



**Australian Government**  
**Department of Health and Ageing**

**HOME & COMMUNITY CARE**  
**SLIPS AND FALLS LEARNING RESOURCE**

# THE NATIONAL SLIPS AND FALLS PREVENTION PROJECT

**Learning Resource for HACCC Workers:**

Falls Risk and Falls Prevention-

“Reducing the Risks of Clients Falling in their Home Environment”



This project was funded by the Australian Government Department of Health and Ageing as a Home and Community Care Initiative.

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<http://www.ag.gov.au/cca>

Community Services and Health Industry Skills Council

GPO Box 9848

Sydney NSW 2001

Email: [admin@cshisc.com.au](mailto:admin@cshisc.com.au)

Web: [www.cshisc.com.au](http://www.cshisc.com.au)

# National Slips and Falls Prevention Project

## Acknowledgments

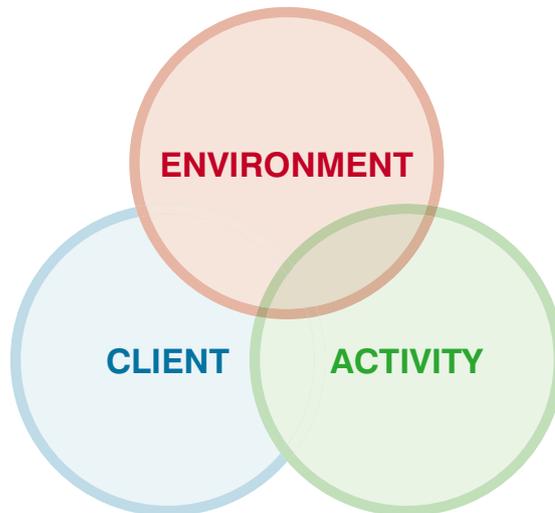
This resource was developed from two (2) Falls Prevention Projects developed by Queensland Department of Health and modifying and adapting resources developed by Home and Community Care (HACC) providers, carers and their clients in Western Australia:

The Western Australian resource was produced by adapting the Stepping Out: Passport to Falls Prevention Project's Orientation Manual for Community Home Care Staff: Falls Prevention for older Western Australians developed by Caroline Reberger, Marilynne McRae and Andrea Lomman, North Metropolitan Health Service. Appreciation is extended to the Australian Government, Department of Health and Ageing and the Rehabilitation, Aged and Continuing Care Unit, Department of Health, Western Australia for funding the Stepping Out: Passport to Falls Prevention Project and to the following individuals for their support and review of the Manual:

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In Queensland the resource used was the HACC Best Practice Resource Kit, Falls Risk Management for Older People who live at Home, adapted from a resource produced by a partnership involving the Bayside Health Service District, the University of Queensland, Brisbane Southside Public Health Unit and the Home and Community Care (HACC) Program.

In every Home Care situation you will need to remember the following factors:



*These factors are interrelated and must be considered when working with clients. As a carer, you must determine the most acceptable solutions for problems stemming from these factors.*

#### Improved client outcomes can be achieved by:

- ▶ Changing the environment
- ▶ Choosing a different way to do the activity
- ▶ Increasing the clients' capacity to do things.

In a survey of community care providers staff and clients, conducted in Western Australia the need for education on falls prevention for Home Care staff was identified<sup>1</sup>.

#### This survey showed that:

- ▶ 49% of the Home Care staff thought that falls were inevitable in older people
- ▶ 51% thought older people should restrict activities in which they might fall
- ▶ 45% of staff had not received training and information on falls in older people.

#### More encouragingly it showed that:

- ▶ 80% knew falls could be prevented
- ▶ 96% thought it was within their role to assist a client in reducing their falls risk.

Home and Community Care staff are an integral link in the prevention of falls in the community setting. They play an important role in health promotion as well as supporting older people to live as independently as possible in the community.

#### Falls – an important issue

- ▶ One in 3 people aged 65 and over living in the community fall each year.
- ▶ Falls are the leading cause of deaths from injury for people aged 65 and over.
- ▶ Health system costs due to injuries from falls have reached \$100 million per year – this exceeds the cost of road injuries. Mollers<sup>2</sup> report showed cost of \$498 million in 2001/2002 for Australia. (page 10 of the revised version).
- ▶ The average health system cost per fall has been estimated at \$6,500. The health system cost of accidental falls for people aged 65 years and over was \$498 million in 2001/02<sup>3</sup>.

