

Unit Standard

26981

Describe risks, impacts, and actions
for falls and minimise risks of falls in
a health of wellbeing setting

Level 3

Credits 3

NZQA Version 2

Learner Guide

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Introduction

Falls can occur anywhere and with any fall there is the possibility of injury. It is important that in your work supporting people you recognise the factors that can contribute to a person falling, and take action to minimise these risks.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities and scenarios should be used as a general guide for learning.

This guide relates to the following unit standard:

- 26981 Describe risks, impacts, and actions for falls and minimise risk of falls in a health or wellbeing setting (level 3, 3 credits).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to:

- recognise factors that may contribute to the risk of a fall.
- describe potential physical and social impacts of falls.
- take actions to minimise the risk of falls.
- know what action to take when a fall occurs.

What is a fall?

A **fall** is an event which results in a person coming to rest inadvertently on the ground, or other lower level (World Health Organization).

Injuries from falls

With any fall there is a risk of injury. Minor injuries can include small cuts and bruises. A major injury from a fall may result in hospitalisation or even death.

Even when people sustain no injury the fall itself can impact on them mentally and emotionally. Falls can have a significant impact on their independence and confidence. People may have increased difficulties with carrying out certain activities or tasks due to the fear that they may fall again.

Falls pose a higher risk in older age. Even an older person who appears to be strong and healthy can fall.

Falling is a threat as it can stop an older person from living an independent lifestyle. The normal changes of ageing – physical and mental changes such as vision problems, muscle weakness, joint pain and stiffness, and confusion – can make an older person more likely to fall.



Any fall is dangerous

Who is at risk of falling?

Falls can occur at any age but infants, young children and older people are most at risk.

Slips, trips and falls are the single largest cause of injury for New Zealanders across all age groups.

Over the period of a year, a person over the age of 65 has a one-in-three chance of falling. For someone over 80, and for people living in institutions, the chance goes up to 50%. Over half of these falls will occur in the home, and they cause 90% of all hip fractures.

Women fall more often than men, and one in five people over the age of 65 will be seriously injured as a result of a fall.

Factors that contribute to a person's risk of falling can be:

- environmental.
- physical.
- psychological.
- medication.

Environmental risk factors

Falls can occur in any environment. Places where people can fall include:

- at home.
- outside.
- in the workplace.
- where sports and other recreational activities are taking place.
- schools, hospitals and rest homes.

Potential hazards

Some of the potential hazards in these environments that can increase the risk of falls are listed below.

Stairs

Stairs and steps may be steep, narrow, have no handrails, and be poorly lit, or the edges may be difficult to see.

Clutter

Too much or badly placed furniture and/or objects left lying around can cause a person to trip and fall. Power cords are another hazard.

Incorrect bed height

A bed that is too high or too low increases a person's fall risk.

Unlocked bed brakes are also a hazard.

Damaged or incorrectly used equipment

If equipment is damaged, for example, a hoist, or is not used correctly, the person's risk of falling is increased.

Escalators

Skill is needed to get on and off escalators safely.

Footwear

Wearing shoes that are the wrong size, slippers or socks can make it difficult for a person to maintain footing and/or balance.

Lighting

Too much or too little light can interfere with vision, making hazards more difficult to spot.

Floor surfaces

Floors, especially surfaces like tiles or lino that are damp from having just been mopped are slippery and pose a hazard. A spill of liquid or food will create a slip hazard on a smooth floor. Loose mats or rugs can be a hazard, even on carpeted floors. Uneven surfaces can be found indoors as well as outside.

Humidity

Particular environments, such as bathrooms, can be quite humid which can result in damp flooring and other surfaces, for example, a toilet seat, presenting a slip hazard.

Noise

Noise can be a distraction which draws people's attention away from everyday hazards.

Pets

Domestic animals such as cats and dogs can move quickly and get underfoot unexpectedly.

External environments

The ground outside may be wet, icy, covered in snow, mud or leaves. Surfaces may be uneven, sloped and include steps.

