



CHCAGE008

Implement
falls prevention
strategies



CHCAGE008

Implement falls prevention strategies

Release 1

Learner Guide

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CHCAGE008 Implement falls prevention strategies, Release 1

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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 *CHCAGE008 Implement falls prevention strategies*, 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	<ul style="list-style-type: none"> • Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	<ul style="list-style-type: none"> • Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • 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 Prepare to implement falls prevention strategies	1A Assess fall risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify fall risk and preventative strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Implement falls prevention strategies	2A Work collaboratively to confirm strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Implement strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Assistive technology, evaluation and the healthcare team	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Monitor falls prevention strategies	3A Review and evaluate strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Determine future action plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

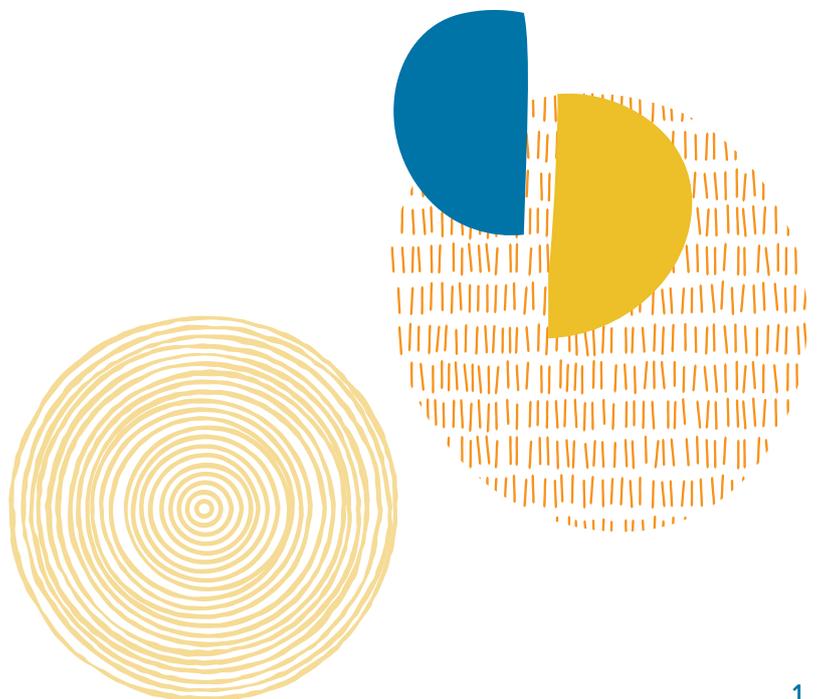




Topic 1: Prepare to implement falls prevention strategies

1A Assess fall risk

1B Identify fall risk and preventative strategies



1A

Assess fall risk

You need to learn how to identify falls risk by collaborating with the older person and their carers to identify their needs, issues and concerns.

Older people are more likely to fall and injure themselves than younger people. Recovery can be a long process and, in some cases, the older person may never fully recover. Their fall may even lead to death. It is important to take steps to remove or reduce the risk of falling. Understanding how the older person has coped with previous falls, identifying the support available, and exploring lifestyle factors and physical risks will identify some risk factors for falls that can be addressed.

Physical and psychological effects of falls

It is important to identify and address the physical and psychological consequences of falls, and how they contribute to the older person's concerns.

As people age, their concerns about falling can increase. If the older person has fallen in the past, they may feel even more vulnerable or worried about falls.

Possible consequences of both physical and psychological effects of falls are outlined below.

Type of consequence	How it affects the person
Physical consequence	<p>The physical consequences of falling can seriously impact the older person's quality of life. People may be concerned that if they fall they will:</p> <ul style="list-style-type: none">• hurt themselves and incur bruising, fractures, soft-tissue injuries, a traumatic brain injury, lacerations and wounds, dislocation or death• not be able to get up, and lose their independence.
Psychological consequence	<p>The psychological consequences of falling can also impact an older person's quality of life. People may:</p> <ul style="list-style-type: none">• become depressed• stop going out• stop participating in social activities• stop exercising• experience embarrassment or loss of dignity• experience increased fear and anxiety. <p>These consequences can further impact the older person's wellbeing, and physical and mental health.</p>



Discussing concerns

Addressing concerns of either the fear of falling or actually falling with the older person validates their feelings and assists in developing a falls prevention strategy.

Of course, before proceeding to discuss concerns with the older person you must seek their consent to do so.

Consider the following factors when discussing the older person's concerns with them.

Factors	How they impact discussion
Being clear	<p>Be clear about what a fall is:</p> <ul style="list-style-type: none"> • A trip, slip, stumble or any action resulting in the older person involuntarily coming into contact with the floor is considered to be a fall. • A trip, slip or stumble where the older person does not come into contact with the floor is known as a near fall.
Being comfortable	<p>Be comfortable using different tools and assessment techniques to find answers to the following questions:</p> <ul style="list-style-type: none"> • Is the older person afraid or concerned they may fall? • In what circumstances is the older person concerned about falling? <p>It is likely your organisation has processes you are expected to follow when assessing the older person's concerns about falling.</p>

Clarifying assessment information

People who have worked in healthcare become accustomed to the assessment processes. As such, it is easy to forget that older people may find these bewildering and even frightening. They may be reluctant to ask for further information for fear of appearing stupid.

All aged care workers should be person focused. This means you need to consider the older person's thoughts and feelings when providing healthcare. One of the best ways to alleviate concern about the assessment process is to provide information.

It is important to clarify the following information about your role – including what you are permitted/not permitted to do – with the older person:

- The purpose of the assessment or what you hope to achieve
- The approximate duration of the assessment (which helps the older person understand how much time they need to allow)
- The type of information needed for the assessment (to enable the older person to prepare for it)

- Any specific assessment tools that will be used (use plain language and refer to tools as checklists or questionnaires)
- The role of others, such as health professionals, in the assessment process
- What will happen after the assessment, including referrals to other services
- The role of the older person's general practitioner (GP).

Providing information to older people

Your organisation will have policies and procedures that explain how the assessment process is conducted. In addition, other services and agencies involved in carrying out assessments have resources, such as brochures and fact sheets, that provide information for older people and other service providers. It is worthwhile developing a portfolio of these sorts of resources so you can readily access and provide information about other service providers to older people when required.

Your organisation should also have information on its privacy policies and procedures for older people to access. You must make sure you have this information when discussing assessments with older people to assure them the information they provide will be kept confidential.

Tools and techniques for assessing concerns about falling

It is best to assess concerns about falling using more than one assessment technique. This helps build a comprehensive understanding of the older person's concerns about falling. For example, the older person may not want to appear old and frail so they may pretend they are confident. Your observations may tell you otherwise.

You should actively involve the older person in all aspects of their support, including falls assessments and falls prevention strategies. An aged care coordinator will clarify and add to your assessments, and act on the results.

The purpose of using a screening tool is to determine a client's risk of falling. Be aware that 'falls risk screening' and 'falls risk assessment' are not the same.

A falls risk screening is a brief process used to estimate or determine a client's risk of falling. It enables clients to be classified as being at low, moderate or high/increased risk of falls. Screening clients to establish their risk of falling is usually undertaken by a physiotherapist or an occupational therapist. You may be required to assist them.

A falls risk assessment is a more detailed process than the screening tool. It is used to identify underlying risk factors so that strategies can be developed to reduce the risk.



Here are some tools and techniques that are commonly used for assessing concerns about falling.

Tool/Technique	How it assists in assessing concerns
Tinetti Falls Efficacy Scale	The Tinetti Falls Efficacy Scale is used to assess how confident the older person is with their balance and stability while performing everyday activities. Items are rated from 1 (not at all concerned) to 10 (very concerned), allowing the older person to select a graded response. aspirelr.link/oti-tinetti-falls-scale
Berg balance test	The Berg balance test is used to objectively determine the older person's ability (or inability) to safely balance during a series of predetermined tasks. It is a 14-item list, with each item consisting of a five-point ordinal scale ranging from 0 to 4, with 0 indicating the lowest level of function and 4 the highest level of function. It takes approximately 20 minutes to complete. It does not include the assessment of gait. aspirelr.link/stroke-engine-bbs
Timed Up and Go test	The Timed Up and Go test is a simple screening test that is a sensitive and specific measure of probability of falls among older adults. It helps to determine the older person's falls risk and measure the progress of balance, sit-to-stand and walking. aspirelr.link/stroke-engine-tug
Observation	You can use observation to assess whether the older person is concerned they may fall. Facial expressions, posture, actions during movement and behaviour can indicate the older person is worried they may fall.
Asking questions	Asking questions can also help you identify the older person's concerns about falling. You may have to ask their carer or an interpreter if the older person is unable to tell you themselves.

Tinetti Falls Efficacy Scale
A scale that assesses a person's confidence with their balance and stability.

Video: Tinetti: Performance Oriented Mobility Assessment (POMA)

Watch this video to see how you test a person's balance with the Tinetti balance test. This video explains how the test is used and demonstrates how to 'grade' the test to determine whether someone is at a falls risk or not:

aspirelr.link/yt-poma





Video: Berg balance test

Watch this video to see how you test a person’s balance with the Berg Balance Scale, which is designed to assess static balance and falls risk in adult populations:

aspirelr.link/yt-berg-balance-test



Video: Timed Up and Go test

Watch this video to see how the Timed Up and Go test is used to assess the mobility, balance, walking ability and falls risk in older adults:

aspirelr.link/yt-timed-up-and-go-test



Learn how the older person has responded to previous falls

The older person may respond in a variety of ways after a fall, including avoiding the place where the fall took place, making changes and getting help, or making no changes at all. These responses depend on several factors, some of which are outlined below.

Fall	Explanation
Intentional or unintentional	Falls can be intentional or unintentional. Intentional falls occur because the older person wishes to self-harm. This could be a cry for help or a sign the older person is suicidal. Unintentional falls can be caused by any number of factors, such as lifestyle changes or medical conditions.
Intrinsic or extrinsic factors	Falls can be caused by: <ul style="list-style-type: none"> intrinsic factors such as the older person’s behaviour, lifestyle and medical conditions extrinsic factors such as the environment and the older person’s choice of footwear.
Impact of fall	Falling can affect the older person physically and emotionally. Falls can damage the older person’s soft tissue, muscles and ligature, internal organs and bones. Falls or near falls can make a person anxious, withdrawn, worried, distressed or depressed.



Causes of falling

Falling is multifactorial, which means there are typically several factors that increase the older person's risk of falling.

Factors can be caused by such things as environmental hazards, lifestyle choices and medical conditions. Other factors are part of the usual changes associated with ageing. Current research shows that clients living in residential aged care facilities are up to five times more likely to fall than those who live in the community.

Studies show that approximately 50 per cent of clients aged 80 years or more who live in residential aged care facilities fall every year. These studies show that those clients who experience a fall are more at risk of further falls.

There are basic changes associated with the ageing process. These changes increase the risk of falling. They are:

- reduced sensory function
- deterioration of the musculoskeletal system
- **gait** (manner of walking) changes associated with age.

As we get older, some say from the age of 55, our muscles begin to deteriorate. Our whole musculoskeletal system is affected by age, including our bone density.

At this age we experience a decrease in strength of our lower limbs. As our legs decrease in strength, we may experience changes in our gait.

Not all clients in this age group experience this deterioration. Some 85-year-old clients who have maintained a healthy and active lifestyle show no signs of reduced strength of their lower limbs and are less likely to experience a fall.

Gait

The pattern of movement during walking.

Video: Preventing slips, trips and falls in frail older people

Watch this video about the consequences of falls to the older person. The video looks at ways of reducing the risk of a person falling in the first instance:

aspirelr.link/yt-preventing-slips-trips-falls





Here are some common issues that can increase an older person's risk of falling.

Factor	How these factors contribute to falls
Environmental hazards	<p>Environmental hazards in the older person's home and in public can increase the older person's risk of falling.</p> <ul style="list-style-type: none">• Lighting<ul style="list-style-type: none">- Older people whose homes have inadequate lighting are more likely to fall because they cannot identify hazards such as uneven flooring, steps or obstacles.• Floor surfaces<ul style="list-style-type: none">- Poorly maintained floor surfaces can increase the risk of falls. Uneven surfaces such as floorboards, rugs, brickwork and paving can place the older person at risk of tripping. Slippery surfaces in showers, baths and on tiles can place the older person at greater risk of slipping.• Steps and curbs<ul style="list-style-type: none">- Steps that are steep, damaged or uneven place the older person at greater risk of falling. They may misjudge depth due to cognitive or sensory impairment or may not have the muscle strength to support their body weight as they move up and down the steps.• Handrails<ul style="list-style-type: none">- If handrails are not placed at the correct height for the older person, they are ineffective as a falls prevention measure and may even contribute to falls.• Low seating<ul style="list-style-type: none">- Low seating could increase the effect of muscular stiffness, resulting in falls.• Clutter<ul style="list-style-type: none">- Clutter could contribute to the risk of falls, as manoeuvring around obstacles may lead to overbalancing and falling.• Uneven surfaces<ul style="list-style-type: none">- Uneven surfaces could contribute to the risk of falls as they may pose a tripping hazard.• No handrails<ul style="list-style-type: none">- A lack of handrails could reduce an older person's ability to react and lose their balance.• Wet floors<ul style="list-style-type: none">- Wet floors could cause older people to slip, lose their balance and fall.• Insufficient staff<ul style="list-style-type: none">- In a residential aged care facility, understaffing could cause an older person who needs assistance to try to manage without help.



Factor	How these factors contribute to falls
<p>Changes and issues associated with ageing</p>	<ul style="list-style-type: none"> • Muscle weakness <ul style="list-style-type: none"> - Sitting for long periods can cause an older person to experience muscle stiffness when getting up from chairs. This could cause them to overbalance and fall. • Low bone density • Low blood pressure • Poor posture • Irregular gait • Poor balance <ul style="list-style-type: none"> - ear infection - inner ear problem - head injury - poor blood circulation - certain medications - chemical imbalances in the brain - low blood pressure - high blood pressure - neurological conditions - arthritis - ageing • Contenance • Sensory impairment <ul style="list-style-type: none"> - cataracts - tunnel vision - macular degeneration - diabetic retinopathy (blood vessels in the retina are damaged) - glaucoma (pressure builds in the eye) - optic atrophy (damage to the optic nerve) • Brain injury and dementia <ul style="list-style-type: none"> - Brain injury and conditions such as dementia could contribute to the risk of falls as they can affect a person's spatial awareness. - Impaired spatial awareness could cause older people to bump into tables and other items in their path as their brain may be incorrectly telling them these items are further away than they are. This could cause them to fall. They may think items such as chairs are closer than they are. If they are trying to sit on a chair that is not where they believe it is, they could fall. - A person with a brain injury or dementia may have difficulty telling the difference between different-coloured flooring and changes in floor height. - Brain injuries and dementia may affect the nerves that carry information from the brain to the muscles. This can slow a client's reaction time and their ability to move away from obstacles quickly enough or to avoid an obstacle in their path. It could affect their ability to react when they are in a situation where they have lost their balance, causing them to fall. - People with a brain injury or dementia may not be aware of the risks of falls as they may not have any insight into their condition. Their informal carers, family and friends may feel the impact of these risk areas.

Blood pressure
The measurement of pressure in the arteries.

Cataracts
A medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred vision.



Factor	How these factors contribute to falls
Physical activity	<p>By the time people have reached old age they may spend very little time exercising.</p> <ul style="list-style-type: none">• They may not exercise because they do not have the energy.• They may be worried about falling or believe exercising places them at increased risk of falling.• Sometimes family members and others discourage older people from participating in sporting activities and everyday recreation in a misguided attempt to protect them from harm.• Many older people enjoy a range of exercises. Exercising, whether it is as informal as gardening or walking, or an organised activity such as bowling, helps older people maintain their muscle strength and reduce the loss of bone mass.• Older people who do not exercise are likely to have lower bone mass and less muscle strength than those who do.• A strong musculoskeletal system reduces an older person's risk of falling in two ways: first, they are less likely to fall as their body can support its own weight when moving and transferring, and second, if they do fall, they are less likely to suffer a break or fracture.
Diet	<ul style="list-style-type: none">• Good diet helps build up bone mass and reduce the consequences of falling.• Calcium and vitamin D play an essential role in maintaining healthy bones and muscles.• Calcium can be found in dairy products such as milk, yoghurt and cheese, as well as green leafy vegetables, brazil nuts, shellfish, salmon and sardines.• Vitamin D helps the body use calcium. It can be found in oily fish such as salmon, sardines and fresh tuna.• The best source of vitamin D is sunlight. People with physical impairments or who live in residential settings may not spend sufficient time outdoors to meet their vitamin D needs.
Alcohol consumption	<ul style="list-style-type: none">• As people age, their body's ability to break down alcohol is reduced. They may also lose weight, which reduces their tolerance for alcohol, making their judgement when drinking more quickly impaired than that of a younger person.• The effect of medication is often compounded by alcohol. Likewise, medication taken at the same time as alcohol can have unpredictable and undesirable effects.• Older women who consume more than three standard drinks and older men who consume more than five standard drinks in a 24-hour period are at greater risk of losing their balance and falling.