## What is a fall?

*‘A fall is an event which results in a client coming to rest inadvertently on the ground or floor or other lower level’.*

Falls are often considered as accidents; however falls are rarely completely accidental. They are usually the outcome of an event in which a number of risk factors combine and interact, some which can be modified. This means that falls do not just happen. In most cases there is a reason why a client falls.<sup>5</sup>

### Why is there a need to be concerned about older people and falls?

Falls can result in significant injury, disability and even death in the older client. Falls are the most common cause of unintentional injury in older people resulting in them going to hospital.<sup>6</sup>

On average, one in three people aged 65 and over will fall at least once per year.<sup>7</sup> Rates of falls are higher among older women than older men and continue to increase with age. Statistics<sup>8</sup> show that approximately half of people aged 80 years and older will fall at least once a year.

Falls threaten the health and wellbeing of older people living in the community.<sup>9</sup> Once a client has had a fall their confidence can be seriously affected and they may develop a fear of falling. Some older people who are afraid of falling avoid physical activity.<sup>10</sup> Fear of falling can cause avoidance of the type of activities an older client may normally do, like walking to the local shops.

The injuries from a fall can include cuts, bruising and abrasions. A vicious cycle can then develop where a client may become less active and as a result physically weaker, thereby reducing their quality of life and independence. A fracture is the

***From a report to the Commonwealth Department of Health and Ageing under the National Falls Prevention for Older People Initiative by Jerry Moller, Principal Researcher, New Directions in Health and Safety, July 2003:***

*“Australia will experience a significant increase in the population that is over 65 over the next 50 years. This will result in increased injury from falls unless effective preventive strategies are put in place. The major impacts are that by 2051: The total health cost attributable to fall related injury will increase to \$1375 million per annum. There will be 886,000 additional hospital bed days allocated to falls injury treatment; and 3320 (extra) nursing home beds will be required.*

***Cripps and Carman (2001) reported that in 1998:***

*1014 elderly people were recorded of dying from fall related injuries. There were 45,069 episodes of in patient hospital care, which represented 54% of all hospitalisations the aged group. It is in the interests of both governments and older people that prevention strategies that look forward ten to twenty years are put in place to limit (effects) that fall injury inflicts on the quality of life & independence of older people.*

most common and serious fall-related injury as it can lead to a loss of mobility and independence. An estimated 5% of falls by older people result in a fracture.<sup>5</sup> These can include fractures of the wrists, hip, trunk and neck.<sup>11</sup>

While a client who has a fall may feel less confident, it is important that we reinforce and reassure clients as to the positive steps that can be taken to prevent falls. Research suggests that approximately 40% of all residential care admissions can be attributed to older people falling.

Possible consequences of falls:	
▶	Sometimes a client is unable to get help after they have fallen
▶	5 – 10% of falls result in a fracture, the most serious being a broken hip
▶	Reduced mobility
▶	Decreased independence and increased dependence on others
▶	Fear of falling
▶	Loss of confidence
▶	Decreased ability to participate in activities and enjoy life
▶	Hospitalisation
▶	Admission to residential aged care services
▶	Death.

Falling is not an inevitable part of ageing and many falls can be prevented. We often think that falls are simply caused by things that make us slip or trip, like a loose mat or uneven step. While this can be true, we also need to step back and look at the big picture as well. Why an older client falls may involve several other risk factors many of them related to the normal ageing process or to particular medical conditions. Others may be connected with the behaviour of the older client and the environment they live in.



***The most important thing to remember is that:***

*The more risk factors a client has, the more likely they are to fall.*

*Therefore, it makes sense that the more things a client does to eliminate or reduce their risks, the less likely they are to fall. Falls prevention research has shown this to be the case.*

**REMEMBER:**

*Falling is NOT a normal part of ageing - many falls can be prevented. Identifying risk factors is the first step to falls prevention.*

**Risk factors have been grouped into the following categories:**

1. **ACTIVITY (A):** muscle weakness caused through lack of exercise or physical activity
2. **BALANCE (B):** balance and walking (poor balance)
3. **FOOTWEAR (F):** foot problems (poorly fitting), footwear and clothing
4. **HEATH FACTORS (H):** healthy living, confidence state of mind, nutrition
5. **EYES (E):** eyesight (poor vision) and poor hearing
6. **MEDICATION (M):** medications (side effects)
7. **ENVIRONMENT (E):** home safety (slippery surfaces).

