

Falls Prevention Awareness

Level 2



About the Level 2 Certificate in Falls Prevention Awareness

As people age they become more and more susceptible to falls, and the statistics are startling. Six people over the age of 65 years fall every minute in the United Kingdom. That's 10,000 falls every single day.

The personal costs can be devastating, including broken bones, reduced mobility, lost confidence and fear. In fact, the fear of falling again can be more debilitating than the physical injuries caused by a fall, with many people retreating into social isolation. As a result, falls are one of the major reasons why an older person has to move into residential care.

Falls can also be fatal. Falls are the leading cause of accident-related deaths in people aged over 75 years. Around 14,000 people die each year as a result of hip fractures alone.

The reassuring news is that many falls are preventable with the right support and interventions in place. Despite what many might assume, although the risk of falling does increase with age, falls are not an inevitable part of growing old.

This course will increase your awareness of falls and why they happen. It will also provide you with a comprehensive overview of the many strategies that can be used to prevent falls from happening. Falls are everybody's business, and there is much we can do.

Aims

The aims of the course are to develop knowledge and understanding of:

- Falls within the context of adult health and social care.
- The impact and consequences of falls.
- The factors that increase the likelihood of falls.
- How an individual's risk of falls should be assessed, monitored and reviewed.
- The range of interventions that can be used to reduce the risk of falls.
- The multidisciplinary support that is available within the field of falls prevention.
- Actions to be taken in the event of a fall to safeguard the well-being of the individual.
- The importance of learning from falls to improve care.

Course content

This course has four units. These have been grouped together into two modules:

Module A

Unit 1: Falls in context

Unit 2: The risk factors and causes of falls

Module B

Unit 3: Falls assessment and prevention

Unit 4: Managing falls

A person wearing a dark jacket and a hat is walking away from the camera on a paved path. They are using a cane for support. The background shows a grassy area and a fence. The image has a purple tint.

Unit 1

Falls in context

This first unit of your course aims to put the issue of falls into some kind of context. You will begin by looking at the number of falls that occur among older people each year and why an awareness of falls is therefore so important. You will also look at why the risk of falls and fractures increases with age and why they are a concern in different types of care settings.

When people think about the impact of falls many automatically think about the physical injuries that they may cause. However, falls often have psychological, social and economic consequences too. You will cover all these aspects in this unit.

Being more ‘falls aware’ has all sorts of benefits, but many people do not appreciate the scale of the problem and many health and social care workers are unsure of how to promote falls awareness to older people. This unit will therefore conclude by exploring some of the ways in which you can promote falls prevention programmes and why care providers have a legal and moral duty to prevent falls.

Content

This unit contains four sections:

Section 1: Understand falls within a health and social care context

Section 2: The impact and consequences of falls

Section 3: The benefits of falls awareness and prevention

Section 4: Legislation and guidance relating to falls and falls prevention

Section 1

Understand falls within a health and social care context

In this section you will learn about:

- What is a fall?
- Why is an awareness of falls so important?
- Why the risk of falling and bone fractures increases with age.
- Are falls just an inevitable part of growing old?
- Falls in different settings.

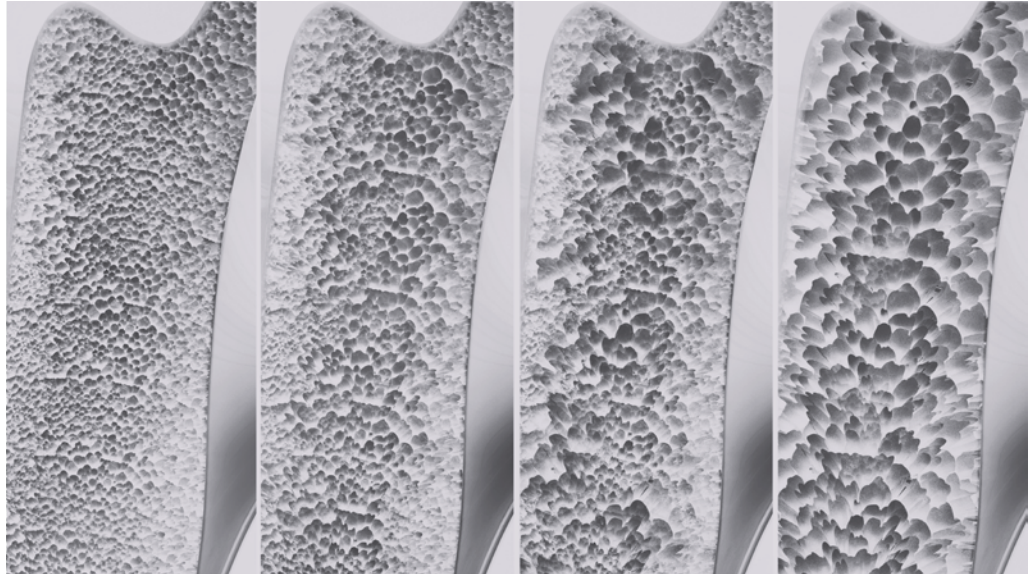
What is a fall?