Factor	How these factors contribute to falls
Clothing and accessories	<ul style="list-style-type: none"> Older people's clothing choices can increase their risk of falling. Shoes that are poorly maintained, have little grip or have insufficient support can place the older person at greater risk of falling, and may even contribute to falls. Failing to wear glasses or contact lenses may also put an older person at greater risk of falling as their ability to see obstacles is impaired. Issues including clients wearing dirty or smeared glasses combined with poor lighting can also add to the risks.
Medications to treat medical conditions	<ul style="list-style-type: none"> Certain medications can increase the risk of falls. Medications that are used for sedation, calmatives and muscle relaxants can affect a client's balance and gait. It has been said that some psychotropic medications used for conditions such as bipolar depression could be linked to falls. Medications for other conditions, even eye drops, could contribute to the risk of falls. Clients on medications may not be aware of the increased risk of falls. Their informal carers, family and friends may also not be aware of the increased risk of falls.

Understanding the body's systems and identifying medical causes of falls

The older person you support may have a medical or other health issue caused by a fall, or that puts them at risk of falling. You need to understand the scope of your role, and where your role ends. Many health issues, particularly medical issues, need to be referred to a specialist health provider.

The body's systems work together to help a person walk safely and stay upright. Problems with any one of the body's systems can impact other systems and increase the older person's risk of falling. It is important to be familiar with the body's systems and any medical issues that could contribute to falls.

If you suspect that a fall is caused by a medical issue, it is your **duty of care** to seek medical attention as soon as possible. Make sure you understand what the risk factors associated with different medical issues are. Ask your supervisor or other members of your team if you need support in this area.

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



Here are some medical issues that can increase the older person’s risk of falling.

Medical issue	Explanation
Cardiovascular	<ul style="list-style-type: none">• Ageing reduces the elasticity of a person’s tissues, making the arteries less effective. Heart disease can also lead to reduced muscle mass.• Healthy blood pressure is lower than 120/80 mm Hg, and low blood pressure is below 90/60 mm Hg.• High blood pressure can be caused by diet, alcohol, medication, illness, fever or drug use.• Low blood pressure may be caused by endocrine issues, dehydration, heart problems or poor diet.
Sensory	<ul style="list-style-type: none">• Hearing: the inner ear helps a person maintain their balance. Any condition that damages the inner ear will cause unsteadiness.• Vision: people who have impaired vision may not see hazards or may have trouble judging depth and distance. Any condition that causes vision impairment, such as cataracts or diabetes, puts a person at greater risk of falling.
Musculoskeletal	<ul style="list-style-type: none">• Muscular dystrophy: this condition causes a person’s muscles to waste away (known as atrophy).• Osteoporosis: this condition causes the bones to become brittle and fragile, which means the older person is more likely to suffer a break or fracture.• Osteoarthritis: this condition affects cartilage, breaking it down and causing pain, swelling and problems with joint movement.
Nervous system	<ul style="list-style-type: none">• The brain controls all the activities of the body. Neurological conditions can affect the way in which the body is able to function. Some common conditions include:<ul style="list-style-type: none">- Parkinson’s disease- stroke- dementia and brain damage- epilepsy.
Parkinson’s disease	<p>Parkinson’s disease causes tremors and muscular rigidity. It can lead to low blood pressure and dizziness and can make it harder for a person to walk and maintain postural balance.</p>



Medical issue	Explanation
<p>Stroke (cerebrovascular accident or CVA)</p>	<ul style="list-style-type: none"> • Strokes are caused by an interruption of blood flow to the brain and can affect a person’s balance and consciousness. • An ischaemic stroke is caused by a blood clot. Most strokes are ischaemic. • A haemorrhagic stroke is when the wall of a blood vessel breaks in the brain and there is a leak of blood. • A transient ischaemic attack (TIA) is known as a mini stroke. • Symptoms of a stroke include: <ul style="list-style-type: none"> - weakness or numbness - difficulty speaking - dizziness - loss of vision - headache - difficulty swallowing. <p>If you recognise symptoms of a stroke, contact emergency services immediately. Remember FAST: Facial drooping, Arm weakness, Speech difficulties and Time to call emergency services.</p>
<p>Dementia and brain damage</p>	<ul style="list-style-type: none"> • Dementia and brain damage cause memory disorders, changes in personality and impaired reasoning. They can impair a person’s ability to judge depth and distance, meaning they are more likely to stumble or fall. • An acquired brain injury (ABI) can be caused by nervous system conditions such as Parkinson’s disease, stroke or epilepsy, as well as accidents, trauma and substance misuse. • An ABI can affect a person’s cognitive abilities and can result in: <ul style="list-style-type: none"> - impaired spatial awareness and balance - seizures - chronic pain - paralysis. • People with an ABI are more likely to require assistance with mobility, self-care and other tasks of daily living.

Seizure
A sudden surge of electrical neural activity in the brain. It is transient in nature.



Medical issue	Explanation
Epilepsy	<ul style="list-style-type: none">• Epilepsy is a disease characterised by epileptic seizures. Some common causes are:<ul style="list-style-type: none">- head injuries- brain tumours- strokes.• Seizures can be caused by different triggers including:<ul style="list-style-type: none">- flashing lights- low blood sugar- certain medications- fevers.• People with epilepsy should have a seizure plan that outlines:<ul style="list-style-type: none">- the type of seizure- what happens- how long it lasts- what the trigger was or is likely to be- the correct medication for managing seizures.• If you are caring for an older person with epilepsy, you need to consult a health professional when developing their seizure plan and falls prevention strategies.
Respiratory	<ul style="list-style-type: none">• Respiratory disorders that lead to a lowered blood oxygen level can cause dizziness and falls. One example is sleep apnoea.• Sleep apnoea occurs when people stop breathing momentarily during sleep. A person with sleep apnoea may wake several times during the night. This can lead to fatigue, which can contribute to falls.
Urinary	<ul style="list-style-type: none">• Damage to the kidneys can prevent the heart from functioning effectively and can lead to low blood pressure and dizziness.• Incontinence:<ul style="list-style-type: none">- People with incontinence may have to rush to the toilet to avoid wetting themselves and trip in haste.- They may experience interrupted sleep because they wake several times at night to go to the toilet (putting them at risk of fatigue, which can contribute to falls).- They may slip on floor surfaces if they have wet themselves.- Incontinence medication can cause hypotension, which can also contribute to falls.

Hypotension

Low blood pressure, below 90/60 mm Hg. This condition can cause dizziness, fainting and falls.



Medical issue	Explanation
Cognitive	<ul style="list-style-type: none"> • Depression can increase a person’s risk of falling, as the person may fall because they are too preoccupied to notice hazards. Symptoms of depression include: <ul style="list-style-type: none"> - lowered emotions - confusion - memory problems - difficulty sleeping and concentrating - a general dissatisfaction with life. • Mental health medications such as antidepressants may also interfere with a person’s balance.
Requiring medication	<ul style="list-style-type: none"> • Older people are more likely to take medication to treat illness and likely to take several medications. Many medications have side effects. For example, antidepressants can cause: <ul style="list-style-type: none"> - postural hypotension, which can lead to dizziness - confusion, which can prevent the older person being aware of hazards - falls because of sedative effects. • It is important to know if the older person is on medication and the side effects of any medication they take as these may contribute to falls.

Coping with falls

Some methods of coping with falls lead to better outcomes, while other methods can increase the older person’s risk of falling again. The older person’s response to falling also varies depending on their personality.

Here are four ways the older person may cope with falling, and their potential consequences.

Ways of coping with falls	Potential consequences
Making no change	This means there is still the same level of risk of falling as there was prior to the fall. The consequences of falling again could also be higher if the older person was injured because of the fall.

Ways of coping with falls	Potential consequences
Avoidance	<p>Avoidance can include:</p> <ul style="list-style-type: none"> the older person avoiding the environment where the fall took place avoiding the activities they performed prior to the fall avoiding moving in general. <p>Reduced participation in the community can impact the older person’s psychological health by limiting their enjoyment of life and the size of their support network. A sedentary lifestyle means the older person’s muscles weaken and bone mass decreases, which places them at greater risk of harm from falling.</p>
Getting help	Older people may ask their spouse, family, friend, neighbours or paid carers to help them.
Making changes	This might include tidying up the environment, arranging the installation of adaptive equipment such as handrails and changing footwear.

Assessing coping style after a fall

The older person is the best source of information about their coping style. Ask whether they have noticed any changes in their feelings or behaviours after a fall. Significant others, family members and paid carers can also report on how the older person has coped after a fall.

Here are some guidelines for debriefing the older person to help them cope with a fall.

During the session	<p>During the debriefing session, let the older person know that it is common for people to experience stress because of falling. Ask them to tell you about:</p> <ul style="list-style-type: none"> any symptoms such as dizziness at the time of the fall what they were doing at the time of the fall where they were at the time of the fall when the fall occurred.
Sharing the information	<p>Sharing information helps you and the older person identify the factors that caused the fall. Once it is understood why the fall occurred, you and the older person are better placed to take steps to see whether further intervention is required.</p> <p>This can help empower the older person to make changes that will help maintain their independence and physical and mental wellbeing.</p>
Encouraging the older person	Encourage the older people to discuss how the fall made them feel. Expressing emotions and being heard can help people feel better.



Respecting the older person's privacy, dignity, wishes and beliefs

Falls assessments can be intrusive and invasive if they are not conducted appropriately. A poorly conducted assessment can make the older person feel uncomfortable, or as though they have no control over their life. For this reason, it is important to make sure the older person's privacy, dignity, wishes and beliefs are respected whenever you conduct falls assessments or implement prevention strategies.

Here is more information about each of these concepts.

Concept	Definition
<p>Privacy</p>	<p>This means:</p> <ul style="list-style-type: none"> • keeping the older person's personal information private • keeping the older person's body private. <p>What you can do:</p> <ul style="list-style-type: none"> • You can cover the older person to protect their modesty. • You can make sure the assessment is carried out away from the view and hearing of others. • You can file the results of the assessment according to organisational requirements. • You can ensure you do not leave personal information where unauthorised personnel and others can access it. • You can file information securely according to organisational policies and procedures.
<p>Dignity</p>	<p>Dignity is related to privacy and respect; a person is said to have dignity when they are treated with respect and held in high esteem. All people have a right to be treated with dignity.</p> <p>What you can do:</p> <ul style="list-style-type: none"> • You can introduce yourself by name. • You can ask what the older person would like to be called. Some older people prefer being called by their first name, while others may prefer to be called by their title and last name. • You can communicate with the older person throughout the stages of assessment. • You can ensure you do not speak as if the older person is silly or incompetent. • You can listen to what the older person says.



Concept	Definition
Wishes	<p>This means preferences about:</p> <ul style="list-style-type: none"> • who conducts the assessment • who is present during the assessment • how the older person is prepared for the assessment. <p>What you can do:</p> <ul style="list-style-type: none"> • You can ask the older person about their preferences. • You can listen to the older person. • You can communicate with others throughout the stages of assessment to make sure the process is carried out in accordance with the older person’s wishes. • You can offer the opportunity to have a carer or advocate with the older person during the assessment process.
Beliefs	<p>Belief systems vary between cultures and individuals. You may meet older people who have varied beliefs regarding:</p> <ul style="list-style-type: none"> • interactions with members of the opposite sex • communication with younger and older people • the use of personal space and touch. <p>What you can do:</p> <ul style="list-style-type: none"> • You can check the older person’s files to find out about any religious or cultural beliefs they may have. • You can ask if the older person would prefer to be assessed by a male or female staff member. • You can pay attention to the older person’s body language and facial expressions. Nonverbal communication often reveals more about a person’s beliefs than their verbal communication.

Mobility

Changes in mobility due to ageing, disease, illness and decline can place an older person at greater risk of falling.

As a person ages, their mobility changes. Stiffening joints, changes in muscle density and injuries such as breaks and fractures can all impact mobility. Changes in mobility can impact the older person’s stability and balance.

Mobility needs to be assessed when determining the older person’s risk of falling. For example, you may need to identify how safe the older person is to move around their bathroom. If mobility is restricted for any reason, a strategy needs to be implemented. Handrails may need to be appropriately installed to assist with mobility and minimise the risk of falls.

The physical indicators that suggest an older person is at an increased risk of falling are outlined below.



Physical indicator	Why the physical indicator contributes to falls
Weight	<ul style="list-style-type: none"> • People with low body weight, or a low body mass index (BMI), are more likely to have osteoporosis. This condition causes reduced bone density, which means their bones are more brittle and fragile than other people's. • Observation is not the ideal way to assess weight, as it is subjective. Perceptions about weight vary between cultures and individuals. A good measure of weight is BMI.
Bone density	<p>Low bone mass or bone density places a person at greater risk of falling. Bone density is measured through an X-ray or an ultrasound. Technicians compare the older person's bone density with that of a younger adult, as well as people in the same age group. The report forwarded to their doctor and service providers will include a T-score. If the T-score is -2.5 or less, it indicates that the older person has osteoporosis.</p>
Strength	<p>People with weak ankle muscles are more likely to fall and less likely to be able to right themselves if they slip or trip. One quick test of ankle strength is to get the older person to stand on their heels and then their toes. If they have difficulty completing these actions, it suggests their ankles are weak. Health professionals such as physiotherapists should carry out an assessment of muscle strength.</p>
Posture	<ul style="list-style-type: none"> • Poor posture can increase the older person's risk of falling. This indicator can be affected by the ageing process, as can injury, pain or fatigue, and neurological disorders such as Parkinson's disease. • A person who has good posture stands upright with their shoulders back and a natural curve in their back. Often, as people age, their shoulders begin to hunch over and they develop what is known as a dowager's hump.
Gait	<p>The older person's gait can increase their risk of falling. The older person's gait is 'normal' if their:</p> <ul style="list-style-type: none"> • feet spend about 60 per cent of the walking cycle on the ground • steps are wide and they walk in a relatively straight line • feet strike the ground with the heel and step off with the toe • posture is upright and their trunk erect • arms and shoulders swing freely.
Balance	<p>The older person's balance is also important. Several tests are used to assess balance:</p> <ul style="list-style-type: none"> • Romberg's Test: the older person stands with their feet close together and their eyes shut. If they cannot stay upright, they have a greater risk of falling. • The Sternal Push Test: the older person is pushed to gauge whether they can regain balance if they slip or trip. • The Fukuda Stepping Test: the older person is asked to march on the spot with their eyes shut. If they turn to the left or the right during this test, there may be a problem with their vestibular system.

Romberg's Test
 A test used to assess a person's ability to stay upright with their eyes closed.

Using appropriate tools and methodologies within scope of role

Check with your supervisor and your position description to clarify the scope of your role. When you have clarified you can assess the older person’s physical indicators that put them at risk of falls, follow organisational policies and procedures for conducting assessments.

Here is a description of tools and methodologies you may use.

<p>Medical history</p>	<ul style="list-style-type: none"> • All aged care services document a person’s medical history, including: <ul style="list-style-type: none"> - information about past illnesses, current illnesses, treatments and medications - letters of referral from other health professionals - medical reports and X-rays. • The older person’s GP or other health professional will assess whether any medical conditions may increase the older person’s risk of falling. • As people age, their risk of falling increases. In particular, the risk rises as people move from middle age (45 to 59) to older (60 to 74) and then increases dramatically as they become aged (75 to 90) and very old (90 plus). • Consult the older person’s medical history to help determine their risk of falling. Ensure that you have permission to consult medical records.
<p>Medication charts</p>	<ul style="list-style-type: none"> • Certain types of medication and medication side effects can place the older person at an increased risk of falling. You will need to check the older person’s medication chart to see what medication they should be taking, the dosage (amount and frequency) and route. Older people who take more than one medication (known as polypharmacy) are at an increased risk of falling. • Ensure the older person is taking the correct medication. If the medication appears to be causing issues, consult the older person’s health professional.
<p>Blood pressure charts</p>	<ul style="list-style-type: none"> • Blood pressure charts are used to monitor blood pressure. Blood pressure is calculated based on the amount of blood pressure at mid heartbeat (systolic) and while the heart is at rest (diastolic). • Aged care workers and coordinators can take blood pressure if they have completed specialist training.
<p>Balance and gait assessment</p>	<p>There are many forms of balance and gait assessment. Examples of these include Romberg’s Test and the Timed Up and Go test.</p>
<p>Mental status evaluation</p>	<p>Mental status evaluations test the older person’s orientation (their awareness of who they are, the time and where they are) as well as memory and thought processes. If the older person is not able to judge distance, depth and the location of objects they are at an increased risk of falling. Such problems with cognitive function and impaired spatial awareness can also indicate dementia.</p>



Example

Implementing falls prevention strategies

Adam is working as a support worker for the local council. Adam and the registered nurse (Anna) are attending the home of Mr Thomas, who requires support after a right total hip replacement. Mr Thomas has a history of short-term memory loss and Parkinson's disease and is living with his daughter, Wendy, who is his carer.

Anna is speaking with Wendy while Adam is talking with Mr Thomas. Mr Thomas, although he has short-term memory loss, is oriented and able to converse freely with Adam. Adam asks how he is managing at home.

"Alright, but I forget to take that silly...um...you know the metal thingamajig."

"You mean your walking frame?"

"Yes, that's right."

Adam suggests that Mr Thomas put a coloured band on his wrist to remind him to take the frame when he wants to walk around.

"That's a good idea."

Practice Task 1

Question 1

Briefly describe how to recognise a change in an older person's usual posture, gait and balance.



Question 2

Describe the physical and psychological effects of falls on a person.

Question 3

Explain how communication practices can promote respect and empowerment.



Question 4

How do medical conditions affect the risk of falls? Select all that apply.

