendations.

Fall facts for support staff (cleaners, food services and transport staff)

Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.

Cleaners, food services and transport staff all have an important role to play in preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care has produced national guidelines to help hospitals and residential aged care facilities to develop and implement work practices to prevent falls and injuries from falls.

What do cleaners, food services and transport staff need to do?

1. Help older people to be independent where possible. Many falls can be prevented. → See Section 1 of the Guidelines
2. Ensure that preventing falls is standard practice when caring for older people. → See Section 2 of the Guidelines
3. Know that health care professionals will screen and/or assess a person's risk of falling and be acting on the results. → See Section 3 of the Guidelines
4. Know that health care professionals will be implementing interventions and measuring the success as part of a broad approach to preventing falls, involving many different staff members. → See Sections 4 & 5 of the Guidelines
5. Look out for ways to prevent older people falling (e.g. know an older person's risk of falling, reduce clutter at the bedside, keep a person's walking aid handy, ensure food and water are within reach).
6. If a fall occurs, report it to the nursing staff and look at what caused the fall. → See Sections 5 & 6 of the Guidelines
7. Support staff have an important role to play in supporting fall-prevention activities.

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Recommendations for support staff

As part of a team approach, cleaners, food services and transport staff need to know if an older person is at risk of falling. They need to be aware that many falls can be prevented, often with simple strategies, and that it is everyone's responsibility to be consistently looking out for situations in which a fall might occur. While working, support staff should keep in mind that clutter, slippery floors and having to reach for walking aids, food and water can put an older person at risk of falling.

Cleaners, food services and transport staff should have a working knowledge of the standard fall-prevention strategies. They also are well positioned to provide casual observation of older people and report any falls or near misses to the nursing staff. Support staff are also well placed to help put into place changes made as a result of a fall-prevention program.

