CHCAGE007

Recognise and report risk of falls

Aspire
Learning Resources

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Release 1

Learner Guide

Aspire Version 1.1

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CHCAGE007 Recognise and report risk of falls, Release 1

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First published February 2023

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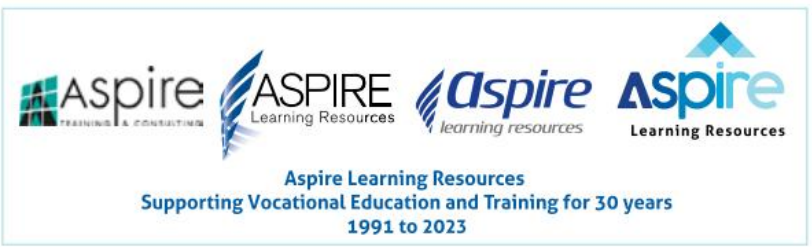
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76123-141-4 (PDF version)
ISBN 978-1-76123-140-7



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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCAGE007 Recognise and report risk of falls*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	These highlight learning points and provide realistic examples of workplace situations.
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.  
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	• Understanding how documents are presented and being able to navigate through documents • Understanding industry- and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	• Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	• Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	• Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Recognise potential risk of falls	1A Consult to ascertain factors that increase the risk of falls	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Provide opportunities to contribute and ask questions	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Refer needs, issues and concerns outside of your scope of practice	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Recognise and document physical and psychological risk factors of falls	❑ Confident ❑ Basic understanding ❑ Not confident
	1E Recognise and document environmental risk factors of falls	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 2 Report risk of falls	2A Report risk of falls to others	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Maintain the privacy and dignity of the person	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Complete and store documentation	❑ Confident ❑ Basic understanding ❑ Not confident

Topic 1: Recognise potential risk of falls

1A Consult to ascertain factors that increase the risk of falls

1B Provide opportunities to contribute and ask questions

1C Refer needs, issues and concerns outside of your scope of practice

1D Recognise and document physical and psychological risk factors of falls

1E Recognise and document environmental risk factors of falls

1A Consult to ascertain factors that increase the risk of falls

As people grow older, their risk of falls increases, and if they do fall, they are more likely to seriously injure themselves.

As people age there are more factors that can increase the risk of them falling. It is important to work with the person receiving support and your supervisor to recognise what these factors are to try and reduce the person's risk of falling.

When you are young you can fall and usually jump straight back up again. You will generally not injure yourself or end up with any long-term damage. When you are younger your physical and emotional health, and mobility, are generally more adept at being able to handle falling. You may be able to grab onto something when you trip, stop yourself by using the strength in your legs or reach for an object that can stop you from falling.

This is often not the case for someone who is ageing. It is not only that falling can cause a physical injury but it will lead to psychological fear and loss of confidence. Over time the person will become fearful of falling again. This will decrease their mobility, which leads to an even bigger increase in the risk of falling.

The ageing process

Ageing is a natural and continuous process that happens to every human being. Ageing begins when you are in your early adulthood and continues until the end of your life.

You cannot stop becoming older, but there are certain factors and life choices that can slow down the ageing process. The general consensus on what helps to slow down the ageing process is one that aligns with what you need to do to maintain a healthy body. This includes:

- eating a healthy, balanced diet
- drinking alcohol in moderation
- maintaining physical exercise on a daily basis
- quitting smoking
- maintaining good emotional, mental and social health.

Supporting an older person to make even small changes in their life towards a healthier body can assist to slow down the ageing process and reduce their risk of falls.

Common changes in ageing

We cannot see all of the changes in ageing. Some of them happen to our physical appearance but a lot of them occur inside our body systems.

Here are some of the common changes that happen to everyone as they age.

Bones, joints and muscles	With age: • bones will shrink in size and density, making you shorter over time • muscles lose strength and size • joints become stiffer and less flexible.
Skin	Skin will become thinner, more fragile, lose fat and start to form wrinkles.
Bladder and urinary tract	The bladder becomes less elastic, resulting in the need to urinate more often. This can also cause urinary incontinence.
Brain **cognition**	The brain's ability to process outside information from your surroundings can slow down causing a slower thinking and memory process.
Sensory input	Sight will start to decline, making it harder to focus or to change focus quickly. A person's hearing may diminish, especially in crowded places.
Heart	The blood vessels and arteries will stiffen over time and the heart will not be able to increase blood pumped as well as it used to during activities like walking or exercise.
Hair	Hair will become thinner and start to grey in appearance.
Teeth	Gums may pull back from teeth and leave the teeth and mouth more vulnerable to decay and infection.

Cognition
The mental action or process of gaining knowledge and understanding through thought, experience and the senses.

These changes will happen to everyone at a different rate. Some people may appear older and frail at the age of 60, whereas other people who are 80 may still run in marathons. There are other often unavoidable factors, apart from maintaining a healthy body, that will influence how quickly and seriously these changes occur to you as you age. These include:

- socioeconomic status
- which country you live in
- genetics or any hereditary influences
- the environment you live in
- ethnicity.

Video: Ageing and our senses

Watch the following video on the effects of ageing on the mind and body:
aspirelr.link/yt-ageing-senses

Take notes on how each of the five human senses can be affected as we age.

Statistics of falls

Falls are more common in people who are ageing and can result in more serious injuries.

According to the Australian Institute of Health and Welfare, falls are the main reason for hospitalised injuries and a leading cause of death from injury in our ageing population. The statistics say:

- One in every three people will fall each year at age 65.
- At age 72 people are likely to have a significant fall every two years.
- At age 80 people will on average have a significant fall every year.

A fall is when a person has an event where they come to rest inadvertently on the ground, or floor or other lower level.

For example, a fall can be standing upright to sitting on the floor without meaning to do this or sitting on a chair and sliding off onto the floor.

A significant fall is one where the person injures themselves after the fall. The injury may require medical attention or hospitalisation.

Injuries can include:

- fractures
- cuts and abrasions
- bruises
- sprains
- death.

While the risk of serious injury may be seen as fairly low compared to the overall population, falls are still the leading reason that people over 65 will need to be admitted to hospital. In fact, over 40 per cent of hospital admissions in Australian hospitals for people over 65 are due to falls. The most common types of falls are tripping, slipping or stumbling due to:

- falling on stairs or a step
- falling on a chair or the bed

- slipping on a wet surface
- tripping on an unseen item.

For more information about the statistics of falls, visit 'Injury in Australia, Falls' at: aspirelr.link/aihw-falls

Ageing and the risk of falls

There are strong links between what happens to people naturally as they age and their increased risk of falling.

This increase in risk level is due to the physical, sensory and cognitive changes associated with ageing. These are changes that happen to every person as they age.

The following table provides more detailed information on how specific factors of the ageing process might affect the risk of falls.

Ageing process	Effect on risk of falls
Bones	Due to bones losing density and becoming more fragile, if a person falls, they are more likely to: • fracture their bones • break their bones.
Joints	Stiffness and less flexibility can lead to loss of movement, leading a person to: • lose flexibility in their mobility. This can cause their **gait** to become less natural, leading to an increase in falls • not moving their limbs as freely as they used to, leading to further muscle weakness.
Muscles	Muscles will decrease in size, leading to less strength and then decreased mobility. When the person does trip or slip, they are more likely to fall due to being unable to: • stop due to weakness • right themselves and stop going down • grab or grip onto something.
Bladder and urinary tract	Bladder weakness leading to an increased need to urinate, or urinary incontinence, can increase the person's risk of falls through: • having an urgency to go to the bathroom and moving too fast • leaking urine on the floor and slipping in it • increased risk of infection leading to confusion and dizziness.

Gait
The pattern of movement during walking.

Ageing process	Effect on risk of falls
Brain cognition	When the brain is processing outside input more slowly the person is more likely to: • forget where to put their feet while walking • be unable to make quick decisions when they trip or slip • be confused in situations where they may fall, such as in the dark or in the middle of the night.
Sight	The lenses in your eye become less flexible, making it more difficult to focus. The risk of falling comes from: • not being able to see objects that are in the way • an inability to focus in darker areas • an inability to focus from close up to long distance.
Hearing	As a person ages, their hearing will diminish. If this is a significant hearing loss it can lead to: • changes in balance • the brain finding it hard to interpret the sounds around them.

Identifying the risk of falls

Even though a person who is ageing is at an increased risk of falling, it does not mean that falls are inevitable.

Falls can be preventable, and in some cases where there is a high risk of falling, you can develop strategies and interventions that can reduce that risk from high to low.

Completing a screening tool can help determine whether a person has a low or high risk of falling. Identifying, finding and implementing strategies to support the person can be of benefit to them, their family, carers and other support people.

Screening tools Specific tests developed to identify a person's risk of falling.

Screening tools are specific tests developed to identify a person's risk of falling. Screening tools are supported by research, are quick and easy to use and do not cause the person discomfort.

For example, an Alternative Step Test is used to measure the length of time taken for a person to complete eight steps onto a stair, alternating legs.

Often it may not be one particular change or factor that contributes to the risk of falls – it could be multiple factors. A screening tool will look at the multiple factors involved by viewing the person's life and risk factors holistically.

Your role may be to assist or work with your supervisor or the health professional team to complete this screening tool. Your input and knowledge of the person is valuable for gaining a true outcome.

Consulting your supervisor

When you think the person receiving support may be at a risk of falling, you should work closely with your supervisor to determine an action plan.

They will have the knowledge and experience to guide you and the person in the right direction to gain the best outcome. Your supervisor should understand that you are an important part of this consultation process and include you where they can.

Your input and involvement may include you giving information such as:

- why you think the person is at risk
- any potential falls or past falls you have witnessed
- what information the person has told you
- assisting to complete the screening tools.

The importance of documentation

In reporting and providing input that contributes to a person's screening tool assessment, it is important that you keep accurate and factual documentation of what you have seen, heard or witnessed. This will help you give evidence and provide proof of what you are trying to share.

Your supervisor is likely to ask where and what you have documented when you are consulting together on this matter. Always document your observations according to your organisation's policies and procedures.

Assessing risk factors

Early identification of falls risks enables the support to be tailored to the individual's needs.

An assessment screening tool enables the collection of data to:

- identify the person's needs
- work on strategies
- create a plan to meet the person's needs.

A screening tool should be validated, meaning that it should measure what it needs to measure. In the case of assessing risk factors for falls, the tool will measure the risk of the person falling.

In aged care support two main screening tools are used to identify an individual's risk of falls. These are the:

- FRAT – falls risk assessment tool
- FROP-Com – falls risk for older people in the community.

These screening tools are completed at certain times throughout the person's access to the service. Some examples of when you may complete a screening tool would include when the person:

- first enters a new service
- has a change in health status
- has a fall
- is having a full review done of their individual support plan
- needs increased support and requires more funding.

Standard 3. Personal care and clinical care of the Aged Care Quality Standards states that every person must have their risk of falls assessed. Risk assessments must be used to find ways to reduce the risks and the person must be consulted in this process.

For more information about *Standard 3. Personal care and clinical care* of the Aged Care Quality Standards, visit: aspirelr.link/acq-standard-3

Falls risk assessment tool (FRAT)

A FRAT is used in residential aged and community ageing settings. It enables the collection of data to help you determine the person's level and risk of falling and subsequently to help you create a plan.

The FRAT has three sections:

Part 1 – Falls risk status	Part 1 identifies: • the common risk factors for falling, including recent falls, medications, psychological and cognitive status • a score based on the individual's level of risk factors • whether the person is a low, medium or high risk.
Part 2 – Risk factor checklist	Part 2 identifies the extra risk factors that may be involved in a fall, including the person's: • vision • mobility • environment • continence. It also looks in depth at the person's previous history of falls, which is one of the highest known risk factors for a person falling again.
Part 3 – Action plan	Part 3 is where the action plan is formed. This will include intervention strategies and any referrals to further services that may need to be made.

As a FRAT is a validated tool, it means the results will be less **subjective**. The questions guide the person to be honest and truthful in their responses. This is important when putting any action plan together because subjective responses will only give you false information and will not help reduce the falls risk for the person.

Subjective
Based on feelings, emotions or opinions.

To view a falls risk assessment tool, visit: aspirelr.link/healthvic-frat

Falls risk for older people in the community (FROP-Com)

A FROP-Com is a falls risk screening tool used to identify the level of risk to someone who is living in the community or accessing community services.

It involves rating 13 risk factors on a scale of 0–3.

The FROP-Com has two sections:

Section 1	This section contains falls risk factor definitions and scoring options. The risk factors that are scored include, but are not limited to: • medical conditions • medications • sensory loss • cognitive status • environment.
Section 2	This section lists suggested options for management of the identified risk factors. The assessment comes with a comprehensive guideline to outline many options for each possible falls risk scenario.

For more information on the guidelines for using a 'Falls Risk for Older People – Community setting' screening tool, visit: aspirelr.link/nari-screening-tool

Continuous risk assessment

Once a falls risk assessment has been completed, there are procedures for assessing the risk on an ongoing basis.

Risk assessment is continual, meaning you will regularly be assessing the person for any changes in their level of risk.

To continually assess a person, you will:

- observe any changes in the person that may put them at a higher risk
- speak with the person about what you have observed

- document your observations
- report your observations to your supervisor.

This will ensure that the person is always receiving the most current support for their potential falls risk.

Example

Continually assessing a falls risk

Tracy works for a community support service providing social and some personal support for 87-year-old Margie. Tracy has observed that Margie is taking longer to get out of bed in the morning and sometimes stumbles forward when she finally stands up. Tracy is concerned that Margie might tumble forward and fall to the ground.

Tracy discusses her concerns with Margie. Margie tells her not to worry about it as she was assessed for her falls risk when she first started with the service and everything was good. Tracy explains that as part of her role she must observe, document and report any signs of increased risk. Tracy also explains that if Margie can be assessed again then they will be able to implement some strategies to reduce her risk of falling. This means she will be able to remain independent at home for as long as possible.

Margie now understands and agrees to partake in further risk assessments. Tracy documents her conversation and observations, then reports this to her supervisor.

Consulting with the person

In community services, you deliver all your support to people who are ageing with a person-centred approach. This means that all decisions made will be centred around the person's rights and choices.

An older person's rights are clearly set out in the Charter of Aged Care Rights.

For more information about the Charter of Aged Care Rights, visit: aspirelr.link/acq-consumer-rights

When identifying the factors that might increase the risk of falls, you must ensure the person is included in all consultation. The Charter of Aged Care Rights states that the person will have control over and make choices about their own care, including where the choice involves a personal risk. It is recognised that the person is an expert in their own life.

The person will be included in discussions around:

- potential falls risk factors
- any previous falls they have had and what strategies were tried
- screening tools used
- deciding on what strategies will suit them best.

The person's input must then be used and valued as a valuable part of the assessment process.

It is often at this stage that the person will want to decide on or take risks that you may not think are safe. The person may decide they do not want to use a walking frame while in their room or that they will continue to use the stairs despite recommendations they use the ramp instead. This is called **dignity of risk**.

This will be discussed in more detail later in the unit.

Dignity of risk
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Video: The Charter of Aged Care Rights
Watch this video to learn more about the Charter of Aged Care Rights: aspirelr.link/yt-cacr
Think about the rights that are important to uphold when it comes to assessing a person's potential falls risk.

Factors contributing to the risk of falls

As well as the risk associated with ageing there are other outside factors that will contribute to the person's risk of falling.

Some of these are modifiable risks, meaning they can be changed or modified, while other factors are not as easy or unable to be changed.

Having an understanding of what these factors are and knowing the impact they can have on the person, their family or carer is important to your work role.

Factors contributing to falls	Influence on risk
Lifestyle	For the person, this could include: • how active they are in their life - staying active can reduce your risk of falling • how much sleep they get each night - being tired can make a person move more slowly, leaving them open to tripping or stumbling • how healthy their diet is - a healthy diet can aid in keeping your muscles strong • how much alcohol they drink - alcohol is known to inhibit your judgment and increase your risk of falling. Lifestyle factors are generally considered modifiable changes, meaning that they could be changed.
Mobility	How well the person can move is one of the most significant factors to identifying their falls risk. Often, standing back and observing the person can give you a good indication as to their risk of falling. You should observe factors such as the person's: • posture. Is it stooped? Could they topple forward? • gait. Are they walking with a normal, strong stride or are they shuffling? • balance. Do they appear to be able to right themselves or are they leaning to one side? The person may overestimate their ability to mobilise and use inappropriate or unstable items such as a chair or the wall to walk. If the person has a physical disability, this would be an automatic high-risk factor for their mobility to be impaired and for potential falls. Other medical conditions can also contribute to a person's mobility risk, and these will be discussed in more detail further into the unit.
Environmental health	The environment where a person lives or spends most of their time can present many hazards and risks to them. Taking an assessment of this area can help clarify what could put the person at risk. For example: • steps, making it difficult for the person to navigate • dim lighting, making it difficult to see any obstacles • clutter, causing tripping hazards.

Factors contributing to falls	Influence on risk
Physical health	Maintaining a healthy body is essential to reducing the risk of falls. If a person has significant health issues, this can increase their risk of falling. These could include: • any chronic health conditions that may result in dizziness, nausea or incontinence • sensory issues such as hearing or eyesight loss, leading to tripping, slipping or stumbling • significant medical conditions that the person may have that could add to their risk of falling.
Emotional health	Emotional health is about how a person thinks and feels. It encompasses the person's wellbeing, their ability to cope and how well they can acknowledge their emotions. The person's emotional health can play a part in their risk factor when they are experiencing emotional distress. Emotional distress is the state of experiencing emotional suffering. Some symptoms of emotional distress can lead to falling, including: • spending a lot of time worrying, especially if there have been previous falls • relying heavily on mood-altering substances such as alcohol can alter a person's ability to walk or think clearly • experiencing increased fatigue • experiencing new, unexplained pain • having difficulty keeping up with daily tasks.

Video: Charles's story

Watch this video to learn more about how one man is maintaining a healthy lifestyle at the age of 97 to reduce his risk of falls: aspirelr.link/yt-healthy-lifestyle-ageing

What risk factors can you see in the video and what is Charles doing to reduce his risk of falls?

Medications and falls risk

Polypharmacy, or multiple medication use, is a known risk factor for falls among ageing people.

Polypharmacy
Regular use of five or more different kinds of medication.

Often, people will take many medications for various different medical conditions and the side-effects or interactions of these medications can cause sedation or confusion, reduce blood pressure or cause dehydration, which can increase the risk of falls. These interactions and side-effects can cause the person to fall without any or with little warning.

