

## E.18 Falls Prevention

### 1.0 INTRODUCTION/BACKGROUND

World Health Organisation (2006) defines a fall as ‘an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.’<sup>1</sup>

*“Falls are not an inevitable result of ageing, but they do pose a serious concern to many older people and to the healthcare system. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75. It is clear that falling has an impact on quality of life, health, and healthcare costs.”<sup>2</sup>*

*“A widely acknowledged Australian estimate of the rate of falls among people aged 65 years and over living in their own homes in the community is that one in three will fall each year, and that this rate increases with age.”<sup>3</sup>*

Mercy Services has a Best Practice Guideline regarding falls prevention. This Guideline draws upon recent systematic reviews<sup>4</sup>, controlled studies and expert opinions from two clinical guidelines as published in two reports from the Joanna Briggs Institute<sup>5</sup> (2009-2010). These summarise the best available evidence for interventions likely to prevent falls among elderly persons living in a variety of settings.

### 2.0 SCOPE

The scope of this policy is to prevent Mercy Services clients from experiencing falls at sites where services are provided.

### 3.0 POLICY STATEMENT

Mercy Services will take reasonable efforts to prevent clients from experiencing falls at Mercy Services venues and activities.

Where falls occur Mercy Services aims to provide appropriate response and action to prevent a reoccurrence.

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<sup>1</sup> World Health Organisation, [http://www.who.int/violence\\_injury\\_prevention/other\\_injury/falls/en/index.html](http://www.who.int/violence_injury_prevention/other_injury/falls/en/index.html)

<sup>2</sup> Royal College of Nursing (2004) Clinical practice guideline for the assessment and prevention of falls in older people: commissioned by the National Institute for Clinical Excellence (NICE), Royal College of Nursing, London. Hereafter referred to as NICE (2004).

<sup>3</sup> Victorian Government Department of Human Services (2007) Preventing Falls in Victoria 2007-12 Discussion paper. Aged Care Branch, Melbourne Victoria. p.6

<sup>4</sup> National Ageing Research Institute and Centre for Applied Gerontology. *An Analysis of Research on Preventing Falls and Falls Injury in Older People: Community, Residential care and Hospital Settings.* Canberra ACT; Australian Government; 2004

[http://www.health.gov.au/internet/main/publishing.nsf/Content/5F45FC4A37A71E0BCA256F19000403C7/\\$File/falls\\_community.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/5F45FC4A37A71E0BCA256F19000403C7/$File/falls_community.pdf)

<sup>5</sup> i) Joanna Briggs Institute (February 2010) Falls Prevention Interventions.

ii) Joanna Briggs Institute (February 2010) Falls: Risk Assessment.

## 4.0 PROCEDURES

### 4.1 **Establish environmental interventions to prevent falls**

Assessments are made of the client's home using the Client Home Environment Checklist at the initial assessment and informally on regular home visits. Coordinators will address any risks that need corrective action such as:

- Ensuring staff have easy access around the areas they need to work and to equipment and assistive devices;
- Informing the client of the risks posed by loose throw rugs, frayed carpets, cords/wires and encourage the client to remove these risks;
- Encouraging the client to install handrails, ramps etc if an Occupational Therapist approves;
- Encouraging the client to have adequate lighting e.g. increase wattage in areas where staff work, install an automatic night light in toilet, installing a sensor external light; and
- Informing the client that they are eligible to receive a discount on Vitalcall when Mercy Services refer them (paperwork with Home Care Packages (HCP)).

Mercy Services venues are assessed using the Workplace Checklist every 3 months by WHS representatives and corrective action taken on any identified falls hazards.

Coordinators are responsible for ensuring that public venues are assessed using the Public Venue Checklist for suitability for the clients and proposed activity.

### 4.2 **Identifying those at risk of falls**

Coordinators will use the Falls Assessment and Management Plan (Appendix 1) to assess Home Support Program/National Disability Insurance Scheme (HSP/NDIS) and HCP clients for falls:

- (i) on admission; and
- (ii) following a change of risk factor and
- (iii) after a fall.

