

# Slips and Trips – Preventing a Fall



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## XXX Shire Council HACC Staff Training



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Prevention

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# Slips and trips – preventing a fall

Today's presentation:

# What is a fall?

Kellogg, 1987

An unintentional event that results in a person coming to rest on the ground, or another lower level, not as a result of a major intrinsic event (such as stroke or epilepsy) or an overwhelming hazard (such as being pushed).

# The extent of the problem

- An estimated 1 in 3 people aged 65+ suffers a fall at least once a year, about half of those suffer multiple falls.
- For people aged 75+ and those in residential care the figure increases to 1 in 2 people.

# The extent of the problem

- Falls are the leading cause of unintentional injury and death among people aged 65+ years.
- Estimated total cost for fall-related acute care in Australian hospitals for people aged 65+ was \$566 million (2003-04).
- Of those admitted to hospital following a fall about 50% will die within 12 months.

# Population statistics

Percentage aged population 65+ yrs

	%
<b>Australia</b>	<b>13.3</b>
West Wimmera	20.3
Nth Grampians	18.4
Buloke	<b>23.2</b>
Yarriambiack	<b>23.4</b>
Hindmarsh	<b>23.9</b>
Horsham	17.1

# Consequences of falls

- Physical injury
- Emotional trauma
- Psychological problems
- Social consequences
- Financial impact
- 50% restrict activities after a fall

# Consequences of falls

- 66% of hospitalisations for falls in 65+ result in a fracture.
- Most frequent type of injury sustained in a fall:
  - Hip & thigh 33.5%
  - Elbow & Forearm & Head injury 33.9%



# People at risk of falls

- Advanced age (65+ years)
- Female
- Those living alone
- Those with 1 or more health problems
- People with acute illness
- People on multiple medications (3 or more)
- People with walking (Gait) problems

# People at risk of falls

- People with decreased mobility
- Parkinson's disease
- Previous history of falls
- Home bound
- Impaired vision

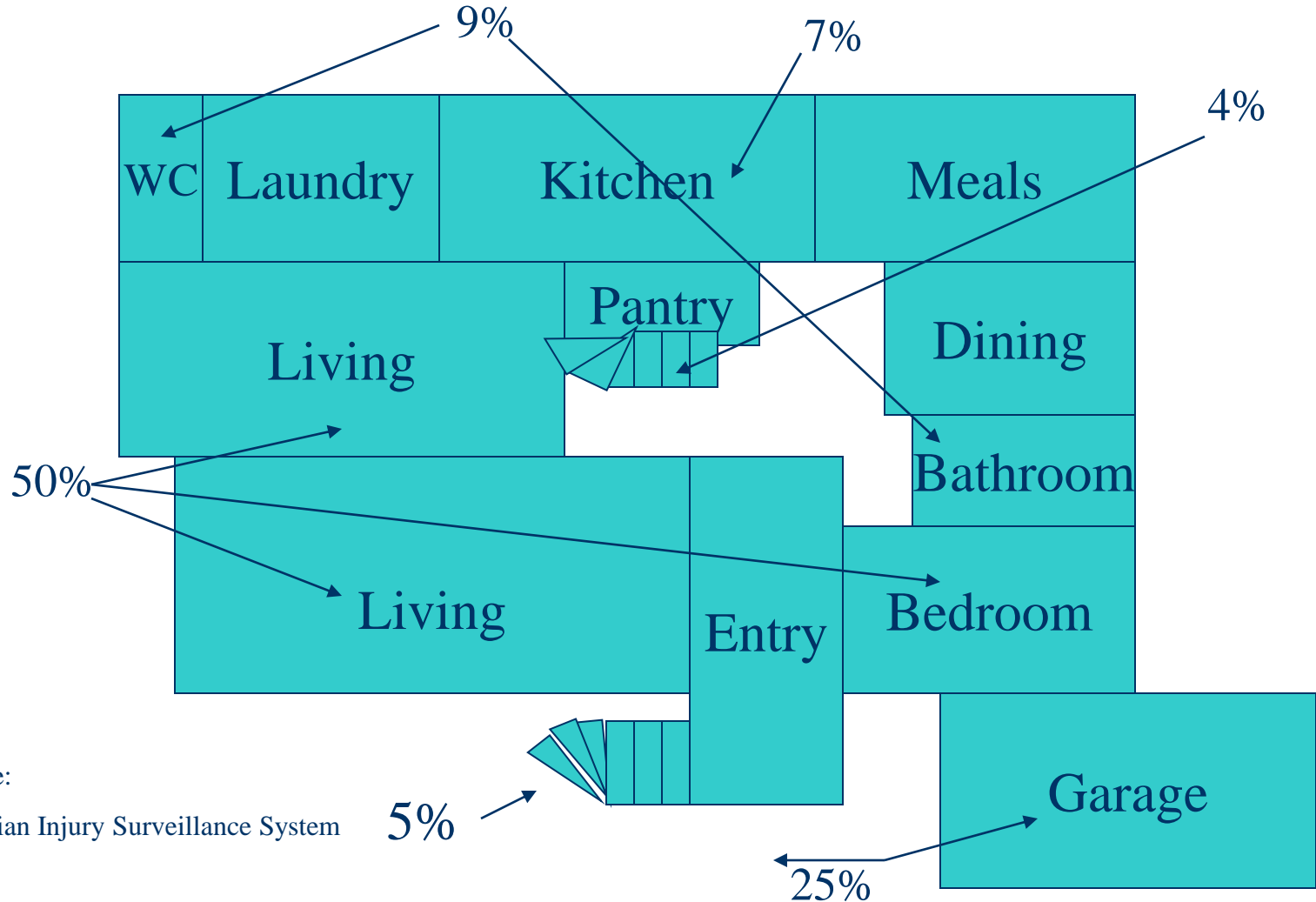
# When do falls occur?

