



## Objectives/What You Will Learn:

- Roles of the In-home aide in falls prevention
- Safety tips in the client's Home
- Home Care Clients at risk of falls
- Falls statistics

## Things for the Aide to notice in the client's environment:

### Is the lighting?

- ▶ Bright enough?
- ▶ Too Bright?
- ▶ Adequate for stairs & steps?
- ▶ Switches easy to reach?
  - From bed?
  - In hallway?

### Look at the floors for:

- ▶ Holes under rugs?
- ▶ Clutter?
- ▶ Wrinkled carpets?
- ▶ Cords?
- ▶ Oxygen tubing?

### Footwear:

Is it sturdy, non skid, well fitting footwear?

## FALLS PREVENTION

Home Care Clients at risk of falls include those who:

- Have a history of a fall in the past year.
- Have a history of neurological problems (stroke, alzheimer's, Parkinson's) or vestibular disease (vertigo, dizziness, etc.)
- Have a history of degenerative joint disease of the knees &/or hips.
- Are ages 65 or older
- Client's on certain medications such as sedatives or other medications

## Why is a fall in older adults so serious?

Statistics from the Center for Disease Control (CDC) show that:

- Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently and increase the risk of early death.
- Falls are the most common cause of traumatic brain injuries, or TBI.
- In 2000, 46% of fatal falls among older adults were due to TBI.
- Most fractures among older adults are caused by falls.
- The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm and hand.
- Many people who fall, even if they are not injured, develop a fear of falling.
- The death rates from falls among older men and women have risen sharply over the past decade.
- *People age 75 and older who fall are four to five times more likely than those age 65 to 74 to be admitted to a long-term care facility for a year or longer.*

Sources- AHHC 2010 conference presentation- Falls Prevention- Dave Tushar PT- UNC/Rex; AHHC 2006- The Aides Role in Improving Ambulation and Transfers- Cheryl Atwater, PT; Best Practice Intervention Package Fall Prevention- HHQI; Fall Prevention awareness curriculum- PHI and the NCOA and the Department of Labor. N.C. Division of Public Health / [www.ncpublichealth.com](http://www.ncpublichealth.com) / Injury Epidemiology & Surveillance Unit / [www.injuryfreenc.ncdhhs.gov](http://www.injuryfreenc.ncdhhs.gov)- 8/11; NC Falls prevention coalition. CDC-STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit for Health Care Providers

*To lower their hip fracture risk, older adults can: get adequate calcium and vitamin D- from food and/or from supplements, do weight bearing exercises, get screened and if needed, treated for osteoporosis (as directed by their physician).*

*In-Home Aides: Partners in Quality Care* is a monthly newsletter published for members. © Copyright AHHC 2014 – May be reproduced for in-home aides of member agencies. Kathie Smith, RN, Associate VP of State Relations, Home and Community Based Care, AHHC of NC, Editor

*The risk of falling increases after an elderly individual comes home from the hospital.*

**Did You Know?** Fall prevention is an important factor in decreasing avoidable hospitalizations, placement in facility based care (such as Nursing Homes) and improving patient safety.

**IN-HOME AIDES- PARTNERS  
IN QUALITY CARE- May 2014- page 2**

## In-Home Aide Checklist:

### *Do you:*

- Report all falls (even unwitnessed) to your supervisor?  
The patient may report a fall to you but be hesitant to tell the nurse or therapist.  
Report any changes in balance or gait that you observe.  
Report any symptom that could lead to falls (e.g.: "I can't see as well as I used to.")
- Know how many falls occur each month at your agency?
- Report any environmental problems that could cause falls to your supervisor?
- Report patients not following fall prevention measures?
- Reinforce all fall prevention interventions?  
Ask your supervisor if you have questions about these.
- Reinforce the need for the patient to rise slowly to avoid getting dizzy and falling?
- Know how to assist a patient after a fall?  
Discuss this with your supervisor and know your agency policies and procedures.
- Report any concerns with defective mobility equipment to your supervisor?
- Reinforce the need for patient to wear shoes or slippers with rubber soles and **avoid** loose fitting shoes or slippers that are open toed/flip-flop style? Watch out for highly waxed floors.
- Remind the patient to use their walker or cane correctly?