Where observed risks of a client falling are identified the Coordinator will formally discuss these with the client (and their GP or other authorised person e.g., Guardian in line with Privacy Policy). The Coordinator will record the decision regarding further action on Falls Assessment and Management Plan.

Coordinators will document actions they have taken to identify and respond to falls risks in file notes. Coordinators will add to the Care Plan any falls prevention actions that have become part of the ongoing service. Any steps to prevent falls added to the client's Care Plan are reviewed annually.

Staff and volunteers are instructed to inform their Coordinator if they think clients have physical/mental conditions that could increase the likelihood of a fall.

### 4.3 **Preventing falls by individuals**

Coordinators and staff will encourage clients to:

- Engage in functional activities and make referral to Day Centres, Falls Prevention Clinic etc that can assist clients with physiotherapist prescribed exercise programs, progressive resistance training, and/or strength and balance programs;
- Use mobility aids;
- Use protective devices where these are prescribed by GP or Occupational Therapist/Physiotherapist; and/or
- Take medications where these are prescribed by GP including Vitamin D and/or calcium supplements.

Staff/volunteers will ensure that clients have appropriate footwear before entering Mercy Services vehicle, see <..\POLICY\G.WHS\WHS Safe Work Practices\Transport\SWP-Assisting client in and out of vehicle.pdf>

Mercy Services staff are vigilant as to risks such as: unlit spaces, clutter, pets, use of rugs, need for grab bars, wet floors, use of wax on floors and needed repairs to surfaces as well as changes in physical symptoms. Additionally, staff ensure clients attend medical appointments and use the clinical skills of registered staff nurses when needing support.

Mercy Services staff member will report to their Coordinator if they have observed behaviours that could indicate the client has had or might have a fall. The Coordinator will then review the client's likelihood of a fall and/or ask about the frequency, context and characteristics of their fall/s. Where the nature of the Mercy Services service has limited personal care or client support duties the Coordinator will discuss with client/client's GP/client's family whether they need a falls assessment by an appropriate health professional.

Coordinators will provide brochures, booklets and other educational material to the client and their family/significant others regarding fall and injury prevention, if appropriate. Information should be offered in languages other than English if requested.

### 4.4 **Response to falls**

First aid or ambulance will be arranged depending on need.

Mercy Services staff will provide prompt assessment of clients who fall.

Once the client is healed Mercy Services staff will encourage her/him to stay active, build their muscle strength and regain her/his confidence. Throughout this process Mercy Services staff will reinforce directions given to the client by their treating doctor.

### 4.5 **Equipment**

The client will be encouraged, and if need be assisted, to have their footwear, spectacles and mobility aids assessed by an appropriate professional in the event of a fall or the identification of a heightened risk of a fall.

Where a client needs mobility or Activity of Daily Living equipment to prevent falls Mercy Services will refer the client for appropriate assessment. Where a client is unable to afford to buy or hire required equipment Mercy Services will consider requests for a loan of equipment or funds.

Mercy Services can access subsidised Vitalcall services when it refers clients. This is an option that should be presented to clients who are at risk of a fall and live alone.

#### **4.6 Education**

Mercy Services will provide training to relevant staff on falls prevention and response. These sessions will be evaluated and any necessary changes made as a result of findings.

Clients at risk of a fall will be provided with education via instruction and, when appropriate, left with written material.

#### **4.7 Reporting falls and tracking trends in falls**

All falls are to be recorded on an WHS Incident Report Form.

The WHS Coordinator will track:

1. the number of falls; and
2. the number of falls by the same person.

Falls data will be reported this to the WHS Committee and Coordinators each month. Issues that will be analysed in relation to falls are<sup>6</sup>:

- What risk factors for falls and injury were present?
- What was the activity at the time of the fall?
- Has the client had a falls risk assessment?
- What was the mechanism of the fall?
- What interventions were in place at the time of the fall?
- Was it a confirmed or suspected fall?

The WHS Coordinator will work with Coordinators/Site Managers to implement actions to prevent falls.