It is important that you are aware of the most common medications used in the ageing population that could increase the risk of falling and what side-effects to look out for.

Medication type	Usage	Side-effects related to falls risk
Sedatives and hypnotics	• anxiety • seizures • sleep disorders	• sleepiness • dizziness • blurred vision • not being able to see depth or distance • slower reaction time
Antipsychotics	Psychosis symptoms such as: • hallucinations • agitation • violent behaviours Problems with mood, thinking and agitation	• dizziness • blurred vision • movement effects including tremors • sedation – sleepiness or low energy
Antidepressants	• depression	• dizziness • fatigue • dream disturbance • nausea
Benzodiazepines	• stress • severe anxiety • insomnia	• muscle relaxation • sleepiness • a sense of being disconnected from reality • loss of inhibitions
Antihypertensives	• high blood pressure	• tiredness • fast or slow heart rate • sudden drop in blood pressure • fainting
Diuretics	Remove excess salt and water from the body	• increased need to urinate, sometimes urgently • diarrhoea

Psychotropic medications

Psychotropic medications are ones that affect a person's mental state.

Four of the above-mentioned medication groups are classified as psychotropic medications.

These are:

- sedatives and hypnotics
- antipsychotics
- antidepressants
- benzodiazepines.

According to the Aged Care Guide, the risk of falls can almost double when a person is taking a psychotropic medication. With almost 20 per cent of people in residential and community care taking one of these medications, this exposes a high proportion of people to already be at an increased risk of falling.

These types of medication have been seen as having such a significant effect on the ageing population that they are now closely monitored. Before being prescribed, the service and doctor must gain **informed consent** from the person or the medication must be classed as a chemical restraint if used for behaviour management.

Standard 3. Personal care and clinical care of the Aged Care Quality Standards states that the person will get clinical care that is safe and right for them. It outlines the strict guidelines when prescribing and using certain medications. This includes using a risk assessment to find ways to reduce the risk of these medications and ensuring consultation is completed with the person or **substitute decision maker** in terms of usage.

Informed consent
A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Substitute decision maker
Someone the person has nominated to take responsibility for making decisions for them.

Video: Check your medicines
Watch this video to understand some practical ways that multiple medications can be monitored in the community: aspirelr.link/yt-monitor-medications

Take notes on how the person's GP or pharmacist can help the person review their medication to reduce their risk of falls.

Impact of risk factors on the person, their family or carer

Not only do the risk factors previously discussed have a physical effect on the person, but they will also have an emotional and psychological effect on the person and their carer.

A carer is described as someone who supports and cares for the ageing person. They may be involved in their social support, help them with showering or drive them to a doctor's appointment.

Generally, a carer is a family member, partner or friend and is unpaid for the support that they give. It can also be used to describe personal care workers, especially in aged or disability care services.

The impacts that the risk factors can have on the person and their carer can leave longer lasting psychological harm and distress, which in turn can lead to a further risk of falling.

The following table highlights the impact of falls on the person and their carer.

Factors contributing to falls	Impact on the person	Impact on the carer
Lifestyle	Could include: • losing the desire to want to be social • drinking too much, leading to isolation from others • worrying about not getting enough sleep at night.	Could include: • getting upset with the person when they drink too much alcohol • not wanting to go out in public with the person for fear of them falling or embarrassing themselves • becoming tired from being unable to motivate the person to be active.
Mobility	Could include: • fear of falling again if they have already had a fall • becoming more guarded when they walk, leading to a more unnatural gait • not wanting to move too far, leading to inactivity.	Could include: • injuries to themselves by compensating and allowing the person to use the carer as a mobility aid (e.g. leaning on the carer when they walk, relying on them to help them out of a chair).
Emotional health	Could include: • becoming anxious about falling or falling again (if they have fallen before) • becoming addicted to medication to combat the fear of falling • becoming depressed after experiencing a fall and injuring themselves.	Could include: • tiredness and burnout from the stress of caring for someone who is at risk of falls • guilt about being unable to stop or help the person from falling, especially if they injure themselves • frustration at being the only person who is trying to reduce the risk of falling in the ageing person, and not getting enough support from others.

Factors contributing to falls	Impact on the person	Impact on the carer
Medications	Could include: • experience conflicting side-effects that make their risk of falling higher, especially when taking multiple medications • confusion in not being able to tell if the side-effect is part of their medications or part of their medical condition • becoming addicted to certain addictive medications, leading to a higher risk of falls. Medications that are addictive usually have an effect on the mind and thought process.	Could include: • confusion in how to manage the person's medications • accidentally overdosing the person when not having clear guidelines for medication usage and dosage • becoming a target of aggressive side-effects.

It is important, no matter how serious the impact is on the person, to ensure you offer them support and guidance as needed. This may be outside of your role, but you will still need to document and report what you have seen and heard to your supervisor.

Medical causes of falls

As people age, they are more likely to develop long-term medical conditions or illnesses that will have an impact on their balance and gait.

It is also common for older people to have more than one medical condition at the same time, making their risk of falling even greater.

In your role, it is important that you can recognise some of the most common medical causes of falls and then be able to document and report what you have seen and heard to your supervisor.

Medical cause of fall	Description	Signs to recognise increased risk of fall
Arthritis	Swelling and tenderness to a joint	Damage to knees or hips can decrease mobility. Increased pain in joints is a sign of increased inflammation, leading to muscle weakness and greater unsteadiness. Stiffness in joints will change the way a person moves, making their stride unnatural.
Poor nutrition	Insufficient nutrient intake for the body's needs	Low muscle mass and strength can lead to increased dependence on others. A decline in energy can have an effect on visual and **cognitive impairment**, leading to dizziness, fatigue and irritability.
Nocturia	Urgency to urinate at night	The person may rush to reach the bathroom at night in the dark. The need may be so urgent that they will not wait for assistance and attempt to get to the bathroom themselves.
Urinary incontinence	Loss of bladder control leading to urination	The person may rush to reach the bathroom. They may have wet pants or a wet puddle on the floor that they could slip in. There is an increased risk of urinary tract infection, which can lead to severe confusion.
Acute illnesses	A condition that is severe and sudden in onset	Examples include: • chest infections, leading to a decrease in oxygen or making it difficult to breathe • urinary tract infections that increase confusion • having to take medications with side-effects of dizziness, nausea or fatigue.
Stroke	Blood flow is stopped to the brain	Facial drop, unable to move arms and speech is slurred Paralysis on one side of the body Impaired mobility leading to balance and coordination issues Blurred vision Reduced sensation in limbs

Cognitive impairment
A change in the person's ability to think or reason, usually caused by damage to the brain.

Medical cause of fall	Description	Signs to recognise increased risk of fall
Diabetes	A disease that occurs when the person's blood sugar levels are too high	Changes in blood sugar can make the person feel faint. The person may start losing consciousness and become disorientated. Diabetes can also affect the person's feeling in the bottom of their feet and legs.
Parkinson's disease	A progressive nervous system disorder that affects movements, leading to tremors and stiffness	The person's tremors may affect their ability to move. Their walk becomes slower and shuffled. Muscles become rigid. Posture becomes stooped and balance is affected.
Dementia	Describes a collection of symptoms that are caused by disorders that affect the brain, including memory loss, behavioural changes and changes to the person's ability to perform everyday tasks	The person becomes less aware of their surroundings and cannot react as quickly to a trip or slip. They may become delusional and take risks such as forgetting to use mobility aids or running in a small space. They may forget that they cannot walk anymore.
Postural hypotension	Fast drop in blood pressure when someone changes position, such as sitting to standing	May appear pale or disorientated when changing position Can become unresponsive when you try to talk to them Can see black spots in their eyes

Your role

You cannot be expected to know every medical condition that may cause a fall for every person you support. But getting to know the person and understanding what is 'normal' in terms of their health, presentation, mobility and personality will give you a good baseline to work with.

Knowing how the person moves, walks and talks will help you to identify any changes or increased risks they may have in regard to falling.

Your role is to:

- observe any changes that may affect their mobility
- report any falls or near misses to your supervisor
- document and report anything you see or hear that may increase the risk of falls.

Identifying the risk factors for falls is a team effort and if everyone plays their role you can minimise or stop the person from falling.

Example

Recognising an increase in risk

William supports many people at the residential aged care facility where he works. Although he does not know everything about Clive's medical conditions, he does know that Clive has arthritis and gets some pain first thing in the morning in his knees. He also is aware that Clive had a recent fall when getting out of bed while trying to go to the toilet.

William arrives to assist Clive to the toilet in the morning. William observes that Clive, who is usually quick to rise, is struggling to sit up. He appears to be wincing in pain and when his feet touch the ground, he lets out a small cry. Once Clive starts to rise, using his walking frame, he is stooped over and appears unstable.

William asks Clive if he is feeling okay. Clive says he has very sore feet this morning and feels stiffer than usual but tells William not to worry about it.

William is concerned about the increased risk of Clive falling and knows it is in his duty of care to report anything that may cause harm.

After William has helped Clive to the toilet, he immediately alerts his supervisor about what he has observed and goes back to wait with Clive until the supervisor arrives.

Practice Task 1

Question 1

Which of the following are common changes of ageing that may increase a person's risk of a fall? Tick all that apply.

- ❑ The skin will become thinner, more fragile and start to form wrinkles
- ❑ Muscles will decrease in size and lead to the person having less strength
- ❑ Sight and hearing will start to decline
- ❑ Hair will become thinner and start to go grey
- ❑ The bladder becomes less flexible and may cause urinary incontinence

Question 2

Which of the following statements are correct about the effect of ageing on the risk of falls? Select yes or no for each one.

a. As a person ages, their bones become fragile and lose density, leading to a higher risk of fracturing their bones if they fall.	Yes / No
b. A person's gait can become less natural as they age due to stiffness and less flexibility in the joints.	Yes / No
c. If a person's brain is slowing down then it just means that they will be more careful when they walk and will be less likely to fall.	Yes / No
d. The lenses in an ageing person's eyes will become less flexible, which will make it easier to focus and see.	Yes / No
e. As your hearing diminishes, this can affect your balance.	Yes / No

Question 3

Match each fall risk factor on the left to the correct example on the right.

Environmental health	Being tired can leave the person slower in their mobility
Emotional health	The person's posture, gait and mobility will play a part in how well they can move
Lifestyle	Clutter in the person's room or house can be a tripping hazard
Mobility	Chronic health conditions may result in dizziness or nausea
Physical health	Worrying about the risk of falling or falling again

Question 4

Name three important pieces of information you could be giving input to when consulting with your supervisor about the person's risk of falls.

Question 5

Which two screening tools are used to assess and identify a person's risk of falls? Tick all that apply.

- ❑ TURF
- ❑ FRAT
- ❑ Flip-Com
- ❑ FROP-Com

Question 6

Name three emotional impacts on the person of recognising they are at a risk for falls.

Question 7

Which of the following signs might a family member or carer display when supporting someone at risk of falling? Tick all that apply.

- ❑ Tiredness
- ❑ Guilt
- ❑ Physical injury
- ❑ Joy
- ❑ Loneliness

Question 8

Which of the following statements about the effect of medication contributing to falls are correct? Select yes or no for each one.

a. Sedatives and hypnotics can cause sleepiness and slower reaction time.	Yes / No
b. Antipsychotics can cause movement effects including tremors.	Yes / No
c. Benzodiazepines usually give you lots of energy and make you feel connected to reality.	Yes / No
d. Diuretics cause a person to have to urinate more often.	Yes / No

Question 9

Match each term on the leftabout the medical causes of falls to the signs on the right that recognise an increase in the risk of falls.

Poor nutrition	Stiffness in joints will change the way a person moves.
Nocturia	Decline in energy can lead to dizziness and fatigue.
Stroke	The person may have to rush to the bathroom at night in the dark.
Arthritis	Impaired mobility, leading to balance and coordination issues.

1B Provide opportunities to contribute and ask questions

Aged care workers are part of a team of people who provide care and support to the person receiving support. The person, their family or carer are an important part of this team.

The older person may have a spouse, family member, friend or primary carer who lives with them, or visits and provides some support. These people are an important and central part of the care team.

The person and the carer can often help you to confirm that you are supporting the person according to their preferences. They can help you to understand the person's preferred daily routines and how they like things done. If the person is not able to communicate their preferences, their carer or family members will often have detailed knowledge of the person.

Support should be built around the relationships that the person has with family and friends.

Empowerment
The process of gaining strength and confidence to voice one's own opinion.

It is important that the person and the carer are given the opportunity to contribute to recognising and reducing the risk of falls. Often, it is the person, their family or carer who have the most information and knowledge about the person's risk factors. Successful communication that shows respect and **empowerment** will support positive relationship building and trust.

Communicating with respect and empowerment

Communication is essential to all levels of human life, and effective communication is vital to forming and maintaining good working relationships in your role.

To ensure the most effective outcome when working with the person, their family or carer, your communication should show respect and make the person feel empowered. Good communication skills enable you to exchange information and build relationships. Allowing them to feel comfortable about contributing and asking questions is essential to recognising and reporting the risk of falls.

It is important to be aware of culturally appropriate boundaries and differences in the ways people communicate to avoid causing a breakdown in the relationship.

Always speak to the person in a calm, clear manner to help them understand and respond to what you are saying.

When verbally communicating with the person, their family or carer:

- use **active listening** skills
- apply appropriate communication techniques
- provide information clearly
- allow time for the person to contribute and ask questions
- obtain feedback to confirm their understanding and yours.

Active listening
Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Respectful communication

You should understand and be able to apply respectful communication techniques to build trust so the person and the carer feel that their contribution is valued.

Showing true consideration and regard for what a person is saying will help to build insight into the individual needs of the person, their family or carer while building effective relationships. Respectful communication is built by practising and implementing the following.

Effective speaking	The words you choose, how you say them and how you reinforce them with other non-verbal communication
Active listening	Making a conscious effort to hear not only the words the person is saying but the whole message they are trying to communicate
Empathy	Being attentive and responsive to other people's input during the conversation
Centring of the conversation	Truly listening to the person's and carer's input and not making the conversation about yourself
Avoiding criticism	Offering constant positive reinforcement in the conversation and giving constructive comments. Not criticising the person's ideas, thoughts or input.
Using feedback to confirm understanding	Gaining feedback in an attempt to understand all of the information that has been conveyed to you
Effective questioning	Obtaining the information required to identify the person's needs and to provide the appropriate quality of care

Active listening

One of the most respectful communication techniques that you can use is the technique of active listening.

Active listening will allow you to develop a good relationship with the person, their family or carer by listening beyond the words that are being spoken and truly understanding the message that is being communicated. Rather than thinking about how you are going to respond to what the person is saying during a conversation, you are just listening to the story being told.

The following table outlines what is involved in actively listening.

Active listening technique	How you can demonstrate it
Be present	• pay attention and give your undivided attention • try not to be thinking about your next question • look the person directly in the eye • interpret their body language
Be comfortable with pauses in the conversation	You instinctively want to fill gaps in the conversations. Having a pause before you reply during a conversation can assure you: • are not Interrupting • are considering what the person is saying • are allowing time for what they have said to make sense before you reply.
Avoid distractions	Move to a quiet area where there is no background noise and shut doors if needed. Turn off phones and if other people come to interrupt ask them to return at a later stage. This will reinforce that you are there to listen and respond to the person's contribution.
Use paraphrasing	Reflect back and verbally repeat what the person is telling you in a few words. This can confirm you are listening and understanding what their message is.
Check for understanding	It is important to check that the person or carer understands what you are telling them. To do this, you may need to pause from time to time and ask, 'Is that clear?' or 'Is this what you are trying to tell me?'.
Ask open-ended questions	Asking open-ended questions, or questions where there cannot be a yes or no answer, allows further opportunity for the person to share more information. It will increase your understanding and leave the person in control of the conversation.
Do not make judgments	Practise empathy and avoid negative thoughts entering your mind.

It is important to understand that, like learning any new skill, learning the skill of active listening may take some patience and practice to develop the techniques and to make it feel natural for you to use in conversations. Over time, though, it will become a very efficient tool for you to rely on when you are supporting an individual through their loss and grief.

Video: Good communication tips

Watch this video to learn some tips on how to communicate respectfully: aspirelr.link/yt-communicating-respectfully

What techniques does the video suggest using for effective and good communication?

Example

Communicating with respect

June is working in residential aged care and is supporting Barry, a resident at the facility. June is supervising Barry to walk back to his room after lunch and asks if he will be joining the exercise activity in the lounge this afternoon. Barry is quick to respond with a definite no and he starts talking with tears in his eyes about how he is fearful of falling after the bad fall he had last month.

June asks Barry if he would like to sit down somewhere quiet and have a chat. He starts to talk about how he thinks it is now best that he limits his movements and stays in his room as much as possible to avoid falling again. He says apart from the pain of the injury, his pride was also hurt from embarrassment and shame. He tells June that even though he knows he can walk with the use of his walking frame he is too frightened to do this.

June sits opposite him, at the same level, where she can maintain eye contact and just listens, allowing time for Barry to pause and have moments of silence. Occasionally, June repeats back exactly what Barry has said to confirm she is listening. When the conversation stops, June asks Barry some open-ended questions that allow him to talk further about his fear of falling. When another staff member approaches them, June asks them to come back in 10 minutes.

It is time for the exercise class and Barry and June are surprised they have been talking for half an hour. June convinces Barry to give it a go, as the exercises will actually help prevent further falls in the future.

Barry thanks June, telling her this is the first time he feels that someone has truly listened to him, and he feels like his fears have been heard. June feels like she has cemented a closer working relationship with Barry and is happy she could be there to listen to him.

Respectful non-verbal communication

Non-verbal communication can have an even greater impact on how communication is received and understood.

Non-verbal communication
The transfer of information or messages through the use of body language and signals.

It is important to use non-verbal communication that supports what you say verbally. This helps ensure that the person is not confused by your message.

Unintentional facial expressions can conflict with the verbal message you are communicating. If you cross your arms, you may be unintentionally communicating that you feel defensive. If you are handling a difficult situation, your body language could make the situation worse.

Here are some respectful non-verbal communication techniques to consider:

Facial expressions	Your facial expressions should match what you are saying. If the person is telling you something quite serious then your face should match what they are saying. This will show genuine respect.
Eye contact	Eyes are very important for non-verbal communication. In most cases, try to maintain eye contact, but do not stare. However, be aware that in some cultures, such as some First Nations cultures, direct eye contact may be considered threatening.
Gestures	Gestures are movements of the hands and arms, including animated hand movements and touching.
Personal space	Be careful to maintain an appropriate amount of space when interacting with the person and carer. Some people like to stand or sit very close to others, while others prefer a greater distance.