Sports and recreational activities

Any activity that requires people to move around and maintain balance can increase the risk of falling.

Suggested actions to minimise environmental risk

Floor surfaces/surroundings

- Mop up spills as soon as they happen. If greasy, use a suitable cleaning agent.
- After cleaning up a spill, use signs to warn people that a floor is wet.
- Ensure that rugs and mats are secure and non-slip.
- Remove clutter from floors.
- Ensure that electrical cords are secure and out of the way. They can be tucked behind furniture or taped down.
- Remove or rearrange furniture to create a wide, clear walkway.
- Install extra lighting, if needed, especially top and bottom of stairs.
- Have hand rails installed in a bathroom or on a sloping surface.

Equipment/devices

- Only use equipment you have been trained to use. for example, a hoist
- Ensure that assistive devices, for example, a walking frame are easily accessible.
- Ensure that frequently used items, for example, reading glasses are within easy reach.
- Use systems, if in place, such as alarms or locks, to prevent people wandering.
- Do not store frequently used items in high places. Avoid climbing on chairs or ladders.



Use appropriate equipment when supporting people to move.

Clothing

- Footwear needs to be well fitting, with flat heels for shoes and non-slip soles for slippers. Closed-toe footwear is safest.
- Clothing that is loose or has long cords which may catch on objects, should be avoided. For example, a dressing gown fastened by buttons may be safer than one with ties.

In general

- Encourage people to walk, not run, when using stairs or going to answer a telephone.
- Discourage people from moving around at night without adequate lighting.
- Recognise the risk of people being distracted, tired or unwell.

Report hazards

For example:

- poor lighting.
- worn carpeting.
- edges of steps not easily visible.
- broken handrails.



Write

Think about your workplace.

List hazards that could cause tripping and/or slipping.

Physical risk factors

Health problems

Some physical conditions put people at a higher risk of falling.

Medical conditions, for example, multiple sclerosis or cancer, can increase a person's risk of falling because they affect a person's strength and the ability to move and/or react quickly. Some conditions may also affect a person's ability to see and/or understand a hazard or risk.

Insomnia and incontinence

Any conditions that result in the need to get up during the night and move around the house will increase the risk of falling.

Dementia

The loss of brain cells associated with dementia, for example, Alzheimer's, slows down the person's reaction times, increasing the risk of falling and the potential for injury. The person may also forget to use the assistive equipment that is needed.

Gait disorders

Gait is the name given to describe the manner in which people walk. Walking requires people to be able to balance and control their centre of gravity. If a person has difficulties with balance, the risk of falling is higher.

Parkinson's

The difficulties with gait and postural instability associated with Parkinson's increase people's risk of falling.

Seizures

Seizures may cause loss of consciousness with an associated fall. With complex partial seizures, people can appear conscious and be moving in a trance-like state, but they will have no awareness of the hazards in their surroundings such as stairs or uneven surfaces.

Diabetes



If this condition is not well controlled, the amount of glucose in a person's blood may become too high or too low. Variations in blood glucose levels can affect a person's ability to think clearly or control movement, which may increase the risk of falling.

Brain injury

A brain injury from trauma or other causes such as a stroke may have significant mental and physical consequences. Memory and concentration may be affected. Vision may be impaired.

People who have suffered a brain injury may be affected by weakness or paralysis. Even if muscle strength returns, movement may be stiff or clumsy. All of these consequences increase the risk of falling.

Hypotension

Low blood pressure can be a physical risk factor for falls. When people with low blood pressure stand up from lying or sitting down, they may become dizzy or faint and fall as a result.

Bone diseases

Diseased and brittle bones become weak and can be easily fractured. Older people will find that bones take longer to heal and some may not heal at all. Common diseases that affect bones include osteoporosis and Paget's disease.

The bone is a common site of metastasis (spread) for a number of different cancers, including breast, lung, kidney, thyroid, prostate and multiple myeloma. Severe pain, weakness and bone damage can occur.