- Wearing glasses
- Body weight remains static
- Reduced elasticity of blood vessels
- Osteoporosis
- Walking briskly

Question 5

How does the ageing process of the body affect the risk of falls? Select all that apply.

- Obesity
- Static bone mass density
- Having weak ankle muscles
- Stooped posture
- Feet strike the ground in a heel-to-toe movement

Question 6

What factors contribute to the risk of falls? Select all that apply.

- Erect posture
- A blood pressure of 120/80
- Multiple medications
- Depression
- Wearing glasses

1B

Identify fall risk and preventative strategies

You have a duty of care to your employer and the people you support to work safely and ensure that the work you do does not harm anyone.

This involves understanding the limitations of your job role and your level of authority.

Understanding limitations

Make sure you understand the limitations of your job role and your level of authority. If you conduct assessments that you do not have the skills, knowledge, qualifications and authorisation to conduct you are in breach of your duty of care. This could potentially lead to someone getting hurt or issues failing to be identified during an assessment.

Aged care coordinators and support workers are often involved in initial assessments during intake. These assessments are designed to uncover the need for further assessment. For example, it is appropriate for a coordinator to ask an older person whether they have problems with their vision. If the older person's answer indicates there is a problem, it is not appropriate for the coordinator to undertake further assessment. They do not have the training or the authority to undertake a sight test. They should refer the older person to their GP or an optometrist.

You can find out about the limitations of your job role by:

- reading your position description
- reading your organisation's policies and procedures
- asking your immediate supervisor or more experienced co-workers.

Video: Just how important are position descriptions?

Watch this video to understand why position descriptions are an important workplace management tool:

aspirelr.link/yt-position-descriptions



Understanding your role

You can find out more about your role by accessing your position description. A position description explains who you are responsible to and what you are responsible for. It also outlines your key duties.



Your role in preventing falls includes:

- assessing the likelihood of falls
- developing a plan to minimise the risk of falls
- making sure the older person has access to and uses appropriate services to reduce the risk of falling.

Your organisation will also have policies and procedures that outline your role in falls prevention. These documents may be stored on a computer or made available in print form. If you are unclear about any aspect of your job role you should speak to your supervisor.

Video: Scope of practice: Are you working within yours?

Watch this video to unpack just what this commonly used term means and to obtain some tips on how to stay within the parameters of your scope of practice:

aspirelr.link/yt-scope-of-practice



Duty of care

This means acting in a way that protects you and others from foreseeable harm and working within the scope of your role at all times. For example, it is your duty of care to take appropriate steps if you notice that a piece of equipment is broken or otherwise unsafe, such as by removing the equipment from use and reporting the issue to a supervisor.

Your duty of care can be breached if you fail to act on assessment requirements, regardless of whether they fall under your role and responsibilities. Your responsibility to the older person does not end when you have identified assessment requirements that fall outside of the scope of your role. You have a responsibility to report, record and act on additional assessment requirements.

'Duty of care' refers to your responsibility to take reasonable care of the safety and wellbeing of yourself, your colleagues, the people you provide services to, volunteers and visitors under the *Work Health and Safety Act 2011* (Cth).

Video: Duty of care: What does it mean for you?

Watch this video to look at what the concept means to support workers and to see some examples of what it might look like in the workplace:

aspirelr.link/yt-duty-of-care-workplace





The Universal Declaration of Human Rights (UDHR) describes the rights that should be attributed to all humans.

Human rights

The Australian Human Rights Commission (initially called the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education. The commission covers actions or policies of the Commonwealth.

Here are some relevant rights set out in the Universal Declaration of Human Rights (UDHR) that you should think about when consulting the older person and other workers about falls prevention strategies.

Equality	All people are equal.
Privacy and confidentiality	No-one should have their privacy, family, home or mail interfered with. In healthcare, medical information should only be disclosed to others after informed consent is obtained.
Reputation	No-one should experience attacks on their honour or reputation.
Free speech	Everyone has the right to freedom of opinion and expression.
Religion and conscience	Everyone has the right to freedom of thought, conscience and religion.

Video: Your human rights in aged care

Watch this webinar, which debates the issues of human rights in aged care in Australia following the 2018 Royal Commission into Aged Care Quality and Safety:

aspirelr.link/opan-human-rights-aged-care



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.

Dignity of risk and falls

When assessing the older person for risk of falls and then implementing strategies to prevent falls it is important to recognise how to support the person to live the best life they can safely. **Dignity of risk** is the right of all people to make choices and take risks in their lives. The support worker must balance the duty of care they owe the person with the inherent right of the individual to determine their life choices or **dignity of risk**. An example is the older person's desire to live independently in their own home even with impaired mobility and medical conditions.

Video: Aged care video alert: Dignity of risk

Watch this video to explore the concept of dignity of risk in aged care:

aspirelr.link/rk-dignity-of-risk





Understanding measurements

It can be helpful to understand and use measurements to determine who is and is not at risk of falling. For example, an older person with a blood pressure of 90/60 mm Hg has low blood pressure, and an older person with a bone mass density T-score of -2.5 or less has osteoporosis. Both measurements indicate a greater risk of falling or injury from falls.

You should collaborate with a supervisor and a relevant health professional to build a holistic picture of the older person's risk of falling.

Ask your supervisor to explain any organisational policies and procedures you may not understand when you are developing a falls prevention strategy. For instance, your supervisor can ensure your proposed strategy complies with aged care standards.

Discussing strategies with supervisors and health professionals

Consult your supervisor to ensure you have the resources to assess and implement falls prevention strategies, or to confirm the scope of your role. It is useful to keep a list of the types of health professional who can help you interpret the results of assessments and identify conditions that may increase the older person's risk of falling. Health professionals can give you further information about falls prevention strategies and risk factors associated with falling.

If the falls assessment or prevention strategy is outside your scope of practice, you will need to consult a health professional.

Relevant health professionals you may discuss strategies with are listed here.

Diversional therapists	Diversional therapists assess functional skills (such as cognitive, social, communication, behaviour and motor ability) related to leisure activities, and plan and implement programs accordingly.
Occupational therapists	Occupational therapists assess, inform and maximise a person's ability to take part in activities and live comfortably. Occupational therapists use a range of strategies, including specialist aids and equipment. They may make physical and psychological assessments to determine a person's safety, and review how to improve the person's living environment.
Physiotherapists	Physiotherapists provide expert information about activities to build and maintain muscle strength, as well as advising on safe exercise and physical activity for individuals and groups. Exercises and muscle strength can help prevent falls and can also help repair an injury if a fall occurs.



Allied health professionals	Specialist allied health professionals include audiologists, speech therapists, dietitians and social workers. They address specific and complex problems that can present barriers to participation through advice, intervention and modification of activities to prevent falls.
Support services	There are many specialist support services, such as Alzheimer’s Australia and Autism Spectrum Australia (ASPECT). They provide information, resources and support to help programs meet the physical, social and intellectual needs of people with specific disabilities and limitations, which may relate to falls prevention.
Doctors and nurses	These include GPs, medical specialist and nurses. They advise on health and medical requirements to ensure a person’s safety. A doctor or nurse can provide information about a person’s risk of falling, such as how the person’s age or weight affects risk.
Gerontologists	Gerontologists are qualified doctors who specialise in the care of older people. They may be able to assess the older person’s medical condition.
Psychologists	Psychologists help people with mood disorders. They can assess depression, anxiety and mental status, and the emotional impacts related to falling.
Pharmacists	Pharmacists manufacture, dispense and supply medication. They may be able to assess drug interactions and risks associated with taking medication.

Strategies for assessing falls risk

A range of strategies can be used to assess an older person’s risk of falling and the associated consequences. As part of your role and responsibilities you will be responsible for carrying out strategies. Consult your supervisor and relevant health professionals to determine which strategies to use.

Here are some questions you might ask yourself, the older person, your supervisor, people you work with and relevant health professionals.

When is a falls assessment required?	Falls assessments can be carried out: <ul style="list-style-type: none"> • during triage • in response to changes in the older person’s medical condition • when the older person moves from one residence to another • after the older person has been injured because of a fall • after the older person has experienced a near fall • as an initial assessment.
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<p>Who is responsible for carrying out the assessment?</p>	<p>The person responsible for conducting the assessment will vary depending on the type of assessment and your organisation's policies and procedures. Assessments may be carried out by health professionals, aged care workers, coordinators, the older person's family members or the older person.</p>
<p>Where is the assessment carried out?</p>	<p>The location of the assessment also depends on who is carrying out the assessment as well as the assessment type. Some assessments, particularly those conducted by health professionals such as physiotherapists and doctors, will be carried out in their office. Other health professionals, such as district nurses, may carry out the assessment in the older person's home.</p> <p>If the older person has high-level care needs, assessments are often carried out in their home or residential setting to prevent them from having to travel.</p> <p>If the assessment involves an environmental audit, it must be completed where the older person lives.</p>
<p>How is the assessment carried out?</p>	<p>A variety of methods can be used to assess the older person's risk of falling. These include:</p> <ul style="list-style-type: none"> • discussion • observation • demonstration • completion of forms, questionnaires and checklists. <p>Health professionals generally use a combination of these methods.</p>

Assessment forms

There are multiple possible causes of falls and thus multiple types of assessment forms. For example, a risk assessment form focuses on the environment. It identifies potential hazards that contribute to the risk of falls and covers areas such as floors, lighting, space, noise, furniture and fittings.

To cover multiple issues, you need to use a multifactorial falls assessment form, which covers several contributing factors and possible causes of falls. These forms can differ slightly in their layout but typically gather information about the older person's physical and mental health, as well as their environment.

For more information about the Falls Risk Assessment Tool (FRAT), visit: aspirelr.link/health-vic-frat



Communicating with the older person

Older people use aged care services to help them deal with some of the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

When communicating with older people and their family members, allow plenty of time for discussion. Explain in plain language what you may and may not do when implementing falls prevention strategies. Consider writing notes for the older person about your role and the role of others. This can help remind them of your role and the process of falls prevention implementation.

Video: Aged care: Communicating with aged care residents

Watch this video on how to communicate with older people and people from culturally diverse backgrounds:

aspirelr.link/yt-communicating-with-aged-care-residents



Video: Elderspeak: How do you address older people?

Watch this video on what elderspeak is and how you can avoid it:

<https://aspirelr.link/youtube-elderspeak>



Example

Discuss concerns about falling

Zoe works in an aged care residence. She has to conduct a falls assessment for Mary, who is 89 years old.

Zoe wants to learn how Mary is coping after two previous falls. She uses the Tinetti Falls Efficacy Scale to gauge Mary's confidence.

Tinetti Falls Efficacy Scale									
How confident are you climbing stairs?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
			✓						



Tinetti Falls Efficacy Scale									
How confident are you on flat surfaces?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
							✓		
How confident are you walking on grass?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
					✓				
How confident are you walking on carpet?									
Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
				✓					

Zoe also interviews Mary about her previous falls. She asks her to describe what happened and how she felt physically and psychologically after the falls.

With this information, Zoe can start preparing a falls prevention strategy with Mary.



Practice Task 2

Question 1

Draw lines to match each type of health professional involved in falls prevention to their definition.

Occupational therapist	Manufacture, dispense and supply medication
Physiotherapist	Advise on health and medical requirements to ensure a person's safety
Pharmacist	Provide expert information about activities to build and maintain muscle strength, as well as advising on safe exercise and physical activity for individuals and groups
General practitioner	Assess, inform and maximise a person's ability to take part in activities and live comfortably

Question 2

Describe the action that must be taken if a falls assessment is outside a support worker's role.

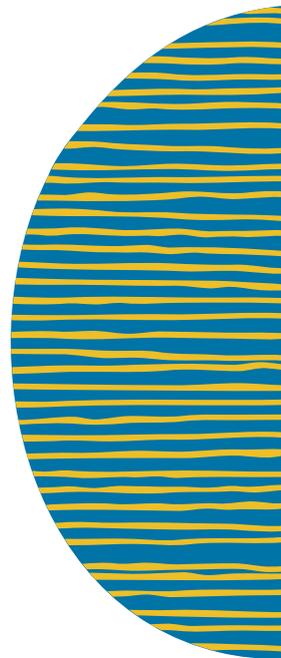
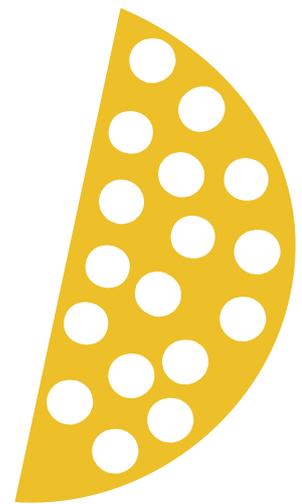
Question 3

What role does a support worker hold in falls risk assessment?



Summary

- The ageing process increases the risk of falls as older people experience changes in mobility, illness, impairments and medication.
- If an older person has fallen in the past, it is important to discuss their concerns and feelings related to the fall, as their previous experience may make them more vulnerable to future falls.
- Carers play an instrumental role when supporting older people to live safely. With the older person's permission, they should be involved in discussions when developing falls prevention strategies.
- It is important to use the most appropriate tools and methodologies for assessing an older person's risk of falls, such as reviewing medical charts and records.
- You need to use appropriate tests to assess an older person's posture, gait and balance, such as the Romberg's Test and the Timed Up and Go test.
- If the older person presents with physical or medical issues outside the scope of your role, follow organisational requirements to conduct a referral.
- Involving the older person in their own assessment can ease their worry, give them a sense of control and help them take responsibility for implementing treatments.
- You must provide older people with information about your role and responsibilities.
- Older people have a right to understand what will happen during an assessment.
- You must respect the older person's right to privacy.
- You must obtain the older person's consent to the assessment process.
- With the older person's permission, the assessment results should be forwarded to other people involved in the support of the older person.





Learning Checkpoint 1

Prepare to implement falls prevention strategies

Part A

1. Describe the action that must be taken if a falls assessment is outside a support worker's role.

2. What does duty of care mean for support workers?

3. Identify three medical causes of falls and how to recognise signs of those causes.



4. How can you recognise deviations from usual posture, gait and balance?

5. Identify two health professionals who could give you further information about falls prevention strategies, and reasons why collaboration with them is important.

6. How does the ageing process affect the risk of falls in the older person? Select all that apply.

- Dietary intake of carbohydrates
- Wearing glasses
- Balance and gait
- Posture
- Presence of stairs



7. What factors contribute to the risk of falls and the effect of falls on people and their carers? Select all that apply.

- People may fear they will need to sell their home
- Having stairs in the home
- The carer can be prosecuted for negligence
- People may become depressed and isolated
- People may stop exercising and become more immobile
- Carers can also report how the older person has coped after a fall

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

a. People may be concerned that if they fall, they will lose their independence.	Yes / No
b. Age affects blood pressure: blood pressure can cause stroke if high or dizziness if low.	Yes / No
c. People may hurt themselves if they fall but will not be psychologically impacted.	Yes / No
d. Age does not affect bones, only muscle strength.	Yes / No
e. A change to a person's weight does not increase the risk of falling.	Yes / No

9. Briefly outline what dignity of risk and how this affects working with a person at risk of a fall.



Part B

Read the case study and answer the questions that follow.

Case study

Jarrold works in residential aged care. He is conducting a falls prevention strategy for a new resident, Valerie. Jarrold first explains the assessment process and outlines the types of assessment he usually conducts. Jarrold asks Valerie which options she would be comfortable participating in. Valerie is happy to be involved in completing a hazard checklist and doing a Tinetti Falls Efficacy Scale. She is also happy to talk about her medical history with Jarrold.

The assessment finds that Valerie is least confident climbing stairs, and most confident when she uses her walker. Her medical history reveals that Valerie has had a recent hip replacement, which makes her unstable. She has also had a minor stroke, which affects her balance when she becomes stressed or disoriented. Valerie tells Jarrold that she has a daughter, who is her carer, who takes her to appointments and goes shopping with her.

Jarrold talks to Valerie about possible strategies, such as removing all obstacles in her room and in the walkway, ensuring her walker is always available and arranging extra physiotherapy appointments to help her strengthen her hip and leg muscles.

Valerie says she has a good relationship with her physiotherapist, who works two suburbs away. Jarrold talks to his supervisor, then calls the physiotherapist to see if they would be happy to travel. The physiotherapist is happy to visit Valerie's residence once a fortnight, so this appointment is arranged.

Valerie is happy with these strategies.

1. Explain how seeking the older person's permission, cooperation and commitment for a falls prevention strategy is your duty of care.



2. What human rights do you need to consider when seeking the older person's permission, cooperation and commitment for a falls prevention strategy?

3. How can you maintain confidentiality and privacy when seeking an older person's permission, cooperation and commitment for a falls prevention strategy?

4. Who could Jarrod consult to determine the assessment strategies that should be used in this situation?



5. How could Jarrod explain relevant information to Valerie and her family and carer, and clarify any requirements?

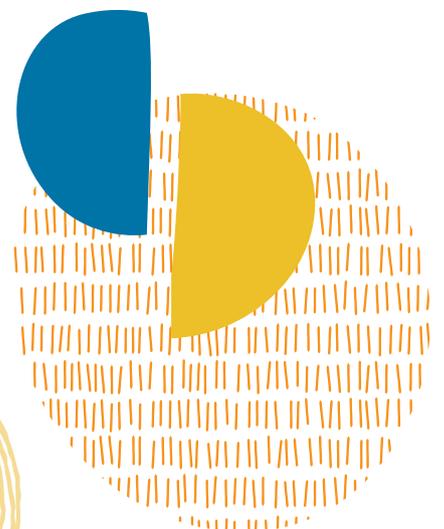
6. What are three questions Jarrod could ask when interpreting the findings of the assessment?