#### **4.8 Compliance**

Compliance with this policy is being measured by:

- a) At least 90% compliance scores in audit client files (Client Home Environment Checklist, Falls Risk Identification, appropriate Care Plan).

#### **4.9 Evaluation**

The performance indicators for the evaluation of this policy are:

- a) Low number and % of clients who fall; and
- b) 0% of client who fall more than once.

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<sup>6</sup> The Australian Council on Healthcare Standards (ACHS) EQuIP 5: Book 1 - Accreditation, Standards and Guidelines - Clinical Function. Sydney, Australia; ACHS; 2010:176

## 5.0 REFERENCES

<b>1. Australian Standards</b>	nil
<b>2. Legislation</b>	a) Disability Inclusion Act, 2014 (NSW) b) Work Health Safety Act, 2011 (NSW) and amendments
<b>3. Professional guidelines</b>	nil
<b>4. Codes of Practice</b>	a) Mercy Services Best Practice Guideline E. Falls Prevention \\Shared\Quality Improvement\Best Practice Guides\e_Falls prevention.doc
<b>5. Codes of Ethics</b>	a) Australian Association of Social Workers Code of Ethics <a href="https://www.aasw.asn.au/document/item/1201">https://www.aasw.asn.au/document/item/1201</a> b) Australian Psychological Society Code of Ethics <a href="https://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf">https://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf</a> c) Code of Ethics for Nurses in Australia <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx">http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx</a> d) Mercy Services Code of Conduct
<b>6. Evidence</b>	a. Clinical Excellence Commission, NSW Falls Prevention Network <a href="http://fallsnetwork.neura.edu.au/">http://fallsnetwork.neura.edu.au/</a> b. Australian Commission on Safety and Quality in Health Care site <a href="https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard10_Oct_2012_WEB.pdf">https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard10_Oct_2012_WEB.pdf</a>
<b>7. Mercy Services Values</b>	Justice, Respect, Care, Unity, Service

## 6.0 OTHER RELATED POLICIES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- A.05 Reconciliation
- C.04 Program Performance & Monitoring
- C.05 Quality Improvement
- E.01 Service Guarantee
- E.02 Service Access and Equity
- E.03 Meeting Individual Needs
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- E.07 Behaviour Support
- E.08 Complaints
- E.09 Client Records
- E.10 Nursing Care
- E.11 Coordination with other services
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.15 Privacy Policy
- G.06 Safe Home Visiting

## 7.0 RELATIONSHIP WITH STANDARDS

<b>Aged Care Accreditation Standards</b>	<b>Home Care Standards</b>	<b>NSW Disability Standards</b>	<b>EQuIP Standards</b>
1.1, 1.2, 1.3, 1.7, 1.8, 2.1, 2.3, 2.4, 2.6, 2.7, 2.8, 2.12, 2.13, 2.14, 2.16, 3.1, 3.3, 3.5, 3.7, 3.9, 3.10, 4.1, 2.3, 4.4, 4.5, 4.6, 4.8	1.4, 1.6, 2.2, 2.3, 2.4, 2.5, 3.5	1.1, 1.2, 1.3, 1.4, 1.4, 1.7, 1.8, 1.9, 2.1, 3.1, 4.5, 5.1,	1.1.1, 1.1.4, 1.1.5, 1.2.2