Only changing the environment in which the client lives, such as removing a loose mat, may have a very small impact on the client's risk of falling. It is important to consider the intrinsic risk factors as well- Client/Activity/Environment.<sup>12</sup>

Although falls appear to occur more often as a client gets older, it is important to remember that falls are **not a normal part of ageing**. It is important that we all work together and increase awareness not only in ourselves, but also among older people, families and significant others that falls are preventable, and that identifying risk factors is the first step to falls prevention.

## Risk Factors:

### Risk factors for falls in older people include:

1. **Activity** – muscle weakness through lack of exercise or physical activity (A)
2. **Footwear and clothing / Foot** – problems caused by unsuitable footwear (F)
3. **Eyes** – Vision problems: poor eyesight or using incorrect glasses which can result in poor vision (E)
4. **Balance** – Poor balance which can cause difficulty in walking (B)
5. **Medications** – the side-effects of some medication or mix of medications (M)
6. **Health factors** – memory, arthritis, Incontinence, Parkinson's disease, poor nutrition and confidence (fear of falling) (H)
7. **Environment** – Home Safety Hazards in and around the home and in public places(E).

## RISK FACTOR 1 ACTIVITY (A)

**Muscle weakness caused through lack of exercise or physical activity. Exercise that focuses on developing strength and balance is one of the most important ways of reducing the risk of falling.**

### RISK

Lack of exercise leads to muscle weakness and increases an older client's chance of falling.

We need good strength to support our body weight when standing, and balance when walking and performing day-to-day activities, such as getting in and out of bed, standing up from a chair and/or going up or down stairs.

#### Physical activities and exercise help by:

- ▶ Maintaining good muscle strength and tone in the muscle
- ▶ Improving joint mobility (reduce stiffness) and joint stability
- ▶ Maintaining bone strength and reducing the effects of osteoporosis
- ▶ Improving balance
- ▶ Assisting in maintaining a healthy weight.

Exercises that help to improve an older client's balance, leg strength and coordination such as, Tai Chi and exercise programs developed by a physiotherapist, are the most helpful.

We need to encourage the benefits of exercise and physical activity in older people so clients stay fit, healthy and independent.

It is important that older people, no matter what their age or

physical ability, are able to participate in some regular gentle exercise or enjoyable physical activity.

For exercise to be effective it needs to be progressive, ie it may start off gentle, but needs to go onto higher levels to be effective in preventing falls.

#### Examples of these activities can include but are not limited to:

- ▶ Individual exercise/gym programs
- ▶ Hydrotherapy-water based exercise
- ▶ Community-based exercise programs
- ▶ Community day centre programs
- ▶ Day hospital and hospital outpatient programs
- ▶ Other recreational activities may include gardening, Tai Chi, indoor-outdoor bowls, golf, walking, swimming and dancing.

Incidental activity is physical activity that we accumulate throughout the day as part of our daily routine. For example, using the stairs, walking to the bus stop and walking around the house are all types of incidental activity. Increasing incidental physical activity can help increase overall physical activity and produce improved health outcomes. We need to encourage our clients to be active in as many ways as they can over the day and incorporate this into their daily routine.

### RISK MANAGEMENT

- ▶ Encourage your client (as per the clients Care Plan) to keep as fit and active as possible<sup>13</sup>
- ▶ Encourage your clients to participate in everyday activities such as personal care, Home Care tasks and leisure activities
- ▶ Encourage your clients to have a medical check-up prior to commencing any physical activity.

**REMEMBER:**

*You must ensure that you communicate with your client, regarding the importance of having a medical check-up prior to them commencing any new program of physical activity. Clients with medical conditions or a disability may require a more specifically tailored exercise program and advice may be obtained from their general practitioners and allied health professionals such as a physiotherapist.*

## RISK FACTOR 2

### FOOTWEAR AND CLOTHING (F)

#### Foot problems caused by unsuitable footwear or clothing:

- ▶ 20% of older people, who are housebound, attribute their reduced mobility to foot problems<sup>14</sup>.
- ▶ Impaired foot and leg function can influence/impede overall function and can result in untimely admission to a residential aged care service

#### Unsuitable footwear

#### Foot disorders are common in older people<sup>15</sup>, and may involve medical conditions such as:

- ▶ Circulatory problems in the lower legs and feet
- ▶ Diabetes
- ▶ Arthritis
- ▶ Toenail problems
- ▶ Skin conditions.