7. Why should Jarrod seek Valerie's permission, cooperation and commitment in the assessment process?



Topic 2: Implement falls prevention strategies

- 2A Work collaboratively to confirm strategies
- 2B Implement strategies
- 2C Assistive technology, evaluation and the healthcare team



2A Work collaboratively to confirm strategies

The older person should be involved in the planning and implementation of their falls prevention strategy for it to be most effective.

Once an assessment has been conducted, discuss the results with the older person and outline the possible strategies for preventing falls.

The older person should make a commitment to the strategy. Take into consideration the older person and their carer’s level of understanding, cultural background, needs and rights by using supportive, encouraging and respectful language when discussing the falls prevention strategy and assessment results.

Older people have the right to make informed decisions about all aspects of their support. Older people who are not cognitively impaired have the right to determine which falls prevention strategy is used and whether or not they will participate in or follow the strategy. If a person has dementia or any other cognitive impairment or disability that affects consent, their carer or advocate will be involved in the decision. The older person or carer needs to know:

- available options
- expected commitment
- possible outcomes
- associated costs
- potential drawbacks and benefits.

Prevention strategies can be divided into the following five broad categories.

Diagnostic

A characteristic, distinctive symptom.

Depression

A feeling of severe despondency and dejection.

Therapeutic

Relating to healing of disease.

Option	What occurs
Diagnostic	Diagnostic strategies focus on finding out why a person has been falling or is at risk of falling. Diagnostic strategies are more commonly called ‘assessments’.
Therapeutic	Sometimes medical conditions such as depression , dementia and hypotension place a person at greater risk of falling. Strategies that involve treating these underlying conditions are known as therapeutic strategies. For example, changing a person’s diet or lifestyle.



Option	What occurs
Preventative	The best form of healthcare is preventative care. Preventative options are far more cost effective and provide the older person with a better opportunity of maintaining good health. Any options that minimise the risk of falling are preventative options. Assessment and risk minimisation strategies fall into the category of preventative options; for example, making the environment risk free.
Rehabilitative	People who have fallen in the past are more likely to fall in the future. Rehabilitative strategies with a physiotherapist focus on building the older person's physical strength and confidence to minimise the impact of a fall and help reduce the likelihood of the older person falling in the future.
Socially supportive	Falling and fear of falling can be quite isolating, and older people may avoid social activities for this reason. This reduces their opportunity to maintain muscle and increases their likelihood of depression. Social support can help older people participate in social and recreational activities.

Preventative
Designed to keep something undesirable, such as illness or harm, from occurring.

Rehabilitative
A set of interventions designed to optimise functioning and reduce disability in individuals with health issues.

Improving your awareness about options

There are a number of ways you can increase your awareness of the options available for minimising the risk of falls.

Option	Improving your awareness
Ask other aged care workers	Asking other aged care workers is a valid strategy for identifying options for minimising the risk of falls. Experienced workers may be able to share strategies and ideas for helping older people. They may also suggest innovative ways of removing or reducing the risk of falls. Care should be taken not to disclose confidential information.
Attend networking events	Networking events provide an excellent opportunity to interact with and learn from others in similar organisations. Networking provides an effective means of sharing information and is useful for discussing options and learning more about strategies.
Use specialist information	Specialists can provide information about options that are tailored to the older person. Specialists are often busy. When calling or visiting, tell them you are developing a list of options to help overcome an older person's risk of falling. Ask them when the best time to discuss options would be and what form of communication they most prefer (face-to-face, telephone or email).
Find out about current research	You can find out about current research into falls prevention by visiting a university library to access medical or nursing journals. Many medical and nursing journals can also be accessed online. Academic journals can sometimes be difficult to interpret, although the information in the journals is likely to be more accurate than information posted on many general websites.

Confidential
Private or restricted information.

Explaining options to the older person

When explaining options for minimising the risk of falls to the older person, there are four main steps to observe.

Explain	Before explaining the options to the older person, briefly revise their condition and the risk of falling they present. Explain the consequences that may arise if action is not taken to remove or reduce the risk of falling. This helps the older person understand why a falls prevention strategy must be implemented.
Discuss	Discuss the options with the older person and provide them with written information about possible options. They can use the information after your meeting to explain the options to their family members. The written information can also be used to help explain the benefits of various options.
Confirm	Make sure the older person and/or their carer understand the options provided. Language and literacy can act as barriers to understanding. Some pamphlets are available in a number of community languages. Many pamphlets also have photos that can help a person with low literacy understand the information if they cannot read the words.
Make sense	There are many potential causes of falls, and many possible solutions. Older people may be overwhelmed with the number of options. It is not your role to tell the older person which option they should select. It is your responsibility to help the older person make sense of the options. You can help an older person identify the strengths and weaknesses of various options by drawing up a table listing the pros and cons of some options.

Providing opportunities for the older person, carer and others to contribute

The success of a falls prevention strategy will rely largely on the older person's commitment and involvement.

If the older person has intrinsic motivation to follow through with the strategy, it is more likely to succeed. This is why the older person should be involved in the decision-making process as much as possible.

It is also important to involve the older person's family, carer or others identified by the person, as they will have first-hand knowledge of how the older person lives and how risks affect them. They are also the most appropriate people to involve in decision-making if the older person is unable to do this themselves.



Factors to consider for decision-making	How to involve older people and their family, carers and others
Provide opportunities for involvement	<ul style="list-style-type: none"> • Ask the older person and their carer open-ended questions such as, 'How do you feel about this?' • Ask the older person and their carer to identify risks. • Ask the older person and their carer to identify a range of possible solutions. • Present possible options and ask the older person and their carer how they feel about the options. • Ask the older person and their carer to choose options and nominate goals and a realistic time line. • Ask the older person and their carer for feedback about the range of options.
Benefits of involving family, carers and others identified by the person	<ul style="list-style-type: none"> • They can provide you with information about the older person's living environment, falls history, health and any behaviours the older person may have forgotten or may not think are significant. • It makes the older person feel comfortable during the assessment process. • They can explain the assessment process to the older person in language they understand.
Participation of family and carers	<ul style="list-style-type: none"> • Ensure that the family and carers know their contribution is valued and appreciated. • Invite them to meetings and ensure meetings are organised for a time and place that is convenient for them so they can attend. • Include them in conversations about the assessment process. Tell them what will happen and how they can help. Encourage them to ask questions.
Support family and carers	<ul style="list-style-type: none"> • Caring for an older person can be challenging, and both unpaid and paid carers need support in their role. • The family and carer may not have an objective, interested person with whom they can discuss their concerns about the older person, so it is important you listen to what they have to say and make sure they feel heard.
Provide information to family members and carers	<ul style="list-style-type: none"> • Find out how much they know and understand about falling and fall minimisation strategies. • Help them by providing information to fill in any gaps in their knowledge or to correct their understanding.
Help the carer gain skills	<ul style="list-style-type: none"> • If relevant, help the carer gain the required skills to participate in a falls prevention strategy. You may need to show them how to complete tasks such as helping the older person fill in a falls diary. • It may be appropriate to arrange training for the carer.

Falls diary
A notebook in which a person can record information pertinent to their state of health and what occurred just before a fall.



Factors to consider for decision-making	How to involve older people and their family, carers and others
Provide encouragement	<ul style="list-style-type: none"> • Let the family and carer know they are doing a good job. • When making suggestions for improvement, focus on the behaviour rather than the person. Suggestions should be sandwiched between positive comments about the support they provide.
Refer	<ul style="list-style-type: none"> • Family members and carers may not have the required resources to participate in a falls prevention strategy. Referrals to community welfare agencies and other service providers may help them access the resources needed to participate.

Establishing the older person’s involvement

In the past, assessments were done with little input from the older person. Health professionals were seen as the experts and the person being supported was expected to comply with their assessments and follow their instructions without question. Now, assessments and other interventions are done in consultation with the older person.

There are many good reasons for this, such as :

- Older people are a good source of information about their thoughts, feelings, changes to their health and their ability to move about.
- Older people who are involved in assessments are more likely to take responsibility for implementing treatments.
- Older people who understand the reason for and the steps involved in assessments are less likely to find the process worrying.
- A sense of control is vital to good mental health.
- Person-centred care is now the preferred model of healthcare.
- The regulations and standards that apply in the aged care sector dictate that, where possible, older people should be actively involved in all aspects of their support.

Obtaining informed consent to an assessment

All service providers, including aged care services, are required to comply with the federal privacy law, the *Privacy Act 1988*. This law regulates how information is collected, stored and used. According to the Australian Privacy Principles, information can only be collected from older people if they are aware of why the information is being asked for and how the information will be used. This information can only be shared with others with the consent of the older person, or the older person’s carer or advocate.



The Aged Care Quality Standards also make it clear that older people have the right to choose the activities they do and do not participate in. They also have the right to privacy.

For these reasons it is important to gain consent before carrying out an assessment or a falls prevention strategy.

Giving informed consent

Informed consent has four parts:

1. The person must understand what they are consenting to.
2. The person's consent must be given freely.
3. The person's consent must be specific to the activity or action.
4. The person's consent must be given in writing prior to the assessment or the falls prevention strategy.

If the older person cannot give informed consent due to their condition, consent must be given by their carer or advocate.

Video: Informed consent in healthcare

Watch this video on informed consent:

aspirelr.link/yt-informed-consent-health-care



For more information about consent in aged care, visit:

aspirelr.link/acg-what-does-informed-consent-mean

Communicating information

Use these strategies when communicating information to the older person and their family members:

- Prepare a sheet for yourself with notes about all aspects of the assessment process.
- Clarify the role of others prior to the meeting.
- Allow sufficient time to talk.
- Arrange a quiet, comfortable meeting point.
- Arrange the furniture so you can sit at a 90-degree angle to the older person.
- Remove any barriers such as desks.

- Make sure you are sitting at the same height as the older person.
- Check that the furniture is safe and comfortable.
- Greet the older person and their family members in a genuinely friendly manner.
- Offer the older person and their family members a cup of tea or coffee.
- Explain information using plain language.
- Use brochures and fact sheets to back up the information you provide verbally.

Confidentiality and privacy

When sharing information about the older person and seeking their permission, cooperation and commitment, be aware of their right to privacy and confidentiality according to the Privacy Act and your organisational policies and procedures.

Consult older people in a quiet and private space such as an office or meeting room. If a family member or advocate is present at the meeting, ensure the older person has given permission for their personal information to be shared.

For more information about privacy, visit the Office of the Australian Information Commissioner:

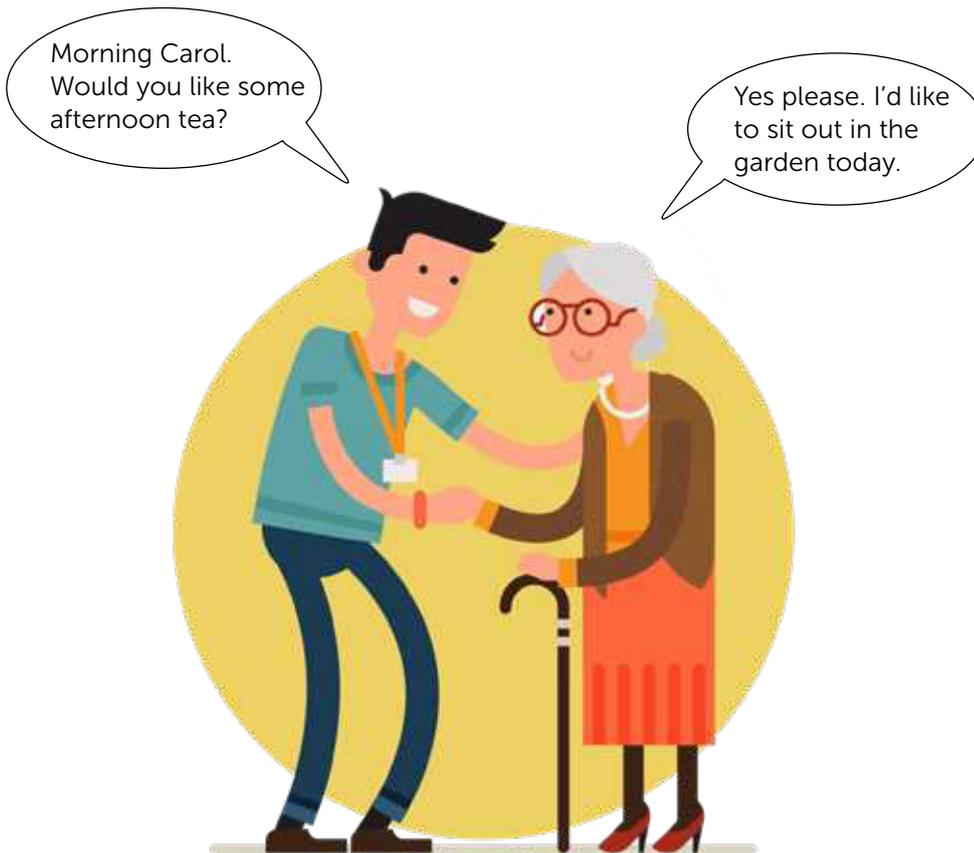
aspirelr.link/aus-privacy-principles

Communicating information in a supportive and encouraging way

In the past, one-way communication was the dominant model of communication used in aged care and health services. Medical staff, health professionals and support workers were seen as the experts. They expected that they would speak and that the older person would listen and follow their instructions.

Now, there is increasing recognition that not only are older people experts who can provide valuable information about their health and wellbeing, but also that they have a right to actively participate in their own support.

Two-way communication, which involves both parties listening and being listened to, can help older people and carers feel supported and encouraged. It also helps you demonstrate your respect for the older person, which can help enhance their feelings of self-worth.



Demonstrating respect

Make sure you demonstrate respect through all aspects of your communication.

Communication involves language (the words we use) and paralanguage, which refers to:

- the volume of our voice
- our rate of speech
- our tone of voice
- the gestures we use as we speak
- our facial expressions
- the personal space between us and the other person.

Video: Caring for residents with dignity and respect

Watch this video to learn how to treat an older person with dignity and respect:

aspirelr.link/yt-caring-with-dignity-and-respect



Respecting and acknowledging cultural differences

Be aware that people from different cultures may have different communication practices. What is respectful in one culture may be seen as impolite and offensive in other cultures, as detailed below. Be aware of these cultural differences when communicating with the older person about their assessment results or seeking permission for a falls prevention strategy.

Cultural differences	Explanation
Eye contact	Eye contact is seen as a sign of respect in some cultures, while in other cultures, eye contact is seen as a sign of aggression and dominance.
Nodding	Nodding can mean 'yes' in some cultures and 'no' in others.
Pointing	It is rude to use the index finger to point in some cultures.
Personal space	In some cultures, people value personal space and maintaining a physical distance with others, while in other cultures people are comfortable with little personal space and standing quite close to one another.
Gender issues	In some cultures, the male is always head of the household and must be consulted, whereas in other cultures, decisions are made by everyone.
Language	Respect the person's language needs and provide an interpreter when required. For example, a person and their carer may speak English poorly, or an older person with dementia may revert to their native language, and so interpretation is required.
Greeting	Address the person in the way they prefer. For example, use the correct formal title such as Mr or Mrs, and ask them if they would like you to call them by their given name. Make sure you learn how to pronounce their name correctly.

Respecting the values and preferences of the person

Ways to let the person you are implementing a falls prevention strategy with know that their preferences matter include:

- ensuring gender accommodation is available, or when not possible, providing them with support and safety in a mixed gender environment
- introducing yourself and explaining your role to the person
- asking them how they prefer to be addressed
- identifying people such as carers, family or friends in conjunction with the person



- showing an awareness of their views, beliefs, culture and language
- considering their preferences in all decision-making and goal setting for support and treatment
- treating the person in an environment that is person centred and focused on the person as an individual
- ensuring they are treated with dignity and respect and showing sensitivity towards their cultural values and needs
- keeping them informed regarding their medical condition and involving them, their family and/or carer in decision-making
- maintaining their privacy during consultation and treatment; ensuring that curtains, doors and window blinds are closed
- being respectful of their religious or faith traditions; ensuring that interpreters and cultural, religious or faith supports are available if needed.

Source: SA Health 2014, Staff Information on Respecting Patients' Privacy and Dignity with Patient Centred Care Principles, SA Health, www.sahealth.sa.gov.au

Gaining a holistic picture of the older person's risk of falling

A range of assessments should be conducted to gain a holistic picture of the older person's risk of falling.

For example, if you are completing a falls prevention checklist, the information should be concrete, specific and objective, and the questions should be relevant to the environment the older person lives in.

Information must be current. If the assessment information is out of date, arrange for a new assessment to be conducted. Once you are confident the information gathered is relevant and holistic, and represents the older person's situation adequately, you need to interpret the findings. You may need to clarify the findings with the older person, your supervisor, the older person's family, carer and relevant health professionals.

Questions to ask when interpreting the findings are:

- What is the older person's risk of falling?
- How imminent is this risk?
- What can be done to prevent this risk?
- How can the older person be involved in prevention strategies?
- How can the family, carer and others be involved?
- What steps should be taken when implementing a falls prevention strategy?

Holistic

Concerned with the whole body and mind as one system.