The following website is a link to a home fall prevention checklist for older adults-

<http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html>

### **BE SURE TO KNOW WHAT IS ON THE CARE PLAN:**

#### Precautions

- Hip precautions
- Weight bearing precautions
- Other appliances- Braces, immobilizers
- Observe improvement or decline
- Observe safety issues
- Hear responses from family members
- Recognize the need for assistance with transfers and gait
- How much assistance they need: when and where
  - Use of gait aide; steps, ramps, uneven surfaces

Other tips for falls prevention - *keep pathways clear*, make sure there is good lighting, notify your supervisor if you think your client would benefit from grab bars or rails in the shower, on stairs, in the bathroom.



Poor vision can increase a person's risk of falling; encourage your clients to have regular eye exams

Encourage your clients to get up slowly after they sit or lie down

Encourage your clients to wear shoes both inside and outside the house and avoid going barefoot or wearing slippers

Report to your supervisor if your client has a pet that poses a trip/fall hazard to your client

Being afraid of falling is understandable, especially after a person has had a fall. It's good for clients to be concerned about safety and to be more careful about moving around. However, **sometimes fear of falling makes elders stop doing things that they are still capable of doing.**

When they stop doing their usual physical or social activities, they risk becoming physically weaker and then more fearful.

**This downward cycle results in them *increasing* the risk of falling- be sure to talk to your supervisor if you notice this with your client's.**

**Older adults can** ask their doctor or pharmacist to review their medicines — both prescription and over-the-counter — to reduce side effects and interactions.

**One out of three people 65 and older falls each year, and over two million are treated in emergency departments annually for fall injuries.**

## Bath and Shower Safety:

- ❖ Always place rubber or nonskid mat in tub before client enters
- ❖ Be sure bathroom floor is dry to help prevent slips and falls
- ❖ Do not add oil to bathtub water, apply oil to client's skin after the bath if part of the care plan
- ❖ Be sure bath water is the proper temperature, adjust water pressure before giving a shower
- ❖ Stay near or in the bathroom while client is bathing per care plan instructions
- ❖ Use good body mechanics
- ❖ Be sure bath or shower chairs have rubber suction cups at ends of legs; these will steady the chair and prevent it from sliding
- ❖ Have client use grab bars, if present; do not permit client to use towel bar or tile soap dish as an aid in moving.

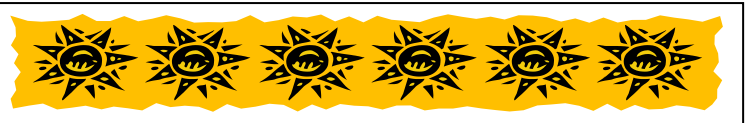


## Six categories of common risk factors for falling are:

- Home safety
  - Physical mobility
  - Medications management
  - Transitioning home from hospital
  - Fear of falling
  - Safety factors outside the home
- When someone returns home from the hospital, their risk of falling increases in all three areas mentioned already—physical mobility, managing medications, and home safety. The aide needs to pay special attention to these factors to prevent falls after hospitalization.
  - Risk factors for falling outside the home include vision factors—such as changes in the light from indoors to outdoors and sun glare; steps, curbs, and irregular pavement on sidewalks and in streets; elevators and escalators; floors that become slippery when wet. The aide needs to be aware of all these risk factors and prepare the client for these challenges, in order to keep them both safe when going outdoors.

Observe, Record, and Report (ORR) is an important part of the home health aide's job and is an important tool for preventing falls and/or reducing injury from falls.

