



Delivering Quality Healthcare

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| Policy Title | Falls Prevention Policy: 29 | Date Implemented or Date of Last Review | 11/05/2020 |
| CQC KLOE Reference | Safe | Date of Next Review | 10/05/2021 |

1. POLICY STATEMENT

- 1.1. The human body is essentially unstable; a vertical column on a narrow base. To be able to remain standing upright involves a complex neuromuscular mechanism involving the eyes, the balance centres in the brain, the associated balance mechanism in the inner ear and the sensory receptors in the soles of our feet.
- 1.2. These all send signals to the brain from where return signals are sent to the muscles and the joints to make the necessary adjustments required for balance. Adjustments are being continually made by the brain to maintain the body's balance.
- 1.3. Any interruption in this process for whatever reason or cause may result in the body losing its vertical capability and falling.
- 1.4. KOPE-MEDICS has identified the importance of staff being aware of the varying causes of falls and supporting service users by giving information, carrying out risk assessments and working with outside professionals to reduce their number of falls.

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2. THE POLICY

- 2.1. At assessment, planning, reviews and in the day to day work with our service users we monitor the following aspects of the individuals care and support which may lead to them tripping or falling.
- 2.2. Uneven floor or ground surface.
- 2.3. Inappropriate footwear: Footwear that is borrowed, the wrong size (too big too small), too tight/loose, the heels being too high making the wearer unsteady.
- 2.4. Visual impairment: This can be as a result of poor or failing eye-sight, insufficient or inadequate lighting or the presence of smoke.
- 2.5. Medical conditions. Individuals suffering from conditions that;
- 2.6. Affect balance, such as Parkinson's disease, arthritis, multiple sclerosis and stroke. Cause sudden drops in blood pressure, like postural hypotension. Cause insomnia or incontinence which means you are frequently getting in and out of bed at night thus increasing the risk of falling. Cause confusion and other physical disabilities such as Alzheimer's disease or other forms of dementia
- 2.7. Non ambulant people or those with little mobility. Joints and muscles become stiff and this makes standing and walking difficult and painful
- 2.8. Mental illness: For example individuals suffering from psychiatric or physical conditions which cause delusions or the presence of the visual cliff effect. Depression has also been identified as being a cause of people falling.
- 2.9. Mobility aids: These can cause people to fall if they are not the correct type or height and if used inappropriately can be a hazard.
- 1.1. Poly pharmacy: Older adults are often prescribed many different drugs for different medical conditions. However sometimes this mix of medication can

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cause an older person to become confused, depressed, and drowsy or at times giddy leading to an increased risk of falls. Medications such as laxatives, diuretics, anti-depressants or sedatives, can contribute to falls.

- 1.1. Hazards. This can include obstacles left in walkways, rugs, ill-fitting carpets, trailing wires, wet or slippery surfaces, uneven surfaces, unfamiliar environments,
- 1.2. Poor lighting prevents obstacles being seen and also creates shadows.

2. FALLS AND INJURY PREVENTION STRATEGIES

- 2.1. If the care or support needs assessment identifies that the individual is at any risk of falling a falls risk assessment will be carried out immediately prior to or when the service commences. The appropriate professional will also be contacted e.g. falls risk advisor, occupational therapist if there are changes in the service users health or they begin to fall a falls risk assessment will then be carried out.
- 2.2. From the assessment and the outside professional advice any or all of the following may be put in place.
- 2.3. **Shock absorbent pads** in undergarments (hip protectors). When wearing these protectors if the individual falls the pad absorbs the shock from hitting the ground and in the majority of cases prevents the hip from fracturing. It is important that the manufacturer instructions are followed and that they are the correct size and worn all the time.
- 2.4. **Adjustable beds**, pressure alarms and personal alarms. The adjustable bed makes it easier for the individual to get in or out of bed independently and therefore reduces the potential of a fall. Pressure alarms and pads immediately alert staff that a person is out of bed or the chair and staff can then quickly support an individual who may be likely to fall.