Cross-cultural communication

It is important that you communicate in a culturally sensitive way when identifying the needs of the person, their family or carer who come from a different cultural background.

Be aware that some cultures have specific approaches to communication and interaction. Try to learn something about different practices before you meet with the person, or carefully observe their behaviour and respond appropriately.

When communicating *with* someone from another culture you can learn some general skills that will help you to remain sensitive and aware of any differences that may occur. The following points will help you to understand this:

- Keep language simple and clear, and avoid slang.
- Practise active listening.
- Avoid closed or double questions.
- Use pictures, cues or drawings, or write things down.
- Arrange to have an interpreter present if needed.
- Be supportive and give encouragement.

Barriers in communication

Individuals who can successfully communicate often take it for granted that there are individuals who have difficulty in communicating.

By modifying the way you interact with people, you can support them to communicate and effectively contribute to recognising and reporting the risk of falls. Here is some guidance on how to identify and communicate with someone who may have difficulty:

- Identify from the first meeting with the person if they need support with their communication.
- Enhance your communication skills by learning visual cues such as facial expressions, pointing, use of objects and the key signs in the Australian sign language, Auslan.
- Face the person and make eye contact where possible to show you are listening.
- Let the person know if you do not understand them so you can find a solution together.

Providing opportunities to contribute

Empowering the older person to contribute to their own support is often a stated goal but in reality, the busy and often complex nature of aged care can make this seem difficult to achieve. However, including the person and carer as part of the team can enable a more realistic and truer outcome for identifying and reducing the risk of a potential fall.

Think about your own life, the decisions and choices you have made and who was important in helping you make those choices. Now imagine that someone took all that away from you, made all your decisions and took away all your choices. How would it make you feel?

You would likely feel disempowered, unworthy or defeated.

Often well-intentioned workers think they are doing the right thing by the person by making choices or decisions for the older person. They may think the person does not have the capacity or energy to make these decisions.

By including the person and their carer when identifying the potential risk of falls you are empowering them to be in control of their own life. At a time when the person may feel that so much else has been taken away from them, this empowerment will help give them back the confidence and control to make their own life choices.

Standard 1. Consumer dignity and choice of the Aged Care Quality Standards discusses that each person will be supported to exercise choice and independence. This can be done by ensuring the person has options and information to support their choice, and has the right to be treated with respect.

For more information about *Standard 1. Consumer dignity and choice* of the Aged Care Quality Standards, visit: aspirelr.link/acq-standard-1

Video: Aged Care Quality Standard 1

Watch this video to learn more about *Standard 1: Consumer dignity and choice*: aspirelr.link/yt-standard-1

Take note of how you can help meet Standard 1 when working with the person in reducing their risk of falls.

Empowerment

Identifying and reducing the risk of a potential fall is a priority in all ageing support.

The person and their carer need to be acknowledged as the experts in the person's life. They have much more knowledge and information about what could contribute to a potential fall than any other worker. You need to make sure when working through the process of identifying a falls risk, that you seek the contribution of the person and their carer.

When a person is empowered, they have power over their own choices and ultimately their own life. Learning some techniques on how you can empower people receiving support and their carers will make you a compassionate and more trusted worker.

One of the easiest ways to empower the person is to get to know them. Know who they truly are as a person, know what they like and dislike and know what is important to them.

The following table explains the principles of empowering someone in aged care services and the techniques you can adopt to empower the person, their family or carer to contribute.

Empowerment principle	Empowering the person and carer to contribute
Ensure access to reliable information	Giving a person up-to-date and reliable information about the risk of falls is important so they can make informed choices and give informed responses. Information may come in the form of: • a falls risk factor checklist in paper version • websites with latest falls risk information • the latest articles from a medical site related to falls risks.
Be aware of what the falls risk factors are	Ensure the person is aware of what a falls risk factor is. Some people may not even recognise that their lifestyle, medical conditions or medications are contributing to the risk of falls.
Give precise information	Give information that is easy to follow and easy to understand. Most medical or government websites will provide an easy-read version of information such as: • The Aged Care Quality Standards • The Charter of Aged Care Rights.
Connect with peers who are facing the same challenges	Often, meeting and discussing falls risks in a group with other people who are also in a higher falls risk category can make the person feel like they are not alone. Organising a group meeting or information session to discuss falls risk factors with other older people will empower the person to discuss their own experiences, compare them with others and talk through similar experiences.
Seek contribution	Having the person involved in identifying their risk of falls is a valuable path to empowerment. When it is recognised that someone may be at risk of falling you should include them in all steps from there on. This will include: • explaining the process of identifying the risk factors • including them when completing the screening tool • asking them what they think are the biggest risks • Involving them in planning once risk factors are identified • giving them choices about strategies they can use.

Empowerment principle	Empowering the person and carer to contribute
Give choices	If a person is given access to make their own choices, they are more likely to then be motivated to do something. Helping someone to make choices may include: • giving small amounts of information at a time • only expecting one decision at a time • giving time for choices to be made • allowing time for the person and carer to ask questions.
Allow them time to speak	The person should be encouraged to speak and contribute to all conversations. Their ideas and suggestions should be heard and not ridiculed. They should be valued and not dismissed. There should be time for the person to give their input and thoughts on what they believe could be the risk factors for falls and what they think could be done about it. This is where you would practise active listening to ensure you are hearing the full story from the person or carer.
Ensure they know their rights	The person and the carer have the right to contribute and ask questions about the support and services that they are accessing. These rights are written in law in the Charter of Aged Care Rights and the Aged Care Quality Standards. Ensure the person knows these rights and understands what to do if they are breached. Give them an easy-read version or weblink to access these rights.
Express appreciation for their efforts	Let the person and carer know that you appreciate their input and that it is very valuable to the identification process of recognising the potential risk factors for falls. When someone feels appreciated, they will feel happier and more valued as part of the team.

For more information about the Charter of Aged Care Rights in an easy-read booklet, visit: aspirelr.link/charter-of-aged-care-rights

Example

Seek contribution from the person

Linda has recently had a few trips and almost falls in the residential aged care facility where she lives. The staff have requested that she attend a meeting to discuss her potential risk factors for falls. Linda's daughter Nicole, who is very involved in Linda's care, has also been asked to attend.

Linda and Nicole turn up to the meeting with no idea of what they will be discussing. Factors for falls risk is a new idea and concept to them both.

Jason is running the meeting today and recognises that he needs to help empower both Linda and Nicole to contribute and make choices about their options.

Jason gives the following information to Linda and Nicole:

- An easy-read booklet of the Charter of Aged Care Rights, highlighting the part about rights and choices
- A sample falls checklist
- A copy of the FRAT used at their facility to show what the screening process is
- An easy-read information sheet of the message behind preventing falls.

He understands this is a lot of information for them to both take in all at once. He reschedules another meeting for two days' time and gives his email address for any questions they may have.

Linda and Nicole both attend the scheduled meeting two days later feeling informed and empowered that they will both be able to contribute to the risk of falls discussion and make informed decisions.

Providing opportunities to ask questions

Once the person has been able to contribute to the process of identifying falls risk, they must then be given time to ask questions.

Asking questions is a valuable tool not only for the person, their family or carer but also for the workers involved. Asking questions can help the person and carer to:

- acquire new knowledge
- eliminate any confusion
- make the person feel empowered
- guide the conversation in the direction that the person wants it to go.

Often, there are barriers to people actually asking the questions that they want to ask. This could be due to many reasons, including bad past experiences in being made to feel stupid when they did ask the question or not being given enough encouragement or time to ask. It is your role when working with someone to identify their risk for falls that you build a good relationship that encourages the person to feel empowered to ask questions.

The following information offers you some practical ways to complete this in your workplace.

Questioning technique	Description
Use active listening	Use active listening skills to hear what the person is telling you. Are there questions being asked that you may not have heard before? Can you hear in their voice that they would like to ask questions but may not have the confidence to do so?
Give time	Often, questions may not be asked because there is not enough time. Allocating specific times for the person to ask questions is important. You could: • stop after every new discussion point and encourage questions • allow time at the end of the discussion to ask questions.
Give examples	You can give a list of suggested questions that could be asked. Share what questions other people have asked in the past; this may prompt some thought or ideas.
Write down thoughts	Encourage the person to write down any thoughts or questions they have before, during or after the discussion. This way you can come back to them when you have time, and they will not just be relying on memory.

Questioning technique	Description
Allow privacy	Some people may not feel confident enough to ask questions in front of other people. Allow a quiet time away from others for the person to ask questions.
Do not ridicule	No-one should be made to feel silly for asking any question. Even if you know you have covered the topic or answer in the discussion, give the person time and treat their question with respect.
Follow up	If someone asks you a question and you cannot answer it immediately, offer to follow up within a time frame and get an answer for them. This will build trust between you and the person.
Share contact information	Once you have completed the discussion with them, offer them your contact information so that they can follow up with any questions they may have later. This could include giving them an email or phone number.
Encourage feedback	Feedback is a great way to confirm that the discussion reached the aim that it was trying to achieve. Encouraging a person to complete a feedback tool allows them time to think about what else they might like to have known or what was not resolved in the original discussion.
Ensure confidentiality	If the person is concerned about speaking up or asking questions due to not wanting other people to know, guarantee them that the conversation will be confidential and that you will not share the information with anyone who does not need to know.

A person's rights to not include a carer

The person accessing services has the right not to involve their carer in the discussion to identify their falls risk.

You must respect that even though you might think it is beneficial to have the carer involved, the person can make these decisions and choices about their life independently.

The Aged Care Quality Standards state that you should support the person to make as many independent decisions as they can about their care and services. One of these includes making decisions about when family, friends or carers should be involved in their care.

If the person, however, does not have the capacity to make their own decisions due to being deemed no longer competent, then all legal decisions must be made and approved through their substitute decision maker.

This does not mean you will exclude the person from all discussions, but it may mean that some decisions need to be approved before they can be implemented.

Example

Including the person

Ming receives support in his own home from a community aged care service since receiving a diagnosis of dementia two years ago. Ming is usually very good at making his own decisions about what he likes to wear, what he would like to eat and which way he likes to walk around the block.

You have recognised that Ming is becoming unstable when he is walking and have reported this to your supervisor. It is recommended that Ming should have a meeting with his son, Peter, and the support team to complete a falls risk for older people (FROP-Com) screening tool.

Ming does not want Peter at the meeting as he says he talks too much, and then no-one listens to him. You recognise that Peter is the substitute decision maker for Ming and must be included in all legal decisions made about his life.

It is decided that two separate meetings will be held: one where Ming can contribute and ask his own questions, then another where Peter can also contribute his own thoughts and approve any legal matters if needed. Ming is happy with this and thanks you for your support.

Practice Task 2

Question 1

Name four ways you can show respect to someone in your communication through active listening.

Question 2

Which of the following actions empower a person to contribute to discussions and ask questions about identifying falls risk factors? Tick all that apply.

- ❑ Ensure you provide constructive criticism for every point they make.
- ❑ Allow time for them to speak.
- ❑ Give them lots of information at once.
- ❑ Explain the process for identifying the risk factors.
- ❑ Give them an easy-read version of their rights.

Question 3

Which of the following statements about encouraging a person to contribute are correct? Select yes or no for each one.

a. You should include the person in the steps to identify their risk of falls.	Yes / No
b. Seeking contribution can include giving the person choices on what strategies they would like to use.	Yes / No
c. When completing the screening tool the person's input is not required.	Yes / No
d. Seeking contribution from a person allows them to feel in control of their own life.	Yes / No

1C Refer needs, issues and concerns outside of your scope of practice

Scope of practice
Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

All aged care workers have clearly defined work roles. Understanding the requirements of your job role and what and how you are expected to perform your duties is essential to delivering quality support and care within your scope of practice.

When you are working with people who are at a risk for falls there are many different factors involved in getting the correct solutions. It is always important to ask questions and find out as much as you can about what your job role and expectations are in identifying the potential risk of falls. Doing this will help you to do the work to an acceptable standard. It can also help you to work safely and within the law.

Your scope of practice

It is very important that you understand the scope of your practice and your limitations.

There are limits to the support you are permitted to give. You may not have sufficient skills and knowledge or the specific training required to provide all the support a person requires when it comes to recognising and reporting the risk of falls. It is important for your wellbeing, and that of the people you are supporting, that you work within your role.

The scope of your practice includes the tasks that you are permitted to perform within your training, job role and service policies. If a task is included in your job description but you do not have the training or experience to complete it, then it is your responsibility to speak up if you feel you may need further training or instruction.

Clarify your scope of practice

The first step to understanding your scope of practice should be to clarify your job role and to confirm what is expected of you.

Position description
Provides details about one's work role (also known as a job description).

The support you provide will depend on the type of service your organisation delivers, your tasks as described in your position description and the scope of your role. Aged care support workers' tasks for recognising the potential risk of falls can include a combination of the following:

- Getting to know new people receiving support to determine their risk of falls
- Implementing strategies from a plan to reduce the risk of a fall
- Monitoring the safety and wellbeing of the person
- Documenting a need, issue or concern that you see or hear that could be a risk
- Reporting to your supervisor what you have seen or heard.

If you have never been involved in the process of a falls risk assessment, you should seek some extra supervision, support and training.

Example

Scope of practice

Amanpreet has just completed her Certificate III and started working in a residential aged care facility as a support worker. Amanpreet recognises that one of the people receiving support, Henry, is unsteady on his feet while walking. She reports this and documents what she saw.

The supervisor on duty asks Amanpreet to complete a falls risk screening on Henry.

In Amanpreet's job description it states that she can assist to complete the falls risk assessment tool. Amanpreet has only completed classroom training on this and never done this with a real person. She recognises this is out of her scope of practice.

Amanpreet discusses this with her supervisor, and her supervisor apologises. She organises another staff member who is experienced in completing the assessment to buddy up with Amanpreet. They go to Henry's room and complete the assessment together.

Establish needs, issues and concerns

Part of your scope of practice is to identify and recognise when a person has a need, issue or concern in relation to the risk of falling.

An issue or concern is a situation where the person may have a problem, barrier or worry. The need generally comes from the issue or concern. A concern is generally more serious than an issue but either word describes that there is a problem that needs to be investigated.

Example

Needs, issues and concerns

1. Sharon has an issue with her shoes and she is concerned that she will fall. She needs to see a podiatrist to be fitted for better shoes.

2. Ralph's son, Jamie, has concerns over the amount of alcohol he drinks. He is worried that he will stumble when going to bed and hurt himself. This seems to only be an issue on weekends. Jamie and Ralph need to discuss this with the support worker or GP.

3. Antonio needs a railing put near his toilet as there have been issues with him almost falling onto the toilet seat. His son, Pas, is concerned he will fall and miss the seat altogether and end up on the ground.

Your role

Your scope of practice is to ensure you identify these needs, issues and concerns, report them to your supervisor and document them according to your organisation's policies and procedures.

You can do this by:

- observing the person
- comparing past history with recent history
- listening to feedback from the person
- asking the person questions
- reporting anything that seems or appears different.

Referring tasks outside your role

There will be a range of different situations and scenarios where you will need to escalate tasks to your supervisor or to a health professional.

When you first begin your aged care role, ensure you understand who you must report to when you have concerns or problems. Your organisation will also have policies and procedures for escalating different work situations to the correct person.

Examples of practice outside of scope	
Needs	• A person needs their medication adjusted as it is making them drowsy. • A walking frame needs to be fixed as the wheel is wobbly. • A person needs you to hold them while they walk as they don't like using their mobility aid.
Issues	• The person receiving support has an issue with their mobility and should partake in a falls screening assessment. • You have an issue with the way the person is relying on you to mobilise. • There is an issue with too much clutter in the person's room.
Concerns	• The person is concerned about falling again as they have already fallen twice this month. • You are concerned about the way the person walks as it appears unsafe. • The person is taking sedatives at night and there is a concern about how drowsy they are in the night.

You are never permitted to try to solve or fix examples like these. You may be putting yourself and the person at further risk by doing so. You are to refer these to your supervisor and follow their direction.

Asking for help

Always ensure that any decisions or actions you make are appropriate to your level of responsibility and in line with the service policies and procedures that apply to your role.

Situations may arise where you are asked to perform tasks that are beyond the scope of your role, such as by the person, their family member or another staff member.

In these situations, let the person know that you are not permitted to perform this task, but that you will find a way for it to be done by a person who is qualified or permitted to perform it. Then let your team leader, supervisor, enrolled nurse or registered nurse know about the request.

Policies and procedures

Organisations develop policies and procedures that outline their expectations of the quality of support they provide to people receiving support.

Support workers have responsibilities to follow the organisation's policies and procedures. Your supervisor, colleagues and your position description are good sources of information about your role in recognising the risk of falls.

Some managers will go through the position description with you during an orientation and induction session.

Policies, procedures and guidelines you may be expected to follow in relation to your scope of practice may include:

- code of conduct
- falls
- accidents and incidents
- documentation
- incident reports.

Remember that policies and procedures are there for your safety and the safety of those you work with. By following these policies and procedures you are working within your scope of practice and following all legal guidelines.

Reporting concerns

Some concerns and problems can be solved by talking to your supervisor, or other members of the team.

Other concerns or problems may need to be referred to professionals, such as a doctor or physiotherapist.

You should always report to your supervisor first when you are concerned about a person's risk of falls.

You should report to your supervisor:

- anything that makes you feel concerned for the safety and wellbeing of a person you support
- any sign or suspicion of abuse or neglect
- any changes in the person's condition, such as deterioration in their cognitive abilities or signs of sickness
- pain or other symptoms that must be managed by a nurse
- requests that you know are not permitted to be performed by you, or that are outside policy.

Emergency situations

There is an exception to the rule when it comes to always reporting to your supervisor first in an emergency, such as:

- you walk into someone's house, and they are lying unconscious on the floor
- you walk into a person's room, and they are lying on the bathroom floor bleeding.

In instances such as these you would not be expected to seek out your supervisor first. In a residential aged care setting you would press an emergency alert system on the wall or your work pager/phone. In the community setting, you would phone emergency services and seek their help.

Referring to health professionals

There may be times when you need to refer a person's needs, issues or concerns to a health professional.