Definitions of what constitutes a fall can vary from one source to another and it has been difficult to arrive at some kind of consensus. Therefore, we begin this course by looking at a definition of a fall. This is important, as understanding and reporting falls is more likely to be consistent if a standard definition is used.

One of the most widely used definitions of a fall is that provided below by the World Health Organization (2007). It defines a fall as:

“ an event which results in a person coming to rest inadvertently on the ground, floor or other lower level ”

Some professionals prefer to go further and specify some of the situations that they would not consider to be a fall (though the end result is that the individual comes to rest on the ground or other lower level). For example, Feder et al. (2000) have provided the following widely quoted definition:



SCAN SHOWING CHANGES IN BONE DENSITY DUE TO OSTEOPOROSIS.

Did you know?

Osteoporosis is often referred to as a 'silent disease' as people often do not know that they have the condition until a bone breaks. In fact, it is estimated that around 3 million people have osteoporosis in the UK, many of whom are completely unaware. Every year 200,000 people in the UK suffer a fracture due to osteoporosis. Around 90 per cent of people who break their hips after a fall (one of the most serious falls-related injuries) are found to have osteoporosis.

Key point

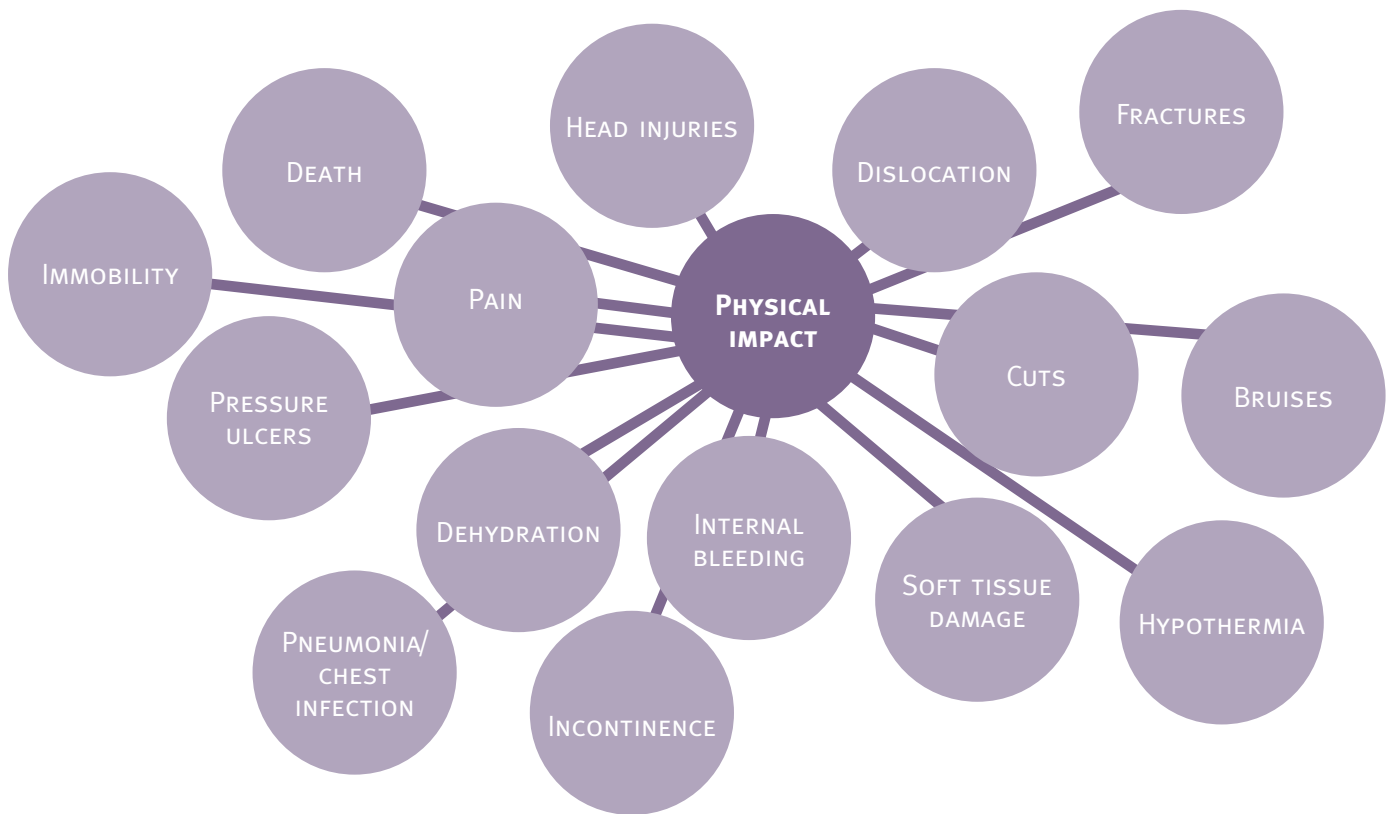
The health of our bones makes a big difference to the effects of a fall. Therefore, falls and bone health are inextricably linked. For this reason, services for falls and osteoporosis should be closely linked.