## 8.0 DOCUMENT CHANGES RECORD

<b>Dates of change</b>	<b>Section altered</b>	<b>Natures of changes made</b>
22/11/2010	All	First record of document
25/03/2011	a) 2.0 and 3.0 b) 4.1 c) 4.2 d) 4.3	a) Limit scope of this Policy to Mercy Services clients b) Add suggesting OT assessment for ramps, handrails etc c) Reword 3 <sup>rd</sup> paragraph. Increase range of assessments that might be suggested to prevent a fall. d) Add use of HNE Health Falls Prevention Clinic and mobility aids to list of encouraged interventions. Clarified how Coordinators are to respond when an increased risk of client falls is identified by their staff. Minor reword of final paragraph.
18/05/2011	a) 3.0 b) 4.2 c) New 4.4 d) 4.5 e) 4.6 f) 4.7 g) 5.0	a) State that response to fall is also part of Policy. b) Add more detail about when assessments are to be carried out c) New section d) New section e) New section f) Added more detail on what info is gathered and who is involved in analysing and acting upon it. g) Additional evidence cited
27/11/2012	All Sections	Organisation name updated.
02/04/2014	a) 4.8 Compliance and 4.9 Evaluation b) 7.0 References	a) New sections b) Added Aged Care Standards
24/11/2015	a) 4.2 Identifying those at risk of falls b) 6.0 Other Related Policies c) Appendix 1	a) 4.2 Identifying those at risk of falls – add use of Appendix 1. Delete possible actions as these are now in Appendix 1 b) Updated c) added
08/03/2017	a) References b) Appendix 1	a) Updated Laws, Codes of Ethics and Evidence b) Updated with newer version
Review due 08/03/2020		

APPENDIX 1

*Falls Assessment and Management Plan*



Client's Name: ..... D.O.B.: .....

Address: .....

Assessment	Yes	No or N/A	Action/Management Plan
Have you had a fall in the past 6 months?			<input type="checkbox"/> Client given <a href="#">falls prevention booklet</a> unless client has a falls prevention booklet) <input type="checkbox"/> Client agrees to discuss falls with their GP <input type="checkbox"/> Client wants Mercy Services to discuss with their GP <input type="checkbox"/> Client is either currently attending a Falls Clinic, or has done so within the past six months <input type="checkbox"/> Client's GP has approved client's current plan/actions on falls prevention
Have you experienced dizziness, light headedness or fainted in the past 6 months?			
A Mercy Services worker has observed the client to be unsteady			
<b><i>If yes to any of the above questions continue assessment</i></b>			
Do you use a mobility aid?			<input type="checkbox"/> Client agrees to contact OT if they have concerns about suitability of aid (details in <a href="#">falls prevention booklet</a> ) <input type="checkbox"/> Client wants Mercy Services to organise OT referral about suitability of aid (details in <a href="#">falls prevention booklet</a> )
Do you have a visual impairment?			<input type="checkbox"/> Client agrees to contact Vision Australia if necessary (details in <a href="#">falls prevention booklet</a> ) <input type="checkbox"/> Client wants Mercy Services to organise a referral to Vision Australia (details in <a href="#">falls prevention booklet</a> )
Do you need supervision or assistance getting into or out of chairs/bed?			<input type="checkbox"/> Personal care assessment by Mercy Services Nurse <input type="checkbox"/> Client agrees to organise OT referral for suitability of transfers equipment (details in <a href="#">falls prevention booklet</a> ) <input type="checkbox"/> Client wants Mercy Services to organise OT referral for suitability of transfers equipment (details in <a href="#">falls prevention booklet</a> )
Do you have confusion or cognitive impairment?			<input type="checkbox"/> Client agrees to discuss with their GP (if needed) <input type="checkbox"/> Client wants Mercy Services to discuss with their GP
A Mercy Services worker has observed signs of confusion or cognitive impairment			<input type="checkbox"/> Client agrees to discuss with their GP (if needed) <input type="checkbox"/> Client wants Mercy Services to discuss with their GP
Do you have recent or existing incontinence?			<input type="checkbox"/> Client agrees to discuss with their GP/continence nurse (if needed) <input type="checkbox"/> Client wants Mercy Services to discuss with their GP/continence nurse
Are you taking any medication that causes drowsiness?			<input type="checkbox"/> Client agrees to discuss with their GP (if needed) <input type="checkbox"/> Client wants Mercy Services to discuss with their GP
Are you taking more than 4 medications?			<input type="checkbox"/> Client agrees to discuss with their GP (if needed) <input type="checkbox"/> Client wants Mercy Services to discuss with their GP

Staff member completing this form: ..... Staff signature ..... Date: .....

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