#### Falls can be due to untreated foot problems and the inability of a client to care for his/her feet.

#### Problems people experience may include:

- ▶ A lack of sensation or numbness in their feet
- ▶ Ulcers
- ▶ Pain and stillness in the foot joints
- ▶ Overgrown and/or ingrown toenails and painful corns and calluses.

A common problem relating to footwear is that people choose shoes based on comfort alone rather than comfort and safety: for example, by wearing loose, poorly fitting slippers.

#### What makes an **unsafe** shoe?

- ▶ Soft or stretched uppers make your feet slide out of the shoe
- ▶ Lack of laces means the foot can slide out of the shoe
- ▶ High heels should be avoided as they impair stability when walking (However care needs to be taken when recommending to clients to wear lower heels as some habituation may have occurred in long-term high heel wearers<sup>16</sup>)
- ▶ Overgrown and/or ingrown toenails and painful corns and calluses.
- ▶ Narrow heels make the foot unstable and can cause ankle sprains
- ▶ Slippery or worn soles are a balance hazard, particularly in wet weather.

#### What makes a **safe** shoe?

- ▶ A good fit
- ▶ A firm heel collar to provide stability
- ▶ Laces or Velcro fastenings to ensure the shoe holds onto the feet when walking
- ▶ A lot of contact with the ground, and a broad, flared heel to maximise contact with the ground
- ▶ A sole that grips (eg a textured sole) to prevent slipping
- ▶ A rounded or bevelled edge to prevent slipping.<sup>17</sup>

## Clothing

As clients age they can lose height through degeneration of the spine. Overlong dressing gowns trailing on the floor can be a risk factor for falls.



### **REMEMBER:**

#### **RISKS**

- ▶ *Untreated foot problems*
- ▶ *Inability to care for feet*
- ▶ *Inappropriate footwear*
- ▶ *Clothing that trails.*



### **REMEMBER:**

*Encourage your clients to:*

- ▶ *Have foot problems attended by their general practitioners or podiatrist*
- ▶ *Wear appropriate footwear*
- ▶ *Not wear clothing that trails around their ankles/feet as these may make them trip, eg a dressing gown that is too long.*

## RISK MANAGEMENT

Good footwear is essential when a client has an underlying foot problem.

- ▶ Advice from a specialist such as a podiatrist and/or specialist fitter may be needed to assist the client with the selection of the right type of shoe
- ▶ Clients' clothing should be tailored to ensure that dressing gowns and other clothing does not trail on the ground.

## RISK FACTOR 3

### EYES (E): Vision problems

Deteriorating eyesight can increase the risk of clients falling.

#### Visual problems may affect:

- ▶ How clearly people see
- ▶ How far they can see
- ▶ How much they can see
- ▶ Whether they can see clear differences (contrasts) between objects and/or backgrounds.

#### Visual changes can occur slowly over time. Some people also have medical conditions affecting their eyesight such as:

- ▶ Glaucoma
- ▶ Cataracts
- ▶ Progressive degeneration of the retina (macular degeneration).

## RISK MANAGEMENT

Encourage clients to...	
▶	Have their eyesight reviewed by an optometrist every 12 months
▶	Wear prescribed glasses as recommended
▶	Keep their glasses clean (offer to clean their glasses)
▶	Wear a hat or sunglasses outside to reduce the effects of glare
▶	Have good lighting throughout the home (use 75W globes)
▶	Have contrast markings on the edges of steps or stairs
▶	Avoid wearing bifocals on steps or stairs, have two pairs of glasses instead (one for reading and one for long distance)
▶	Leave a night light /or have a torch nearby to move around the home more safely
▶	Make appropriate home modifications such as installing safety rails.

## RISK FACTOR 4

### BALANCE (B): Poor balance

#### Normal ageing

#### Some physical changes that affect our balance and walking as we age are:

- ▶ Decreased muscle strength
- ▶ Slower walking and shorter steps
- ▶ Increased sway from side to side
- ▶ Decreased reaction time and reflexes
- ▶ Decreased awareness of body position
- ▶ Decreased sensation such as numbness in the feet.