- Observe: Direct-care workers (In-home aides) are the “eyes and ears” of the care team. Small changes that you may notice about the client could reduce the client's risk of falling—or even save his or her life!
- Record: In addition to recording what they do, aides note what they observe while doing those tasks and while spending time with the client. Be sure to know your agency policy regarding how to record your observations.
- Report: Home health aides share their observations and notes with the RN and other members of the client care team on a regular basis. This helps the care team to know how the client's condition has changed. In terms of fall prevention, sometimes aides may notice changes that make them feel concerned that the client may be more likely to have a fall. In those cases, the appropriate person needs to be contacted immediately. Be sure to know your agency policy on who to report to as well as what and how to report.



Preventing accidents requires the development of a habit of safety awareness on the job and in one's own personal life. As a Home Care Aide, maintaining a safe environment is very important for your client, the family and yourself!! Are you aware of potentially unsafe conditions in the home? Do you notify your supervisor of potentially unsafe conditions in the home? Do you take precautions to avoid unsafe conditions?



**In-home aide newsletter- May 2014 Part A POST-TEST on Falls Prevention**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check True or False on the following questions:**

1. A Home Care client who has a history of falls is not at risk of falling again.

True False

2. Poor vision can increase a person's risk of falling.

True False

3. A Home Care Client's environment does not have anything to do with a risk of falls.

True False

4. Proper lighting in a client's home is an important factor in falls prevention.

True False

5. Most fractures among older adults are caused by falls.

True False

6. The risk of falling increases after an elderly individual comes home from the hospital.

True False

**Check the correct answer or answers for the following questions:**

7. Fall prevention is an important factor in:

- a. decreasing avoidable hospitalizations
- b. helping avoid possible Nursing home Placement
- c. improving patient safety
- d. helping client's feel safe
- e. all of the above

8. A checklist for In-Home Aide's to keep in mind in falls prevention include:

- a. Report all falls (even unwitnessed) to your supervisor
- b. Report any environmental problems that could cause falls to your supervisor
- c. Report patients not following fall prevention measures
- d. Reinforce all fall prevention interventions
- e. Reinforce the need for the patient to rise slowly to avoid getting dizzy and falling
- f. All of the above

**Fill in the Blanks:**

9. When caring for your In-Home Client, Be sure to know what is on the \_\_\_\_\_  
\_\_\_\_\_ related to falls prevention measures that are needed.

10. Sometimes the \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ makes elders stop doing things that they are still capable of doing.

COPY OR TYPE THE LINK BELOW  
INTO YOUR ADDRESS BAR AND  
WATCH THE VIDEO.

THEN TAKE THE TEST ON THE  
NEXT PAGE OF THIS INSERVICE.  
IF YOU DO NOT HAVE INTERNET  
ACCESS OR CANNOT GET THE  
LINK TO WORK PLEASE CALL  
SYLVIA IN HR TO ARRANGE A  
TIME TO COME INTO THE  
OFFICE TO WATCH THE VIDEO.

<http://youtu.be/VpxkRKH60fk>

## HIPAA video test May 2014 part B test

Name: \_\_\_\_\_

1. What does HIPAA stand for?

H\_\_\_\_\_ I\_\_\_\_\_ P\_\_\_\_\_ A\_\_\_\_\_ A\_\_\_\_\_

2. As caregivers we do not have to protect a client's privacy.

True

False

3. I can tell the mailman about my client's medical condition.

True

False

4. HIPAA rules are different for home care than they are for facilities.

True

False

5. If I tell someone my client's address, have I violated HIPAA?

Yes

No

6. When I am done providing services for a client, it is ok to throw the care plan in the trash.

True

False

7. My client's "grandson" comes to the client's home to visit; can I share information with him about the client if he is not on my list of authorized individuals?

Yes

No

8. If I tell my second client about my first client, this is a breach of HIPAA.

True

False

9. I left my timesheet and the client's care plan right side up on the table or in my car; this is a breach of HIPAA.

True

False

10. It's ok if I talk about my client on my cell phone in the grocery store.

True

False