This may be when their needs are too great for your service or the issue or concern would be better treated and managed by a person who is trained in this area. Your organisation will have a set referral procedure for completing this.

It may be outside of your scope to actually refer someone, but you can still work within your scope of reporting and documenting.

Professionals that the person may need to be referred to in regard to risk of falls could include the following.

Professional	Role	Referral example
Physiotherapist	• Teach people how to get up off the floor safely • Give specific training in strengthening exercises • Detect difficulties with movement, strength and balance	The person is living by themselves and recently had a fall where they were on the ground for three hours before they could get help.
Occupational therapist	• View and modify the living arrangements to reduce risk of falling • Use education to change a person's behaviour	The person is living in a small unit with a lot of clutter. They are unsure of where to start in making it safer and reducing their risk of falling.
Dietitian	Assist in meeting the person's energy requirements, calories and nutrients through food and supplements	The person has been diagnosed as underweight and has a poor appetite.

Professional	Role	Referral example
General practitioner	• Identify a person as a high falls risk • Adjust the person's medication • Refer the person to another professional as required	The person is taking too many medications, which makes them sleepy at night and need to urinate more often during the day.
Pharmacist	• Manage the person's medication into dose administration aids • Give advice on side-effects of many medications • Recommend supplements such as vitamin D	The person is getting confused with their medications and has accidently sometimes taken their night-time medications in the morning making them drowsy and confused.
Podiatrist	• Can complete initial falls assessment • Can obtain assistive foot devices and fit shoes correctly	The person has shoes that are tight and digging into their toes.
Emergency services	Ambulance can be sent with paramedics to transfer the person to a hospital in an emergency situation.	The person has fallen, and they are bleeding from their head.

Video: Falls identification and prevention in Australian residential aged care

Watch this video to learn how an exercise program designed by a physiotherapist can reduce a person's risk of falls: aspirelr.link/yt-reduce-risk-falls

Discuss: What are some of the benefits for having a tailored exercise program designed by a physiotherapist?

Video: Pharmacists' roles in identifying and preventing falls

Watch this video to learn how the importance of a home medicines review can reduce a person's risk of falls: aspirelr.link/yt-review-risk-falls

Discuss: What are the benefits of a pharmacist reviewing the person's medication in their own home?

Example

Refer tasks to a health professional

Example 1: You support Dimitri, an ageing person who lives in a unit in the community. You arrive to find that he has fallen in his bathroom. You know that attempting to lift Dimitri could cause additional harm to Dimitri or to you. In this situation, your policy and procedure requires you to call an ambulance, sit with the person until they arrive and report to your supervisor when able.

Example 2: You walk into Elsie's room and find her lying between the bed and the wall. She appears uninjured and is asking you to help her stand up. You know that attempting to help her to stand may cause additional harm to Elsie and you. Your policy and procedures state you must phone the registered nurse or clinical care manager on duty immediately and press the emergency call bell for immediate assistance.

Practice Task 3

Question 1

List at least three needs, issues or concerns of the person that fall outside your scope of practice.

Question 2

Name three health professionals you may need to refer a person to as part of recognising and preventing the person's risk of falls.

1D Recognise and document physical and psychological risk factors of falls

A support worker must be able to recognise physical falls indicators, identify when a person is presenting with any of these factors, and document their observations according to workplace policies and procedures.

Often, support workers are the eyes and ears behind any risk factors that the person presents with. In community support, for example, support workers may be the only people who physically see the person for a given period of time. Therefore, they must be able to understand what the physical **indicators** and factors are for the risk of falls and know where to document their findings. The person's health and wellbeing can depend on a support worker completing their duty of care to recognise and document their observations according to organisational policies and procedures.

Indicator
Something that indicates the state or level of something; a gauge or measure.

The physical indicators of risk of falls are the most common falls risk factors as discovered and researched by medical professionals and researchers.

Different groups will base their research on different indicators, but Australian research generally looks at the physical risk factors for falls based on:

- how much the person is linked to the risk factor
- the ability for the risk factor to be modified.

Example

Physical indicators

Josie has an impaired walking pattern due to her arthritis and visual impairment. These are two of the highest risk factors for falling. She is directly linked to having these factors. Health professionals have used strategies and interventions to modify these by providing her with better glasses to see out of and assisting her with strengthening exercises and pain medications for her arthritis.

Physical factors contributing to the risk of falls

The many years of studies and research into why ageing people fall indicate some common physical factors that contribute to the risk of falls.

As discussed previously, one of the highest risk factors to falling as the person ages is the ageing process itself. It is usually not one factor that contributes to the increase in risk but often multiple factors.

Physical factors can also include the person's illnesses, pain they experience, disabilities and genetics.

The most common physical factors that will increase a person's risk for falls are discussed below.

Physical risk factor	Explanation
Reduced muscle strength	Reduced muscle strength, especially lower extremity weakness, is a big risk factor for falls. **Muscle atrophy** due to malnutrition, age or lack of exercise can cause the person to have difficulty: • rising to stand from a chair • lifting feet up to walk • correcting their body when they become unbalanced.
Previous falls	If the person has had a previous fall and in particular been injured in that fall, they are more likely to fall again within the next six months. This can be due to: • the factor that caused the first fall not being able to be modified • the risk factor still being present and not having been managed or reduced • the person having been injured and left with further risk factors such as leg injury or increased pain.
Visual impairment	Being vision impaired, even just partially, can cause an increase in the risk of falling. The inability to see an item on the floor or a change in the height of flooring can cause the person to trip or slip. People may have: • loss of central or peripheral vision • blurred vision • extreme light sensitivity • night blindness.

Muscle atrophy
Wasting or thinning of muscle mass.

Physical risk factor	Explanation
Cognitive impairment	Cognitive impairment, such as a diagnosis of dementia, memory loss, or effects from a stroke or traumatic brain injury, can cause an increase in the person's risk of falling. This could be due to: • forgetting to use their mobility aid when they stand • forgetting that they can no longer walk • lack of insight into safe mobility and unsafe mobility.
Functional impairment	These are the impairments that a person may have after experiencing a serious illness, hospitalisation or when they start to lose their independence. The person then can find it difficult to perform everyday tasks such as bathing, dressing, toileting, preparing meals and eating. The functional impairment itself is often not the cause of the fall –rather it is the effect that comes from having a functional impairment. For example: • a person is finding it difficult to cook meals, which leads to malnutrition which leads to loss of muscle • a person who has multiple sclerosis has had a decline in their ability to shower independently so they are at a higher risk when they have a shower.
Depression	The symptoms of depression can have a direct role in increasing the risk of falls. Symptoms of depression in older people can include poor nutrition, weight loss, lack of exercise, insomnia and medication usage. These symptoms could cause the person to: • get up in the middle of the night exhausted and not see an object on the ground and slip • lose weight and muscle so there is a decline in muscle strength • experience medication side-effects leading to dizziness or fatigue.

Functional impairment
Loss of functional capacity affecting a person's ability to perform everyday tasks.

Recognising changes in posture, gait and balance

The reduction in muscle mass and strength can leave the older person experiencing changes in their posture, gait and balance. This is one of the major physical risk factors for falls.

As people age, their **musculoskeletal system** starts to lose the flexibility and strength that it had when they were younger. Joint movements become stiffer, muscles reduce in size and bones become less dense. The combination of these changes, and other risk factors, can change the way their posture presents, the way they move when they walk and their balance.

Musculoskeletal system
The body system, made up of muscles, cartilage, tendons and bones. Provides a framework for your muscles and supports your body's weight, maintains your posture and helps you move.

Your role in aged care is to be able to identify when there is a change in one of these and document and report this to the correct person.

The following table discusses some common changes that may occur in posture, gait and balance that could increase the risk of falls.

Normal presentation	Changes that can occur	Risk of falling
Posture Your upper and lower back is straight Hips aligned with shoulders and knees Head in neutral position, not leaning forward	• Back curves forward resulting in a stooped position • Spinal discs harden and lose flexibility with spine becoming compressed causing the person to lose height and become shorter	• Fall forwards • Top heavy with head leaning forward • Lose ability to move quickly if needed
Gait Alternative and rhythmic movements of the trunk and limbs keeping upright in a forward motion	• Decreased hip extension • Weaker push off from each step due to muscle weakness • Stride length changes, becomes shorter and is not consistent. • Decreased speed • Taking shorter steps • Shuffling	• Becoming conscious of the way you walk can lead to an unnatural stride • Unable to step over items on ground • Not enough strength in lower legs to support body
Balance Know where the body is in the environment and can maintain a desired position Normal balance depends on information from the inner ear, sight, touch and muscle movement	• Light headedness, dizziness and blurred vision • Feeling as if they are going to fall • Body is swaying • Unable to walk steadily, or holding onto items as they walk	• Dropping down when standing as they are off balance • Vision disappears and they are unable to see • Leaning into the wall and sliding down

Documentation

Documentation is an essential part of the communication process in your organisation.

There is a mantra in aged care that 'if it is not documented, then it didn't happen!' It may sound like a threat but instead is meant as a reminder for staff to remember that documentation is vital to ensuring the needs of the person are communicated and met.

When something is not documented, or not documented well, it can lead to miscommunication or lost information, which can result in harm or unmet needs for the person.

Documentation can be paper-based, electronic or a mix of both. Some of the documentation you may use when documenting the person's falls risk could include:

- the individual support/care plan
- the person's daily notes
- handover notes
- funding instrument checklists
- FRAT or FROP-Com.

Your organisation will have policies and procedures in place to guide you on how to document events in the workplace.

For documentation to be of a high-quality standard it should be:

Clear, legible and concise	Choose your words carefully; don't use too much jargon or slang. Construct your sentences correctly so the reader will understand what you are trying to communicate. Use correct grammar. Eliminate any unnecessary words. Use positive language and avoid criticism.
Accurate	Ensure your words are relevant to the topic you are wanting to communicate. Use simple words that tell the reader what you mean. State your goal of what you would like to happen as part of this communication.
Objective	Only write information that is seen, heard, witnessed or initiated by you. Do not go off second-hand information. Stick just to the facts. Do not put in any feelings or assumptions about the event you are communicating.
Detailed	Give enough details and facts so that the person reading it understands what you are trying to convey. Use descriptive words and vivid descriptions.

Objective
Non-opinionated, non-emotional and non-judgemental presentation of facts.

The information recorded should also state action taken, outcomes of assessments, identified risks, new complications and any changes you have seen or heard.

Remember when documenting that your words can be read by the person, the carer or family, other health professionals or used as legal evidence in court. Always maintain a professional standard in your communication and never criticise or talk negatively about the person, their family or your workplace.

For more information about documentation of information, visit: aspirelr.link/acsq-documentation-information

Physical and psychological effects of falling

It is not just the physical effect of a fall that you have to understand when assessing a person's risk of falls.

Recognising a person is at risk of falls or further falls can also lead to long-term psychological effects on the person.

Many falls in older people do not cause physical injuries, but about one out of five falls will cause a serious injury. This is an injury that will require medical or hospital treatment. The psychological effects both short term and long term can sometimes have much more long-term impact on the person. These can include:

- restriction in participating in activities
- reduced quality of life
- fear of falling again
- decreased independence.

Both the physical and psychological effects need to be treated as equally important when recognising and reporting risk of falls for the person, their family or carer.

Example

Betty's story

Betty is 83 and has lived independently her whole life. Betty was in the garden and had a small fall that led to a graze on her knee. She recovered well but became more cautious when she went back in the garden. Out at the supermarket, Betty slipped on the floor, which resulted in needing stitches to her elbow and caused her some pain. Betty decided not to go to the shops again by herself. While walking down the front steps to collect the mail, Betty tripped and broke her ankle. She lay on the ground for an hour before getting help from her neighbour. This resulted in a four-month recovery time with lots of painful rehab. Betty is now fearful of leaving the house. In fact, she spends most of her day moving from the lounge to the bedroom to reduce her risk of falling again. She has lost her independence and has developed a real psychological fear of falling again.

Physical effects of falls

When a person falls and injures themselves, there is both the acute or short-term injury that comes from the initial fall and then the long-term injury or consequences that can follow.

Physical effects can be as mild as a small bruise or graze to as serious as a traumatic brain injury or even death. This is why having good systems and communication in place to recognise and report the risk of falls, so you can implement strategies to stop the person from falling or reduce their risk, is of utmost importance while working in aged care. The most common physical effects of falling in people over 65 are discussed in the table below.

Physical effect	Sign	Consequence
Fractured bones	• Limb deformity • Bone protruding from skin • Severe swelling • Bruising • Painful to touch	The most common fractures occur in the hip, wrist, arm and pelvis. An older person will take longer to recover from a fracture due to: • the ageing process delaying the healing process • bones being thinner and weaker • other health problems, such as diabetes or osteoporosis, leading to reduced bone density • medications that weaken or stop the healing process.
Head injury	• Bleeding • Bruising • Swelling • Loss of consciousness • Confusion	These can be very serious especially if the person is taking certain medications, such as blood thinners. They can result in traumatic brain injury or death. If a person does fall and hit their head, they should seek immediate medical assistance.
Hematoma	• Increased headache • Vomiting • Drowsiness • Unequal pupil size	Trauma to the head causes internal bleeding on the brain and under the skull. This is a serious injury that you usually cannot see. It will need a medical diagnosis to confirm. Often the person will appear lucid and then can rapidly decline, often to the point where it is too late to intervene and save them from dying. Again, if a person does fall and hit their head, they should seek immediate medical assistance.

Physical effect	Sign	Consequence
Joint dislocation	• Obvious deformity at the joint • Numbness • Swelling • Limited ability to move	Apart from the joint being affected, it often can result in further trauma to the muscles, tendons and ligaments surrounding the joint. Due to the ageing process, it will take the person longer for the muscles to regenerate and heal, causing much pain and discomfort in the meantime.
Sprain	• Pain or tenderness • Swelling • Bruising • Not being able to put weight on the injured limb	A sprain or strain is the stretching or tearing of the ligaments. These are the tough bands that connect two bones together. Sprains can reduce mobility, cause as much pain as a fracture and take months to heal. Sometimes they are caused by an old injury being aggravated by a new injury where the muscles are already weakened.
Laceration	• Cut in the skin • Excessive bleeding • Inflammation • Pain at the sight	These can be caused by trauma to the skin from a sharp object. Sometimes when people fall, they will hit something sharp, which will result in a laceration. It may look like a cut, tear or gash. A skin tear is often the result of a fall where the top skin layer is torn back from the body, exposing the other layers of the skin.

Hip fractures

A hip fracture can dramatically increase an older person's risk of death.

This is why when you hear someone who is ageing has broken their hip it can bring increased fear and concern.

New hip fractures in an older person are most likely to be caused by the result of a fall. About half of the falls are in the person's home and around a quarter occur in aged care facilities. One of the biggest risk factors for a hip fracture after a fall is age.

The initial trauma and subsequent treatment, including surgery, can pose a high risk to an ageing person. Then other factors can lead to further long-term concerns. These factors include:

- immobility leading to muscle weakness
- blood clots forming in the legs or lungs
- ulcers forming from pressure areas
- urinary tract infections from inactivity
- increased dependency on others for support.

The combination of these can result in the person becoming functionally dependent, leading to a decrease in overall health and wellbeing. This can lead to further complications and sometimes an earlier death.

Long-term physical effects

The original physical consequences of a person falling can lead to long-term effects that can remain for many years or be lifelong.

It is important that one of the biggest physical effects of a person falling is that it increases their risk of falling again. Subsequent falls will lead to further complications and psychological effects.

Some of the long-term physical effects of a fall are shown in this table.

Gait changes	Gait can become unsteady and risky, especially if the fall injures part of the lower limbs. They may need a mobility aid to walk. They may have difficulty in moving around independently.
Chronic pain	Pain from the initial injury can last long after the fall has happened. People can develop chronic pain that is ongoing for weeks or years. Treatment using medication or further surgery may be required.
Chronic health problems	Existing health problems can be exacerbated from a fall and new ones can form. For example: • Arthritis can form at the injury site. • The person is more likely to develop pneumonia. • Inactivity can lead to obesity or malnutrition. • There is an increased risk of ongoing infection at the injury site.
Muscle weakness	Muscles can become weaker due to damage or immobility after the fall. Due to the person's age, it will be harder for the muscle to repair and can lead to long-term pain.

Example

Frank's fall

Frank was in his room at his residential aged care facility and fractured his hip while reaching up to shut his curtains about six months ago. Frank was very independent with his mobility before the fall and loved to attend all the activities, socialise at dinner and go for brisk walks after lunch.

When he fell, he not only fractured his hip, but received a large laceration on his arm and knocked his head on the bed as he came down. After four weeks in hospital, he returned to the facility.

He now relies on using a walking frame to mobilise and cannot go far without feeling some pain. He no longer attends the activities, cannot get up from the table to socialise and is unable to walk further than back to his room on a good day.

He has been left with an unsteady gait, arthritis in his hips and chronic pain. Frank also has developed a fear of falling again.

Psychological effects of falls

Often, falls that result in an injury or some type of trauma can also result in 'post-fall syndrome' or 'fear of falling'.

The high levels of stress and anxiety that come from the original fall leave the person psychologically distressed about the potential of having another fall. The initial fall can leave the person experiencing difficulty or having a fear of performing simple everyday tasks by themselves leading to a severe impact on the quality of the person's life.

In someone who has a fear of falling you may see signs of:

- the person being irritable
- the person having frequent worrying and anxious thoughts
- the person constantly fearing falling
- the person always thinking the worst will happen
- the person focusing on the negative.

It is important if you recognise the signs of someone who is experiencing a 'fear of falling' that you document what you have seen and what you have heard and report it to your supervisor.

If a person is experiencing these signs it can lead to longer long-term psychological effects.

Your supervisor may refer the person on to a psychologist or counsellor for further support.

Long-term psychological effects

The table below outlines the long-term psychological effects falling can have on a person.

Psychological effect	Effect on person
Functional decline	This is where the person's physical and cognitive functioning declines after they have spent a significant amount of time recovering from the injury caused by a fall. It can lead to a decreased quality of life and the need for further high care and support for their everyday life activities.
Depression	The person can become distressed and anxious after suffering an injury-related fall. This is due to: • their life no longer being the same as before they fell • chronic pain • increased dependence on others • constant fear and worry.
Loss of self-confidence	The embarrassment from falling and potential use of walking aids can lead a person to lose their confidence.
Loss of self-esteem	Increased dependency on others for everyday tasks can make the person feel less valued or worthy in society. They may start to question their sense of belonging and feel incompetent.
Increased dependency	As discussed previously, a psychological effect of falling is that the person becomes fearful of completing tasks on their own. They then rely on others to support them or to do things for them.
Frustration	Feeling as if they cannot change or achieve anything can lead to frustration. The person may start to get angry with their carers and take their frustration out on them.