#### Activity status

- ▶ Serious decline in functional capacity is not an inevitable part of ageing
- ▶ Reducing activity status will increase the risk of falling.

Problems with walking, balance or dizziness can increase a client's risk of having a fall. Balance helps to keep a client's body upright. Our bodies constantly balance and re-balance as we change position, for example when standing up, sitting down, walking or bending over. If a client has unsteady balance when standing, there is a greater risk of falling, as they are less able to recover their balance if they trip or stumble.

Unsteady balance and difficulty walking may be treated by health professionals such as physiotherapists. Clients may need very specific treatments and exercise program to help improve their balance and walking.

A quarter of older people use some sort of walking aid. Walking aids such as sticks, crutches and frames are commonly used to improve a client's walking ability and to reduce their risk

of falling. These walking aids support a client's walking and balance in different ways.

Because older people vary, such as in height and weight, what may help one client may actually be dangerous for another. It is important that a health professional (eg a physiotherapist) sees an older client when they are in need of a walking aid.

#### Medical conditions

#### Some medical conditions that directly affect balance and walking are:

- ▶ Stroke
- ▶ Parkinson's disease
- ▶ Alzheimer's disease
- ▶ Multiple Sclerosis
- ▶ Meniere's disease.

#### An assessment of a client's balance and walking by a health professional may be of benefit if he or she:

- ▶ is unsteady when standing or walking
- ▶ has difficulty standing up from a chair
- ▶ has leg/hip pain when standing or walking
- ▶ has weakness in the legs
- ▶ is short of breath
- ▶ has poor vision
- ▶ Has poor sensation/feeling or numbness in the lower part of the leg/foot.

**REMEMBER:**

*The way a client walks will be affected by a number of factors, including:*

- ▶ *Vision*
- ▶ *Balance*
- ▶ *Medication*
- ▶ *Footwear or other problems with their feet.*

**RISK MANAGEMENT:****Encourage clients to:**

- ▶ Keep as fit and healthy as possible to reduce the affects of ageing
- ▶ Seek appropriate treatment for medical conditions to reduce the symptoms and therefore reduce the risks. If you are concerned about the medical condition of your client, report this concern to your supervisor
- ▶ Improve muscle strength, range of movements and co-ordination
- ▶ Seek advice from the appropriate people regarding walking aids, and other ways to increase the safety of your client
- ▶ Have handrails installed on steps or stairs and in bathroom areas
- ▶ Have their walking aid maintained (ie pay particular attention to loose parts, worn stoppers or bent frames)
- ▶ Take their time when moving from a lying to sitting or sitting to standing position
- ▶ Stay seated or sit down immediately if they feel dizzy or light headed.

Where appropriate discuss and seek advice from your supervisor when determining and managing risk factors associated with slips and falls. Many studies consider that by addressing a combination of these risk factors with clients, we can have a positive effect in preventing falls.<sup>18 19</sup>

**REMEMBER:**

*There are many simple things your client can do to **reduce their risk of falling**. A client with a history of falling is more likely to experience further falls, the more risk factors you reduce, the less likely people are to fall and injure themselves.*

**Report any concerns** you may have about the **factors that increase** your clients' risk of falling to your **Supervisor/Coordinator or Manager**.

The way your organisation processes or deals with your concern may vary but in most cases a client review will be initiated. Following this review the client may then need to be seen by a general practitioner (GP) or other health professional.

## RISK FACTOR 5 MEDICATIONS (M): Side effects or mix of medications

There is evidence that the use of three or more medications is linked to an increased risk of falling. This risk increases as the number and type of medications increases. Side effects such as drowsiness, dizziness or confusion can increase the risk of falling<sup>20</sup>.

### Some types of drugs can result in an increased risk of falling, these drugs may be:

- ▶ Anti-depressants
- ▶ Tranquillizers
- ▶ Fluid tablets (diuretics)
- ▶ Sleeping pills.

## RISK

### Prescription and some over-the-counter medication can also lead to symptoms of:

- ▶ Drowsiness
- ▶ Dizziness
- ▶ Light headedness
- ▶ Blurred vision
- ▶ Confusion.