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3. EXERCISE AND ACTIVITY: for balance, strength and mobility

- 3.1.** Exercise improves balance, strength, mobility and general well-being. Falls are reduced most significantly when exercise is individually tailored and supported by staff trained to provide exercise for older people. Some Community Centre's or Local Authorities offer exercise programmes for people from the community. Individual and group exercise has wider benefits, including improved general social interaction and well-being. Staff are trained to work with physiotherapists to define one-one exercise plans, exercise sessions or activity classes. External trainers that provide regular armchair exercise,
- 3.2.** Service users, who have fallen can attend outpatient 'balance' classes or physiotherapists' 'falls prevention classes'.

4. CALCIUM AND VITAMIN D SUPPLEMENTS.

- 4.1.** it is essential that a good level of calcium and vitamin D is maintained in the body. This strengthens bones and help prevent fractures. Osteoporosis occurs when these levels drop and the bones become brittle and more likely to fracture. It is not always necessary to take drugs for this condition but vitamin D and calcium supplements will be prescribed. The calcium and vitamin levels will be monitored by the GP because if the levels of calcium in the body are excessive kidney stones can develop. If there is excessive vitamin D, your kidneys and tissues may be damaged.
- 4.2.** Too much calcium can cause constipation.
- 4.3.** Too much vitamin D can cause nausea and vomiting, constipation, and weakness.
- 4.4.** Calcium and vitamin D may interact with other medicines. A drug interaction happens when a medicine you take changes how another medicine works.

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One medicine may make another one less effective, or the combination of the medicines may cause a side effect you don't expect.

5. CHANGING THE MEDICATION REGIME

- 5.1.** The individuals prescribed medication may be a cause of falls. For example sedatives causing drowsiness, diuretics causing the person to rush to the toilet and codeine based analgesia causing constipation and confusion in the elderly person. A regular review of medication type, strength and time of administration should be regularly carried out by the pharmacist or GP.

6. IMPROVED VISION

- 6.1.** Sight plays an important part in balance and gait stability so the selection of appropriate glasses for those who wear them is very important. Bi-focal and tri-focal glasses are often used by older individuals to provide for the ability to read and perform normal every-day functions without the necessity of changing glasses for each change of activity.
- 6.2.** Glasses used for reading, are not suitable for general use and very often not even for watching television. The changed focal point can make these glasses dangerous in certain situations. Particularly in the elderly different glasses for different tasks are more suitable, even with the added problem of confusion. Individuals must be encouraged to request assistance as needed. Regular eye tests should be encouraged and when required staff should ensure that glasses are clean and fit well.

7. FOOTWEAR

- 7.1.** Individuals are encouraged to wear non-slip footwear. Footwear should also be comfortable and well fitting. Sloppy slippers or shoes will add to the danger of falling and must be discouraged.

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8. FOOT CARE

- 8.1.** Hard skin or corns cause pain and this causes mobility problems. It is important that where prescribed creams are applied, skin softening creams may be used after bathing and visits to the chiropodist should be regularly encouraged, arranged and appointments kept.

9. APPROPRIATE SEATING

- 9.1.** This should be provided. If seats are too low they cause problems in getting up and can lead to a loss of balance. If too high and the feet do not touch the ground there is also the problem of overbalancing. Adjustable beds also assist individuals in keeping independent by making getting in and out of bed easier.

10. WALKING AIDS

- 10.1.** When first receiving a walking aid staff should check that the individual is clear how to use it properly and they should be monitored until they are confident. An occupational therapist or physiotherapist must always be involved in choice and use of walking aids. Walking Aids should be regularly Checked for damage. Cleaned to prevent cross infection. Rubber ends regularly checked and replaced as necessary to prevent slipping. Regularly reviewed as the individual's needs change.
- 10.2.** Walking aids should always be kept within easy reach of the individual.