Impact of falls on the family or carer

It is now commonly recognised that the impact of a person falling can also have physical and psychological effects on the carer.

Caring for someone who is at risk of falling is a stressful and worrying job that can take over the carer's thoughts and life. It should be recognised that you need to identify the symptoms of a carer who may be experiencing these effects. You must then document and report your observations to your supervisor.

The following table outlines some physical impacts on the carer.

Physical effect	Consequence
Limited freedom	Can be restricted to always needing to be with the person. This limits their ability to ever be away from the person due to that person needing constant supervision. It can limit their movements socially and alienate them from meeting with others outside of or away from the person.
Physical injury	The carer can experience a physical injury themselves. This could be due to: • trying to stop the person when they are falling • helping the person move and allowing them to rely on the carer for support • performing physical tasks alone that should be performed by more than one person • not receiving medical attention for previous injuries and aggravating the situation further.
Loss of income	Often, the carer can experience a loss of income from needing to reduce their work hours or quitting their job to become a full-time carer. This can lead to distress, anxiety and hardship on top of an already stressful situation.

The following discusses some psychological impacts on the carer.

Psychological effect	Consequence
Anxiety and worry	They may be anxious, scared, worried or stressed about the person having a fall. It can be a constant thought on their mind, making it hard to think of anything else.
Trauma	The trauma from seeing someone fall, especially someone you love, can be a shock and distressing. The person may have recurrent thoughts about this happening.
Resentment	They can have feelings of frustration, anger and negative thoughts at the person they are caring for. The carer may feel that their life is changed or ruined because of the person. You must be aware that resentment can sometimes lead to elder abuse. If you see any signs of this, you should immediately report them to your supervisor and document them.
Exhaustion	Many carers become chronically tired and desperate for a night's sleep where they do not need to get up and support the person. They may be getting up to help them go to the toilet or move them in the bed to avoid pressure area concerns or pain.

Psychological effect	Consequence
Depression	The combination of both the physical and psychological effects can often lead the carer to experience depression.
Burnout	The carer may feel that their life revolves around caregiving, and it is giving them no satisfaction or joy. They may have trouble relaxing even when they are not with the person.

Example

The carer's story

Grace is the primary carer for her mother Vivian.

Vivian is an 89-year-old woman who is recovering from a severe fall that left her with a fractured pelvis. This fall has left her with functional decline, constant pain and impaired mobility. Vivian relies on Grace for assistance with all her everyday tasks such as dressing and preparing meals and needs constant supervision when mobilising due to her increased risk of falls.

After her recent fall, Grace and Vivian decided it was no longer safe for Vivian to live alone, so she moved into the spare room at Grace's house.

Grace has taken extended unpaid leave from her role as a teacher to support her mum.

Grace often has to get up in the night to help her mother to the toilet, she sleeps with the hall light on and sleeps lightly as she is always listening out for her mum. During the day, Grace spends many hours assisting her mum with everyday tasks. Grace has not been out of the house alone for over 6 months and is starting to feel the burnout. She is starting to resent her mum and sometime wishes that Vivian would just go away and get out of her life.

Practice Task 4

Question 1

Which of the following are documentation requirements when identifying fall risks? Tick all that apply.

- ❑ Use medical jargon.
- ❑ Eliminate any unnecessary words.
- ❑ Use positive language and avoid criticism of the person.
- ❑ Only write information that is seen, heard, witnessed or initiated by you.
- ❑ Include your feelings or assumptions about the event you are communicating.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Weaker push off from each step due to muscle weakness can cause you to not be able to step as well as before.	Yes / No
b. Your balance is unaffected if your body sways when walking.	Yes / No
c. When your back curves and your posture is in a stooped position it can cause you to lean forward and fall forward.	Yes / No
d. Your stride length can change and become inconsistent because you become conscious of the way you walk.	Yes / No

Question 3

Identify two psychological and two physical effects that you may see in someone who is caring for a person who has fallen or is at risk of falling.

Question 4

Name four physical effects of a fall.

1E Recognise and document environmental risk factors of falls

The environment that a person lives and spends most of their time in, can often be an equal if not greater risk factor than physical risks for contributing to the person falling.

When an older person is identified to be at risk of falls, it is just as important to assess the environment they live in as it is to assess the person themselves. Often, it is a combination of environmental, physical, emotional, effects of medication and lifestyle factors that will increase the person's risk of falling. These factors should all be considered when completing an assessment.

Environmental factors are usually modifiable factors, meaning that they can be changed or altered to reduce the person's risk of falling. Once an environmental assessment has been completed you can work with your supervisors, the person's family and sometimes external people to assist in changing the environment.

Differences in residential aged care and the person's home

Understanding the main differences in environmental factors between a residential aged care facility and the person's home is important.

The facility will have a controlled environment that is designed to be safe and reduce as many falls risks as possible. There will be guidelines and policies and procedures that must be followed for the service environment. In a facility you will see:

- furniture that is specially designed for ageing people to easily get in and out of
- electronic and adjustable beds
- wide and clear pathways
- rails on every wall
- modified bathrooms that have accessible showers and toilets
- nonslip floorings.

These controls are in place because the aged care quality standards state that the organisation must provide a safe and comfortable service environment that is well maintained.

Having a fall at home is often one of the main reasons that a person will decide to move into residential care. The person and the carer know that the environment is well maintained and will reduce their risk of falling.

But in a person's own private home they can live in an environment that they want to live in. You can offer suggestions and modifications that could reduce their risk of falls but they may ultimately choose how they want to live in the environment. This is their right to dignity of risk.

Example

Jack's right to choose

Jack lives in a small one-bedroom unit by himself. He has been assessed as a high falls risk due to being previously found on the floor by his daughter, Helen, and also having Parkinson's disease.

Jack's house is filled on every wall with his racing car memorabilia and he insists on keeping his 6-seater lounge, a large dining table and rugs on every surface despite this not leaving any clear paths for him to walk through. Helen has tried many times to get him to clear a pathway from his bed to the bathroom, but he says he likes it all just the way it is. This is Jack's choice to live the way he wants to live.

Documenting environmental factors

The Australian Institute of Health and Welfare reports that half of the falls that occur in people aged over 65 will occur when they are in their home.

When assessing the risk of environmental factors, there are a number of screening tools that can be used for documenting the risk factors you are looking for and the outcome of the assessment. Before completing any of these assessments, it is important that you follow your policies and procedures in order to maintain your scope of practice.

As previously discussed, your organisation may use a FRAT or a FROP-Com to assess the person's risk of falls. These screening tools both have sections for completing an environmental checklist. They may also complete one of the following to further screen for what could be in the person's environment that could increase their risk of falling:

- Home safety checklist action plan
- Environmental audit, which will identify high risk areas
- Falls prevention checklist
- Home risk assessment.

Some of these checklists can even be given to the person and their carer for them to complete. This may give them better insight and ownership of what factors are increasing their risk.

For more information about a home safety checklist action plan, visit: aspirelr.link/home-safety-checklist

Environmental factors contributing to the risk of falls

There will be factors in a person's environment that can increase their risk of a fall. Understanding what these factors are can help you to reduce the risk of the person falling.

Understanding what you are looking for and knowing when to report could be the difference between someone falling or not falling.

The following outlines some environmental factors you should consider.

Environmental area	Risk factor
Kitchen	• Stovetop and oven height • Fridge door height or hard to open • Reaching up high to cupboards to get items out • Slippery floors • Plumbing issues with water leaking
Bathroom	• Toilet at incorrect and low height • Slippery tiles • Small shower with no rails • Bathroom mists up when shower is on • Leaking plumbing
Living area and bedroom	• Loose carpets or rugs • Excess furniture • Chairs that move easily when sat on • Clutter such as boxes, piles of newspapers etc. • Wires running across floors • Dim lighting in the day and night • Bed height is low • Pathways are not clear • Blankets falling onto the floor in the night

Environmental area	Risk factor
Outside the house	• Uneven ground such as in grass or dirt • Steps leading to and from house • Clutter in yard • Leaf litter, which can become slippery when wet • Hoses or other gardening equipment left lying around • Inadequate lighting • Garden beds low to the ground • Dogs or cats

Video: Falls prevention at home

Watch this video to further understand what hazards may be in a person's home that put them at a risk of falls: aspirelr.link/yt-falls-prevention-home

What are some of the hazards that are discussed in the video?

How can an occupational therapist assist with maintaining a person's independence in their own home?

Impact of risk factors on the person

Though many older people are aware that there may be hazards and risks in their own homes or environments, they may not make the changes needed to reduce their risk.

There are a number of reasons why a person may not have made these changes, and this can include:

- lack of finances to afford the alterations
- they haven't fallen yet so don't feel the need or urgency to alter their environment
- they are choosing to take the risk of falling
- they are unable to physically move the items needed
- fear at having other people come in and change their home.

If you use the message of staying 'independent for longer' then the person is more likely to understand the need to consider some of the safety measures suggested. The biggest and longest lasting impact on the person of potentially falling in their home may be the loss of their independence, leading to an increased dependency on others and sometimes then the need for a move to a residential aged care facility for higher level support. This can have a long psychological impact on the person and their carer.

Impact of risk factors on the family or carer

Environmental factors can impact the person's carer and lead to feelings of frustration and fear.

Frustration that they cannot change the person's house as the person may choose to live a certain way and fear in knowing that the person's environment is unsafe and hazardous can impact the carer. It is often this fear that leads the carer to having to modify their own lifestyle so that they can ensure the person is safe. This may include:

- moving in with the person, sometimes leaving their own home, other family members and lifestyle behind
- having other family members form a roster so there is always someone staying with the person
- always being on alert in case the person needs them
- injuring themselves from trying to move clutter or excess furniture
- driving long distances on a daily basis to visit the person
- feeling guilty if the person does fall
- feeling guilty if the person ends up moving to residential care and they went reluctantly.

If you see any signs of burnout or frustration in the carer you must report this to your supervisor and document your observation.

Example

Mark and his mother Sylvia

Sylvia has lived in her own home for 40 years. She has recently had many small falls that resulted in her needing some medical attention. Sylvia was prepared to install some handrails and put a night light in the toilet but insists on keeping a few things in place despite Mark almost begging her to remove them. These include:

- the fluffy rugs in the hallway to protect the carpet
- her double bed, which she has had for 30 years and is low to the ground
- the plastic covers on the lounge chairs.

Mark is nervous and anxious about Sylvia falling. He rings her three times a day and stops in to check on her on the way home from work despite it being a 40-minute detour.

Sylvia does not want to move or sell her home. Mark understands he cannot force her. He decides the best thing would be for him to move in with her so that he can be there in case she has a fall.

This will mean selling his existing unit, finding somewhere for his two large dogs to live and moving to a place that will take him over an hour to commute to work each day. He does this though as he says he could not live with himself if something happened to his mother.

Practice Task 5

Question 1

Name four types of screening documentation that could be completed to assess a person's risk of falls in their environment.

Question 2

Draw lines to match each environmental area to its risk factor.

Kitchen	Leaf litter, which can become slippery when wet
Living area/bedroom	Toilet at incorrect and low height
Outside the house	Reaching up high to cupboards to get items out
Bathroom	Wires running across floors

Question 3

Which of the following impacts may result from living with environmental factors that can increase a person's risk of falls? Tick all that apply.

- ❑ Choosing to take the risk of falling
- ❑ Moving into residential aged care
- ❑ Living a long and healthy life
- ❑ Fear at having another person change their home
- ❑ Losing their independence

Question 4

List two ways environmental factors that contribute to the risk of falls can impact a person's carer.

Summary

- As a person ages, their risk of falling increases due to many different factors. Some of the factors can be modified and some cannot.
- The ageing process is a natural and continuous process that starts to happen from early adulthood and continues until the person passes away.
- Maintaining a healthy body can help you slow down or even prevent falls risk factors.
- It is important to know how to identify the risk of someone falling and then complete a falls risk screening tool to see what can be done to change or reduce this risk. You must consult your supervisor if you know the assessment process is outside of your role.
- The falls risk factors will not only affect the person but will affect the carer as well. Including the person and the carer in the falls risk assessment is essential to get the best outcome.
- When working with the person and carer you must treat them with respect and help them to feel empowered to contribute and provide opportunities for them to ask questions.
- Sometimes the person's needs, issues and concerns will be outside of your scope of practice. You must then refer these to either your supervisor or a health professional.
- There are some common physical indicators of a person's risk of falling, including their posture, gait and balance. These risk factors can lead to a physical risk for the person of becoming injured, which can be both short term and long term.
- A fall can lead to long-term psychological concerns for the person and in the carer.
- A person's environment can be a factor in risks for falling. Identifying what is in their environment and trying to remove or reduce this risk through completing an assessment tool is the safest option.

Learning Checkpoint 1

Recognise potential risk of falls

Part A

1. Match each term on the left about the ageing process to its correct description on the right about how it increases a person's risk of falling.

Sight	They will decrease in size leading to less strength and decreased mobility
Joints	Increased need to go to the toilet may result in leaked urine on the floor causing a slipping hazard
Muscles	The lenses become less flexible and make it more difficult to focus
Bladder and urinary tract	Stiffness and loss of flexibility causing the person's gait to become unnatural

2. Which of the following lifestyle and health factors can influence the risk of a person falling? Tick all that apply.

- ❑ How active the person is in their life
- ❑ Experiencing new unexplained pain
- ❑ How healthy the person's diet is
- ❑ How much alcohol the person drinks
- ❑ Eyesight loss making it more difficult to see

3. Match each term on the left about a person's mobility to the influence on the right it may have on their risk of falling.

Physical disability	If the stride of the person is not strong or they are shuffling, this is a risk for falling
Posture	If this is stooped, it could cause the person to fall forward
Gait	Leaning to one side or not being able to right themselves is a risk factor
Balance	Can be an automatic high-risk factor leading to mobility being impaired and potential falls

4. Which of the following statements about a person's health factors contributing to falls are correct? Select yes or no for each one.

a. Taking an assessment of a person's environment can help clarify what could put the person at risk.	Yes / No
b. Clutter is not usually an issue in causing hazards for tripping.	Yes / No
c. Chronic health conditions can cause dizziness, nausea or sometimes incontinence.	Yes / No
d. A person who relies heavily on mood-altering substances such as alcohol for their emotional health is putting themselves at risk of falling.	Yes / No
e. Someone who has had a previous fall may worry a lot about having another fall, which can lead to emotional distress.	Yes / No

5. Name three ways a person can be empowered to contribute to the consultation process for identifying factors that might increase their risk of falls.

6. Which of the following statements about the impact that risk factors for falls could have on the person are correct? Select yes or no for each one.

a. If the person has had a previous fall, or is seen as a high falls risk, they may become anxious about falling again.	Yes / No
b. A person taking multiple medications may experience conflicting side-effects that increase their risk.	Yes / No
c. If the person sustained little injury after a fall, they may feel relieved knowing that they have a strong body and bones.	Yes / No
d. The person can become addicted to certain medications, which can affect the mind and thought process.	Yes / No

7. Draw lines to match each factor that contributes to falls to the impact it may have on the carer.

Mobility	Becoming injured when the person leans on them too much while they are walking
Lifestyle	Frustration that they are not getting enough support and are the only person trying to stop the person from falling
Medications	Accidently overdosing the person when they do not have clear guidelines
Emotional health	Not wanting to go out in public for fear the person may fall

8. Name four side effects of taking a sedative or hypnotic medication that would increase a person's risk of falls.

9. Which of the following are ways that you can show respect in your communication with the person and their carer? Tick all that apply.

- ❑ Use active listening
- ❑ Do not make the conversation about yourself
- ❑ Laugh when they ask a funny question
- ❑ Be empathetic
- ❑ Speak to them using words you would use with your mates

10. Name three ways you can ensure your documentation is written in an objective way.

11. Which of the following actions are part of your role in identifying the person's needs, issues or concerns? Tick all that apply.

- ❑ Observe the person
- ❑ Listen to feedback from the person
- ❑ Complete the screening assessment independently
- ❑ Refer tasks outside of your role to your supervisor
- ❑ Report anything that seems or appears different

Part B

Read the case study, then answer the questions that follow.

Case study

Penny is a new resident of the residential aged care facility where you work. She came to live there after having some serious falls while living in her own home that resulted in her needing hospital treatment for her injuries. Penny has arthritis, some urinary incontinence and has recently been diagnosed as being underweight due to poor nutrition.

As part of the admission process it is suggested that Penny participate in the completion of a falls risk assessment tool (FRAT). Penny is nervous about attending any meetings with other people as she said last time this happened, she ended up being stuck in a wheelchair for months, and that no-one listened to any of her ideas or questions.

Penny has requested that the meeting be held next week when her son David will be in town. She tells you that she will feel better having his support and knows he will speak up if needed.

1. What three medical conditions does Penny have that could increase her risk of falls?

2. List three ways you could recognise signs of the medical causes of her falls.

3. Name three ways you could help Penny be prepared to ask questions before she attends the meeting.

Part C

Read the case study, then answer the questions that follow.

Case study

Ahmed is working as a community support worker and today he is going to work with Wayne. Wayne lives independently in his own home, where he has lived for 35 years. The house is old and in need of repair. The steps to the front door are steep with no rails, the house has piles of old newspapers in every corner and Wayne lives with four cats in the house.

Wayne receives support from Ahmed as he had a stroke three years ago and he was left with a slower gait and often has problems with his balance. He has had some minor falls over this time, but thankfully nothing major. His daughter Hannah is concerned for his safety and worries constantly that she will turn up and find him injured or worse.

Today, Ahmed and his workplace have engaged the services of an occupational therapist to try and assist Wayne to create a safer living environment. Wayne was reluctant to agree but did so to keep Hannah happy.

1. What changes could you see in Wayne's balance and gait that would make you concerned he was at a risk for falls? List two changes for balance and two for gait.

2. Name three environmental factors that would increase Wayne's risk of falling.

3. List three impacts caring for her father, knowing his environment is not safe, would have on Hannah.

4. List three types of documentation that may be completed to assess the risk of the environmental factors at Wayne's house.