### Risk of falling may be increased when a client:

- ▶ is taking more than four medications
- ▶ has had a recent change to their medication/s or
- ▶ is not compliant with their medication regime.

Many medications may have side effects that can affect a client's general health and increase their risk of falling.

### Other factors that may result in or increase the side effects from medication include:

- ▶ Introducing a new medication
- ▶ A recent change in medication/s
- ▶ An increase in the number of medications being taken, for example taking three or more medications
- ▶ Taking sedatives, tranquillizers and/or anti-depressants
- ▶ Other illness affecting the client, such as diarrhea or influenza (flu)
- ▶ Interaction with other over-the-counter medications.

## RISK MANAGEMENT

- ▶ Management and control of medication is the role of the doctor, nurse and pharmacist, encourage **your client** to report any concerns they have about their medication to their doctor
- ▶ Report any **concerns you have** about the client's medication to your coordinator/supervisor/Case Manager
- ▶ Do not provide advice of any type about medication to your client
- ▶ Encourage your clients to inform their GP about any over-the-counter medications that they are taking.

**REMEMBER:**

*It is important that the client asks their general practitioner or pharmacist to review all their medications (both prescription and over-the-counter) regularly each year or if there is a change in their status to reduce any possible side effects.*

- ▶ *It may be possible to reduce the number of medications being taken, particularly tranquillizers, sleeping pills and/or anti-depressants*
- ▶ *Pharmacists are able to provide 'Consumer Medication Information Sheets' that provide specific information on the drug/s being prescribed*
- ▶ *A general practitioner can refer a client to a pharmacist for a Home Medication Review*
- ▶ *It is important to remember that people are often prescribed specific medications due to an underlying chronic health condition, which in turn, can potentially increase the risk of falls*
- ▶ *Listen carefully when clients talk to you so that you can identify symptoms of possible side effects from their prescribed or over-the-counter medications.*

## RISK FACTOR 6

### HEALTH FACTORS (H):

### Other Health Problems

It is well recognised that frail, older people with many medical illnesses may experience more falls than active, healthy older people. Older people need to be encouraged to maintain a healthy lifestyle, including regular physical activity, healthy eating and to participate in social or recreational activities.

A healthy diet and fluid intake, as per Dietary Guidelines for Older Australians,<sup>21</sup> helps a client to maintain energy and reduce the risk of many illnesses such as Diabetes and osteoporosis.

#### To prevent or minimise the effects of osteoporosis clients should be encouraged to eat a healthy diet:

1. The daily calcium intake should be 1000 – 1200mg. This equates to 4 serves of dairy food per day. One serve is a glass of milk, a small tub of yoghurt or a slice of cheese. For those people who are lactose intolerant try calcium fortified soy milk
2. Alternative sources of calcium are canned fish with bones such as salmon and sardines.

#### Encourage your clients to:

1. Enjoy a wide variety of nutritious foods
2. Keep active, to maintain muscle strength and a healthy body weight
3. Eat at least three meals every day
4. Care for their food: prepare and store it correctly
5. Eat plenty of vegetables (including legumes) and fruit
6. Eat plenty of cereals, breads and pastas
7. Eat a diet low in saturated fat
8. Drink adequate amounts of water and/or other fluids
9. Limit their intake of alcohol
10. Choose foods low in salt and use salt sparingly
11. Include foods high in calcium
12. Use added sugars in moderation.