Providing assessment information to others

No one service provider or health professional can meet all of an older person’s needs.

This is generally accepted in residential care settings, and by community services providers. Because of this, you will often have to provide assessment information to others.

There are two key points to note when providing assessment information to others:

- The choice of health professional must be appropriate to the older person’s needs.
- The older person must be given a choice about who they are referred to.

Always ask for the older person’s consent before sharing their personal information with others. Use appropriate forms and templates and be professional in all correspondence with the older person and others involved in the assessment. Maintain all relevant documentation in the older person’s file.

Clarifying who should have access to information

Your organisation will have policies and procedures for sharing information with other service providers. It is important to clarify who has access to the information before releasing it.

Here is a list of people and organisations with whom you may share assessment results, and the questions you need to ask.

Sharing information	Who the information is shared with and why
Who can access information	<ul style="list-style-type: none"> • The older person’s GP • Allied health professionals involved in the support of the older person • The older person’s legal guardian • Paid carers directly involved in the support of the older person • Unpaid carers and family members
Questions to ask	<ul style="list-style-type: none"> • Who needs to know the information? • Why do these people need to know the information? • Has the older person or their advocate consented in writing to release the information?

For more information about access to information and privacy in aged care, visit:

aspirelr.link/my-aged-care-privacy



For more information about privacy, confidentiality and disclosure in aged care, visit:

aspirelr.link/banfields-privacy-confidentiality-disclosure

Methods of providing information

When clarifying and interpreting assessment results, you may need to provide information to people both inside and outside your organisation.

Always make a record in the older person's notes about what information was communicated, when it was communicated and how it was communicated. This can be used to check that the correct process was followed. Originals should also be retained in the older person's file.

Information can be provided by the following means.

Email	<ul style="list-style-type: none"> • Ensure that the email address is correct, and only relevant addresses are copied into the email. Never send a group email without checking each address. • Emails are easily circulated, so be aware of personal information included in the email. • Attach necessary documentation, such as assessment results. Check the attachment is not too large before sending.
Letter	<ul style="list-style-type: none"> • Take care to address the letter to the correct person to prevent the information being sent to the wrong person or being lost. • Ensure copies of relevant assessment results are included.
Telephone or face to face	<ul style="list-style-type: none"> • All information provided verbally should be communicated privately, where others cannot overhear. • Follow up verbal information with written reports.

Information needed for decision-making

The older person, carer and support worker need to know the following in order to make informed decisions:

- available options
- expected commitment
- possible outcomes
- associated costs
- potential drawbacks and benefits.

Example

Working collaboratively on falls prevention strategies

Maree works as a community support worker for the local council and part of her role is to assist people and their carers to identify what actions are helping/could help with preventing falls.

Mrs Singh is a 72-year-old woman who lives by herself. She had a stroke 18 months ago that left her with a weakness on the left side of her body.

Her son, Raj, provides care for his mother when needed. Raj manages all of his mother's support except for assistance with showering and personal care, which Maree provides.

A team meeting is held to identify strategies that would prevent Mrs Singh from falling. Mrs Singh had previously slipped on the bathroom floor and suffered a skin tear to her shin. Raj asks Maree if this means his mother needs to enter aged care. Maree asks Raj and Mrs Singh if this is something they are considering. Mrs Singh tells Maree that she does not want to do this and would prefer to live in her own home and have Raj support her for as long as possible, just as she did with her parents when she lived in India.

Raj and his mother ask if Maree could organise rails to be installed in the bathroom and, after gaining consent from Mrs Singh, Maree tells them she would refer this to the registered nurse, who would arrange a referral for the occupational therapist to come, as well as the council builder, who would arrange for more rails to be installed.

Maree asks if Mrs Singh would like to be referred to the local falls group. This is a group run by a physiotherapist who works with people to improve their balance. Mrs Singh is hesitant, not wanting to bother others and impose on her son to take her. She is also concerned about the expense. Maree informs her that community transport could be arranged and that her son does not need to attend as there would be staff to support her in class. Maree also tells her that the cost is covered by Medicare. Mrs Singh decides she would like to try this.



Practice Task 3

Question 1

What do you need to consider when discussing the older person's concerns about falling and how they coped with previous falls?

Question 2

Which of the following describe psychological effects that occur after a fall? Select all that apply.

- The older person may become depressed only for a short time after a fall
- The older person may stop participating in social activities that require walking
- The older person may stop going out
- The older person may experience embarrassment or loss of dignity
- The older person may increase their exercise

Question 3

Why do you need to provide opportunities for the person and their carer to contribute and ask questions during the planning and implementation of strategies?

2B

Implement strategies

The falls prevention strategy selected for the older person must be safe and address their individual needs.

Before implementation, all strategies should be discussed with the older person, their family and carer. Ensure that the strategy addresses the older person's specific needs, priorities and preferences. The carer may be able to provide further insight into whether the strategy is appropriate.

Identifying falls prevention strategies

There are three main categories of falls prevention strategies: person, behaviour and environment. Each is outlined below.

Person	Falls prevention strategies that address the person include: <ul style="list-style-type: none">• using medication to correct illnesses and disorders that increase the older person's risk of falling• undertaking rehabilitative therapy with a physiotherapist.
Behaviour	Falls prevention strategies that address behaviour include: <ul style="list-style-type: none">• encouraging the older person to sit and stand slowly• eating a range of healthy food, including those high in calcium• taking vitamin supplements• spending time outside• exercising• walking more slowly• drinking alcohol in moderation or not at all• using continence aids.
Environment	Falls prevention strategies that address the environment include: <ul style="list-style-type: none">• clearing obstacles from walkways• making sure all floor surfaces are even• applying high-visibility paint to indicate sudden changes in ground height• applying non-slip surfaces to all walkways• providing a bathmat for the bath• providing a shower chair for the shower• installing handrails• repairing broken or uneven steps.



Video: 15 ways to reduce fall risk for seniors

Watch this video to see ways to reduce fall risk for older people:

aspirelr.link/yt-reducing-fall-risks



Prioritising the older person's safety

Older people have a right to maintain their independence and safety and participate in all aspects of community life. A falls prevention strategy can help reduce the risk of an older person falling without being overly restrictive.

You must prioritise the older person's safety when implementing a falls prevention strategy and make sure it does not overextend the older person or require them to do something they are not physically capable of doing. Consult your organisation's work health and safety (WHS) procedures and discuss the strategy with your supervisor.

The falls prevention strategy selected must be appropriate to the older person's needs. Identify what needs are a priority to the older person and any other specific requirements they may have. For example, does the older person want an activity they can do themselves easily and without any fuss, or do they prefer to visit a specific centre to undertake an activity in a controlled environment?

To assist in a falls prevention strategy, the support worker can find out the older person's needs from:

- their medical history
- incident and accident reports
- progress notes
- identification of priority areas of concern in discussion with the person or their carer.

Maintaining a falls diary

Falls diaries are an ideal way to gather information about the frequency of falls and the circumstances in which the fall occurred. They are one way of recording fall frequency and the surrounding circumstances. Completing them encourages recall and identifies the key circumstances surrounding falls, and their content focuses intervention.

If we can identify the reasons for an individual's falls we are better able to target specific strategies for falls prevention and individualised therapy for falls prevention.

Encouraging the client to maintain a falls diary can assist with gathering vital information to be used to find out the cause of falls, and to help select options that will reduce the risk of further falls.



This diary also encourages the nurse or carer to detail the circumstances of any falls the resident has, the frequency of falls, the cause of the falls and any injury sustained.

Falls diary	<ul style="list-style-type: none"> • A falls diary is a method that can be used to monitor the effectiveness of a falls prevention strategy. • Older people may sometimes not remember how often they fall or when, so a falls diary is a useful way to accurately document information about falling. • Falls diaries are an invaluable source of information. They can help you understand what is causing the older person to fall and identify the environments where the older person is most at risk. • When monitoring the success of a falls prevention strategy, it is useful to compare diary entries before and after the strategy was introduced and implemented.
Important information the older person should include in their falls diary	<ul style="list-style-type: none"> • When the fall occurred • Where the fall occurred • What happened prior to the fall • What they were doing at the time of the fall • Whether any injuries occurred • Their response to the fall • Other consequences of the fall

A falls diary can be very simple in design and easy for all to use.

Falls diary		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
If you fell, what injury did you have, if any?	No fall	✓	✓	✓	✓	✓	✓	✓
	No injury							
	Bruise or cut							
	Muscle or ligament							
	Broken bone							



Example

Working with the person to adjust strategies

When Maree goes to Mrs Singh's home the following week to assist with her showering, she finds that the handrails have been installed in the bathroom. Maree notes that Mrs Singh is using the rails to help her stand and move out of the shower. Maree asks, "How are the rails going?"

Mrs Singh replies, "They are so helpful. I feel safer when having a shower; before I was always frightened I was going to slip. But I'm still not confident with the new frame that the physio gave me to use. Could you watch how I use it? I think there is something wrong with how I am holding it."

Maree watches Mrs Singh use the frame and notes that she has the frame a little sideways instead of straight in front. Maree asks Mrs Singh to try to keep the frame straight.

"Oh...that's better, I always forget about my arm."

Implementing strategies in a safe and effective manner that minimises the older person's discomfort

All employees have obligations under state and federal WHS legislation to maintain a safe workplace for all people.

Carrying out a risk assessment prior to developing and implementing a falls prevention strategy can help you and others to implement the strategy safely and effectively.

Here are some examples of when strategies designed to improve an older person's life cause them to come to harm.

Handrails	An aged care worker arranges for handrails to be installed. However, the handrails are not installed within the older person's usual range of reach, and the older person slips and falls.
Medication	An older person may stop taking their antidepressants as they are worried the medication may increase their risk of falling. However, stopping abruptly without medical supervision badly affects their mental health and physical condition, which causes them to fall.
Exercise	An older person exercises to build up muscle, but they push themselves too hard and have a heart attack.

Maintaining safe work practices

You can maintain currency by accessing the most up-to-date version of WHS documentation – such as Acts, standards and regulations – online. If you are working from a hard copy, remember to go online and compare your version with the most current one.

Risk assessment and minimisation

You need to determine what risks exist, the likelihood of a risk occurring and the degree of risk. When you have assessed all the risks, you need to take steps to minimise or remove them.

Risk assessment is a three-part process, as outlined below.

Assess what could go wrong	You can identify things that may go wrong by brainstorming worst-case outcomes with your colleagues, other health professionals, the older person and their family members.
Assess the likelihood something could go wrong	You should assess the older person’s medical condition, cognitive capacity and environment to work out the likelihood of a risk occurring. Likelihood is rated as follows: <ul style="list-style-type: none"> • Almost certain: expected in normal circumstances • Likely: will probably occur in most circumstances • Possible: might occur at some time • Unlikely: could occur at a future time • Rare: will only occur in exceptional circumstances.
Assess the degree of risk	The degree of risk can be: <ul style="list-style-type: none"> • minor, causing a little inconvenience • medium, causing moderate inconvenience and discomfort • high, causing high levels of inconvenience, discomfort and distress • extremely high, leading to permanent incapacitation or even death.

Minimising discomfort

Ensure that the selected falls prevention strategy not only keeps the older person safe, but also minimises discomfort.

Discomfort may relate to a person’s physical, mental, emotional and social wellbeing. For instance, a person may feel discomfort about being supervised when having a shower or may feel uncomfortable having to use a walker.

Talk to the older person and their carer about the strategies suggested and ensure that the older person is made to feel comfortable and secure.



Here is a list of ways to minimise the discomfort of certain circumstances.

Alcohol cessation	<p>What may happen: some older people may experience physical withdrawals. Others may miss the rituals associated with drinking.</p> <p>You can: develop strategies the older person can use to delay drinking and help them to consider alternative social activities.</p>
Behaviour changes	<p>What may happen: older people may feel self-conscious about changes in behaviour.</p> <p>You can: reassure the older person.</p>
Diet changes	<p>What may happen: changes to diet may make older people feel uncomfortable.</p> <p>You can: introduce changes slowly to allow the older person time to adjust, and seek the support and advice of a dietitian.</p>
Medication changes	<p>What may happen: medications can cause an older person to suffer from shakiness, dry mouth, dizziness and fatigue.</p> <p>You can: follow the instructions of the older person's pharmacist and GP and seek immediate help if the older person suffers any adverse effects.</p>
Continence management	<p>What may happen: older people may be embarrassed about incontinence.</p> <p>You can: reassure them that many people experience incontinence as they age, and seek the support of a continence nurse.</p>
Environmental modification	<p>What may happen: older people may feel uncomfortable about a stranger coming into their home environment. They may be fearful or they may find the presence of another person intrusive.</p> <p>You can: arrange for the modifications to occur at a time most convenient to the older person; let the older person know when the modifications will be made; and involve the older person in deciding on the types of modification.</p>
Exercise	<p>What may happen: the older person may experience physical discomfort or pain. Some older people feel self-conscious when exercising.</p> <p>You can: ease the older person into an exercise program slowly and incorporate low-impact activities such as walking and water activities.</p>
Treating depression	<p>What may happen: older people may believe having depression means that they are 'crazy'. Medication used to treat depression may also have adverse effects.</p> <p>You can: reassure the older person that many people experience depression and that it is treatable, and seek immediate help if the older person experiences adverse effects.</p>



Implementing strategies

You must take all reasonable steps to implement strategies safely and effectively within your scope of practice and according to legal and ethical requirements. Some activities, such as changing medication, providing clearance to participate in an exercise and installing adaptive equipment, should only be carried out by people with the appropriate qualification, experience and authority.

Here are some basic knowledge, skills and duty of care requirements needed to implement strategies, and ways to ensure they are met.

Knowledge	<p>Awareness of the falls prevention strategy, as well as knowledge and understanding of roles and scope of practice are required to implement strategies safely and effectively.</p> <p>To ensure requirements are met, you can:</p> <ul style="list-style-type: none">• call a meeting to inform all people of their roles and responsibilities• ask open-ended questions to check the level of understanding.
Skills	<p>Reading and comprehension skills to understand the falls prevention strategy and carry out roles and responsibilities safely and effectively are required for all strategies.</p> <p>To ensure requirements are met, you can:</p> <ul style="list-style-type: none">• assess skills through observation and feedback from others• arrange skills training• provide support.
Duty of care	<p>A willingness to carry out responsibilities and ensure the older person is comfortable is a vital duty of care requirement when implementing strategies.</p> <p>To ensure requirements are met, you can:</p> <ul style="list-style-type: none">• communicate the importance of the falls prevention strategy• involve stakeholders in developing strategies to encourage them to take ownership and personal responsibility for a strategy's success.



Example

Implement strategies in a safe and effective manner

In this example, strategies are identified and implemented for Jason, an older person who has had a knee reconstruction.

<p>The situation</p>	<p>Jason is 72 years old and has recently had a knee reconstruction. Although he has been participating in physiotherapy, his leg muscles have wasted. This places him at an increased risk of falling.</p> <p>Exercise can be used to help rebuild Jason’s muscles. Jason’s aged care worker, physiotherapist and GP consider the potential undesirable outcomes of exercise, including:</p> <ul style="list-style-type: none"> • heart failure • respiratory distress • joint and muscle damage. <p>They then review Jason’s medical and personal records and find no mention of cardiovascular or respiratory disorders, problems or diseases. Jason’s GP assesses Jason and finds that he has above average heart and lung function. This lowers his risk of heart failure and respiratory distress considerably, but joint and muscle damage are highly likely.</p>												
<p>The assessment</p>	<p>The following table summarises the risks Jason may face, as well as their likelihood and potential consequences.</p> <table border="1" data-bbox="475 1341 1145 1733"> <thead> <tr> <th>Risk</th> <th>Likelihood</th> <th>Consequence</th> </tr> </thead> <tbody> <tr> <td>Heart attack or failure</td> <td>Low</td> <td>Extremely high</td> </tr> <tr> <td>Respiratory distress or failure</td> <td>Low</td> <td>Extremely high</td> </tr> <tr> <td>Injury</td> <td>Extremely high</td> <td>High</td> </tr> </tbody> </table> <p>The consequences of injury are far lower than those of heart and respiratory complications. However, injury is far more likely to occur. For this reason, Jason’s aged care worker should develop ways of removing or reducing the risk of injury.</p>	Risk	Likelihood	Consequence	Heart attack or failure	Low	Extremely high	Respiratory distress or failure	Low	Extremely high	Injury	Extremely high	High
Risk	Likelihood	Consequence											
Heart attack or failure	Low	Extremely high											
Respiratory distress or failure	Low	Extremely high											
Injury	Extremely high	High											



The consequence	<p>If Jason does not exercise, he is at risk of falling. If he does exercise, he is at risk of injury. Jason's aged care worker discusses this dilemma with a diversional therapist as well as a fitness instructor. They both recommend water aerobics. This will give Jason a chance to rebuild his muscle strength in the relative safety of the water, which will cushion and protect his joints.</p> <p>Once a strategy has been developed, Jason's aged care worker documents the following details in the form of a care plan:</p> <ul style="list-style-type: none">• The desired outcomes• The people involved in implementing the falls prevention strategy• The resources needed• The activities that should be part of the strategy.
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Practice Task 4

Question 1

Marion is 80 and has Parkinson's disease, which causes involuntary muscle movement. She lives alone and wants to continue to live independently. Marion is frightened of falling, as she has fallen before in the shower and in her bedroom at night time and was not able to get up unassisted.