Acute illness

Pneumonia or a urinary tract infection, for example, can lead to tiredness or shakiness. Any illness that causes a high temperature can cause delirium (confused thinking) and loss of balance.

Heart disease

Heart disease may affect blood pressure, causing dizziness. An irregular heartbeat (arrhythmia) may also cause a person to feel faint or even lose consciousness and fall. An episode of angina and/or breathlessness may also add to the risk of a person falling.

Poor nutrition/dehydration

Not eating and/or drinking enough will affect blood sugar levels, muscle strength and balance.

Arthritis

Stiff, painful joints can have a major effect on a person's ability to move and stay balanced.

Surgery

People are at increased risk of falls following surgery, especially in the first 24 hours and if they have had a general anaesthetic.

Sensory deficit

Poor vision or depth perception (the inability to see where objects are in relation to each other) can increase the risk of a person falling.

Impaired hearing or the ability to feel, for example, lack of sensation in the hands or feet, can also contribute to the risk of falls.

Suggested actions to minimise physical risk

Assessment and monitoring

- Regular check-ups are important and physical problems should be addressed as early as possible.
- If possible regularly check and monitor blood pressure and heart rate.
- Have an assessment done to check balance and muscle strength.
- Vision should be checked regularly and glasses, if needed, readily available.
- Noticing changes in a person's condition may be the first step in addressing health problems, for example, if a person is losing weight or having dizzy spells.
- Encourage the person to stand up slowly after sitting or lying down.
- If lying down, ask the person to sit up first, remain seated for a few minutes, then stand slowly.

Education and fitness

- Assistive devices need to be readily accessible, eg a walking frame
- People may need training in how to use assistive devices.
- Maintaining general fitness with exercise is important: for example, walking for 30 minutes a day.
- Taking part in a modified exercise programme, ie, Tai Chi, can reduce risk of falls as muscle strength and balance are improved.

Psychological risk factors

Things that affect the **mind and/or emotions** can also increase a person's risk of falling.

Depression

Depression can lead to a lack of interest in personal safety or even to reckless behaviour. Depression may also affect a person's eating and sleeping habits resulting in other physical risk factors.

Anxiety

Being very anxious can lead to a lack of confidence and create hesitation that can make a person more likely to fall.

Alcohol/drug abuse

Coordination and perception can be impaired through drug and/or alcohol abuse, increasing the risk of falls.

Mixing alcohol with medication can make the effects of both significantly stronger.

Confusion

The ability to concentrate, think clearly, remember and understand what is happening are cognitive functions that can be affected by injury or illness.

A person who has impaired cognitive functions is at a higher risk of falling.

Previous fall

A previous fall may create a 'fear of falling'. People may be less inclined to take part in activities that they feel may cause a fall. If this fear results in people no longer taking part in regular daily activities, the muscles and joints in the body weaken and increase the risk of falling.



The fear of falling cycle

Suggested actions to minimise psychological risk

- Increased monitoring, for example, providing a sitter/companion or putting the person in a room close to the nurses' station.
- Continuous monitoring of the person's personal plan to ensure that all the person's needs are being met.
- Ensuring that any assistive equipment, for example, a walking frame, is the correct size and comfortable for the person to use.
- Leisure activities or conversation can be used to distract people from a situation.
- Careful observation of the person, watching for signs of pain, hunger, thirst and the need to use the bathroom.
- Removing excessive stimulation, for example, turning a television or radio off.
- Reassuring and encouraging people is a powerful way to increase confidence.
- Symptoms of depression need to be monitored and reported. Referral to a medical professional may be necessary.

Medication

The types of medication that may contribute to the risk of falling are:

- diuretics
- laxatives
- antiarrhythmics
- antihypertensives
- sedatives or tranquilisers
- antidepressants
- narcotics
- diabetic medication
- anaesthetics
- antiepileptics
- psychotropic drugs

The risk factor may come from the intended effect of a medication, for example, drowsiness from sedatives.