In Ahmed's position description it states that he can assist in completing the FROP-Com with the support of a professional but cannot complete it on his own. The occupational therapist runs out of time on their visit with Wayne today and asks Ahmed to complete the FROP-Com by himself. Ahmed knows how to complete this as he did it in his training group.

5. Briefly outline whether Ahmed should complete the FROP-Com. Explain why or why not.

In the week after the visit from the occupational therapist, Wayne falls down his front steps and fractures his hip. He has been told he will need many weeks in rehab to allow his hip to heal and for him to regain his mobility.

6. Suggest three long-term effects the hip fracture could have on Wayne.

7. Name four psychological effects Wayne may experience due to fracturing his hip.

8. List three ways the environmental risk factors in Wayne's home could impact him wanting to return home and live independently after his hospital stay.

Topic 2: Report risk of falls

2A Report risk of falls to others

2B Maintain the privacy and dignity of the person

2C Complete and store documentation

2A Report risk of falls to others

Falls are one of the main causes of harm among people who are ageing.

Mortality
The condition of one day having to die.

Policy
A course of action proposed by an organisation as a basis for making decisions.

Procedure
An established or official way of doing something.

Reporting the risk of falls to your supervisor and then to other health professionals is an important action to improve care for the person you are supporting. The aim of reporting is to reduce their risk of falling (or stop them from falling). This, in turn, will reduce the overall injury and **mortality** rate in our ageing population.

The **policies** and **procedures** in your workplace are the rules and guidelines to follow to ensure you are doing the correct thing and what is expected of you in your role. These will be written by following the laws for aged care in Australia that are designed to protect people.

For example, your workplace will have a policy on why you must wash your hands and then a step-by-step procedure on how to do this.

Your workplace must have clear policies and procedures for all tasks that you and all other workers will perform in your roles. These will include how you must report the risk of falls according to the legal and ethical considerations of working with people in aged care.

Legal and ethical considerations

You and everyone in your organisation not only have an ethical responsibility to report the risk of falls but there is also a legal responsibility.

This legal responsibility is set out in the Aged Care Quality Standards, which state that an organisation providing aged care services must demonstrate effective:

- assessment and planning including consideration of risks to the person's health and wellbeing
- management of high-impact risk associated with the care of each person
- management systems and practices, including clear policies and procedures.

For more information about the Aged Care Quality Standards, visit: aspirelr.link/acq-standards-fact-sheet

Other legislation and standards that must be upheld when reporting include, but are not limited to, the:

- *Aged Care Act 1997*
- *Privacy Act 1988*
- *Anti-Discrimination Act 1977*
- *Privacy and Personal Information Protection Act 1998*
- *Disability Act 2006.*

For more information about the legislation and acts relevant to aged care in Australia, visit: aspirelr.link/acq-legislation

Your responsibility is to understand that these laws are the basis for creating the policies and procedures in your workplace. Your organisation's management will be responsible for creating and updating policies and procedures, and training staff on the policies for reporting the risk of falls in your workplace.

Policies and procedures you will see in your workplace related to reporting the risk of falls may include the following.

Category	Policy	Description
Work health and safety	Falls incident	This includes reporting any falls but also any near missed falls. Near misses can be reviewed and scrutinised to avoid any future falls.
	Work health and safety	The needs of the person can be met without compromising the health and safety of the employees.
	Hazard and incident reporting and investigation	Where possible, employees will take immediate action to remove or minimise any hazards and risks. They should report to the supervisor for any appropriate action that should be taken.
	Maintenance of equipment	All equipment must be regularly maintained, listed in a register and signed off as safe to use before it is returned to use. This could include mobility and transfer equipment.
	Employee consultation, communication and issue resolution	All employees have a role in achieving a safe and healthy working environment. Each person must identify hazards and be given the opportunity to participate in decision-making on matters that could potentially affect the WHS of the staff and people receiving support.
	Risk management	These steps outline the way a workplace will identify, evaluate and manage any risks.

Category	Policy	Description
Service delivery	Consumer dignity and choice	All assessments, care and service planning will be conducted in partnership with the person, and they have the right to choose services in accordance with their individual needs and preferences.
	Assessment, care and service planning	All assessments completed will be centred around the person, their needs and their preferences. Their perspectives will be valued and respected, as will their rights to privacy and dignity.
	Privacy and dignity	To ensure privacy and dignity is maintained for all people and they have control over their own environment.
	Employee conduct	Staff are expected to maintain the privacy and confidentiality of people receiving support and to treat any information they obtain in their employment as confidential.

Example

Reporting near miss falls

Gloria is mobilising using her walking frame in the lounge area. Gloria starts to go sideways and appears to lose her balance. An employee assists Gloria to sit on a chair to avoid falling. This is considered a near miss for Gloria, meaning she has missed out on falling due to intervention by the staff, but it must still be reported and documented.

Reporting the risk of falls

Completing a falls risk screening or assessment is an important process to help determine the level of falls risk. It also enables the organisation and professionals involved to develop an action plan to reduce or stop the risk.

Not every fall will be considered serious but, as previously discussed, a fall can have serious short- and long-term outcomes on the person and their carer both physically and emotionally.

Once you have recognised that the person has a need, issue or concern relating to the risk of falling, you must work within your scope of practice and role to report this to your supervisor. Your supervisor will then make the decision as to whether this should be referred on to a health professional for further assessment.

You must follow your organisation's procedures if a formal referral is required, such

as a referral to a specialist or person outside of the organisation or another service provider. The following list explains how to make a referral:

- Confirm with your supervisor or health professional that a referral is required.
- Provide information to the person, their family or carer about other services, including the cost, commitment, etc.
- Obtain consent to share information with a health professional from the person, their family or carer. File a copy of their consent on file.
- Write a referral letter using your organisation's template or standard referral letter. A referral letter must focus on the facts and include important information, such as the person's date of birth or medical requirements.
- Clearly explain the reason for the referral as well as what the service can do for the person.

The reporting process

The hazard and risk identification and reporting process for risk of falls will be different in each workplace. The general guidelines for most workplaces may include the following.

Guideline	Action
Ask questions	Ask questions such as: • Does the person have any risk factors for falls? • Is there a problem with the person falling or potentially falling? • What are the causes of the problem?
Collect and review information	• Complete falls screening assessment e.g. FRAT or FROP-Com • Review previous incidents of falls or near misses
Report the outcome to your supervisor	• Report the risk rating of falls to your supervisor • Give detailed risk factors and findings of assessment
Report the outcome to the person	• Involve the person in what the outcome of the assessment has found • Gain and seriously consider their input
Supervisor to advise employee and person of actions	The supervisor discusses with the employee and the person the proposed action plan and seeks their support for ways to reduce the risk.
Develop action plan	Work on the risk controls through developing and implementing a falls risk action plan that is individualised for the person.
Continue to monitor and report	Continue to report as needed when things change or something new arises.

As in all reporting and assessment processes, this is one that will be continual and fluid. You must always consider any new or changing risk factors that may present and be prepared to complete the assessment process again as needed.

There are some specific legal and ethical considerations you must take into account when reporting the risk of falls and working with people in aged care. These considerations are embedded throughout all the tasks you perform in your work role. When reporting the risk of falls to your supervisor or other health professional, you must take these concepts into consideration. These concepts include:

- duty of care
- dignity of risk
- human rights
- work health and safety.

Duty of care

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Duty of care is the legal and ethical responsibility you have to take reasonable steps to not cause foreseeable harm to another person.

In your workplace, you need to provide and support each older person in a manner that supports their safety and provides them with quality clinical care. This includes you having a duty of care to report the risk of falls you identify in the person to the appropriate supervisor or health professional.

Your fulfilment of duty of care is assessed on what action a reasonable person would take in any particular situation. To ensure you meet your duty of care in relation to reporting the risk of falls you must:

- recognise when a person is at risk of falls
- identify what the potential risk factors for the person falling are
- ensure the person is consulted, involved and informed about all decision-making
- seek advice from your supervisor
- report concerns about the person's risk to your supervisor
- act within your scope of practice
- recognise that some risks may be reasonable and encouraged in line with the person's dignity of risk.

Video: Duty of care – What does it mean for you?
Watch this video to understand the concept of duty of care for a support worker: aspirelr.link/yt-support-worker-duty-of-care

Discussion: What are some of the examples of your duty of care that are mentioned in the clip?

Example

Duty of care

Manuel works in a residential aged care facility and notices that Paul is walking a little slower than usual and appears to be leaning to one side. His shoes are also slipping off with each step he takes. Manuel knows that it is his duty of care to ensure that Paul is safe when he walks and must report this to his supervisor.

Dignity of risk

Dignity of risk is the idea that the right to take reasonable risks is essential for personal growth, dignity and positive self-esteem.

Even if a person is ageing and their risk of falls increases, you should still enable and encourage them to take some risks in their life. This could be the right to choose what they do and how they want to live. Affording each person the right to dignity of risk is not optional.

Under the outdated concept of the medical model, a personal support worker's role revolved around keeping the person safe no matter what measure they had to take. If the person wanted to take any risks, the support worker's role was to discourage and even try to stop them from taking the risk. The support worker took this as part of their duty of care.

In ageing support, people are supported under the **person-centred care model** or approach. This is where the person is placed at the centre of the service and treated as a person first. The person is encouraged to lead their own support, including making decisions about their own life, even if those decisions may have some risk. The support worker is not the person to make the final decisions about the person's support.

Person-centred care model
Puts the person at the centre of all support and decisions made about them.

The Charter of Aged Care Rights states that the person has the right to have control and make choices about their care, and personal and social life, including where the choices involve personal risk. This is backed further by the Aged Care Quality Standards, which state that each person must be supported to take risks to enable them to live the best life they can and live the life they choose, even if these risks are something you do not agree with.

Examples of when a person may exhibit dignity of risk in relation to the risk of falls include:

- choosing to only use their mobility frame when they walk long distances even though the physio has recommended they always use it

- not attending the exercise classes as they find them boring even though it is written in their support plan to encourage them to attend
- choosing to transfer themselves from bed to wheelchair even though it is recommended they have assistance from a staff member.

For more information about the Charter of Aged Care Rights, visit: aspirelr.link/acq-consumer-rights

Video: What is dignity of risk?

Watch this video to view an explanation of dignity of risk: aspirelr.link/yt-dignity-of-risk-explain

What are some of the risks you can think of that a person may take when they are at an increased risk of falls?

Video: What is person-centred care?

Watch this video to view an explanation of person-centred care: aspirelr.link/yt-person-centred-care-explain

How could you ensure you provide person-centred care to someone when recognising and reporting their risk of falls?

Balance of duty of care vs dignity of risk

It is well known in the aged care industry that the balancing act of getting your duty of care right with the person's dignity of risk can come with challenges.

Your workplace will have policies and procedures to manage the most common dignity of risk issues or concerns that you may come across. When you are unsure, you should consult these guidelines and procedures.

If you are still unsure of which way to act, consulting your supervisor or a health professional who can help to guide you is recommended.

To meet your obligations of duty of care while giving the person dignity and choice when it comes to the risk of falls you could consider the following.

Listen to the person	Listen to the person when they talk about how they want to live their life. What type of activities do they want to partake in and what type of lifestyle do they want to live?
Share outcome of assessment	Share with the person what particular risks the falls risk assessment identified. Answer any questions they may have and gain their input.
Educate	Educate the person on how the risks can be reduced.

Inform	Inform the person on any potential and obvious risks of the choices they make regarding their falls risk strategies.
Assist in decisions	Assist the person to exercise their rights to dignity in the safest way possible.
Give choices	Give choices on ways to reduce the risks.
Document	Document all conversations, discussions and outcomes.
Report	Report findings and outcomes to the supervisor.

In line with getting the balance of the person's dignity of risk and the organisation's duty of care, some organisations are now obtaining a waiver from the person or getting them to complete a dignity of risk consent form to cover any risk of a breach of duty of care. This ensures that the discussion of the organisation's duty of care has been had with the person and they have accepted the risk with full consent.

Go to this link to see *Ananda Aged Care's Resident Risk Taking Consent Form*: aspirelr.link/risk-consent-form

Example

Bill's right to choose

Bill has recently moved into the residential aged care facility where you work. He has lived in a small unit with a balcony where he would spend most of his day sitting outside, reading a book and having a cigarette. Before he moved, Bill was smoking up to 25 cigarettes a day.

Bill has moved to the facility after having a stroke, which has left him with right-sided weakness. He is still able to walk independently with his mobility frame, though he often leans to one side. A falls risk assessment is completed on his arrival and he is assessed as being a high risk for falls.

The support staff discuss the outcomes and suggested strategies to reduce his risk of falling with him. This includes reducing or trying to quit smoking, only going outside for a cigarette with staff in attendance and not walking long distances without supervision. The staff are most concerned about him walking to the smoking area by himself.

Bill is not really open to this discussion and thanks the staff for their input but strongly believes that he has been living this way for 82 years so why should he change now.

The staff discuss their duty of care and his dignity of risk. They give him some options and offer alternative suggestions, including nicotine patches, and explain the risks to him, which include the risk of falling.

As Bill has the full capacity to give consent, he chooses to walk to the smoking area independently at the time of the day he chooses when he wants to have a cigarette.

The staff respect his decision but get him to agree to sign a risk-taking consent form so that the whole discussion is documented for all staff to be informed. They reassure Bill that he will not be treated differently or unfairly because he has made this decision as it is his right to choose.

Video: Active participation

Watch this video to see how enabling active participation in aged care and encouraging people to take risks can lead to a better quality of life: aspirelr.link/yt-active-participation

Discussion: What types of risks do the residents take that could increase their risk of falls but give them a reason to live?

Human rights

Human rights
Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Human rights for older people are protected in service frameworks, quality standards and legislation.

Human rights recognise that each person has value, regardless of their background, where they live, what they look like, what they think and what they believe. Human rights include the right to life and liberty and the right to freedom of opinion and expression. Human rights in aged care are reflected in the laws, legislation, service delivery standards and other frameworks.

As people age, they become more vulnerable and more likely to have their human rights breached in some way. This is why there are strict guidelines and laws to ensure that the older person is protected from potential violations to their rights.

If you believe that a person's rights are being breached, report this immediately to a supervisor.

For more information about the Universal Declaration of Human Rights, visit: aspirelr.link/udhr

For more information about what human rights are, visit: aspirelr.link/what-are-human-rights

The Charter of Aged Care Rights

The **Charter of Aged Care Rights** is a document that provides older people and their families with the universal human rights that they must be given when they use Australian aged care services.

Charter of Aged Care Rights
A document that provides older people and their families with the universal rights that they must be given when they use Australian aged care services.

A copy must be given to the older person in a language or format that they understand, and it must be explained to them when they first enter the service, or when they need to have their rights upheld.

In residential aged care, the person's rights will be included in their resident agreement, and in home/community support, the person will receive a home care agreement.

When identifying and reporting the person's risk of falls you must protect the following rights of the older person:

- Ask their permission before undertaking any falls risk assessment.
- Respect their privacy and dignity.
- Do not discriminate against them based on their age, gender, sexuality, disability, religion or spiritual beliefs, race, ethnicity or culture.
- They are allowed to express their opinions, views or beliefs in any way they wish, as long as others are not being hurt by them.
- Consider their individual needs, goals and desires.
- Respect their decisions about how you support and care for them.
- Do not manipulate, abuse or exploit older people in any way.

Example

Human rights in aged care

William, 76, has recently moved into a residential aged care facility as a concessional resident after having many falls that caused him injuries. William had no significant assets nor did he own his own home. In fact, he had been living in a friend's spare room for the past two years due to William having nowhere else to live.

The facility he has moved to is in a wealthy suburb where some people have paid large deposits to live there. William does not look like the others; the clothes he has are old and he has let his beard and hair grow long.

William innocently tells a family member of another resident, Karen, that he was lucky to get a government placing to this facility and he is very grateful. Karen thinks this is outrageous and approaches the manager to ask why William is allowed to live here when her father had to pay a significant amount for his room. She goes on to say that surely there are 'other places' for people like William to live.

The manager explains that William has the same human rights as every other ageing person in Australia. He has the right to high-quality care and services, to be treated with dignity and respect and to have a place to live where he is free from discrimination. The manager offers Karen a copy of the Charter of Aged Care Rights for her to read when she has time.

For more information about human rights and older people, visit: aspirelr.link/hra-older-rights

Video: What are human rights?

Watch this video to understand more about human rights for all Australians: aspirelr.link/yt-human-rights

Think about the ways in which you can uphold human rights in your work with older Australians.

Work health and safety

Work health and safety is one of the most important considerations and responsibilities that you and your workplace need to adhere to.

The safety of yourself, your fellow workers and the people you support is of utmost importance and must be taken very seriously. This is why your workplace will have strict guidelines and policies and procedures that cover how you should safely complete any tasks to ensure they are safe for everyone.

As the person's risk of falling is considered a safety issue, the legal and ethical considerations for the safety of the person come under the work health and safety policies that your organisation will have in place. By law, your organisation must provide a workplace that has:

- written policies outlining how falls risks will be managed
- employee training for staff to know how to manage and reduce the risk of injury
- equipment that is safe and well maintained
- good leadership that promotes safety as being a top priority.

In Australia, the *Work Health and Safety Act 2011* provides the framework for the health, safety and welfare of all workers and the people in the workplace. Each state and territory also has its own individual act that is legally binding for when working in that area.

For more information about the *Work Health and Safety Act 2011*, visit: aspirelr.link/whs-legislation

Standard 8. Organisational governance of the Aged Care Quality Standards focuses on the delivery of safe and quality care and services in organisations. They must have systems and processes in place that help the staff to identify and assess risks to the health, safety and wellbeing of the people who access the service.

For more information about *Standard 8. Organisational governance* of the Aged Care Quality Standards, visit: aspirelr.link/acq-standard-8

Your role in work health and safety

As work health and safety is everyone's responsibility, you play an important role in recognising and then reporting the risk of falls. You must take reasonable care for the health and safety of yourself and others who may be affected by what you do or do not do. Your role is to:

- identify potential hazards and risk factors for a fall
- report the risk of falls to your manager or health professional
- balance the person's risk with their quality of life
- involve the person and listen to their opinion on any incidents, assessments or decisions that are made in regard to their risk of falls
- follow any workplace policies in regard to identifying and reporting the risk of falls
- cooperate with your employer, use equipment properly and attend training that is provided.

For more information about safety in aged care, visit: aspirelr.link/worksafe-aged-care

Example

Reporting the risk of falls

Vijay works as a community support worker for people who are ageing and need support to live in their own homes. Vijay visits Ronald three times a week for personal and social support.