Marion enjoys two whiskeys before bed every night. Her GP has recommended that she reduce her alcohol intake, as it may be contributing to her risk of falling.

Identify two possible falls prevention strategies that meet Marion's safety needs, priorities, preferences and specific requirements.



Question 2

Nigel is 92 and lives in an aged care facility. Nigel enjoys physical activity, such as lawn bowls and cricket, but has found that his hip replacement has made it difficult for him to stand for long periods without feeling weak and unsteady.

Identify two possible falls prevention strategies that meet Nigel's safety needs, priorities, preferences and specific requirements.

2C

Assistive technology, evaluation and the healthcare team

You should involve the older person and their carer in all discussions regarding the success of strategies.

Once falls prevention strategies have been implemented, they need to be reviewed and tested for effectiveness. You need to find out whether the strategy is safe, meets the older person's needs and preferences and keeps within organisational requirements.

Discussing strategies and how to measure success

Testing and measuring the success of strategies is both a formal and informal process, and methods should be reviewed continually for effectiveness. Talk to the older person about the types of success measurement they feel most comfortable with.

Formal and informal ways to measure success are listed below.

Formal measurement	<ul style="list-style-type: none">• Review incident and accident reports• Review progress reports• Interview the older person• Interview their family• Interview their carer• Interview other workers• Review the falls diary
Informal measurement	<ul style="list-style-type: none">• Observe the older person and their lifestyle• Observe the environment• Discuss comfort levels with the older person

Communicating results with the support team

The support team is crucial to the success of falls prevention strategies. The carer needs to be informed about which strategies work and which need to be changed. The supervisor needs to ensure strategies keep the older person safe and are in line with organisational and legal requirements. The older person's health professionals need to be informed about the success of strategies they suggest and will need to be involved if strategies have to be changed.

Communicate with the team in person, over the phone or via email. Always ensure that the older person's confidentiality is maintained, and that details shared are accurate, objective and specific.

Working as a team

You will work with a range of people to develop falls prevention strategies. Your role is to coordinate any meetings, document the proceedings and follow up the action that is decided on.

The way a group operates depends on the personalities and communication styles of individual members in the group. Any issues with group dynamics should be communicated to your supervisor.

Here are some of the factors that help people work well together.

Processes	Follow standard meeting protocol. This includes preparing and using an agenda. Allow people sufficient time to discuss issues and document and distribute results of the discussions carried out during the meeting in the form of meeting minutes.
Clear roles	Often, people come into negative conflict when they are unsure about the limits of their authority and the authority of others. Clearly define the roles of everyone in the group. Uncertainties about roles and responsibilities can be clarified by turning to documentation such as position descriptions, organisational charts, and policies and procedures.
Goodwill and mutual respect	People do not need to agree with one another to have productive conversations, but they do need to respect one another. You can help to foster respect by raising awareness of the roles of the people in the group, modelling respectful behaviour, setting ground rules and encouraging others to consider the value of everyone in the group.
Conflict	When managed properly, conflict can be good. In fact, differing points of view can help all group members think about the positives and negatives of possible solutions and select a strategy that is most effective in reducing the older person's likelihood of falling.

Types of assistive devices

There are assistive devices for different types of disability as well as choice of device for specific disabilities.

Different types of assistive devices are available to assist people with disabilities.

The person with a disability can try different models or devices to find the device that best meets their needs.

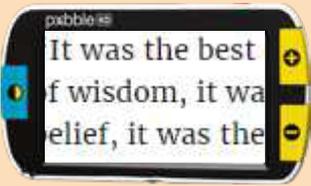
Assistive technology is used to assist the person with a disability in the activities of daily living, including:

- communication
- physical tasks such as eating and drinking
- personal support activities such as showering and toileting



- mobility and transferring
- vision and hearing loss
- recreation and leisure
- education and employment
- activities in the home and other environments.

Here is a sample of impairments and assistive technology or devices that the person with a disability can use.

Impairment /Support requirement	Assistive technology/ devices	Examples
Vision impairment	<ul style="list-style-type: none"> • Glasses • Magnifiers • Large print materials (books) • Talking devices (watches, clocks) • Kitchen equipment (plate guards, liquid level sensors) • Money sorting aids to identify coins and notes • Talking blood pressure monitor 	 <p>Magnifier</p>  <p>Automatic talking blood pressure monitor</p>
Hearing impairment	<ul style="list-style-type: none"> • Hearing aids • Amplified telephones • Notification systems • Personal amplifiers • TV streamers 	 <p>Bellman audio Mino personal amplifier</p>



Impairment /Support requirement	Assistive technology/ devices	Examples
Speech impairment	<ul style="list-style-type: none"> • Picture boards • iPads • Simple single message voice output devices 	 <p>Picture board</p>
Cognition and memory impairment	<ul style="list-style-type: none"> • Memory booster • Tab timer reminding clock • Timer reminding watches • Alarm pill boxes • Edmark Thinkin Things Software 	 <p>Memory booster</p>
Pressure relief management	<ul style="list-style-type: none"> • Specialised beds • Air mattresses • Air cushions • Slide sheets • Turning slings • HT-roller turning devices 	 <p>Specialised bed</p>
Mobility impairment	<ul style="list-style-type: none"> • Wheelchairs • Scooters • Canes • Crutches • Walkers • Walking sticks 	 <p>Scooter</p>



Impairment /Support requirement	Assistive technology/ devices	Examples
Bathroom assistance	<ul style="list-style-type: none"> • Bath boards • Shower seats • Shower chairs • Hoists • Handrails • Showering aids • Long-handled aids • Toilet equipment • Commodes • Raised toilet seats • Bottom wipers 	 <p>Toilet rails</p>
Kitchen assistance	<ul style="list-style-type: none"> • Chopping boards that stabilise the food being chopped • Modified taps • Reaching aids • Openers for jars and bottles • Modified cutlery and plates • Bottle openers 	<div style="display: flex; justify-content: space-around;"> <div data-bbox="911 875 1114 1077">  <p>Cutlery</p> </div> <div data-bbox="1155 875 1422 1077">  <p>Medicine bottle openers</p> </div> </div>
Education and employment	<ul style="list-style-type: none"> • Adjustable desks • Laptop computers 	 <p>Adjustable desk</p>
Leisure	<ul style="list-style-type: none"> • All-terrain powered wheelchairs • Games • Adjusted gardening tools 	 <p>All-terrain powered wheelchair</p>

Pictures taken from <https://ilcaustralia.org.au>



Promoting independence and inclusion in the community with assistive technology

Assistive technology helps people with a disability or impairment do something they would not otherwise be able to do. The right assistive technology can increase a person's independence, helping them to complete tasks. Assistive technology can be used independently by the person or by the carer. Carers may find it offers them support and reassurance as well.

Assisted technology can allow the person with an impairment to participate in activities, giving them social inclusion. For example, an older person with a hearing impairment may be able to take part in a social activity such as bingo by using a hearing device. Electric wheelchairs can enable more mobility in community environments.

Devices that remind people with dementia to take their medication on time can support them in remaining independent, safe and socially involved.

Many types of assistive technologies can also support the carer by making their support tasks easier, such as providing the person with independence and less reliance on the carer to be involved without the need for heavy lifting.

Identifying the older person's needs, issues and concerns outside your scope of practice

When you are assisting in screening and assessing clients regarding their risk of falls it is essential that you are clear about your work role duties and responsibilities. There may be occasions when a client has needs, issues and/or concerns that do not fall within your work role duties. Here are some examples.

Occasion	Your response
A client becomes upset during a falls risk screening or assessment	<ul style="list-style-type: none"> Discontinue the screening/assessment Document the client's response in their file Report what happened to your supervisor
A client tells you that they do not think life is worth living anymore	<ul style="list-style-type: none"> Reassure the client of their value Report this to your supervisor immediately as the client may benefit from counselling Document what the client said in their file
A client complains that they have a sore hip	<ul style="list-style-type: none"> Report this to your supervisor as they may need to be referred to a physiotherapist Document this in their file



Occasion	Your response
A client asks you for advice as they want to lose weight, but they do not know where to start	<ul style="list-style-type: none"> • Report this to your supervisor as they may need to be referred to a dietitian • Record their request in their file

Scope of practice

Describes the procedures, actions and processes that a person is able to do as a result of their education and experience and specific demonstrated competency.

Whenever you face a situation where a client requires assistance or support that is beyond your work role **scope of practice** it is vital that you follow your organisation's policies and procedures. If you are not sure, talk with your team leader or supervisor.

Regardless of how desperate a client is about getting assistance or support, you should never undertake a task that you are not qualified or approved to do. Attempting a task that you are not qualified or approved to do could put a client, as well as you, at serious risk.

Your scope of practice will be outlined in your position description and can be clarified by your supervisor. Always check with your supervisor before proceeding with a task involving medical or health assistance, as it may fall outside of your role and responsibilities.

Changes in health status when working with older people

Be aware of changes in health status when working with older people. Changes may be associated with ageing but could also indicate a health or medical issue. For instance, you may observe that an older person is disoriented and cannot speak properly. This is not a common change associated with ageing and may indicate the older person has had a stroke and needs urgent medical assistance.

Follow first-aid procedures and call emergency services if a medical issue arises. Contact your supervisor or relevant health professional if you need to clarify the issue.

Here is a list of needs, issues and concerns outside your scope of practice.

Medical emergencies such as stroke	If the older person experiences weakness, numbness, difficulty speaking or loss of balance, they may be having a stroke. In the case of medical emergencies such as this, call emergency services immediately. Ensure the older person is safe and that dangerous objects are removed, and practise first aid until the ambulance arrives.
Lifestyle changes such as weight gain or loss	Weight gain or loss may be gradual and may or may not relate to a medical issue. If you notice changes in the older person's weight, review the older person's lifestyle. If there are no obvious lifestyle changes known to cause the change in weight, ensure the older person speaks to their GP. The older person may also be referred to a dietitian.



Cognitive changes such as loss of memory	Like lifestyle changes, cognitive changes can happen slowly over time. Be alerted to changes and how they are affecting the older person. Memory loss, disorientation and confusion may be age related, or they may be a sign of dementia or an ABI. Encourage the older person to speak to their GP or arrange for an assessment if you are concerned.
Mobility changes	Mobility changes may be age related or may be caused by a medical condition. If the older person has difficulty walking, standing or moving in any way, seek advice from the older person's GP.
Elder abuse	Elder abuse is the neglect or harm of an older person. Older people may be more vulnerable to abuse because of their age and physical condition. If you notice that the older person has lost weight, is dishevelled in appearance, is unwashed or has unexplained bruising or other injuries, ensure you report your concerns to your supervisor and your state or territory protective agency.

Making referrals

Supervisors can provide support when uncertainty or non-achievement of nominated goals occurs.

You may require support from your supervisor to help you identify and resolve community participation strategies that might not be working for achieving positive outcomes for a person. Your supervisor may have better knowledge of local resources and appropriate strategies. They are also able to authorise or instruct you in how to approach other agencies or service providers as required to seek additional support for a person, or to make a referral.

You may need to provide assistance to a person with a disability to request a particular support they require as their needs change. This could be the case if a new need or interest arises for the person, or if they learn of a support that could be useful to them. The person may simply decide that they wish to focus on a new area of their daily life and would like to purchase support to allow them to meet an existing or upcoming need or interest. When providing assistance, you should ensure you are keeping within your assigned job role and that you are clear about what is (and is not) considered a part of your duties to your employer.



As a support worker, you may be able to assist by doing the following:

- Refer a request to your supervisor.
- Talk to a person (and sometimes their family) about how particular supports could help.
- Assist a person to complete a form or online application.
- Make enquiries on behalf of a person you are supporting.

Conducting a referral (if required)

The falls prevention strategy may not be working because the older person's needs may have changed or they require resources beyond the scope of your role.

If the assessment and re-assessment find that further support is required, conduct a referral to the appropriate person. Follow organisational requirements for conducting a referral: this includes obtaining the older person's consent to contact another service and share details, and using dedicated forms and templates. Always maintain confidentiality. Collaborate with your supervisor and other workers to ensure referral procedures are followed correctly.

As much as possible, encourage the older person to be involved in the referral process. For instance, encourage the older person to contact the other service themselves to make an appointment. The older person should also be involved in deciding which health professional they will be referred to. Some older people may have private health cover, for instance, and this may affect their choice.

Reasons you may be required to refer the older person are described below.

A fall has caused a significant injury	The older person may need to be referred to a physiotherapist, gerontologist, neurologist or GP for advice about the injury. They may require medical attention such as cognitive or physical rehabilitation. Ensure that all relevant details of the fall and the injury are included in the referral letter, and that a follow-up is done if the other service recommends amendments to the strategy.
A fall has caused psychological trauma and undermined confidence	Falls may have undermined the older person's ability to cope. They may feel nervous about future falls and may feel less confident about living independently. Refer the older person to a physiotherapist, occupational therapist, psychologist or GP for support. The older person may also require the aged care assessment team to conduct an assessment.
The older person requires a mobility aid	If the assessment reveals the older person requires an aid, such as a walking frame or wheelchair, you need to refer the older person to the service or agency your organisation uses for supplying aids. Ensure the agency has all the relevant details it requires, and the older person is informed about the cost of the aid or equipment.



Example

Assistive technology and the healthcare team

Another client of Maree's is a 42-year-old woman, Karen, who has had multiple sclerosis for several years. Karen's mobility has gradually decreased over the past five years, and she now uses a wheelchair for mobility. Maree usually assists Karen with toileting by using a stand-up lifter to transfer Karen from the wheelchair to the toilet chair. The next time Maree goes to help, she finds that Karen is having difficulty holding onto the lifter and nearly falls. Maree fills in the report for her supervisor, who organises for a physiotherapist to do a review on the best device to assist Karen in transferring. The physiotherapist's report recommends that a hoist machine be used for transferring Karen from chair to bed and from chair to toilet chair.

Practice Task 5

Question 1

Draw lines to match each term for an assistive technology device to its description.

Cane
iPad
Shower chair
Raised toilet seat

Self-care
Continence and hygiene
Communication
Mobility and transferring

Question 2

Which of the following assistive technologies can be used to support a person with a hearing or visual impairment? Select all that apply.

- Picture board
- Adjustable desk
- Magnifier
- Personal amplifier
- Air cushion



Question 3

Which of the following options will minimise the risk of falling? Select all that apply.

- Turning sling
- Bath board
- Walker
- Walking stick
- Bottom wiper

Question 4

Explain briefly how assistive technology can support the individual with education and employment.

Question 5

Describe the types of assistive technology that can be used to support the person in recreation and leisure pursuits such as gardening.



Question 6

Assistive technology can be used to support the individual in their home and with daily living activities. Give two examples to support your answer.

Question 7

Describe how assistive technology can enable inclusion and participation in the community as well as promote independence. Give an example to support your answer.

Question 8

Draw lines to match each term for an assistive technology device to its description.

Slide sheet
Modified taps
Tab timer reminding clock
Alarm pill boxes

Cognition
Memory loss
Eating and drinking
Pressure management



Question 9

Limited mobility is an issue for carers providing support. Which of the follow assistive technologies can assist the carer when providing mobility support? Select all that apply.

- Opener for jars and bottles
- Shower seat
- Specialised bed
- Hoist
- Picture board

Question 10

What are the three parts of the risk assessment process?

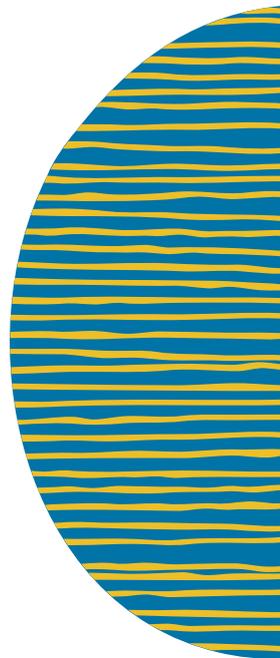
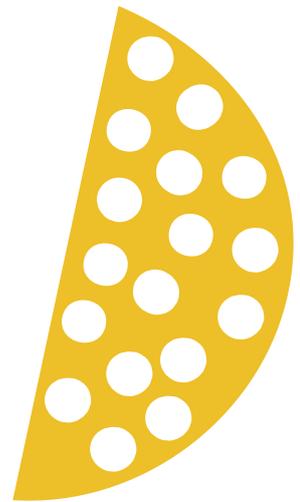
Question 11

How can you ensure all workers have the skills to implement a falls prevention strategy safely?



Summary

- Person-centred care means that older people should be involved in assessments. They can provide information about their thoughts, feelings, changes to their health, and their ability to move about in their environment and the wider community.
- You must respect the older person's right to privacy.
- With the older person's permission, the assessment results should be forwarded to other people involved in the support of the older person.
- You should develop a list of strategies to minimise the risk of falling before speaking with the older person.
- You should draw on the skills and knowledge of your extended team when working out how to select a falls prevention strategy that prioritises the safety of the older person.
- All options carry risks. Identify the degree of risk and the consequences to help you and others develop and implement a falls prevention strategy safely and effectively.
- It is not enough to keep the older person safe. You must take all reasonable steps to ensure strategies are consistent with the older person's needs, priorities, preferences and specific requirements.
- Research and use assistive technology to meet the person's needs.
- Communicate with the older person and the support team about how the implemented strategies will be monitored for success.
- Follow your organisation's policies and procedures for referring needs, issues and concerns that are outside your scope of practice.