The risk factor may also be a side effect from the medication, for example:

- drowsiness
- dizziness
- lack of coordination
- altered perception
- poor balance
- blurred vision
- confusion

Many people are on a combination of medications that may increase the likelihood of side effects. People on four to five prescription medicines will have a higher fall risk than those taking fewer medications.

A person may have a condition that already brings an increased risk of falling. This risk may be further increased by the type of medication which is prescribed to treat the condition, for example, narcotics (strong pain relief) to treat bone cancer.

Suggested actions to minimise risk

- A doctor should know about non-prescription (over-the-counter) medication and herbal remedies a person is taking as well as prescribed medications. All medications should be regularly reviewed.
- Any side effects should be reported.
- People should always take medications as directed, for example, at the correct time of day or with food.
- They should take particular care if mixing medications and alcohol.



Medication should be taken as directed

Read the situations that led to a fall.

Write an action that could have been taken to help prevent that fall.

The first one has been done for you, in red.

Situations	Actions
Janice has just mopped the bathroom floor in the rest home where she works. She goes to get the 'Wet Floor' warning sign. While she is gone an elderly resident comes in, slips on the floor and falls.	<i>Put the 'Wet Floor' warning sign up before starting to mop the floor.</i>
Bill has started some new medication to control his high blood pressure. He gets very dizzy when he stands up, but has an appointment with his doctor again in a week so he's going to wait. The next day, Bill falls over when he gets up from his chair.	
Betty is becoming increasingly confused. She can't remember where she is when she wakes up, and becomes frightened. She falls out of bed.	
Douglas is finding it harder to see, especially when it's getting dark. The outside light is broken and when he goes out one evening, he falls down the steps at his back door.	
Doris has a large floor rug that she is very fond of. It's getting old and tends to curl up at the corners. When Doris gets up in a hurry to answer the telephone, she trips over the corner of the rug and falls.	

Physical impacts of falls

Injuries

A person can receive an injury from a fall by hitting the floor or another object. The height of a fall will have a significant effect on both the type and severity of injuries. The position a person lands in and whether or not an attempt has been made to try to break the fall may also contribute to injuries.

Types of injuries that may be caused by a fall are:

- bone fractures – mainly of the hips, spine, arms, ankles and legs.
- dislocations.
- head injuries.
- bruises and lacerations.
- internal bleeding.
- sprains and strains.

The physical impact of falling can be serious.

50% of people who break a hip lose the ability to walk, and another 25% will lose independence. A fall may result in a major life change.

People may be unable to look after themselves, either temporarily or permanently because they are not able to:

- dress themselves.
- cook and/or eat meals.
- bath or shower.
- go to the toilet independently.
- walk and/or climb stairs.
- get up from a chair.
- get into or out of bed.
- manage housework or gardening.

Social impacts of falls

Physical limitations due to injuries from a fall may prevent people engaging in their normal social activities.

The psychological impact of a fall may have even more effect on a person's social life. The fear of falling again may make people isolate themselves and withdraw from social activities such as:

- visiting friends and relatives.
- attending church services.
- going shopping.
- taking part in sports or recreation, for example bowls or walking groups.
- going on outings.

The fear of falling may also stop a person getting a healthy amount of exercise. Not exercising may lead to muscle weakness and stiff joints, increasing both the risk and fear of falling again.

Isolation in itself is another risk factor for falling, and this withdrawal can lead to loneliness and depression which may have a very negative influence on both health and quality of life.

A fall can have a financial impact as well. Treatment such as physiotherapy can be expensive. The person may need to take time off work to recover from the fall or may be unable to work in the same position again. This income loss can be hard for people, particularly if they have a family to support.

A fall can affect a person emotionally through stress of the situation, either financially or frustration at not being able to complete tasks.



Read the following scenarios and **answer** the questions.

Scenario 1

Sarah is 26 years old and is a support worker. She plays netball in a social team for her organisation and also belongs to a dance club. She's engaged to be married and is saving up for her wedding.