In the past week Ronald has become unsteady on his feet, needing time to regain his balance, and sometimes leans up against the wall to catch his breath. Vijay knows according to his reporting guidelines that he must report this to his supervisor.

As part of Ronald's human rights, Vijay sits with him to discuss what he has observed. Vijay listens to his opinions, needs and concerns. Vijay explains to Ronald that he must report this to his manager as part of his duty of care. Ronald sounds concerned and almost pleads with Vijay to not report it as he does not want to be forced into residential aged care. Vijay reassures Ronald that as part of his dignity of risk he will not be forced to do anything even if it means there is still some risk for him at home. Vijay also explains to Ronald that he will be part of any assessments completed, his thoughts will be valued and he legally cannot be manipulated into moving into aged care. Vijay also explains that a health professional such as an OT or physio may come to his house to assist in making it safer for him to move around.

Ronald appears satisfied with this result and thanks Vijay for his time and clear explanation.

Practice Task 6

Question 1

Name three ways a support worker can identify and report the risk of falls in the workplace.

Question 2

Match each policy on the left related to reporting the risk of falls to its correct description on the right.

Hazard and incident reporting and investigation	All assessments are conducted with the person, and they have the right to choose services according to their needs and preferences
Falls incident	Immediate action to be taken to remove or minimise any hazard and risk
Risk management	How the needs of the person can be met without compromising the health and safety of the employees
Work health and safety	The steps outlining the way a workplace will identify, evaluate and manage any risks
Consumer dignity and choice	The process of reporting any falls, but also any near misses

Question 3

Name three ways you can ensure you meet your duty of care in relation to reporting the risk of falls.

Question 4

Which of the following statements about a person's dignity of risk are correct? Select yes or no for each one.

a. If a person is ageing and their risk of falls increases, you should discourage them from taking any risks related to them falling.	Yes / No
b. A person must be able to take reasonable risks in their life to allow personal growth, dignity and a positive self-esteem.	Yes / No
c. Under the person-centred care model people are encouraged to make the decisions about their own life even if it involves some risk.	Yes / No
d. A person choosing to transfer themselves independently from the toilet to their wheelchair when it has been recommended they have assistance is an example of dignity of risk.	Yes / No

Question 5

List three ways the Charter of Aged Care Rights guides support workers to uphold a person's human rights when providing support in identifying and reporting the risk of falls.

Question 6

List three responsibilities to work health and safety that you must undertake as part of your role.

Question 7

Identify at least three things to consider as part of the referral process.

2B Maintain the privacy and dignity of the person

Maintaining the person's privacy and dignity is one of the underlying foundations for building a trusting and effective relationship with the person.

Promoting a person's dignity by treating them with value and respect will lead to a better quality of life for them. Encouraging the person to feel like their decisions are respected and they have choice and control will lead to a better outcome in recognising the risk factors for falls and then reporting them.

One important way you can uphold a person's dignity is by always maintaining their privacy and confidentiality.

You are bound by laws to protect the privacy and confidentiality of the person you work with when recognising and reporting the risk of falls. You do this by following your policies and procedures in the workplace and seeking guidance from your supervisors.

A breach in a person's privacy can lead to a breakdown of the relationship between you and the person, which ultimately will lead to worse outcomes for them.

Dignity

The older person receiving support through aged care services must be valued and respected for who they are while leading a dignified life where they can fulfil their potential.

Dignity
Being deserving of esteem and respect.

The number-one standard of the Aged Care Quality Standards is that the person is to be treated with **dignity** and given choice. It is so important that all of the other standards are linked to this first standard. The Charter of Aged Care Rights also places high importance on this standard and states that the person has the right to be treated with dignity and respect.

It will be an expectation of your workplace that all staff know how to treat each person and their families with dignity and respect at all times. Your workplace will have a dignity policy that ensures you have the guidelines and procedures clearly stated for you to follow.

By upholding a person's dignity during the risk assessment process, the person is empowered and encouraged to actively participate and contribute to the process.

When you are completing the risk assessment process and then subsequently reporting the risk of falls you can practise the following to maintain the person's dignity.

Maintaining dignity when reporting risk of falls	Description	Examples in identifying and reporting the risk of falls
Self-determination	Promoting the rights of the person to have choice and control to shape their own life. Through self-determination the older person will experience a better quality of life.	• Give the person choice in when and how they will complete the assessment. • Ensure they participate in any decisions made about them related to their risk of falls. • Choose who they will have with them (e.g. friend, family or support worker) to participate in the falls risk process. • Give genuine options for the person to make informed choices.
Autonomy	The person has the right to make their own decisions without being influenced by others. Promoting decision-making in individuals will improve the person's quality of life.	• Ensure the person is aware of their rights through the charter and the standards. • Refer and report risk of falls to health professionals as needed for professional advice and support. • Allow access to all information needed to make decisions. • Give time for decisions to be made.
Thoughtful interaction and communication	Communicating respectfully, regardless of the person's background. Ensuring interaction is responsive, inclusive and sensitive.	• Address the person by their preferred name or title. • Listen to and respect the person's views • Communicate in a quiet and private area with the person, away from others. • Ensure the person is given time to communicate their thoughts and ideas. • Use alternative communication if needed.
Respect	Showing true regard for someone's abilities, feelings and rights.	• Do not use the person's personal property without being invited to do so. • Ensure your support is person-centred, where all decisions are made by the individual and for the individual. • Understand that they are the experts in their own life.

Maintaining dignity when reporting risk of falls	Description	Examples in identifying and reporting the risk of falls
Consent	Informed consent involves giving the person adequate information of how you will recognise and report falls risks before they agree to participate in any formal process.	• Obtain informed consent from the person before proceeding with assessment for risk of falls. • Give information to the person about the process in a format that they understand. • Allow time for them to ask questions. • Do not coerce the person into completing anything they do not want to do.
Confidentiality and privacy	The right for a person to not have their personal information shared with anyone who should not have legal access to it.	Apply all policies and procedures related to privacy and confidentiality with each person at all times.

Source: https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1145-8

Ensure that throughout the process of reporting the risk of falls, you always balance your duty of care with the person's dignity of risk. If you are unsure or confused about how you will maintain a person's dignity, consult with your supervisor for assistance.

For more information about informed consent, visit: aspirelr.link/health-vic-informed-consent

Privacy
A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Confidentiality
The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Confidentiality and privacy

When assessing and reporting the risk of falls when working with an older person, you must do this in a way that protects the person's privacy and confidentiality.

Any information the person tells you about their risk of falls or anything that is personal must be kept private.

When you work in a person's own home, or when working closely with their family, you will need to extend your respect for the person to the family or carers as well. Try not to intrude on the life of the family. No matter how long you have been working in a person's home, you are not a part of the family.

Legal considerations

With only a few exceptions, which we will discuss later, anything that the person discusses with you must, by law, be kept private and confidential between the two of you and the organisation you work for.

The organisation will have a confidentiality and privacy agreement written and signed by all involved parties before the person starts receiving services. This ensures that all relevant people are aware of the legal and ethical considerations involved in maintaining the person's confidentiality and privacy.

The Aged Care Quality Standards guide you to ensure each person's privacy is respected and their personal information kept confidential. This also covers the person's rights to privacy in how you and your workplace collect, use and communicate their personal information and manage this according to the laws.

The national law in guiding you regarding a person's privacy in aged care is the *Privacy Act 1988*. This act outlines the legal and ethical considerations in regard to the collection, use, storage and **disclosure** of an individual's personal information.

Disclosure
The act of sharing or releasing private or personal information.

Your organisation will have a privacy and confidentiality policy that will guide you on how to follow the laws.

For more information about the *Privacy Act 1988*, visit: aspirelr.link/oaic-the-privacy-act

For more information about the My Aged Care Privacy Policy, visit: aspirelr.link/my-aged-care-privacy

To maintain a person's confidentiality and privacy while identifying and reporting the risk of falls, you can follow these guidelines:

Maintain privacy and confidentiality	
Discussion of personal information	• Gain informed consent to identify and report the risk of falls. • All information regarding the person's risk factors of falls is to be discussed in a private area away from other people. • Do not discuss this in a communal area unless this is the wish of the person. • Do not discuss this information with anyone other than staff in your organisation who have a right to know. • Your organisation will complete a privacy and confidentiality agreement at the beginning of the service agreement.

Maintain privacy and confidentiality	
Collection and reporting of personal information	• Inform the person what type of information you will need from them, why you need it and who you will be reporting it to. • Inform the person who will have access to this information once it is collected and reported, including any outside health professionals. • Only collect information for the purpose you need it for.
Individual privacy	• Knock and wait to be invited into a person's room. • If a person chooses to leave during a falls assessment and return to their room, this is their choice. You should not follow them unless invited. • Allow the person privacy when they are discussing results with others, including on the phone. • Individual falls assessments and reports addressed to the person should not be opened or read without permission. • Do not ask questions that you do not need information on.
Handling of personal information	• All information documented and spoken about is to be treated confidentially. • Any assessments, notes or other documents that identify the person must be stored in an area where they are locked away and out of view of others.

People may be reluctant to share their whole story if they think you are going to report this information to others who they do not want to have access to it. This can lead to having an incorrect or incomplete falls risk assessment process, with you not getting all the information needed. The implications for the person's safety if you do not have the full story could be disastrous. This is why keeping trust by maintaining the person's confidentiality and privacy is vital to recognising and reporting the risk of falls.

Example

Encouraging privacy and dignity

Alison, 81, has recently started receiving services from a new company in her own home. The case manager, Donna, explains that as part of committing to the support they want to complete a falls risk assessment screening tool. Alison is nervous as the last time she had a falls screen completed she was made to feel incapable. The results were shared, without her permission, with her daughter and before she could say anything she was booked in for some tours of residential aged care facilities.

Donna explains that her organisation has strict policies in relation to consent and privacy and will never share information without her permission. They also will get all parties to sign a privacy agreement before she starts any assessment processes.

Donna also reassures Alison that she will be included in all consultation, which will include her being given lots of information to make choices and encouragement to make her own decisions. Donna explains their company has strict policies about ensuring the person's dignity is always maintained. This makes Alison feel reassured that this is the right company for her to receive services from.

Disclosure

There are some exceptions and situations where the person's right to privacy and confidentiality can be lawfully overridden.

This is in the case of disclosure, when information is received that will actually, or has the potential to, cause harm to the person receiving services or another person.

The person will be consulted when agreeing upon services and will inform you who they want their private information shared with. The organisation will then have the discussion back with the person as to what information they cannot keep confidential. Disclosure is bound by legal and ethical considerations and can be necessary to prevent or lessen a serious threat to the health of the individual or another person.

Situations where disclosure may be necessary in reporting the risk of falls could include:

- The person lacks capacity or insight to make an informed decision about their risk of falls.
- There is concern for the person's or others' safety and wellbeing.
- There is a risk to others involved.
- There is an obligation to report a crime to the police.
- When you have been told information that you believe should be disclosed you must report this to your supervisor for further guidance.

Examples of information to disclose include:

- The person has been having multiple falls in their home but has asked you to keep them secret.
- Without others knowing, the person has been taking medication that sedates them at night and makes them unsteady on their feet.

- The person's son, who lives with them, is buying and taking illegal drugs in the house.
- The person is confused and appears to not understand what you are explaining to them about their risk of falls.
- The person has fallen and injured themselves and you need to give information to the emergency services.
- The person fell and hit their head while home alone last night but does not want anyone to know.

Example

Geoff's story of disclosure

Geoff is a 70-year-old man who lives alone in his own unit. You support him with social support twice a week. The unit has three small steps to the front door and when you are leaving the unit with Geoff you notice he is struggling to get down the steps. The neighbour calls out and asks Geoff if he is okay after last night's incident. You look at them both, and the neighbour quickly tells you that Geoff had a big tumble down the steps and cut the back of his head.

Geoff, in a panicked voice, asks you not to tell anyone as he will be okay. He does not want assessors coming in and moving him out of his home. You have a look at Geoff's head and notice he has a large gash that is still oozing blood.

You know from your policies and procedures on disclosure that this is something you need to report immediately to your manager. You explain to Geoff that you have a duty of care to report and disclose anything that may or has caused him harm. He appears upset but trusts you when you say you are only reporting this to your supervisor for further instructions, and all decisions made will be with his choice and input.

Practice Task 7

Question 1

Name and describe three ways you can help maintain a person's dignity when reporting the risk of falls.

Question 2

Which of the following statements about maintaining a person's privacy and confidentiality are correct? Select yes or no for each one.

a. Do not discuss any personal information you receive unless it is with another staff member who has the right to know this information.	Yes / No
b. You should always wait to be invited into a person's room before entering.	Yes / No
c. There are no reasons or exceptions to the law in breaking a person's confidentiality.	Yes / No
d. It is acceptable to open and read a person's individual falls assessment report that is addressed to them before they have had the chance to view it.	Yes / No
e. Completing a falls risk assessment, or reporting the risk of falls, should be done in a private area away from other people.	Yes / No

Question 3

List three situations where disclosure of information to your supervisor may be necessary when reporting the risk of falls.

2C Complete and store documentation

Support workers need to know and follow laws and polices about how documentation and reports are completed, updated and stored.

There are many different types of documentation and reports used when recognising and reporting the risk of falls. These documents may relate directly to the person's risk factors and strategies for preventing falls. Or the documents may be supporting evidence for the risk factors. For example, if a person's risk factor for falls is being malnourished, you will complete documentation on their nourishment status as well as their risk of falls.

Documents and reports help to communicate needs and changes to other staff, including nurses, doctors and other professionals. They provide a running record of the person's condition over time, and outline what interventions help or do not help the person to reduce their risk of falling. They can also help to prove to the Aged Care Quality and Safety Commission that your service is following the standards and complying with laws and regulations.

Documentation and reports must be completed and stored according to your organisation's policies and procedures. The original information should also be updated on a regular basis when the person's circumstances have changed.

Types of documentation and reports

Your workplace will have policies and procedures that you should follow when reporting and documenting.

Documentation about identifying and reporting the risk of falls for the people you support has a range of uses, from collecting information about a person's falls risk factors to guiding the actions you will take. It records and communicates people's progress and issues that may affect their ability to reduce their risk.

Here are some reasons why you use documentation.

Communicating between staff	• Records and documentation can communicate what the person's risk factors are and what strategies will be used to support them. • They can be a guide to show who is responsible for what task or strategy. • They can help to ensure the person is receiving the right services, especially if several workers support them.

Providing evidence that you are following standards	• Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmark standards. • Written records provide evidence that actions have been performed and that procedures have been followed. • Documents can provide evidence of the actions you have taken in the event of an incident or accident. • These are essential ways for government auditors to see that you are following the standards in your industry.
Keeping a record for other professionals	Other people who work with the person, such as doctors and allied health professionals, can use records to assess changes in the person's needs and condition over time.

As discussed earlier, the common documents for assessing the person's risk of falls are screening tools such as the FRAT or the FROP-Com. These are used to determine the risk level and risk factors and to create an action plan to reduce or prevent the person falling.

You will also be reporting and updating the person's general progress notes or communication book when you see, hear or reasonably believe something is different or changed about the person's appearance or condition. This is part of your everyday reporting requirements.

Other documentation or reporting may need to be recorded to supplement and support the identified risk factors. This could include some of the following.

Risk factor	Documentation used	Examples of what you may report
Mobility	*Comprehensive functional mobility assessment* focusing on the person's movement and mobility needs for everyday tasks such as walking, carrying shopping or tying up shoelaces.	• Changes that you observe in the person's gait, posture and balance • The person is finding it harder to walk and hold onto their bag at the same time • The person is taking longer than usual to stand from sitting in a chair • When putting their shoes on, the person appears off balance and unsteady on their feet
Environmental	*Environmental assessment* of the person's living circumstances to determine any hazards that may be present.	• Clutter in the person's pathways from room to room • Flooring that is broken or slippery • Railings that have come loose • Rugs that have lumps in them

Risk factor	Documentation used	Examples of what you may report
Physical	*Mini nutritional assessment for malnutrition* – assesses weight and appetite loss in six questions *Food and fluid intake chart* – assessing how much food and fluid is ingested in a 24-hour period *Malnutrition universal screening tool* – focuses on BMI, unexplained weight loss and acute illness effect	• Recent loss of weight • Loss of appetite • Difficulty in swallowing • Appearance of having lost weight (e.g. clothes have become loose fitting) • Acute illness causing decrease in appetite • Food or fluid the person likes or does not like
Emotional	*Behaviour chart* – used to track events of behaviours of concern to see if you can find a pattern or solution *Mini mental state examination* – used to assess a person's mental function status. Can be an early screening tool for dementia *Geriatric depression scale* – used to identify symptoms of depression in older people	• Triggers that increase or set off the behaviour • Increased agitation or aggression • Behaviours that could increase the person's risk of falls (e.g. trying to stand when unable to walk and sitting in a wheelchair) • Signs of depression such as sadness, withdrawal, not wanting to participate in social activities • Strategies used that appear to support and help the person
Medical causes	*Continence chart* – assess person's urine passed and fluid intake and look at patterns of using the toilet *Bowel chart* – document when person opens their bowels, colour and type *Vital signs recording* – collecting measurements on blood pressure, temperature, heart rate and respiratory rate	• Increased urine output • Signs of incontinence, both urinary and bowel • Change in urine or faeces colour • Increased/decreased heart rate • Changes in skin appearance (e.g. pale, flushed, hot to touch, sweating more) • Feeling unwell, vomiting, nausea
Medication	*Medication management and administration records* – used to record any medication administered and side-effects that occur	• Person becomes unwell after taking medication • Person appears drowsy or more tired than usual • Vomiting, nausea or diarrhoea

Completing documentation

Many of the documents, reports and records completed by workers are a legal record.

The information you collect must be accurate, objective and detailed; stick to the facts and only write down what you know and what you saw, not what you assume.

Documenting and reporting information is an ongoing task. Documents could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings. Most government-funded organisations undergo regular audit evaluations, where records of documentation are examined to ensure work is carried out to the appropriate standard.

People receiving support and/or their advocates and family may also access and read your documents, so always be respectful and objective in what you write.

Having accurate, objective and detailed documentation of how you identified and then reported the risk of a person's fall will enable you and your organisation to provide evidence of the quality support you are giving.