Are falls just an inevitable part of growing old?

Although the risk of falling increases with age, this does not mean that falls are an inevitable or 'normal' part of the ageing process. Sadly, however, believing that falls are inevitable is a common view, even among some health and social care workers. It is a belief that needs to be tactfully challenged.

The physical consequences of falls

As touched upon earlier, when exploring the physical consequences of falls, it is important to consider both the injuries caused by the fall itself and the effects of having to lie on the floor for a protracted period of time waiting for help.



At the extreme, a fall can have fatal consequences. It is estimated that **an older person dies in the UK every five hours as a direct result of a fall**. Death may be instantaneous, for example as a result of a head injury, or it might be a direct causal factor of the person's death some time later.

A more common physical consequence of falls is **reduced activity and mobility** and this **can be highly disabling for many people**. Fractures take longer to heal as we get older and they are more susceptible to breaking again. The longer a person remains physically inactive, the weaker their muscles become. **Decreased muscle strength can lead to weakness** in the affected parts of the body. Over time, reduced mobility can also have other disabling consequences, such as obesity, swelling in the limbs, feet and ankles, and pressure ulcers.

Another damaging effect of a fall for some people is the length of time they have to spend on the floor waiting for assistance. It is estimated that half of people who fall require assistance to get up. **Serious consequences of what is referred to as a 'long lie'** include pressure ulcers, hypothermia (depending on the temperature of the environment where the fall took place), excessive blood loss and developing a deep fear of falling again.

“ I was on the way to recovery but I’d been in bed so long I was incredibly weak.... I went to wash my hands and I slipped. There’s an immediate shock of landing on your back. Then the terrible thing was I realised I couldn’t move through lack of strength. I couldn’t reach the pull cords and my voice was also very weak at the time, I couldn’t shout. I was on a cold tile floor and I started to get cold, and that’s when fear starts to strike you. That’s a very fearful experience – you don’t want to have that. Not pleasant. It made me cautious in a very hesitant way. It was a major thing for me...it hit me psychologically. It’s still there, still there, even two years on. ”

(Quoted in Royal College of Physicians, 2015)

Key point

A non-injurious fall can still be fatal if the person is unable to get up from the floor and cannot summon help. Lying on the floor for more than 12 hours is associated with pressure ulcers, dehydration, hypothermia, pneumonia and even death.



As you can see, following a fall, the person may become anxious or fearful about falling again. They may become less confident in their ability to mobilise safely. The fear of falling and loss of confidence mean that the person becomes less and less active. Soon, the reduction in physical activity starts to impact upon the person's muscle strength. As their muscle strength diminishes, they become less able to regain their balance after a trip or when they feel unsteady on their feet. As a result, the person is now at a higher risk of falling than when they experienced their first fall. Rather than making them less likely to have a fall again, reduced physical activity actually makes a further fall more likely.

The social consequences of falling

The social impact of falls is very much linked to the physical and psychological consequences discussed on the previous pages. Pain, reduced mobility, the loss of confidence and fear of further falls often mean that individuals are **less willing to leave their house and engage in the social activities** that they once enjoyed. In a survey commissioned by the charity WRVS (2012), 225,000 people aged over 75 refused to leave their house following a fall. In care homes, the person may increasingly spend time alone in their room.

The result in both environments is the same – the person becomes more **socially withdrawn and isolated**. Isolation and withdrawal may lead to **loneliness and depression**, all of which detracts from a person's **quality of life**.



FOR SOME PEOPLE, THE FEAR OF FALLING AGAIN CAN BE MORE DAMAGING THAN THE PHYSICAL INJURIES SUFFERED IN THEIR FALL.



'responsible person' in the care home to report the accident. For more information, the HSE has published specific guidance for care providers on this matter (see HSE, 2013 in the references section at the end of this module or visit www.hse.gov.uk).

Moving and handling

A significant number of injuries to staff are caused by moving and handling people. This can sometimes occur when staff are assisting people during or after a fall. A number of falls also occur due to incorrectly using lifting and positioning equipment, such as hoists.

Key legislation:

- **Manual Handling Operations Regulations 1992** – Employers and members of staff must be aware of safe moving and handling in the event of emergencies, such as when a person in their care falls. Training should be provided so that staff know how to safely assist a person to get up after a fall (assuming the person is uninjured and it is safe to move them) and how to avoid injury to themselves.
- **Provision and Use of Work Equipment Regulations 1998 (PUWER)** – This legislation covers the safe use of equipment. Employers are expected to periodically check that equipment is safe to use and well maintained and to ensure that staff are trained to use such equipment safely. Staff, in turn, are expected to use equipment in accordance with their training and workplace policies. In terms of falls prevention, PUWER would apply to equipment such as hoists, walking aids and bed rails.



Unit 2

The risk factors and causes of falls



As you have learned in the previous unit, the reassuring news is that many falls are preventable if the reasons why people fall (or are likely to fall) are adequately addressed. This unit is dedicated to helping you to understand these reasons.

Falls in older people often go much deeper than the most obvious and immediate cause of the fall. Behind every fall there is usually a variety of factors at work that contributed to that fall. Understanding these factors will require some detective work, but doing so is one of the first steps towards preventing future falls.

This unit will explore some of the most common risk factors and causes of falls. These include personal risk factors such as the side effects of medication, lifestyle choices and health conditions like arthritis, dementia and Parkinson's disease. They also include factors within the person's living environment and community.

Content

This unit contains three sections:

Section 1: Factors that increase the likelihood of falls

Section 2: How falls may be caused by personal factors

Section 3: How falls may be caused by environmental factors

FOOT PROBLEMS, SUCH AS HAMMER TOE, CAN MAKE IT UNCOMFORTABLE TO WALK.



Foot problems

Foot problems are very common in older people. The most commonly reported foot problems are **pain from corns, calluses and bunions, and nail conditions**. Older people with foot pain walk more slowly and have more difficulty performing daily tasks than those without pain. Some people also experience a **loss of sensation** (numbness) and **deformities** in their feet or toes (hammer toe is a common deformity, for example). All of these problems can make walking and maintaining balance difficult, which of course increases the risk of falls.

Health conditions that are associated with falls

In Section 1 we identified various health conditions that are associated with falls. Let us now look at some of these conditions in more detail.

Parkinson's disease

After Alzheimer's disease, Parkinson's disease is the second most common neurodegenerative disorder worldwide. In the UK around 130,000 people have been diagnosed with the condition; that's around 1 in 500 people.

Parkinson's disease is a **progressive and chronic neurological condition** that primarily affects a person's movement. Its most well-known and perhaps most obvious characteristics are tremors (involuntary shaking of particular parts of the body), muscle stiffness and slower physical movements.

- **Peripheral neuropathy** – Peripheral neuropathy means ‘nerve damage’ and is a very common complication of diabetes. It causes reduced sensation, numbness and pain in the legs and feet. This can cause difficulties with balance and walking, which can lead to falls.
- **Diabetic retinopathy** – This is a type of visual impairment caused by diabetes. Poor vision can lead to falls because the person may not be able to spot potential hazards.
- **Kidney damage** – Impaired kidney function can lead to decreased levels of vitamin D, which can reduce bone density and muscle strength. Kidney damage also increases the need to get up in the night to use the toilet; this can make falls more likely as the person is more likely to be unsteady on their feet when it’s dark and they have just woken up.

Medications associated with falls

Medications have consistently been associated with an increased risk of falls. They are one of the major risk factors. The reasons for this include:

- **Direct effects** – The direct effects of certain medications cause many falls, particularly psychotropics (medications that act upon the brain) and medications that lower blood pressure.
- **Side effects** – Most people will be able to tolerate their medication well. However, older people, whose ability to tolerate strong medication can diminish with age, can experience side effects (such as fatigue, confusion and dizziness) that increase their risk of falling.
- **Polypharmacy** – This is usually defined as taking four or more different medications at the same time. Due to the presence of various coexisting health conditions, older people are likely to be prescribed multiple medications. As a single course of medication, these may be tolerated quite well. However, the more medication a person is prescribed, the more likely it is that they will experience an adverse drug reaction that then precipitates a fall.