On the day Sarah fell, she was in a hurry because she'd spent extra time helping one of the people she supports. It was the middle of winter and the steps outside the house were icy. Sarah slipped and fell, breaking her coccyx (tailbone).

It took a long time for the fracture to heal. Sarah couldn't work and she found it was very painful to sit down or stand for any length of time. Driving a car was also very difficult and she often found it hard to sleep because she couldn't find a comfortable position.

What was one physical impact of Sarah's fall?

What is one possible social impact of Sarah's fall?

Scenario 2

Betty is 86 years old and lives alone in her own home. She has help with her housework but still does all her own shopping and cooking. Betty loves her garden and is very independent. She has good friends in the bowling club she goes to every Wednesday, and plays mah-jong with another group of friends on Sunday afternoons.

Betty tripped on the footpath when she was on her way to the supermarket. She put a hand out to try and break her fall but the only thing that broke was her wrist. She also hit her face on the footpath and got some nasty scrapes and bruises.

Betty had no idea how the accident happened and was unhappy about having to have extra help at home while her wrist was in plaster. The more she thought about it, the more she realised that it could happen again, and next time her injuries could be even more painful. Even worse, she might have to leave her house and garden. Betty found herself worrying about it all the time. She began to be very careful about everything she did.

What was one physical impact of Betty's fall?

What is one possible social impact of Betty's fall?

Assessing the risk of falls

Personal plans

A person's personal plan should always include information about a person's risk of falling. This information should include:

- any conditions or injuries the person has.
- any medications the person is on.
- any previous falls the person has experienced.
- what the person can do for themselves.
- what the person needs assistance with.



Assistive aids like walking frames reduce the risk of falls

Risk assessment on falling for :

Date _____

Name _____

Address _____

Initial assessment

Yes / No (circle)

Review

Yes / No

		Yes = 1	No = 0
1	Is the person over 70 years of age?		
2	Has the person had a previous fall?		
3	Is the person on four or more medications/day?		
4	Is the person agitated or confused or does he/she have a cognitive deficit?		
5	Does the person have a medical condition affecting balance?		
6	Is the person in need of frequent toileting?		
7	Does the person use mobility aids?		
8	Does the person need assistance to transfer, eg, bed to chair?		

Score

0 – 1	Low risk
2 – 4	Moderate risk
5 – 8	High risk

Actions to be taken

Signed by _____

Position _____ Date _____

If a person has fallen

If a person is falling

If someone you are supporting begins to fall, let the fall continue.

It is impossible to 'control' a fall by trying to catch someone and take part of the weight. Attempting to do this may result in injury to the person and/or to you.

If a person has fallen

If you are not with a person when the fall happens, the first thing you need to do is check the area for anything that may present a hazard.

For example: You find the person you support has fallen over in the kitchen. When you check the area you find a spill on the floor that the person could have slipped on. You will need to be careful that you don't slip and fall yourself.

The next step is to find out whether the person who has fallen is unwell or injured.

Talk to the person. If the person is unable to respond to you, call for medical help immediately.



Call 111 and ask for an ambulance. Follow any instructions given.

Assessing a person who has fallen

In the majority of falls, the person will be able to respond to you. Ask the person if he or she is having any trouble breathing or if anything hurts.

If the person appears to be unwell or injured, you will need to call for medical assistance. If you are unsure, follow the policies and procedures of your organisation which may include contacting your supervisor.

Signs that a person may be injured

Signs that a person is injured or unwell and needs medical assistance urgently include:

- severe pain.
- difficulty breathing.
- difficulty moving.
- confusion/drowsiness.
- severe bruising or bleeding.
- vomiting.
- seizure.
- clear fluid or blood coming from the nose, ears or mouth.
- unusual position or shape of limb.
- unusual behaviour.

If the person is injured

If you suspect the person is injured or unwell, do not try to move them. Make them as comfortable as possible, keep them warm and stay with them to wait for medical assistance to arrive.

Follow any instructions given by the emergency services. For example, you may be asked to put pressure on a cut to stop severe bleeding.

