



Brain Injury
Community Re-entry
(NIAGARA) INC.

Turning the Key to Opportunity in Niagara since 1988

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Falls Prevention Strategy



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Falls Definition

Fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level (RNAO, Best Practice Guideline, 2005).

Overview of BICR's Falls Prevention Strategy

Falls are not just about getting older. A fall can cause minor or serious injury. Even without an injury a fall can cause a loss of confidence, increase fear and/or decrease activity level that may lead to a decline in one's health and increase the possibility of future falls. Most falls are predictable and preventable. There can be many factors that contribute to a fall; becoming aware of these factors can foster a culture of safety within the agency and reduce the number of preventable participant falls.

Definition of preventable fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level (RNAO, Best Practice Guideline, 2005) that requires medical attention provided at a walk-in clinic, urgent care or emergency department.

Goal of BICR's Falls Prevention Strategy

1. To educate BICR participants and staff of the health risks associated with falls and provide prevention strategies to reduce the risk.
2. To eliminate the number of preventable falls at BICR.
3. To create a culture of safety within BICR.

Assessment

BICR's Risk of Falls Assessment (Appendix A)

To assess a participant's risk of a fall, an assessment that outlines potential risk factors that can contribute to a fall will be completed.

Modular services and Intake services will:

- Complete the Falls Risk Assessment if triggered by the Inter Rai Cha within 2 weeks.

BICR's Residential and Community Outreach Support Services (COSS) will:

- Complete the Falls Risk Assessment upon admission to services. Residential participants need to have this form completed within 24 hours of admission to the site. COSS participants' CF will complete a new assessment within 2 weeks of the transfer.

Falls Prevention Plan

Individuals who score five or greater on the Risk Assessment (considered to be high risk) will have an Individual Falls Prevention Plan completed.

Timelines:

Modular services and Intake services:

- If individuals are rated at high risk of falls, the Coordinator or CF will complete a Falls Prevention Plan within 4 weeks of the assessment.

Residential Services:

- If individuals are rated at high risk of falls, the Coordinator or CF will complete a Falls Prevention Plan in place within one week of the assessment.

COSS Services:

- If individuals are rated at high risk of falls, the Coordinator or CF will have a plan in place within 4 weeks of the assessment.

The Falls Risk Assessment will be reviewed annually at the time of the record binder audits. Adjustments will be made if there is a change to a participant's health status or in the event of additional falls. (This information will be captured in our Incident/Accident reports)

Education

Falls prevention will be addressed in new staff orientation sessions within the Participant Safety segment. Participants will be educated by their Case Facilitator regarding the health risks associated with falls and strategies to reduce the risk every May in the agency's Falls Prevention Awareness month. To further emphasize awareness to Falls Prevention BICR will post signs at each site outlining potential risk factors and how to reduce the risk of a fall.

To make participant homes safer and to reduce the risk of a fall, participants will receive household tips in their BICR Participant Handbook.

Evaluation of BICR's Falls Prevention Strategy

BICR is benchmarking statistics on falls requiring medical attention including first aid over the total number of falls with other ABI service providers in the province. This is tracked quarterly and added to the agency's balanced scorecard results.

The goal for BICR is to eliminate serious falls. The number of serious falls will be tracked monthly and reported on quarterly.

Definition of serious fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level (RNAO, Best Practice Guideline, 2005) that requires medical attention provided at a walk-in clinic, urgent care or emergency department.

EG: A box was left in the hallway of a residential site. A participant tripped over the box and fell. This is a preventable fall as the box should never have been left in the middle of the hallway.

A Post Fall Investigation Form will be implemented to assist BICR in the gathering of information to reduce / eliminate similar preventable, serious falls in the future.

References and Resources

- Registered Nurses Association of Ontario (2005).
- Best Practice Guidelines: Prevention of Falls and Fall Injuries in Older Adults, Toronto, Ontario. Web site: www.rnao.org/bestpractices
- University of Health Network (2005). Clinical-Prevention of Falls and Falls-related Injury. Policy and Procedure Manual, Toronto, Ontario.
- Brain Injury Community Re-entry. Web site: www.bicr.org
- Collins English Dictionary. Web site: www.collinsdictionary.com › [English Dictionary](#)

Individual Falls Prevention Plan

Falls Prevention Plan - Four key areas addressed in each individual plan include:

1. Regular Exercise

A physical therapist and/or occupational therapist will be called to complete an assessment and implement an exercise program for the participant that will focus on strength improvement as well as balance and coordination exercises. Staff will encourage the participant to complete these exercises as often as possible.

2. Medication Review

The participant and the Case Facilitator will review with the family physician the participant's current medications and the possible side effects such as dizziness or light-headedness that may lead to a fall.

3. Vision

Visual acuity decreases with age. Therefore periodic eye exams or checkups are recommended. Be aware that either old prescriptions or new prescriptions can alter the visual field and cause falls. Also participants should be reminded to clean their glasses daily or have staff clean them daily.

4. Household Safety Review

Each residential site has a checklist of safety items that is to be reviewed on a daily basis to ensure the environment is obstacle free.

Record Binder (RB) designates provide information and educate participants and family members to ensure the environment is as safe as possible and they review the "Tips to Help Avoid a Fall" document. (This is located in the Participant Handbook and in the library section of the agency web site).

The following items should be reviewed:

- Check the stairs for any broken or worn steps and make sure there is nothing left sitting on the stairs.
- Check railings for broken or missing railings.
- Make sure lighting is good – no burnt out lights in areas where someone could fall.
- Make sure nightlights are located in areas for participants to see if they get out of bed at night.
- If throw rugs are needed they should be fastened with double-stick tape.
- Make sure that nothing has spilled onto the floor. If a spill occurs it must be mopped up immediately.
- Make sure all sturdy poles are secured and in good working condition.
- Make sure the floor is clear of clutter as someone could trip over such items as cords or shoes, etc.