Statistics show that most falls occur in the daytime when people are more active, around 11 am and between 4 pm and 6 pm.

# Where do people fall?

- 50% of falls take place in and around the home.
- 25% of falls take place in public places eg. Footpaths, shopping centres.
- 21% occur in residential care environments.

# Areas where falls Occur at Home



Source:

Victorian Injury Surveillance System

# Causes of falls

- Internal cause
  - disease or condition that affects the person individually, eg. vision impairment or muscle disease
- External cause
  - an unsafe environment eg. risk taking behaviour such as climbing ladders
- Falls usually have more than 1 cause

# Causes of falls

Perceptions from older people:

Don't fall; trip, stumble, tumble, lose their footing.

It happens to others; older people.

It's not a fall until you are injured.

Are generally aware of falls, but fearful of admitting to falling or fear of falling due to perception of loss of independence.

# Falls can be prevented



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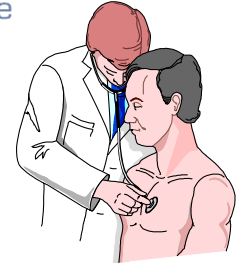
# Your responsibility

As a professional carer:

- Hazards identification
- Risk assessment
- Risk control

# Some key causes of falls

- Health Problems
- Hazards in the home and community
- Medications
- Poor balance and lack of physical activity
- Impaired Vision



# Health problems

- Some health problems make it more likely to fall:
  - Stroke
  - Parkinson's disease
  - Arthritis
  - Low blood pressure
  - Dizziness
  - Diabetes
  - Depression and Dementia

# Health problems

- Incontinence.
- Poor nutrition.
- Short term illnesses eg. chest infection, urinary tract infections, flu.
- Recent surgery.

# Health problems

- Parkinson's, Arthritis and Stroke – affect mobility and reaction time.
- Diabetes – unstable blood sugar levels can make you feel faint. Also eye and feet problems.
- Depression and dementia – less aware of your surrounds and associated medication.
- Blood pressure and dizziness – unsteady on your feet.

# Health problems

- Incontinence – hurrying to get to the toilet or wet floor surfaces.
- Poor Nutrition – not eating or drinking well affects your strength and stability.
- Short term illnesses – can cause confusion, dizziness or instability.

# How to stand up safely

- Sit on the edge of the bed/chair with feet on the floor for a few mins before getting up.
- Stand slowly using both arms to push up for support.
- Make sure you have good balance and do not move off if you feel lightheaded or dizzy.
- Use support when bending down and stand back up slowly.

# Hazards in the home

- When you are about your daily tasks:
  - Wet floors
  - Vacuum cords
  - Moving furniture
  - Items left on the floor

# Hazards in the home

- Rugs and mats
- Slippery and damaged floors
- Electrical cords
- Poor lighting
- Unsafe bathrooms
- Steps and stairs
- Hazardous gardens and paths
- Furniture
- Ladders



# Hazards in the home

- Home Safety Check list to identify areas that need to be addressed.
- Occupational Therapy home assessment to identify and advise on changes needed to optimise home safety.
- Home maintenance assistance.



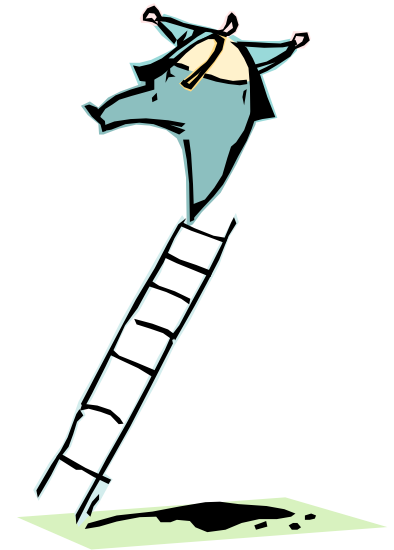
# Hazards in the community

- Footpaths
- Gutters and kerbing
- Stairs and steps
- Floors and flooring material
- Slips involving fruit and vegetables on floors
- Concrete and other man made surfaces
- Supermarkets and shopping centres
- Alcohol



# Risk taking behaviour

- Store things you need at a good height to reduce the need to use step ladders or chairs to reach things.
- Avoid risky activities.



# Medication Management



# What is a medicine?

- A substance that is taken, applied or used to produce a change in the body.
- Includes:
  - Tablets, capsules, liquids, eye/ear/nose drops, ointments, creams, suppositories, lotions.
  - Vitamins, minerals, herbs, alterative medicines.
  - Illegal drugs.
  - Alcohol, cigarettes.

# Why take medicines?

- To save lives
- To treat serious illness
- To manage chronic conditions
- To improve quality of life

# Dangers of medicines

- 140,000 people admitted to hospital in Australia every year with illness caused by medicines.
- Approx. 400,000 incidents happening at home annually in Australia, where medicines make people sick.

So, to be safe with medicines, follow doctor's and pharmacists' instructions to use medicines carefully

# Take care with medicines

- Sometimes, mixing a medicine with another can adversely affect the way one medicine works.
- Do not mix herbal medicines with prescribed medicines without first checking for safety.
- Keep the treating doctor fully informed of ALL medicines you take.

# Take care with medicines

- Ask the pharmacist before buying “over-the-counter” medicines to see if they are safe with other medicines and your condition.
- Take medications strictly according to doctor’s directions.
- If noticing that a medicines makes you drowsy or dizzy, discuss with doctor – this is a Falls risk.

# Medicines from one family



# Home Medicines Review

- A safety check.
- A pharmacist visits a person to advise and educate about their medicines, and to check management, storage, understanding.
- Only available on doctor referral.
- Free of charge (Medicare funded).
- May have another person present eg. spouse, carer, relative.

# Home Medicines Review



# Health information

- Where do you get reliable information about health matters?
- Mother, sister, next door neighbour, workmate?
- Internet?
- Go to reliable sources:
  - treating doctor, pharmacist, reliable reference books, reliable internet sites.

# Good medication management



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- Quality Use of Medicines is the safe, effective and appropriate use of medicines.
- Need to ensure that we all use medicines wisely, to maximise benefits and minimise harm.
- Do you know about cases where medicines have not been used wisely?

# Storage

- Where have you noticed that people store their medicines?
- Cupboard / bench / windowsill / fridge / kitchen bench / bedroom or where?
- Where is the best place to store medicines?

# Storage conditions are important



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- Temperature
- Light
- Moisture
- Every medicine should have an expiry date visible on the packaging
- Important that when medicines are taken, that they are potent and effective.....

must store medicines appropriately

# Disposal of medicines

- What is the safest and most environmentally-friendly method of disposal?
- When should medicines be discarded?
  - No longer needed
  - Out of date
  - Doctor has asked person to stop taking them
  - Death of family member who took the medicines
- Return to pharmacy for safe disposal.

# Good medication management

Is when a person:

- Knows what medicines they take and when, and how best to use them.
- Keeps a current medication list.
- Stores and disposes of medicines correctly.
- Is organised and careful.
- Plans ahead so does not run out of regular medicines.
- Asks appropriate people for help when needed.

# Signs of possible mismanagement

- Poor storage
  - Medicines scattered through the house
  - Broken packets, strips left lying around
- Out of date medicines
- Messy, disorganised
- Disregarding directions

# Alarm signs

If the person is:

- Confused
- Drowsy
- Inappropriate conversation
- Highly agitated, erratic

It might not be safe for them to self-manage their medicines whilst behaving like this

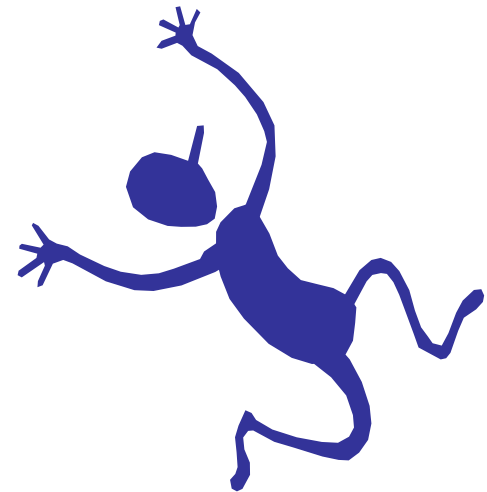
The person's health may be at risk from medication mis-management

# Who to tell?

- If you notice that a client does not seem to be managing their medicines well, what to do....
- Hazards report form to notify supervisor
- Supervisor will take action, which might be:
  - Notify Doctor / Practice Nurse
  - Arrange a district nurse visit
  - Request a Home Medicines Review by pharmacist
  - Occupational therapist home visit for falls risks

# Balance and gait disorders

- Medical assessment
- Physiotherapy
- Prescribed walking aides
- Ensure safe environment
- Occupational Therapy home assessment
- Exercise



# Walking aides

- Walking aides need to be used correctly
- Prescribed walking aides only.
- The aides need to be within reach at all times.
- If you notice someone having difficulty or incorrectly using aides – use Hazard report form.

# Poor Balance and lack of Exercise

Reduced activity leads to:

- Reduced muscle tone
- Loss of strength
- Poor balance and coordination
- Reduce mobility
- Increased frailty
- Reduced quality of life



# Exercise is important

- Strength and Balance training
- Water exercise
- Exercise programs
- Tai Chi
- Walking
- GP
- Extensive programs across the Shire



# Hip protectors

- Hip protectors can be used to protect people who have weak bones, and people who have many falls.
- Hip protectors are plastic shields that slip into pockets in specially made underwear.
- If you want more information about hip protectors ask your nurse or physiotherapist.



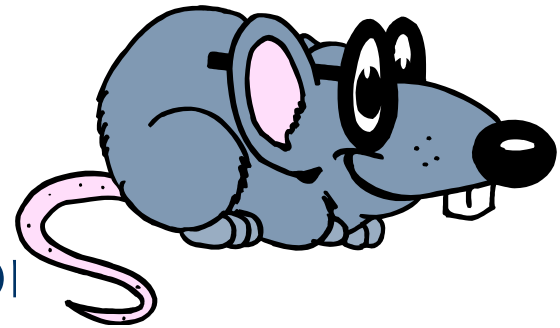
# Vision and Falls

- As you get older, so do your eyes.
- This can affect your life in many ways.



# Symptoms of visual changes with age

- Slower to adjust to altered light levels
- More sensitive to glare
- Blurred vision
- Loss of contrast
- Decrease in depth perception



- A number of studies of risk of falling have found a link with decreased vision.

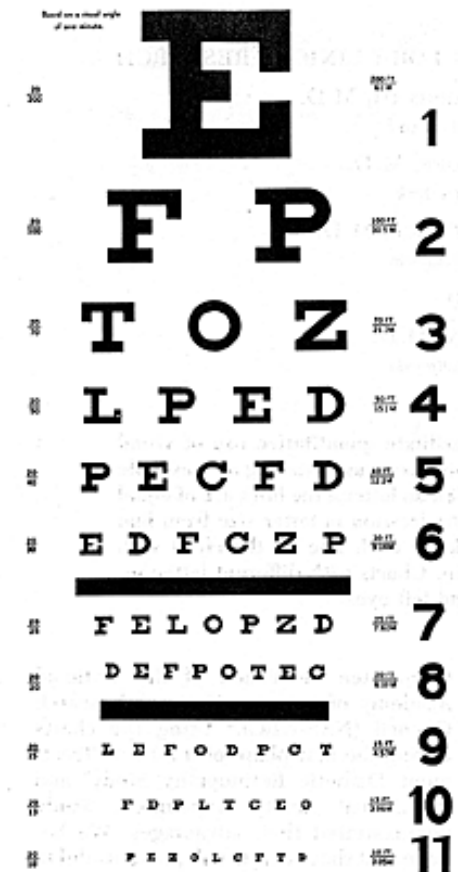
# Aspects of vision

There are 3 different aspects of vision to consider

1. Visual acuity
2. Contrast sensitivity
3. Visual field

# 1. Visual acuity

- Measured on a letter chart
- Need good vision in both eyes for good depth perception



# What causes a decrease in visual acuity?

- Refractive errors
  - Short-sightedness
  - Long-sightedness
  - Astigmatism
  - Presbyopia
- Eye disease

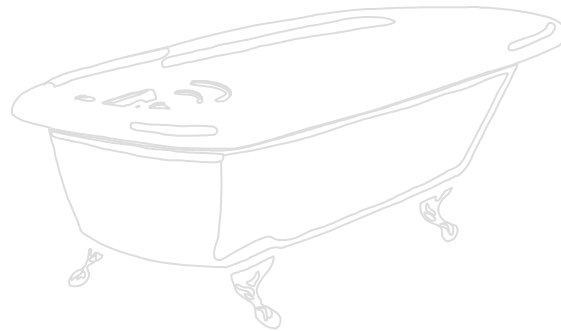
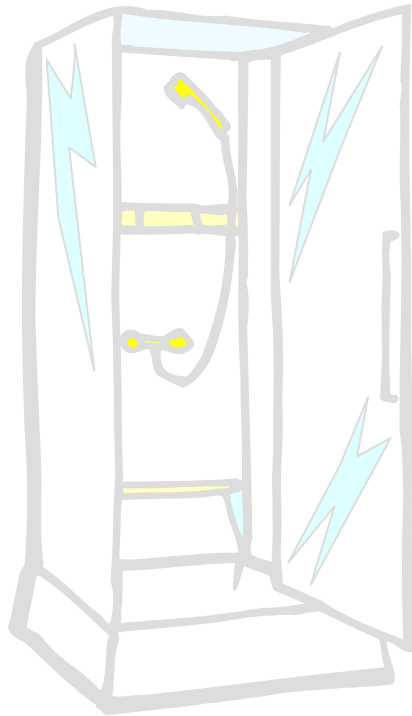


## 2. Contrast sensitivity

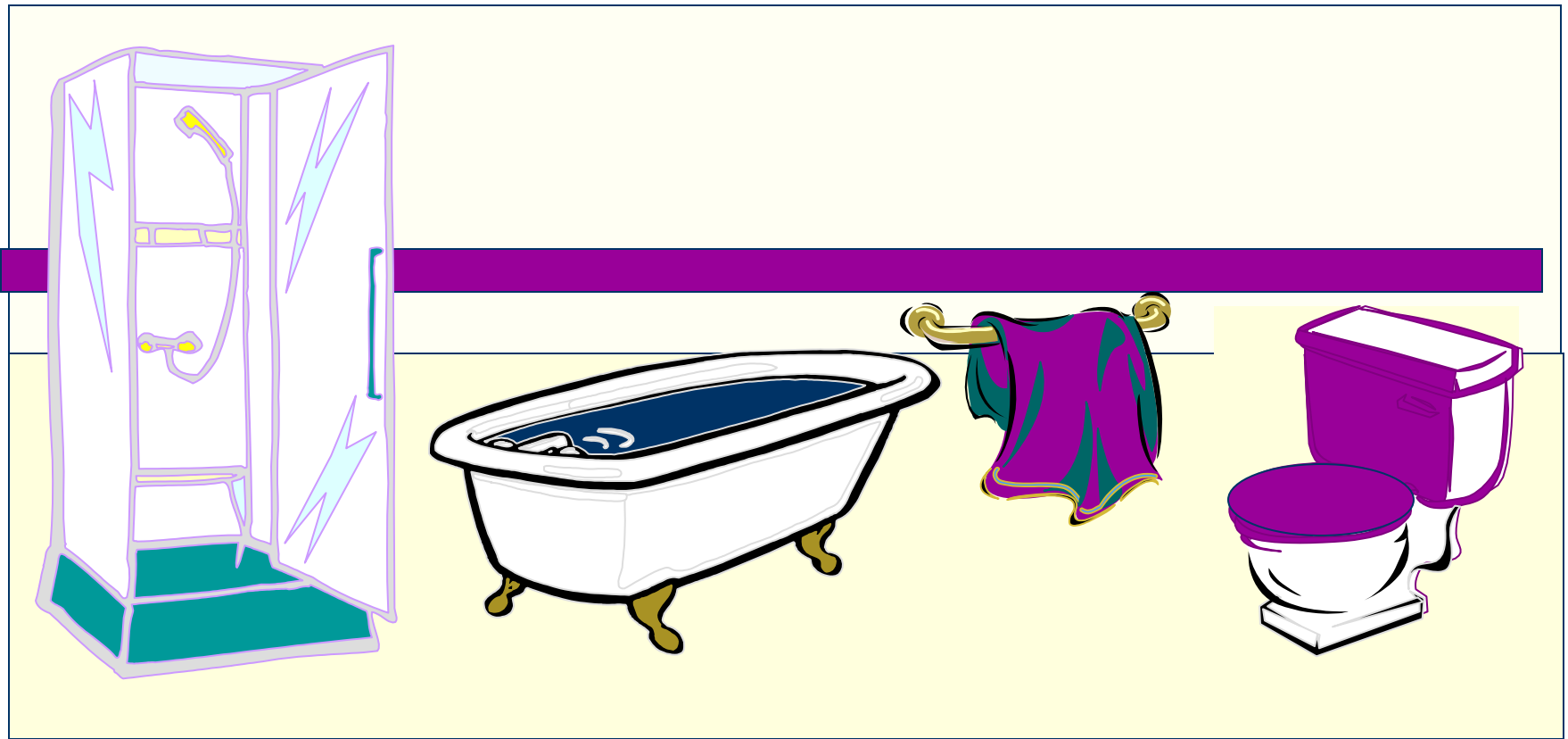
- How **clearly** can shades, patterns or **edges** be differentiated
- differentiated
- Steps
- Changing floor conditions
- Edges
- Affected by lighting
- Affected by lighting



# Colour contrasting



# Colour contrasting



# What causes a decrease in contrast sensitivity?

- Age
- Cataract
- Macular degeneration
- Diabetic retinopathy
- Dirty or damaged spectacle lenses

# Cataract

- The lens inside the eye becomes cloudy.
- Blurred vision:
  - like looking through a dirty window.
- The lens can be removed with surgery when necessary.
- Increased glare, loss of contrast.

# Age-related macular degeneration (ARMD)

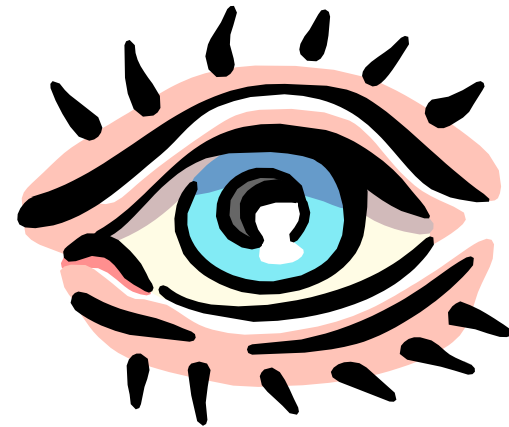
- The central area of the retina loses sensitivity.
- Loss of central detail:
  - Affects reading, close work.
- Most common cause of visual impairment in those 75+ years.
- Can be fast or slow to develop – need to know which the patient/client has.

# Diabetic retinopathy

- Changes to retinal blood vessels due to increased blood sugar.
- More likely when:
  - Person has been diabetic for a long time.
  - Blood sugar is not controlled well.
- Some treatment is available.
- Regular review is necessary.

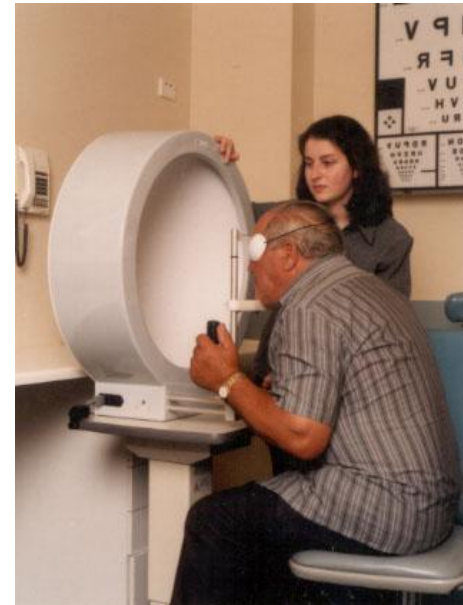
### 3. Visual field

- How much side vision do you have?
- Mobility
  - Steps
  - Objects on floor
  - Doorways



# What causes a decrease in visual field?

- Glaucoma
- CVA or stroke
- These are both age related conditions



# Glaucoma

- Damage to optic nerve
- Loss of peripheral vision at first
- Can be treated with drops or surgery
- Prevalence increases with age and family history

# Strategies for preventing falls due to impaired vision

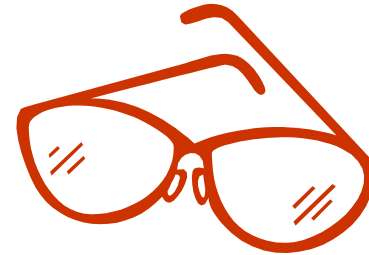


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- Annual check ups with optometrist
- Specialist referral for eye problems
- Ensure the environment is safe
- Occupational Therapy home assessment
- Vision Australia referral
- Colour contrasting
- Adequate lighting
- Glare reduction

# Seeing well

- Keep your glasses in reach.
- Remember to wear and clean your glasses.
- Turn your light on at night before you get up so that you can see where you are going.
- Bifocals are not recommended.



# What to do if you find someone has had a fall



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- Stay calm
- Decide if you will try to get up
- If you can't get up try to keep warm
- Make a loud noise to get help
- Always tell someone if you have had a fall even if you don't hurt yourself

# Your responsibility

As a professional carer:

- Hazards identification
- Risk assessment
- Risk control

# Questions?