If the person is not injured

A person who appears to be uninjured may be able to get up independently. The next page shows the sequence of steps for a person to get up from a fall.

You may be able to coach a person into each step and assist with getting up, but do not try and lift the person's whole weight because you are very likely to injure your back by doing so.

Stop at any point, if the person feels unable to move, dizzy or if pain levels increase.

Assist the person into a comfortable position and call for help.

A person who has fallen and is not injured may be able to get up independently by using this method.



Step 1

Roll on to the side and then push up on one arm to a side sitting position.



Step 2

Move into a position on hands and knees and crawl to a chair.



Step 3

Put closest hand on the chair and bring outside leg up.



Step 4

Lift body by pushing with outside hand on knee and inside hand on chair.



Step 5

Pivot body around to sit on the chair.

Reporting a fall

If a person you are supporting falls, you will need to fill out a report form in accordance with your organisation's policies and procedures. This form will record the following.

- The name of the person who has fallen.
- The mobility status of the person who has fallen.
- Where and when the fall took place.
- How the person fell, for example, tripping on the edge of a mat.
- If there were potential contributing factors to the fall, for example, continence problems or sensory deficits.
- If the person was injured.
- How the injury happened, for example, 'head made contact with the chair leg as the person fell.'
- What treatment the injury required.

Here is an example of a falls report form.

Falls Report Form	
Name of person:	Date of birth:
Mobility status: (circle) Independent Yes / No Requires assistance Yes / No	Walking aids required Yes / No Type of aid:
Details of fall	
Date:	Time:
Exact location:	Time fall found/reported:
What was happening at the time of the fall?	
Was an injury sustained? Yes / No	
How did the injury occur?	
Treatment required (if any)	
Contributing factors: List where relevant	
Medical: (eg acute illness)	Medications:
Mobility: (eg incorrect use of walking aid)	Continence problems: (eg diarrhoea)
Sensory deficits: (eg poor vision)	Environmental factors: (eg wet floor)
Cognitive factors:	Other:
Name of person making report	Signature: Date:
Name of manager/supervisor	Signature: Date:

Read the scenario and **fill in** the falls report form on the next page for Dorothy Atkins. Use the highlighted information in the scenario to help you fill in the form.

Scenario

Dorothy Atkins is in her eighties. She **lives independently** in her own home. A support worker, Marie Jenkins, visits every day to assist Dorothy with household management such as vacuuming and grocery shopping.

Dorothy **needs glasses for reading** and can be a little unsteady on her feet, so she **uses a walking stick** to help her balance. She finds she is getting more forgetful these days.

Marie arrives one morning at **10am** to find Dorothy very upset. She said she got up at **6am** to go to the toilet. She forgot to put the light on in the bathroom and it was **too dark to see** the handrail when she tried to stand up. Her hand slipped and she fell, **landing on her hands and knees**. Now her wrist is very sore.

Marie rings her supervisor and they arrange for Dorothy to **visit her doctor** who finds that she has **sprained her wrist** badly. She will need to have it **bandaged** and see a **physiotherapist**.

Marie fills in a falls report form.



Write

My notes →

Falls Report Form	
Name of person: Dorothy Atkins	Date of birth: 2/6/1928
Mobility status: (circle) Independent Yes / No Requires assistance Yes / No	Walking aids required Yes / No Type of aid:
Details of fall	
Date:	Time:
Exact location:	Time fall found/reported:
What was happening at the time of the fall?	
Was an injury sustained? Yes / No	
How did the injury occur?	
Treatment required (if any)	
Contributing factors: List where relevant	
Medical: (eg acute illness)	Medications:
Mobility: (eg incorrect use of walking aid)	Continence problems: (eg diarrhoea)
Sensory deficits: (eg poor vision)	Environmental factors: (eg wet floor)
Cognitive factors:	Other:
Name of person making report Marie Jenkins	Signature: Marie Jenkins Date: 4/7/2011
Name of manager/supervisor	Signature: Date: