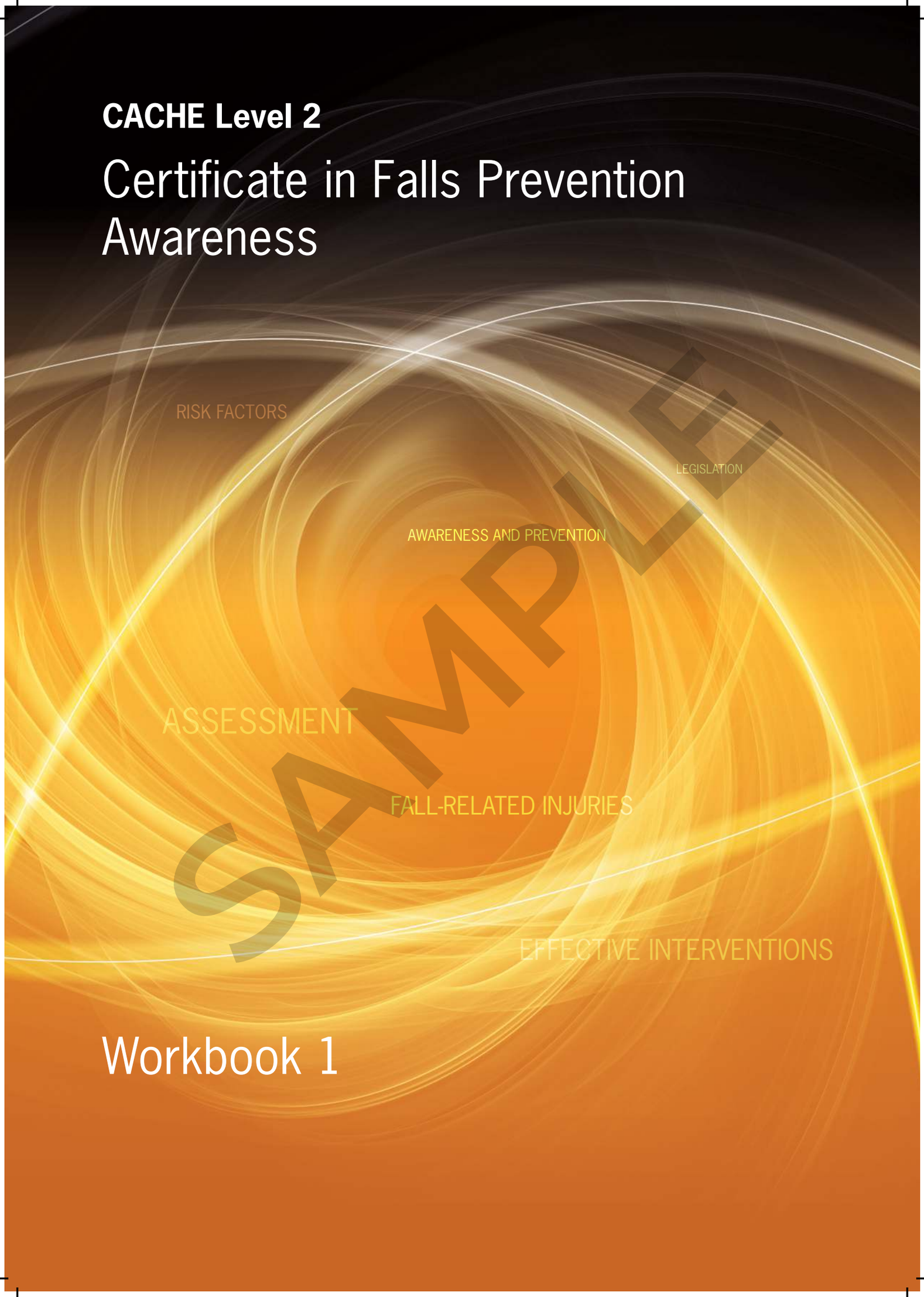
CACHE Level 2

Certificate in Falls Prevention Awareness



Workbook 1

Section 1: Falls in context

In this section, you will learn what is meant by a 'fall' and consider national statistics relating to falls and older people. You will look at why the risk of falling increases with age, but why falls should not be viewed as an inevitable consequence of ageing. You will also learn about how different settings present different concerns.

What is a fall?

Please read the following as it will help you to answer question 1.

A fall can be described in several different ways. In this workbook, however, we will be looking at falls in the context of an elderly person losing control and falling to the ground. Below are some dictionary definitions of a 'fall':

Cambridge English Dictionary: 'To suddenly go down onto the ground or towards the ground without intending to or by accident'

Merriam-Webster: 'To leave an erect position suddenly and involuntarily'

Oxford Dictionaries: 'Move from a higher to a lower level, typically rapidly and without control'

National statistics relating to falls and older people

Please read the following as it will help you to answer question 2.

Falls among the elderly cause serious injury and, in many cases, death. As the number of falls in over 65s increases, so do concerns, as well as costs to the NHS and other health and social care service providers.

A document published by Public Health England in 2017 states:

- Around a third of all people aged 65 and over fall each year, increasing to half of those aged 80 and over.
- Among older people living in the community, 5% of those who fall in a given year will suffer from fractures and hospitalisation.
- There are around 255,000 fall-related emergency hospital admissions in England every year among patients aged 65 and over.
- The yearly cost of fragility fractures to the UK has been estimated at £4.4bn, including around £2bn on hip fractures.
- The number of people aged 65 and older is projected to rise by over 40% in the next 17 years to more than 16 million.

Did you know?

In the UK, falls are the leading cause of injury-related deaths in people aged 75 and over.

Why the risk of falling and bone fractures increases with age

Please read the following as it will help you to answer question 3.

The risk of falling increases with age because as we age, our bodies begin to go through changes that decrease rather than increase their strength and well-being. These changes need to be acknowledged and accepted, and considered in daily routines. For example:

- **Deteriorating muscle strength** can mean we find it hard to maintain a standing position for long periods of time.
- **Problems with balance** can mean we have to move more slowly, or start using a walking aid for extra support.
- **Poor eyesight** will affect our ability to see dangers, such as a step up or down, or an obstacle in our path.
- **Strong or incorrect medication** can result in feeling dizzy or overly-tired, often at short notice.
- **Reduced reaction time** means we cannot rely on catching ourselves, as we previously could, in the event of a small slip or trip.
- **Limited movement in joints** means we need to take extra care getting from one place to another, taking accessible routes that we can manage.
- **Increased forgetfulness** can mean that previously familiar environments can bring unexpected hazards, such as obstacles in our way.
- **Reduced ability to absorb nutrients** can result in a decline in well-being which, in turn, means a higher risk of falling.
- **Health conditions** such as infections of the bloodstream, respiratory and urinary tract can cause low blood pressure and lead to confusion, disorientation, dizziness, weakness and lethargy.

In addition to the above risks associated with the act of falling, there is heightened risk for the elderly when falls do occur, of breaking or fracturing bones. As we grow older, our natural bone tissue changes and becomes weaker, and common diseases such as Paget's (bone disease) and osteoporosis (literally meaning 'porous bones') further increase the likelihood of serious damage when we fall. Fall prevention is therefore key in reducing the number of bone fractures that occur among the elderly.

Did you know?

Broken bones and fractures are different words meaning exactly the same thing. This is one of the most common confusions regarding medical phrases. Fractures that occur because of reduced bone strength are referred to as 'fragility fractures'.

Why falls should not be viewed as an inevitable consequence of ageing

Please read the following as it will help you to answer question 4.

While the risk of falling does increase with age, it is not an inevitable part of getting older. This is a point that many charities working with older people focus on while educating about how simple safety measures can dramatically reduce the likelihood of a fall.

Many people are of the belief that falling down is simply a part of growing old that they have to prepare for and deal with when it happens. This is not the case; there are several interventions that can significantly reduce falls among the elderly:

Making simple changes to your house – such as: removing clutter; using non-slip mats and rugs; using brighter light bulbs so it's easier to see; organising things so there is less need to climb and stretch; wearing sensible clothes such as well-fitting slippers and shoes.

Getting more active – such as joining local groups that focus on over 65s, including: swimming and aqua-aerobics sessions; Tai Chi; walking trails; strength and flexibility exercise groups.

Doing a falls risk assessment – to help identify if you are at risk, and if you are, talking to your GP or health professional about being referred to a specialist falls service. Specialist falls services can be found in several hospitals throughout the UK. They are run by a team of NHS staff, including older people's consultants, nurses, physiotherapists and occupational therapists. There are units, for example, in Doncaster and South West Yorkshire.