11. THE ENVIRONMENT

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- 11.1. The service user should be encouraged to keep their home free from potentially unsafe conditions. Good housekeeping is essential and staff must be vigilant and put equipment away so as not to create a hazard.

12. PHYSICAL INTERVENTION

- 12.1. For example, cot sides must be fully risk assessed and discussed with the relevant professional before being used or implemented.

13. INDIVIDUALS AND FAMILY MEMBERS MUST BE INVOLVED

- 13.1. It is important that the individual with capacity understands what is being suggested to help prevent falls and also that they consent to what is being put in place. The individual's understanding and co-operation is essential for the process to work effectively. They will be required to sign and consent to any reviews of the care or support plan.
- 13.2. It is essential especially in the individual's own home that family or friends support and work with the individual in maintaining their independence while helping to reduce the risk of falls. Where appropriate the family should be included at the development stage of any personal safety plan. People who lack capacity will need a plan that is clear to staff in how they support them and prevent falls but does not deprive them of their liberties. A DOLS referral should be obtained if necessary.

14. EFFECTIVE STAFF TRAINING

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14.1. This is important. Staff need to be aware of who is "at risk. Good communication and recording plays an important part in recognising potential risks to the individual and prevention of falls. Understanding why people fall and what can be done to prevent it assists the worker to keep the individual safe.

15. INCONTINENCE MANAGEMENT

15.1. People often fall when rushing to the toilet for fear of incontinence. The individual's medication needs to be considered, the dose and time of day prescribed. The individual needs to know where the toilet/commodore are and the necessary aids should be in place to enable them to use it safely. Doors that are easily opened. The use of incontinence aids that reduce the fear to the individual of "having an accident"

16. POSTURAL HYPERTENSION MANAGEMENT

16.1. Postural hypotension is a medical condition where blood pressure falls rapidly after the body changes position most commonly occurring after standing up after sitting for long periods of time. It is also known as orthostatic hypertension or postural hypotension.

16.2. Individuals with postural hypertension experience symptoms of low blood pressure when the condition occurs. Postural Hypertension is quite common among the elderly and doctors regularly see symptoms in peoples as young as their mid-30's. People that have postural Hypertension often experience symptoms immediately upon a body position change.

16.3. Common occurrences are getting out of bed or bath, standing up from a seated position, or getting into a car. Management of this condition may greatly reduce the likelihood of a fall. This includes the individual learning to

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move slowly when standing up and to be aware of potential risk of falling when doing such moves.

17. PERSONAL ITEMS

- 17.1.** These should be kept in easy reach or accessible to the individual. For example, the phone, spectacles, radio. This will prevent unnecessary movement for someone with poor mobility or balance. However, mobility is important so this goes along side keeping the area free of hazards so people can walk around safely.

18. A MULTI-DISCIPLINARY TEAM APPROACH

- 18.1.** This is required for an effective outcome to all of the above.

19. WHEN A FALL HAPPENS

- 19.1.** If an individual is involved in a fall and they are unable to get up again without more than a little assistance, a top to toe first aid survey should be carried out to make you aware of the possible extent of any injury. If no obvious injury is found and the individual is not complaining of any pain and is able either to get up themselves or with a minimal amount of assistance they should be assisted to their feet and sat down to recover. Advice should be sought from the office in these circumstances. When they are sufficiently recovered gentle questioning should take place to determine the reason for the fall. All this must be documented in the individual's notes and care plan and reported to the person in charge.
- 19.2.** A cause may or may not be established but the GP must be informed who with further tests will be able to determine the cause, if this is thought

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necessary. It is important that all necessary notifications to CQC or RIDDOR are carried out as soon as possible. If the individual is complaining of any pain then the paramedics should be called and the individual must not be moved.

20. TRAINING STATEMENT

- 20.1.** These organisations have links with local NHS and the Local Authority falls services or co-ordinators that provide training and support for staff. We ensure that at induction and at regular intervals staff are given awareness and updated on falls prevention.

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