### Medical conditions and illnesses that may cause other health issues include:

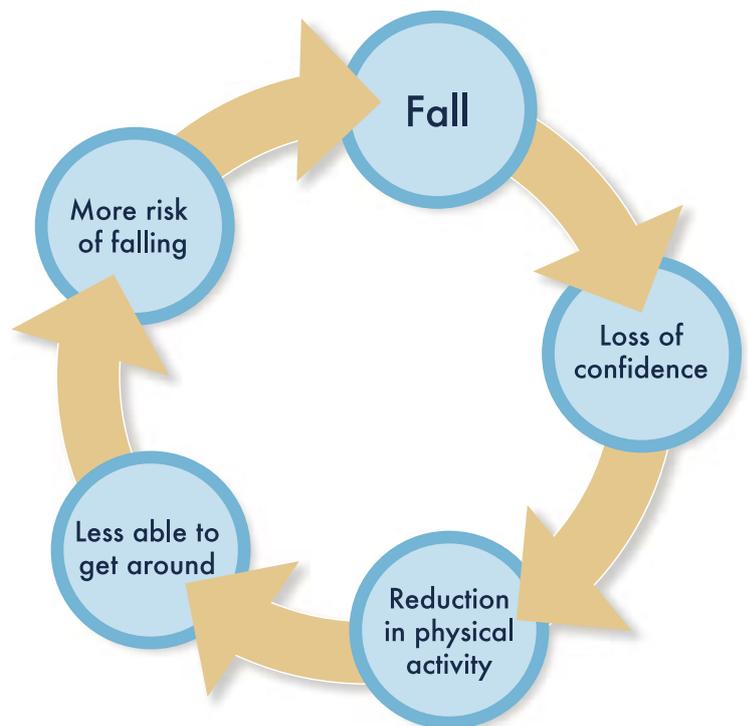
- ▶ Stroke
- ▶ Dementia
- ▶ Neuro-degenerative diseases such as Multiple sclerosis, Alzheimer's disease and Parkinson's disease
- ▶ Arthritis
- ▶ Diabetes
- ▶ Incontinence
- ▶ Visual problems such as cataracts or glaucoma
- ▶ Heart conditions
- ▶ Changes in mental state such as depression.

### Some health conditions may cause:

- ▶ Anxiety
- ▶ Depression
- ▶ Dizziness and blackouts
- ▶ Fear of falling
- ▶ Forgetfulness / memory loss
- ▶ Incontinence and an inability to get to the toilet in time
- ▶ Light-headedness
- ▶ Unsteadiness and poor balance.

### Lack of Confidence-Fear of Falling

Often people who have had a fall (or know someone who has had a fall) feel less confident. Reduction in activity can lead to a downward spiral, resulting in more falls.



*Over-confidence and taking unnecessary risks (climbing on chairs to change light bulbs is a classic example) can also result in falls.*



#### **REMEMBER:**

A client may experience symptoms related to one or more of these or other medical conditions. It is important that **you encourage your client to seek medical advice as to the possible cause of these symptoms.**

**Report any concerns you have regarding your client's wellbeing to your coordinator/supervisor/Case Manager.**

## RISK MANAGEMENT

- ▶ A healthy diet and fluid intake increases energy and vitality. It also reduces the risk of many illnesses, such as heart disease or Diabetes. Regular exercise increases mobility, strength, flexibility and balance.
- ▶ Encourage your client to keep fit, active and independent in their day-to-day living. It helps to manage the negative effects of some physical illnesses such as arthritis. It also helps to reduce the effect of depression and can improve mental wellbeing, sleep patterns and quality of life.
- ▶ Encourage your client to have direct exposure to at least 12 minutes of sunlight each day. Older people are especially vulnerable to the impacts of osteoporosis because skin production of vitamin D declines with ageing. Many older people spend less time out-of-doors and may also have reduced absorption efficiency of the fat-soluble vitamins that assist in the absorption of calcium.
- ▶ A regular health check with a GP ensures that illness is detected early and treated appropriately.
- ▶ Satisfying social contact is part of a healthy lifestyle. However it is important to remember that the level of social contact people like to have is a very individual thing. Lack of social contact is only a problem if your client thinks it is a problem.

There is strong evidence that long term high alcohol intake can lead to impaired health. However, research to date does not show moderate alcohol consumption as being a falls risk factor. Alcohol can cause increased tiredness and confusion, impaired balance, coordination and mental alertness. Consumption of 14 or more drinks per week is associated with an increased risk of subsequent falls in older adults.<sup>22</sup>



### **REMEMBER:**

- ▶ *Increase knowledge and awareness of falls risks and their management*
- ▶ *Social contact can reduce anxiety about fear of falling*
- ▶ *Referral to a professional counsellor or a specialist falls and mobility clinic may assist (Depending on available services in States and Territories).*

## RISK FACTOR 7

### ENVIRONMENT (E)

#### Environmental Hazards (in and around the home and public places)

Falls are the result of multiple risk factors. Falls can occur both inside and outside the home. It is important to identify hazards, but keep in mind that in many situations falls are also associated with other personal risk factors such as poor balance and the client's current health status.