Residential participants will be assessed by an occupational therapist for transfers into and out of the shower/tub and will have a transfer protocol if assistance is needed. Staff will follow the transfer procedures. (Appendix B)



Appendix A

Brain Injury Community Re-entry (Niagara) Inc. Risk of Falls Assessment

Reason for completing assessment:

- New Admission Transfer Post Fall Change of Health Status Audit Review

Name of Participant:

RB#:

Date Assessment Implemented:

Completed by:


Section A:

- Participant is ambulatory – *Complete Section B*
 Participant utilizes wheelchair at all times and BICR **is** involved with transfers – *Complete section B*
 Participant utilizes wheelchair at all times and BICR **is not** involved with participant transfers – *Do Not Complete Section B and Sign Below*

Risk of Falls not applicable for BICR _____

Case Facilitator Signature

Section B:

Question	Score	Score
Medication Takes more than 4 different medications daily.	1	
Falls Number of falls in the past 6 month.	1X # of falls	
Impaired Mobility, balance or gait Shuffling, small steps, slow pace, use of aids, holds on to people or furniture, unsteady when standing or sitting.	1	
Over 55 years of age.	1	
Visual impairment.	1	
Attempts to get out of bed or a chair unsafely.	1	
Do you have high or low blood pressure?	1	
Seizure disorder.	1	
Assistance with transfers needed.	1	
Generalized weakness One or more of the following: verbalizes feeling dizzy or weak, unable to sit or stand unassisted.	1	
Discusses or demonstrates a fear of falling	1	
Difficulty using stairs.	1	
 If yes, are there stairs where you live?	1	

Total Score:

If the total score is ≥ 5 participant is at high risk for falls. Initiate discussion with the participant about reducing the risk of falls and implement a Falls Prevention Plan.

TIPS THAT WILL HELP YOU AVOID A FALL!!

- AVOID FLOPPY SLIPPERS OR LONG BATHROBES
- PUT COMMONLY USED ITEMS IN AREAS THAT ARE EASY TO REACH
- WHEN PICKING SOMETHING UP OFF THE FLOOR PUSH IT CLOSER TO SOMETHING YOU CAN HOLD ONTO
- AVOID LOW FURNITURE THAT IS HARD TO GET UP FROM
- IF YOU FEEL UNSTEADY WHEN YOU WALK YOU MAY NEED A CANE OR WALKER
- THROW AWAY THROW RUGS
- STAIRS NEED HAND RAILS
- KEEP CLUTTER OFF THE WALKING PATHS OF THE HOUSE AND OFF THE STAIRS
- PUT BRIGHT TAPE STRIPS AT THE EDGE OF EACH STEP
- PUT LIGHTS IN HALLWAYS
- ADD NIGHTLIGHTS IN HALLWAYS OR IN THE BATHROOM
- ADD GRAB BARS IN THE BATHROOM (BY THE TOILET AND INSIDE THE SHOWER)
- CLEAN UP SPILLS IMMEDIATELY
- PUT IN A NON-SLIP MAT IN THE BATHTUB
- SLOW DOWN

Developed by J. Foxworth, L. Giordano, K. Hammond, K. Mitchell, R. Newton, Phd.
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Transfer Procedures

These procedures will be followed when a participant requires physical assistance from staff during a transfer. The following steps will be completed for each transfer:

1. Introduction

- Knock on the door or get the participant's attention.
- Initiate communication and let them know what is going to happen.

2. Environmental Scan

- Refer to the transfer procedure in the participants working binder or if it is located on the wall of the participant's room.
- Check for adequate space for which the transfer can be completed safely.
- Create this space by moving or rearranging the environment if this can be completed in a safe manor.
- Visually scan the area for hazards and remove. (e.g. Clothing on the floor, shoes, wires, debris)

3. Set-up — Participant

Health Status Check - Ask the following questions:

- Did you sleep well last night?
- How are you feeling this morning?
- If the participant's health has changed significantly that it will alter their current transfer protocol, staff will immediately post a **STOP TRANSFER SIGN** on the participant's door or by their bed. (The sign needs to be placed in a location to ensure that staff will see it prior to completing the transfer). This will prompt staff to look at the communication notes for further instructions on alternate transfer protocols.
- If the participant's health has changed significantly that it will alter their current transfer protocol and they do not live in one of our residential sites the staff working with the individual will notify the RB designate about the change. The information regarding the change in transfer procedures will be communicated to all staff on the team in verbal and written communication. Instructions will be in the participant's home binder and a voicemail message will be sent to all team members instructing them to read the changes to the transfer at the start of their next shift.
- Ensure that the proper footwear is being worn for this transfer. If transfer in shower area, are there anti-slip mats and has water has been mopped up?

4. Set-up — The Area

- Move the equipment needed into place.
- Physically check the assistive devices to ensure they are secure. E.g. Sturdy poles are secure, grab bars are secure, wheelchair brakes are secured and the chair is not moving.

5. Call for a second staff if necessary to complete the transfer.

6. A Lead Staff Is Determined

- Lead staff indicates the movements necessary and describes the counting sequence to be used.
- Lead staff initiates the counting sequence to begin the transfer.
- Transfer the participant.
- Complete the transfer sequence as trained and outlined in the participants transfer protocol.

7. Assess the participants positioning once transfer is completed.

8. Restore The Environment

- Put away equipment, clean the environment if necessary.



TRANSFER

***Please refer to communication
notes for changes in Participant's
Transfer Protocol***