Here are some general examples of the care that needs to be taken to complete documentation:

- Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and that entries make sense.
- Handwriting must be legible in black pen (easy to read).
- Completed documents should not be changed. If you have made a mistake, draw a line through the entry and sign your name. Do not use liquid paper.
- Language should be professional and avoid slang.
- Computer-based records must be password protected.
- Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

Video: Effective written documentation

Watch this video to learn more about effective written documentation in ageing support: aspirelr.link/yt-written-documentation

What are some of the reasons why you must have great documentation?

For more information about why documentation is important in aged care, visit: aspirelr.link/cdcs-documentation

Principles of documentation and reporting

When documenting and reporting the risk of falls you should follow the general principles to ensure it is always of a high-quality standard.

These include ensuring your words are timely, accurate, you remain objective, and that you use good detail and descriptions so that the reader can fully understand the message you are trying to convey.

Principle	Description	Examples
Timely	Documentation is completed as close to the time and on the same day of observing or witnessing the change in a person's condition or incident. If you forget to document information at the time it may be missed by another person reading the notes or become quickly outdated.	• The person receiving support has a fall at 9 am so you complete the documentation as close to the incident time as possible. You do not leave it until the end of your shift to complete. • You observe the person having difficulty rising from their chair at 2.30 pm. You finish your shift at 3 pm. You document and report this before you finish your shift that day.
Accurate	You focus clearly on the problem with a statement that clearly defines what the problem is. The facts have been checked and what is being written is correct.	• "I witnessed Jan fall today onto her buttocks on the floor in the dining room. She was attempting to stand up unassisted from her wheelchair." • "Vera tripped on a ridge in the doorway today while walking, and fell into the wall. She did not fall to the ground but was able to grab the side of the wall to stop herself."
Detailed	Paint a picture through details and facts so the reader gets a thorough understanding of the problem or issue.	• "Jan was in an area of the dining room where I was unable to get to her quickly when she stood from her wheelchair. She had removed the brakes from the wheelchair causing it to move backwards when she stood up." • "The flooring changes in the doorway at the kitchen, from carpet to tiles. There is a ridge at this change. This is where Vera tripped in the doorway."

Objective documentation and reporting

You should complete documentation using objective (rather than subjective) language.

It is important to record only the facts. In other words, only what you see or hear, and not what you think.

You should never assume or make up information about why a person has fallen or the circumstances surrounding their fall. Opinions can be subjective and it is not up to support workers to diagnose a problem or an issue.

Here are some examples that show the difference between subjective and objective documentation in recognising and reporting the risk of falls.

Subjective reporting	Objective reporting
Mrs Cornish is lazy and drags her feet when she walks as she can't be bothered to lift them.	Mrs Cornish states she has difficulty lifting her feet when she walks as she feels she does not have enough strength in her leg muscles. This causes her to drag her feet.
Tilly was nervous when she was given her new walking frame.	Tilly was given a new walking frame from the physio to use today. Tilly stated she did not know how to use it properly and it was making her feel anxious.
Fiona has a large bump on her head which I think she got from falling in the bathroom. She can be really clumsy sometimes.	At 2 pm, Fiona was observed to have a large red bump above her right eyebrow on her forehead. She was holding it and grimacing. She was sitting on the toilet in the bathroom. Fiona stated she had bumped her head on the basin when she lost her balance.
Paul's house is dirty and cluttered. It's no wonder he always falls over.	Paul's home environment has piles of newspapers in the hallway, a large eight-seater dining table and two large sofa chairs in the lounge area. Paul lives in a one-bedroom unit. I witnessed Paul having difficulty moving in the hallway due to there not being enough room for his walking frame.

Example

Concise and objective documentation

Debbie wrote the following notes about Vasilis on a monitoring report that will be sent to her supervisor: Vasilis did not use his mobility frame to walk, while I was on shift with him today. He stated that this was 'because it is hard to use the frame on the carpet'. Vasilis used the walls to guide him from the lounge to the shower. He was unsteady on his feet as he walked and twice grabbed my lower arm for some stability. I informed Vasilis I would report this to my supervisor for further review.

Updating information when circumstances change

As the person ages, their risk factors for falls may increase or alter.

Your documentation and reporting must not become **complacent** and should be constantly updated with these changing needs and expectations.

Complacent
When you feel very satisfied with your abilities or a given situation and therefore do not try any harder.

Good documentation that is updated continually can also pick up trends in the needs of the person before they become an issue or a concern.

Any changes to the needs of the person should be immediately documented and reported to your supervisor. This could include when there has been an increase to their falls risk, for example:

- an acute critical event such as a stroke or illness
- a falls incident that resulted in injury
- the deterioration of an existing falls risk factor
- introduction of new medication that could affect their gait, balance or cognitive status.

Here are some scenarios explaining situations when you will need to report something due to a change in the person's circumstances.

Existing documentation	Change in circumstance to report
Jackie needs assistance to sit up in bed but can rise to standing by herself.	Jackie needs assistance to move herself to the edge of the bed. She requires a push on her lower back to stand while holding onto her mobility frame. Ensure frame is set up with brakes on and close enough for her to be able to reach handles.
Val can walk around the block with his mobility frame without assistance.	Val can walk to the end of his street and back with his mobility frame. Val may become tired and need to rest while sitting on the seat on his frame.
Heinz has been assessed by the stroke team as not needing any assistance to have a shower.	Heinz is having a shower once a fortnight at the moment. He waits until his son is able to help him on the weekend. Heinz states he feels too unsteady on his feet to have a shower by himself. Heinz needs a review to get possible assistance for showering.
Lola has just started taking sedative medication to sleep in the evening, but this will not affect her ability to get ready for church on a Sunday morning.	Lola is having difficulty getting out of bed. Her speech is slurred, and she finds it difficult to open her eyes. When Lola stands, she sways and often falls straight back onto the bed.

When changes in a person's circumstances are not documented or your supervisor is not informed it can lead to a potential increase in the person's risk of falls.

Storage of information and reports

Your service will have policies, guidelines and procedures about where reports and documents are to be stored and filed.

Information and reports must be kept secure. Information must be stored in the correct place where it can only be accessed by people who are authorised to see it, and so it can be easily located and referred to when required.

The privacy act has strict guidelines on protecting everyone's personal information from misuse, interference, loss and unauthorised access or disclosure. The Aged Care Quality Standards will guide you on consent and meeting your obligations to privacy information.

Most aged care services use electronic systems that allow users to input all of an individual's details, referrals, assessments and progress notes directly to a database. These systems are password-protected, which limits access to authorised staff only. If you are working in community support, you may use an app on a phone or tablet that will allow you to directly enter information to the person's communication notes.

You should not discuss an individual's personal information unless they have given their consent for this to happen. You will have access to a great deal of private information about a person receiving a service. This can include:

- information that you are given in the support plan, file notes, handovers or meetings to help you support the person, such as medical conditions, relationship status and past history
- the family's names, addresses and phone numbers
- the person's financial details
- conversations that you might overhear while you are with the person and their family
- things that you are told by someone who might not understand the need for personal boundaries, such as a person with dementia telling you personal things about themselves.

Keep the person's own personal information secure from their family and friends. In most cases, it is not up to you to decide what they share with their family and what they would prefer to keep to themselves.

Here are some important ways to protect a person's confidentiality when reporting their risk of falls.

Login and password	Your login and password are unique to you. Never share this with anyone, not even your manager. If someone logs in with your unique password, they could change your documentation and entries under your name.
Log off and shut down	Log off and shut down any device you are using to record information, when you have finished entering that information. This will avoid others accidently using your log in to enter information.
Protect written information	Keep file notes, support plans, communication books and handover notes closed and secure, according to your service policy and procedures. This can include keeping files and support plans in a locked room in a facility, or on a locked phone or tablet with password protection if you are in the person's home.

Be aware of who can hear	Be conscious of where you are if you are talking about personal or family information. Do not talk about them in a public place, or in an open area of a facility. You do not have to mention the person's name to breach confidentiality. If you are using any details about a person that could be overheard and identified by others, this is in breach of the family's and the person's rights.
Confirm consent	Confirm who has consent to access or read the person's information before you give them any information.
Never document for others	Documentation should always be objective. If you did not see it or hear it with your own eyes, then you should not document it. Documenting for others can lead to issues if a problem occurs.

To read more about the privacy act and for a guide to securing personal information, visit: aspirelr.link/oaic-personal-information-guide

Example

Collecting information

Shelley works in ageing support in the community that collects information from people receiving support. Shelley informs her workplace of any changes in the person's circumstances either through the app on her phone or on her home computer through the workplace intranet. Shelley has her own login and password for this.

Sometimes Shelley will document information in the communication book at the person's home, for other support workers or family to access. She always ensures she closes the book after she leaves and returns it to the locked cupboard where it is stored.

Once information is received in the admin area, each person's file and information must be stored so a plan can be developed and implemented to meet individual needs, and to meet duty of care and other legal requirements of her workplace. To meet privacy and confidentiality requirements, the files are stored in a locked filing cabinet or on a locked password protected computer and access is limited to care providers only.

Practice Task 8

Question 1

List three reasons you use documentation in ageing services.

Question 2

Name four types of documentation you may complete or report on, in relation to a person's risk factors for falls other than a FRAT or a FROP-Com.

Question 3

Which of the following statements are correct about the principles of documentation? Select yes or no for each one.

a. Timely documentation means to get the information you need to document written down within the week.	Yes / No
b. Painting a picture for the reader through using correct details and facts will help them to get a thorough understanding of the problem.	Yes / No
c. Ensuring that you have checked that the information you are documenting is correct will help to clearly define what the problem is.	Yes / No
d. Putting your own personal feelings into documenting gives the information a personal touch.	Yes / No
e. You should never assume or make up information about why you think the person has fallen.	Yes / No

Question 4

List three changes to the person's needs that you need to document and report to your supervisor because it may increase their risk of falls.

Question 5

Which of the following are important to remember when storing documentation according to your policies and procedures? Tick all that apply.

- ❑ Do not share your login or password details with anyone.
- ❑ Log off from your computer even if you are moving away from it for a short time.
- ❑ Confirm consent before giving any information to the person's spouse.
- ❑ Sharing your login with a worker who is working on the same shift is acceptable.
- ❑ An individual's personal information does not include their relationship status.

Summary

- There are many legal and ethical considerations that should be followed when reporting a person's risk of falls. Your organisation will have policies, guidelines and procedures for you to follow these legal requirements.
- When reporting a person's risk of falls you must follow the general guidelines and work within your scope of practice and role.
- Balancing your duty of care with the person's dignity of risk is important when reporting the risk of a person falling. You have a legal obligation to keep the person from harm, but they also have to be at the centre of all decisions made about their support.
- Protecting and upholding a person's human rights when reporting is vital to ensure they can live with dignity, safety and equality.
- You play an important role in taking care of the health and safety of yourself and others who may be affected by what you do or do not do.
- Promoting a person's privacy and dignity will lead to the person having a better quality of life. Everyone deserves to be treated with respect.
- You will be guided by the laws and your organisation's policies and procedures on how to maintain a person's confidentiality and privacy.
- There are some exceptions to always keeping a person's confidentiality, including disclosure.
- You may need to complete or contribute to documentation by sharing information or reporting any risk of falls or changes in the person's circumstances.
- There are many types of documents and records that may not directly be related to the person's risk of falls but may play a part in the factors involved in their risk.
- When completing documentation it should be timely, accurate, detailed and objective.
- Documentation should always be correctly stored in a private area where the information can be kept confidential.

Learning Checkpoint 2

Report risk of falls

Part A

1. Identify three workplace policies and explain how each one impacts falls risk reporting.

2. List four rights of the older person as listed in the Charter of Aged Care Rights that are in line with their human rights when identifying and reporting the person's risk of falls.

3. Which of the following statements about your role in work health and safety are correct? Tick all that apply.

- ❑ Follow your workplace policies in regard to identifying and reporting risks.
- ❑ If it comes to the person's safety, then they do not have the right to dignity of risk.
- ❑ You should involve the person and listen to their opinions on any incidents.
- ❑ You must take reasonable care of yourself and others in the workplace.
- ❑ The responsibility of work health and safety is dependent on management.

4. Draw lines to match each document and report used for recording information about a person's risk of falls to its description.

Vital signs recording	Assesses the environment the person spends time in for any hazards that may be present
Geriatric depression scale	Assesses weight and appetite loss in possible cases of malnutrition
Continence chart	Identifies symptoms of depression in older people
Environmental assessment	Collects measurements on blood pressure, temperature, heart rate and respiratory rate
Mini nutritional assessment for malnutrition	Assesses the person's urine passed and fluid intake and look at patterns of using the toilet

5. List three ways you can ensure personal information you have stored on a computer about a person remains confidential.

6. Which of the following statements relate to making referrals to a supervisor or health professional? Tick all that apply.

- ❑ Every fall is considered serious and requires a referral.
- ❑ It is the supervisor's responsibility to decide if a person needs a referral to a health professional.
- ❑ Most referrals are sent to people working in the same organisation.
- ❑ The person being referred needs to be part of the decision making process and be provided with all relevant information.
- ❑ A template or standard form is used as a referral letter.

Part B

Read the case study, then answer the questions that follow.

Case study

Mabel, aged 85, lives in a large residential aged care facility. Mabel moved there two years ago due to complications of Parkinson's disease causing her balance and gait to become unsteady, leading her to have many unwitnessed falls in her home.

Jessica is a new and enthusiastic support worker who has been asked to talk with Mabel about some of her falls risk factors and gather some information before the physiotherapist appointment that Mabel has tomorrow. Jessica approaches Mabel in the dining room where many people are still sitting after lunch. Without informing Mabel what she is doing, Jessica loudly proceeds to start asking her questions about how she is handling getting to the toilet at night and does she sometimes feel like she has to run to make it in time. Mabel and the other residents look horrified.

Mabel feels uncomfortable in answering the questions and asks if they can move to her room. Jessica explains she does not have time for that. Mabel continues anyway as she feels obligated to help Jessica out as she is new. Jessica appears to be unaware of the embarrassment she is causing.Jessica writes the information down and thanks Mabel for her time. She leaves the information she has just collected on the desk of the nurse's station in public view and makes a mental note to enter it into the computer later once she has had her lunch. Jessica leaves for the day and totally forgets about entering the notes for Mabel so she rings her friend on late shift and asks if she could enter some notes on her behalf. The friend refuses and Jessica is annoyed.

Jessica is not back on shift for another two days. When she arrives, she cannot find her written notes anywhere and assumes someone else has probably entered them for her. Jessica does not bother to follow up with anyone else about this and never mentions her discussion with Mabel again.

1. Name and discuss two ways that Jessica has breached Mabel's privacy in this scenario.

2. Explain three ways that Jessica could have maintained Mabel's privacy and dignity when asking her the information.

3. What is the problem with Jessica forgetting to document the information she received from Mabel at the time and on the same day?

Jessica's supervisor has followed up with her and reminded her that documentation should be timely and completed on the day. She has asked Jessica to make an entry of her discussion with Mabel and state that it was completed two days ago. This is what Jessica has written in the computer:

> *Mabel appeared annoyed when I went to talk with her about her urinary incontinence issues. I didn't have much time, so I had to be quick. Mabel didn't really give me much information as I think she was tired. In my opinion Mabel is getting up at night and rushing to the toilet, which will most likely mean she will fall.*

4. List three points that are wrong about the way Jessica has documented this information.

Part C

Read the case study, then answer the questions that follow.

Case study

Jimmy, aged 79, has community support in his own home to live independently. Jimmy has been assessed, using a FROP-Com, by an occupational therapist (OT) as being a high falls risk due to having had a stroke that has left him with left-sided weakness. He needs support with making his breakfast, undressing for his shower and putting his shoes on after the shower.

Jimmy's home is small and filled with sports memorabilia on every wall. He has piles of his favourite car magazines on every surface and loves having a large TV in every room with cords that run across the floor.

The OT has made the following recommendations to reduce his risk of falls:

- Remove the piles of magazines and store them away in containers.
- Have an electrician come and move the cords from the TVs or reduce the number of TVs in his rooms.
- Install rails on the walls, which would involve removing some of the sports memorabilia.

Jimmy has read the reports and has decided he does not want to take any of the actions suggested, despite concerns from the OT, his son Ben and your workplace.

1. Give three specific suggestions for your role in ensuring that you meet your duty of care when supporting Jimmy in his home.

2. Explain what Jimmy's right to dignity of risk is in relation to how he wants to live in his own home.

3. When you are supporting Jimmy one day, he shows you some photos of himself as a young adult when he used to enjoy wearing dresses and make-up. He asks you not to tell anyone about this. What is his right to privacy and confidentiality in this matter?

4. Jimmy tells you on one shift that he has fallen a few times at night recently. On one occasion he fell and could not get up off the floor for three hours. He asks you not to tell anyone. What are his rights to confidentiality and what is your scope of practice in reporting this?

5. You have noticed that recently Jimmy is needing more support with getting undressed and also needs support to dry himself after showering and to walk from the bathroom to the lounge. What is your responsibility in informing someone about these changes in his circumstances?

Glossary

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Charter of Aged Care Rights

A document that provides older people and their families with the universal rights that they must be given when they use Australian aged care services.

Cognition

The mental action or process of gaining knowledge and understanding through thought, experience and the senses.

Cognitive impairment

A change in the person's ability to think or reason, usually caused by damage to the brain.

Complacent

When you feel very satisfied with your abilities or a given situation and therefore do not try any harder.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Dignity

Being deserving of esteem and respect.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Disclosure

The act of sharing or releasing private or personal information.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Functional impairment

Loss of functional capacity affecting a person's ability to perform everyday tasks.

Gait

The pattern of movement during walking.

Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Indicator

Something that indicates the state or level of something; a gauge or measure.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Mortality

The condition of one day having to die.

Muscle atrophy

Wasting or thinning of muscle mass.

Musculoskeletal system

The body system, made up of muscles, cartilage, tendons and bones. Provides a framework for your muscles and supports your body's weight, maintains your posture and helps you move.

Non-verbal communication

The transfer of information or messages through the use of body language and signals.

Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Person-centred care model

Puts the person at the centre of all support and decisions made about them.

Policy

A course of action proposed by an organisation as a basis for making decisions.

Polypharmacy

Regular use of five or more different kinds of medication.

Position description

Provides details about one's work role (also known as a job description).

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Procedure

An established or official way of doing something.

Scope of practice

Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Screening tools

Specific tests developed to identify a person's risk of falling.

Subjective

Based on feelings, emotions or opinions.

Substitute decision maker

Someone the person has nominated to take responsibility for making decisions for them.