Getting regular eye and hearing tests – to ensure your sight and hearing have not deteriorated drastically, which would affect your balance and visual boundaries. If changes have occurred, you can ensure that the correct adaptations are made to glasses or hearing aids.

Reviewing any medication periodically – to ensure you are on the right dose of the right medication. This is essential not only for general health but also to minimise fall risks as the wrong medication combinations can result in dizziness or lethargy.

It's important for people who have a fall to get in touch with their GP, letting them know of any impact it has had on their health. GPs can carry out simple balance tests and should be able to recommend local exercise groups specifically set up to help older people improve strength and balance.

Tai Chi

The ancient Chinese martial art of Tai Chi is believed by many to hold essential health benefits – not only for balance, but for blood pressure, heart functionality and muscle power. The slow, repetitive movements are based on coordination and relaxation and are practiced by over 200 million people worldwide. Researchers claim that older people who regularly perform Tai Chi are physically stronger and conclude that it should be the exercise of choice for elderly people wanting to maintain good health.

Different settings and the concerns they present

Please read the following as it will help you to answer question 5.

Different settings present different safety hazards when looking at the risk of falls. A residential care home will have a very different set-up to a local café, for example, which will, in turn, be very different to a hospital. Every setting must be considered independently when assessing concerns about falls. For example:

Residential care homes

Residential care homes should be well maintained at all times. Concerns within this setting include: clutter, such as bags, left on floors; carpets and rugs that are worn or bunching; landings and hallways that are not well lit; banisters that have not been properly secured to the walls.

A care home should always have a lift in good working order when access is needed to upper floors. The communal living room should be spacious and easy to navigate, and should have ample armchair seating that can be moved for meetings or for exercise classes. Toilet facilities should be easily accessible and within close distance of the communal living room and dining area. All of these measures will ensure that residents are familiar with the layout of the care home and aren't tripped up by unexpected items. There should also be a dedicated area for walking aids to be stored, to further prevent falls.

When necessary, 'off limits' areas should be appropriately secured and marked. This includes cellars, boiler rooms and, most importantly, stairwells. People should be regularly risk assessed to determine any limitations; for example, a resident with dementia, who has started to wander off, should never be left in a room near an accessible staircase.

The local community

Local communities can be full of obstructions that can be concerning for an elderly person, for example: pavements can be busy places with buggies, small dogs and hurrying pedestrians pushing past slower elderly walkers, causing them to lose their balance; certain areas lack public seating which can cause problems if feeling tired, dizzy or temporarily unwell; paving slabs can be crooked or uneven, or have unrepaired cracks and holes in them which impact on canes, sticks and other walking aids; roadworks take place, meaning unexpected signs, barriers and even holes in the ground; severe weather can result in fallen tree branches, large puddles and slippery ice.

Most local buses are well equipped to accommodate elderly travellers, and drivers are helpful to those with mobility restrictions. Travelling by train, however, is less straightforward. Train staff have ramps to help with wheelchairs or walkers, but it can be difficult to locate someone to help. Trains are often busy, and pushing and jostling can cause falls, especially when alighting from a train onto a busy platform.

Hospitals

A hospital is an unfamiliar environment to many elderly visitors and patients who may have the additional burden of being distressed. Circumstances would suggest that elderly patients may already be unsteady on their feet due to a previous fall, confused, injured or drowsy after taking sedatives or sleeping pills. The more risk factors a patient has, the greater the risk of falling, so hospitals are especially high-risk places. Emergency alarm pulls should be located by all beds and in all public rooms, including toilets.

Factors to consider within a hospital setting include: furniture and other objects such as chairs, beds and walking aids in public and unexpected places; staff rushing around; beds and wheelchairs being moved from one location to another; unwell and unsteady patients walking the corridors looking for a toilet; visitors roaming the corridors.

Setting	Concerns
Residential care home	● clutter ● worn carpets and rugs ● poorly lit hallways and landings ● loose banisters
Local community	● busy pavements ● lack of seating ● crooked or uneven paving slabs ● roadworks ● severe weather
Hospitals	● beds and walking aids in hallways ● fast-moving staff ● unwell patients roaming around ● wheelchairs being pushed around corners

RISK ASSESSMENT

MONITOR AND REVIEW

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