Learning Checkpoint 2

Implement falls prevention strategies

Part A

1. Describe the three parts of the risk assessment process used to ensure the health and safety of older people.

2. Why is it important to identify and implement strategies that are consistent with the older person's needs, priorities, preferences and specific requirements?



3. What are three things can you do to minimise the older person's discomfort when implementing strategies?

4. Identify four possible options for minimising falls and explain how you could encourage the older person and their carer to participate in making changes.

5. Which of the following areas can assistive technology help with? Select all that apply.

- Stopping diseases
- Communicating
- Community inclusion
- Education
- Identifying risks



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

a. Talking devices can assist the person with a visual impairment.	Yes / No
b. Amplified telephones are used by hearing-impaired individuals.	Yes / No
c. Adjustable desks can assist the person with a speech impairment.	Yes / No
d. Shower chairs can assist the person with cognitive deficits.	Yes / No
e. Modified taps can assist the person to maintain independence.	Yes / No
f. Modified eating utensils can reduce the reliance on a carer.	Yes / No

7. Draw lines to match each term for an assistive technology device to its description.

Air mattress
Modified cutlery
Memory booster
Timer reminding watches

Cognition
Memory loss
Eating and drinking
Pressure management

Part B

Read the case study and answer the questions that follow.

Case study

Richard supports older people in their homes. Tom is a 70-year-old supported by visits from Richard. As Tom is a new client, Richard learns from his individualised plan that Tom is a Vietnam War veteran who experiences depression, which is being treated with antidepressants. This can mean that Tom is too tired to do activities around his home and can experience dizziness when he stands up quickly. Tom's daughter tells Richard that Tom has had several near misses with falls recently and she has been visiting daily to keep an eye on Tom.

An occupational therapist has recently visited Tom's home and identified several hazards. Tom has agreed to some new equipment being installed to lower the risk of a fall. A physiotherapist has met Tom and they have identified several exercises to improve Tom's balance. Tom will be keeping a record of his progress in a Falls Diary. Richard will support Tom and encourage him to complete his exercises and Falls Diary.



- 1. Identify at least three falls prevention strategies that may have been developed for Tom.**

- 2. Suggest three reasons how the strategies can be implemented, tested and monitored for success in collaboration with Tom and other workers?**



- 3.** Identify three ways Tom and his daughter can be encouraged to ask questions when they want more information.

- 4.** Suggest two examples of issues or concerns Tom may communicate to Richard or Richard observes, that would need to be referred to one of the health professionals.

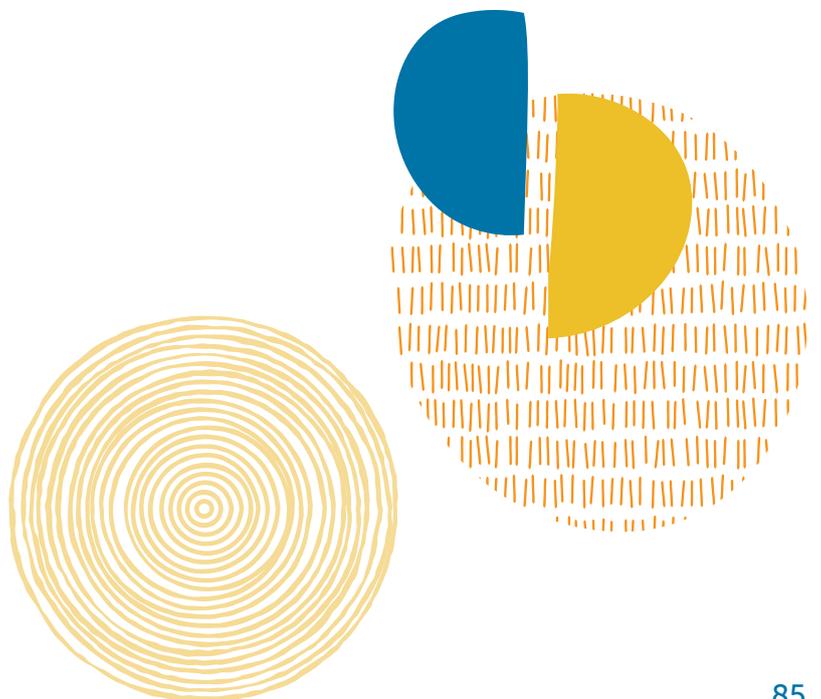
- 5.** What should Richard do if he thinks Tom could benefit from having some additional equipment to help his shower such as a shower chair and modified taps?



Topic 3: Monitor falls prevention strategies

3A Review and evaluate strategies

3B Determine future action plan



3A

Review and evaluate strategies

It is important to involve the older person and their carer when reviewing and evaluating strategies, and to communicate evaluation results to the support team.

There are many ways to review and measure the outcomes of falls preventions **strategies**. They include:

Strategy

A plan of action designed to achieve a long-term or overall aim.

- reviewing incident and accident reports
- reviewing progress notes
- asking the older person, their family, carer and other workers
- reviewing falls diaries.

Monitoring strategies

It is important to use a variety of monitoring methods to make sure that current falls prevention strategies are effective.

Monitoring

Observing and checking the progress or quality of something over a period of time.

Monitoring strategies are important for identifying when and why prevention strategies are not having the desired result. The strategy may not be successful for a variety of reasons. For example, the older person's health status or lifestyle may have changed.

Sometimes the older person will not provide feedback on a falls prevention strategy unless you actively seek this information. This may be because they do not feel they have the same level of authority or understanding of the strategy as you do.

The older person may not be aware there is a problem and family members, service providers and other health professionals may forget or not have time to provide feedback on a strategy.

Some health conditions and behaviours can put the older person at an increased risk of falling. It is important to identify any risks in order to effectively monitor a strategy.



<p>Incident and accident reports</p>	<p>Incident and accident reports are used to identify when an older person has fallen or nearly fallen. They should contain information about:</p> <ul style="list-style-type: none"> • what happened prior to the fall or near fall • what the older person was doing at the time of the fall or near fall • where the fall occurred • the time of day the fall occurred • witnesses • injuries • follow-up action. <p>Reporting incidents and hazards is extremely important. An incident is where an event has occurred; for example, an older person slipping or falling. A hazard is where there is the potential for an event (like a fall) to occur. Incidents and hazards must be reported and documented to manage and reduce the risks involved.</p>
<p>Progress notes</p>	<p>It is important to review progress notes in order to understand or confirm any issues the older person, their carer or other workers may have with a falls prevention strategy.</p> <p>Information needed to review and update progress notes includes:</p> <ul style="list-style-type: none"> • whether the strategy is meeting the older person’s needs • whether the older person complied with the falls prevention strategy • any problems with implementing the falls prevention strategy • falls or near falls that have taken place after the strategy was implemented • follow-up action taken.
<p>Communicate with the person, carer and workers</p>	<ul style="list-style-type: none"> • Discussing falls prevention strategies directly with the older person, carers and other workers is an effective means of measuring success. • Inviting the older person to identify problems encourages them to take responsibility for the outcomes and success of a strategy. • Team meetings also provide workers with the opportunity to explain and discuss the older person’s progress or any concerns they have.

Hazard
 A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Identifying risk indicators

There are a number of factors that indicate a person is at increased risk of falling. Some of these factors are listed below.

Adverse reactions	An adverse reaction is an undesirable consequence of an intervention that places the older person at an increased risk of falling. Adverse reactions can be physical, cognitive or psychological. Physical reactions include muscle weakness and poor muscle control. Cognitive reactions include altered judgement and impaired spatial awareness. Psychological reactions include depression and anxiety.
Contraindicators	A contraindicator is a condition that makes a particular method inadvisable or stops certain treatments from being carried out. An allergy to aspirin, for example, would stop a doctor recommending it to an older person at risk of stroke.
Withdrawal of consent	An older person withdrawing their consent signals that they no longer wish to participate in the falls prevention strategy. You should encourage them to consider alternative ways of reducing their risk of falling, and try to find out the reasons why they have withdrawn consent.
Non-compliance	Sometimes older people may neglect to carry out their responsibilities as listed in the falls prevention strategy, especially if they are not encouraged to do so by their carer or are not monitored sufficiently by health professionals. In some cases the cost of the strategy may be too much, or the venue and timing of the strategy may be unsuitable, making it difficult to comply.

Ways of identifying increased risk

There are many ways of identifying increased risk, including incident and accident reports, progress notes, feedback from the older person and falls diary entries.

Below are some important points about identifying increased risk.

A collaborative approach	Identifying increased risk requires a collaborative approach. This is particularly true in regard to medication, which can have unpredictable effects depending on a person's age, other medications taken and any other health conditions. Feedback from medical professionals such as GPs, pharmacists and gerontologists is essential to help identify any contraindicators.
Non-compliance assessment	Observation is a good method for assessing non-compliance. Observe the older person to see whether they are following: <ul style="list-style-type: none"> • behavioural instructions, such as standing and sitting more slowly • clothing guidelines, such as wearing appropriate footwear • environmental instructions, such as clearing walkways.



<p>Documentation risk</p>	<p>Documentation is important. Once you are aware that a person is at increased risk you should document:</p> <ul style="list-style-type: none"> • what has placed the older person at increased risk • where you found the information • the actions that should be taken.
<p>Communication</p>	<p>Communication is essential, especially as more than one person is likely to be involved in the older person’s support. It is important to communicate the indicators of increased risk as soon as possible.</p>

Identifying when strategies are and are not working

You have a responsibility to take timely and appropriate action when strategies are not working.

It is important to be able to identify any issues that indicate a strategy is ineffective. These are signs that a strategy is not working:

- No change to the incidences of falls and near falls
- Increased falls and near falls
- Complaints by the older person and others
- Negative feedback from carers, workers and others
- Changes to clients’ medications.

Determining why strategies are not working

Here are four common reasons why a falls prevention strategy may not be successful.

<p>It does not match the needs of the older person</p>	<p>Sometimes an older person’s condition changes between the time the strategy is developed and when it is implemented, or strategies may be developed without undertaking a comprehensive assessment of the older person’s needs, conditions and risk factors. Strategies need to consider the older person’s needs and preferences in order to be effective.</p>
<p>People do not understand what they are required to do</p>	<p>The strategy must be communicated to everyone involved in its implementation. This should be done verbally and in writing. The aged care coordinator should check that all people involved in the strategy understand what they are required to do.</p>



People do not want to carry out their responsibilities	Coordinators and workers can increase stakeholders' willingness to carry out tasks in the falls prevention strategy by actively involving them in its development.
The required resources are unavailable or inaccessible	No strategy can succeed if the necessary resources are not available or in place.
The client refuses to participate	Refusals to participate may be related to a misunderstanding or not understanding what is required of them. A client may refuse to participate because they do not like being told what to do or their cognitive state deteriorates, with increasing periods of confusion making them unable to participate.

Sharing results

The purpose of monitoring a falls prevention strategy is not only to detect problems or concerns, but also to identify what is working.

If the falls prevention strategy (or parts of the strategy) is effective, it is important to celebrate these achievements with the older person, their carer and their support team. Focus on what made the strategy successful and be concrete and specific in your feedback.

You can celebrate and share positive results by:

- informing the older person and their carer about the success of the strategy
- asking the older person to show you their falls diary so you can view success together
- asking the older person how they feel about the success
- informing your supervisor about the success
- contacting the health professionals involved to advise them of the success.

Running a productive meeting

Run a meeting to provide stakeholders with the opportunity to share ideas and information that will help you and others assess problems with a strategy. Prior to the meeting you should develop a clear understanding of what you hope to achieve from the meeting. Inform all stakeholders of the purpose of the meeting and invite them to contribute to the agenda.



Here are some tips for running a productive meeting:

- Select a room with appropriate heating or cooling, sufficient space and enough chairs.
- Acknowledge all contributions.
- Do not allow anyone to be verbally aggressive or to blame others.
- Focus on the behaviours that prevented the strategy from working, rather than on the person.
- Organise for someone to take notes during the meeting.
- Focus on facilitating discussion and keeping people focused on the goal of the meeting.
- Sum up the discussion at the end of the meeting.
- Let people know what will happen next.
- Thank people for their participation.

Example

Review and evaluate strategies

John provides support for Dennis, a 64-year-old man who was in a car accident five years ago that resulted in him losing sight in his right eye and experiencing weakness in his right leg and arm. John has arranged for his supervisor to accompany him on his next visit to Dennis's home. Dennis lives with his wife in their own home and has been experiencing falls over the past three months when he transfers from bed to standing. Dennis uses a wheelie frame to ambulate with.

A review by the doctor and physiotherapist identified that Dennis is losing muscle tone in his leg, which has been weakened by the accident, and he has been given a pick-up frame to assist with his mobility as it is more stable.

“How is the new frame going?”

“I hate it; it is so slow, and it is taking me a lot longer to move around and do the things I want to do. But it does help me stop falling over when I get out of bed.”

Dennis's wife also says that Dennis has not fallen over since he received the new frame but acknowledged that it is difficult for Dennis to move around as freely as before.



John and his supervisor watch Dennis mobilise with the frame and can see it is harder for him to move around.

On return to the council, the supervisor and John review Dennis's individualised care plan. They decide another review should be undertaken by the physiotherapist to see if a different mobility device could help Dennis.

Practice Task 6

Question 1

What details should be considered when reviewing progress for falls risk prevention strategies?

Question 2

What are three benefits of sharing and celebrating the success of a falls prevention strategy with the older person?



Question 3

What are three signs that a strategy is not working?

Question 4

Identify four reasons why a strategy might not be working.

Question 5

What are three possible means for identifying why a strategy is not working?

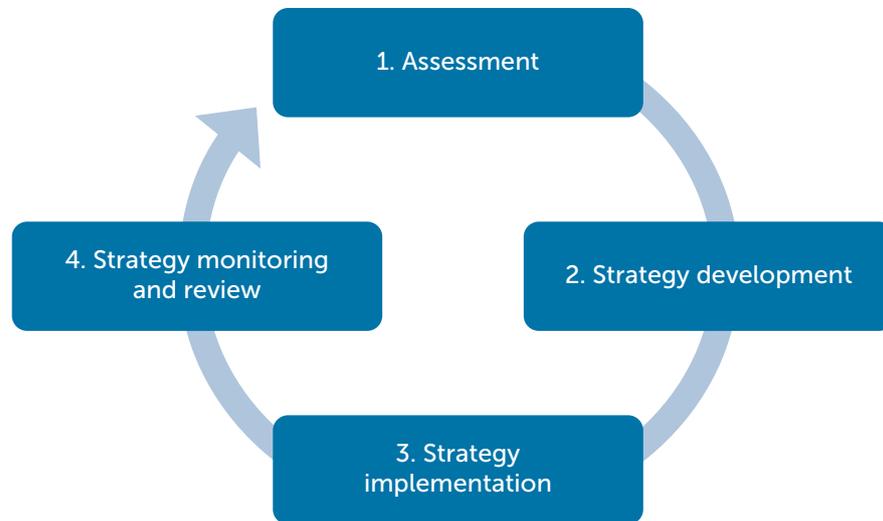
3B

Determine future action plan

Re-assessment of strategies is essential as the older person ages and their condition changes.

Once issues have been identified, you need to re-assess the situation and determine different strategies to implement. The original strategy may be modified or replaced with a more appropriate strategy.

The following steps may be repeated once or a number of times depending on the older person and their situation.



Re-assessment

It is possible that the original falls prevention strategy was inappropriate (or is no longer appropriate) or was not followed correctly.

Re-assessment should focus on:

- the factors placing a person at risk
- the strategy or strategies developed
- whether people are fulfilling their responsibilities as listed in the falls prevention strategy
- other barriers preventing the falls prevention strategy from working.



Your role

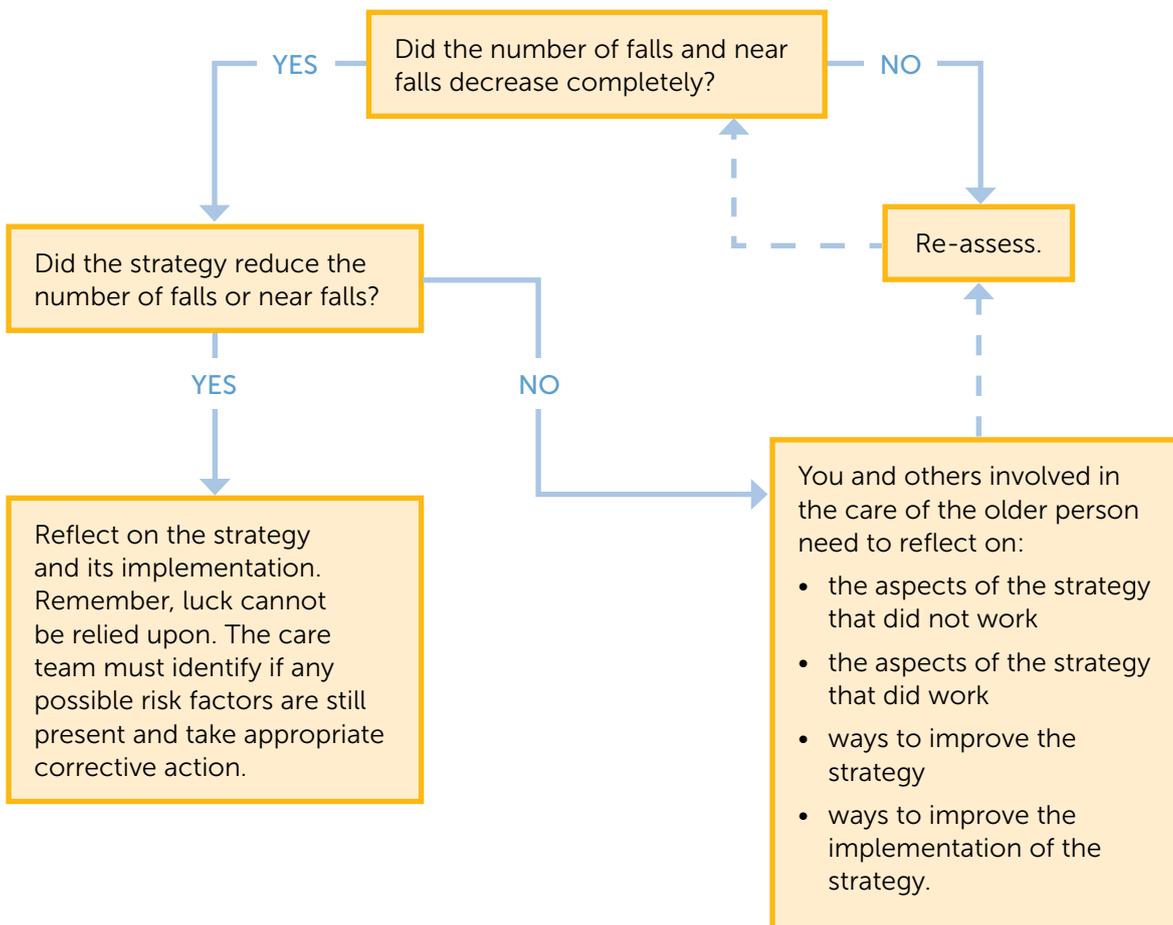
It is your role to ensure each person receives the best support possible. Be vigilant, observant and encourage communication between workers, health professionals, the older person and their carer so you can promptly report when a strategy is not working.