#### Historically, the following environmental hazards have been the focus for falls prevention interventions:

- ▶ Poor lighting
- ▶ Loose rugs or carpet
- ▶ Electrical cords across walkways
- ▶ Cluttered furniture
- ▶ Slippery floor surfaces
- ▶ Steps with no rails
- ▶ Cracked uneven pathways
- ▶ Lack of grab rails in bathroom areas
- ▶ Furniture heights such as chairs or, beds that are too high or too low
- ▶ Leaf litter on garden paths
- ▶ Pets.

## RISK MANAGEMENT

### Encourage your clients to:

- ▶ Seek advice about what modifications may be suitable for their home. It is widely accepted that home modifications **must be matched with a change in behaviour to manage risks** in and around the home. Changing the environment can improve the client's capacity to perform the activity differently and falls risks can be reduced.
- ▶ Remove trip hazards such as loose mats, cords and clutter in walkway areas
- ▶ Use non-slip mats in the bath tub or on shower floors
- ▶ Have grab rails installed in the toilet, bath or shower areas
- ▶ Have handrails installed next to steps or stairs
- ▶ Improve lighting inside and outside the home
- ▶ Have access to a night light or torch when getting in or out of bed
- ▶ Be aware of bed, chair and toilet heights being too high/low
- ▶ Have pathways and walkways maintained so they are clear at all times
- ▶ Remove overhanging branches, pot plants, garden hoses or other objects that obstruct pathways.

## RISK MANAGEMENT (Public Places)

**Public places seem full of possible fall hazards, particularly if a client is feeling rushed or is distracted and not concentrating. It is important that in a public place your client:**

- ▶ Wears aids such as appropriately prescribed glasses and hearing aids
- ▶ Uses a walking aid if required, ie one that has been specifically 'fitted' for them
- ▶ Wears safe footwear
- ▶ Is aware of public toilet facility locations to prevent the need to rush to find the toilet
- ▶ Is aware of public seating and rest areas.  
(Refer to [www.publictoilets.com.au](http://www.publictoilets.com.au))



## LEARNING CHECK 1

### WORPLACE ACTIVITY 1

This activity will assist you in understanding the risk associated with clients falling and the consequences.

#### Please answer the following questions

- ① *Why is it important to prevent falls in older people?*
- ① *List the risk factors associated with clients experiencing falls.*
- ① *What strategies could you implement to reduce the risk of falls?*
- ① *What are the ways in which HACCC employees can assist older people to stay fit, healthy and independent and manage the risk of falling?*

#### Safe environment

- ① *1. List the reasons for maintaining a safe environment*
- ① *2. Identify some the environmental factors that are known to cause falls*
- ① *3. How would you ensure safe practice in the following areas?*
  - ▶ *the client's living area, including in and around their home, and*
  - ▶ *in public spaces*

**You can check your answers against the seven Risk Factors located in this resource.**

## Endnotes

### (Endnotes)

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- <sup>6</sup> Ruchinskas. R. (2003). Clinical predictions of falls in the elderly.
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- <sup>10</sup> Tinetti, M., and Powell, L. (1993) Fear of falling and low self efficacy: A cause of dependence in elderly clients.
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- <sup>13</sup> Queensland Government (2003). Falls Risk Management for older people who live at home.
- <sup>14</sup>Dr. Hylton Menz NHMRC Partnership: Prevention of Injuries in Older People [http://www.latrobe.edu.au/mrc/feet\\_footwear\\_falls.html](http://www.latrobe.edu.au/mrc/feet_footwear_falls.html) (Latrobe University)
- <sup>15</sup> White, E., and Mulley, G. (1989) Foot care for elderly people
- <sup>16</sup> Dr. Hylton Menz NHMRC Partnership: Prevention of Injuries in Older People [http://www.latrobe.edu.au/mrc/feet\\_footwear\\_falls.html](http://www.latrobe.edu.au/mrc/feet_footwear_falls.html) (Latrobe University)
- <sup>17</sup> White, E., & Mulley, G. (1989) Foot care for elderly people
- <sup>18</sup> Tinetti, M., McAvay, G., and Claus, E. (1996) Does the multiple risk factor reduction explain the reduction in fall rate in the Yale FICSIT trial?

- <sup>19</sup> Department of Health. (2003) Stay on Your Feet Action Kit: Department of Health, Western Australia
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- <sup>21</sup> Dietary Guidelines for Older Australians NHMRC Nov 99
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