You may not be qualified to suggest different strategies. Your role is to explain the situation clearly to others, who will decide what is most appropriate for the older person in order to reduce their risk of falling. However, the more you understand about different strategies and how they work to minimise falling, the better equipped you are to make relevant suggestions. By working closely with the older person and their carer you will also know what the older person prefers and what strategies are more likely to succeed.

Assessing outcomes

Falls prevention strategies are designed to reduce the likelihood of an older person falling. It is important to assess the outcomes of these strategies. Sometimes the strategy is responsible for the reduction in the number of falls and near falls; other times sheer luck has prevented an older person from falling. Luck cannot be relied upon. Always assess and re-assess the outcomes of any strategy before judging its success.

Consider the following process.



Collaborating with the older person and the team to develop new solutions

If the assessment and re-assessment find that all or part of the falls prevention strategy is not successful, you need to collaborate with the older person and their carer, health professionals and any other members of the support team to develop new solutions.

You can collaborate with the older person and others in the following ways:

- Listen attentively to all views.
- Ask open-ended questions such as, 'Why do you think this aspect of the program was unsuccessful?'
- Summarise and paraphrase.
- Brainstorm options in a group meeting.
- Document possible options.
- Identify drawbacks and benefits of each option.
- Encourage the older person to be involved in deciding how the plan will be amended.
- Document amendments.
- Communicate amendments to all team members.

Preparing documentation

Completing documentation and reports is an essential task.

Accurate and up-to-date record keeping underpins quality service provision and helps ensure the safety and independence of older people. It also increases **accountability** and duty of care. Most organisations have policies and procedures to ensure that documentation and reports are accurate and up to date. There may also be organisational or legal requirements about who completes documentation and reports, when they are to be completed, and how and where they are stored.

Many of the documents and reports completed by workers are considered a legal record of the support provided to older people and the ways in which an organisation manages matters such as WHS. Most government-funded organisations undergo regular audit evaluations to ensure work is being carried out to the appropriate standard.

Accountability
Being responsible for one's actions.

For more information about why documentation is important, visit:

aspirelr.link/cdcs-client-documentation-importance



Complying with requirements

Reporting and documentation requirements in aged care are extensive. This is particularly true when implementing falls prevention strategies or any other activities that have a safety focus. Accurate record keeping is essential for two main reasons: communication and accountability.

Read more about complying with the requirements for documentation below.

<p>Communication</p>	<p>Records and documentation identify risk factors for falls. They act as a reference point for planned action and effective falls prevention strategies. If the information is not current or accurate, incorrect support or disjointed services may result. Indicators of increased risk, such as adverse effects, contraindicators and non-compliance may also be overlooked.</p> <p>Written records provide evidence of due care and compliance with industry standards. They must include any changes in the older person, incident reports and handover records detailing compliance or non-compliance with strategies.</p> <p>There is a common expression in community services that says, 'If it is not written down, then it did not happen'.</p>
<p>Accountability</p>	<p>Records and documentation demonstrate accountability to older people, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may have a significant impact on an organisation's professional reputation.</p>
<p>Organisational policies</p>	<p>Your current or future workplace will have organisational policies that dictate:</p> <ul style="list-style-type: none"> • how information is gathered • who receives information about an older person's progress • how the information is stored • who may access the information.
<p>Legislative requirements</p>	<p>Policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards, including:</p> <ul style="list-style-type: none"> • privacy laws • freedom of information legislation • regulations and codes of practice • aged care, community care and disability services standards and principles.

Collecting information

Here are some examples of common ways information is collected.

Workplace documentation	Information collected in workplace documentation
<p>Personal information forms</p>	<p>A personal information form is completed the first time an older person uses a service. Basic information about the older person may include:</p> <ul style="list-style-type: none"> • first name, middle name and last name • address, telephone number and emergency contact details • date of birth • Medicare number • referral and assessment information • details of medical conditions, allergies and medication. <p>Personal details (such as personal plans and goals; and health, social and cultural information) may also be recorded in various documents and reports.</p>
<p>Health assessments</p>	<p>Initial health assessments (including falls assessments) are used to identify physical, psychological, emotional and cultural needs. Health assessments may include:</p> <ul style="list-style-type: none"> • health questionnaires and tools to assess functions • cognitive function questionnaires • intake interviews.
<p>Case documentation</p>	<p>Case documentation may include:</p> <ul style="list-style-type: none"> • medical records, test results and progress notes • completed questionnaires and assessment tools • service delivery plans • records of feedback • consent to disclose information forms.
<p>Incident reports</p>	<p>All workers have WHS responsibilities. Communicating with others about risks is part of these responsibilities. Completing incident reports is essential for making improvements to safety and minimising hazards or risks.</p>
<p>Service data</p>	<p>Service data records hours spent on each activity with each person in each program area, and is usually entered directly into an electronic database. Service data is completed as required by the funding body, government department or organisation's board. It is often collected daily and submitted quarterly.</p>
<p>Organisational reports</p>	<p>Examples of organisational reports include annual reports, project or program reports and strategic plans. Organisational reports are usually completed annually.</p>



Workplace documentation	Information collected in workplace documentation
Human resources reports	<p>Examples of human resources reports include:</p> <ul style="list-style-type: none"> • time sheets • performance appraisals • professional development reports • recruitment, induction and exit procedures.

Common protocols

When documenting information, the information needs to be **objective** and factual.

Here are some common protocols to follow when documenting or recording information in the workplace.

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

Objective and factual	<ul style="list-style-type: none"> • Professional standards require that reports and documents use objective language based on fact and observation. • Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. • Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgements, stereotypes, assumptions or opinion.
Timely	<ul style="list-style-type: none"> • Reports such as funding submissions to government have externally set time frames. • Internal documentation is dictated by urgency, organisational policy and the end use of the information. For example, case notes should be completed regularly so the most current information is always available.
Confidential	<ul style="list-style-type: none"> • Often, case notes, program or project reports and incident reports include interactions that involve other people or private information. Confidentiality must be maintained when recording documents or reports.
Language	<ul style="list-style-type: none"> • To ensure clarity and accuracy, use complete words rather than abbreviations or acronyms and plain English instead of jargon. • Ensure the language matches the needs of the intended audience.
Spelling	<ul style="list-style-type: none"> • Spelling a person’s name incorrectly may have a number of unintended consequences. Their data may be confused with another person’s data, leading to serious privacy breaches, confusion or duplication of records. • Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Other considerations

When completing workplace documents in aged care, you must also consider the following.

Documentation requirements	Considerations when completing workplace documents
Good legibility	Documents must always be legible and comprehensible.
Not changing completed documents	If change is unavoidable, clearly state the reason why: do not use correcting fluid. Computer-based records may not allow changes to saved information.
Using the appropriate form	This helps other workers identify required information. Fill out all of the sections and make sure that the entries make sense.
Accuracy	Information must be accurate. Always read details back to the person to confirm. Initially, this may take more time, but it will prevent time-consuming errors later on.
Signing and dating records	Always sign and date documentation. Computer-based records may require a log-in that shows you as the author.
Good report writing	<ul style="list-style-type: none"> • Use the correct format and check if there is a template. • Use the organisation’s letterhead when appropriate, following protocols about using organisational stationery. • Use terminology that is appropriate for the intended audience. • Ensure all reports are objective, accurate and easy to read. • Make sure your reports are sending the message you want to deliver as a professional, using appropriate language, presentation, grammar and spelling. • Show drafts to another person for feedback; some organisations have a requirement that any outgoing reports be signed off by a manager.

For more information about documentation in aged care, visit:

aspirelr.link/qcal-write-effectively



Maintaining documentation

Recording and documenting work is an ongoing task.

Many actions that are recorded happen repeatedly and must be recorded each time. Documentation should not be allowed to get out of date. It is essential to record events as they happen to prevent errors or omissions.

Information may also be required at any time by other workers, your supervisor, government agencies or for legal proceedings.

Your workplace will have procedures and guidelines about maintaining documentation. Here are some general guidelines.

Forms	<ul style="list-style-type: none"> • Standard operating procedures provide information on the types of forms that must be filled out. • The forms you require may be stored electronically or available in hard copy. • Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. • Using superseded forms may result in a failure to collect and record the information required for the older person's support.
Personal records	<ul style="list-style-type: none"> • Personal and other contact details can change as people move or for other reasons. • If you have not updated records to ensure currency of these details, you risk not being able to contact the older person or an appropriate person when you need to. • The older person's conditions can improve or worsen, or their circumstances or preferences may change. • Unless records are updated regularly, decisions may be made based on out-of-date data.
Operational reports	<p>Operational reports need to be maintained to ensure they are current. It may be your job to keep these up to date.</p> <p>If you forget to complete paperwork, there may be significant consequences later in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met. These include:</p> <ul style="list-style-type: none"> • funding reports • reports regarding supplies and equipment • annual reports • business plans • staff performance appraisals and complaints • financial forms.

Time sheets	A time sheet records the hours you have worked and, in some cases, the people you have seen and details such as kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing people or funding bodies for hours of service provided.
WHS checklists	<ul style="list-style-type: none"> • WHS checklists are documents that record when safety inspections or environmental assessments have been carried out, and any actions required to improve or maintain safety. • Documentation may be used to record the safety of a workplace, vehicle or home. • You may be required to complete and document checklists as part of your role.
Funding and grant submissions	<ul style="list-style-type: none"> • Submissions for new or ongoing funding need to accurately reflect actual activities. • They must include accurate information about the specific objectives of a program, together with an explanation of how the funding will assist to meet these objectives. • The objectives detailed in the submission may be referred to later as part of an evaluation or report on the success of the program.
Policies and procedures manuals	<ul style="list-style-type: none"> • A policies and procedures manual is a living document that guides the daily activities of staff members. • Policies and procedures manuals must be up to date and reflect current practices in the organisation, as they are a critical reference for all employees.

Storing documentation and reports

Documentation and reports must be stored in the correct place so they can be easily located and referred to when required, particularly if information has to be located quickly in an emergency.

Here are some general guidelines.

Documentation and reports	General guidelines for storing documentation and reports
Records of past work	<ul style="list-style-type: none"> • Generally, records of past work are stored even if they no longer appear relevant or have been superseded by more recent information. • These documents may be required to assess changes in an older person’s needs over time, to demonstrate past support or to show a history of quality care.
The most recent information	<ul style="list-style-type: none"> • In manual filing systems, the most recent information is usually towards the front of the file or section, with older information stored behind it. • Computer-based records also show both current and past information.



Documentation and reports	General guidelines for storing documentation and reports
Personal files	In personal files, each type of record or document is stored in the same location. For example, personal information may be stored at the front of a file, followed by progress notes, then assessments and payment records. This format will be repeated across all files.
Electronic files	<ul style="list-style-type: none"> • In electronic files, information is also recorded in specific locations. Many organisations use electronic systems that allow users to input all personal details, referrals, assessments and case notes directly into a database. • These systems can be password protected, which limits access to authorised staff only.
Privacy laws	<ul style="list-style-type: none"> • Privacy laws demand that an organisation has valid reasons for collecting, storing and sharing information. • Privacy laws must always be followed when storing both paper and electronic documentation and reports.

Keeping information secure

Information should always be kept in safe and secure areas. It is common to store hard-copy files in a lockable cabinet, with files stored alphabetically by last name. Personal information should not be kept in an area accessible to workers not involved in the older person's support or members of the public.

Electronic filing systems are common. In most cases, software allows information to be retrieved by using one or many fields, such as a person's last name or file number. Electronic filing systems use a password to protect information. You should avoid logging on for another staff member and always log off when leaving the computer to maintain security.

Finally, you must always follow organisational procedures for filing information to ensure information is not lost and can be readily retrieved by authorised personnel.



Practice Task 7

Question 1

Draw lines to match each term about future strategies to its description.

Referral	Working with others towards a common goal
Collaboration	Initial health assessments (including falls assessments) used to identify physical, psychological, emotional and cultural needs
Organisational policies	Accessing another health professional to assist in supporting the person
Health assessments	Workplace documents that detail how to collect, store and access information

Question 2

Why is it important that records are accurate, objective and appropriately detailed?

Question 3

Identify two requirements that relate to how documents are maintained.



Question 4

Provide two requirements that relate to how documentation and records are stored.

Question 5

Identify two reasons that a support worker will need to refer a person to a specialist health professional.



Summary

- You should always work with the older person and their carer as much as possible when monitoring falls prevention strategies.
- Strategies to reduce the risk and likelihood of falling may not work because of a range of factors, such as:
 - the strategy is inappropriate
 - people involved in the implementation do not know about the strategy, do not know how to implement the strategy or do not want to implement the strategy
 - the older person's condition has changed.
- Re-assessment is part of the process of implementing falls prevention strategies.
- A reduction in the occurrence of falls or near falls is the key outcome that determines the success of a falls prevention strategy. However, a reduction in falls may be due to luck and not the strategy, so it is important to assess and re-assess outcomes.
- You need to work with the older person and their carer, other workers and health professionals to assess the outcomes of falls prevention strategies.
- Laws and legislation, such as privacy laws and freedom of information legislation, affect the collection, use, access and storage of information.
- Protocols require that personal information contained in reports be objective and factual.
- When completing documentation, workers and coordinators must check the content, accuracy and currency of the information.
- Information must always be completed, maintained and stored according to organisational requirements.



Learning Checkpoint 3

Monitor falls prevention strategies

Part A

1. Suggest how a support worker can be involved in a review and measure outcomes of falls prevention strategies in collaboration with the older person.

2. How can a worker review and measure outcomes of falls prevention strategies in collaboration with carers?

3. Identify two ways of sharing and celebrating the success of a falls prevention strategy with the older person.

4. Which of the following are protocols for documenting or recording client information in the workplace? Select all that apply.

- Include your opinion on what occurs
- Documentation only needs to be completed before discharge
- Keep documentation confidential
- Use appropriate language and avoid the use of jargon
- Ensure names and terms are spelt correctly
- Ensure comments are accurate and kept up to date

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

a. Poor or slow outcomes from falls prevention strategies could be due to a cognitive change.	Yes / No
b. Medication can interact negatively with other falls prevention medication.	Yes / No
c. No change to the incidences of falls and near falls should be celebrated.	Yes / No
d. Compliance can be assured if the older person has given consent.	Yes / No
e. Only the carer's consent is required for implementation of a falls risk strategy.	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

Donna is 73. She has epilepsy and lives in an aged care facility. Carol has been overseeing Donna's falls prevention strategy. An integral part of the strategy has been helping Donna manage her epilepsy through medication.

In recent weeks Donna's falls diary, incident reports and observations from workers have indicated that Donna has fallen twice and nearly fallen three times. Each incident occurred late at night when Donna got up to go to the toilet.

One fall at 1.50 am caused Donna to fracture her wrist. The ambulance was called when Donna rang the emergency buzzer in her bathroom. She spent one night at the hospital. She cannot remember specifically what happened before she fell and tells Carol that she has trouble seeing in the bathroom.



- 1. Explain how Carol can develop new solutions in collaboration with Donna, other workers and health professionals.**

- 2. How can Carol conduct a referral to other services in consultation with Donna and her supervisor?**



3. Explain how Carol should store Donna's documentation according to organisational procedures.



Glossary

Accountability

Being responsible for one's actions.

Blood pressure

The measurement of pressure in the arteries.

Cataracts

A medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred vision.

Confidential

Private or restricted information.

Depression

A feeling of severe despondency and dejection.

Diagnostic

A characteristic, distinctive symptom.

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.

Duty of care

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

Falls diary

A notebook in which a person can record information relevant to their state of health and what occurred just before a fall.

Gait

The pattern of movement during walking.

Hazard

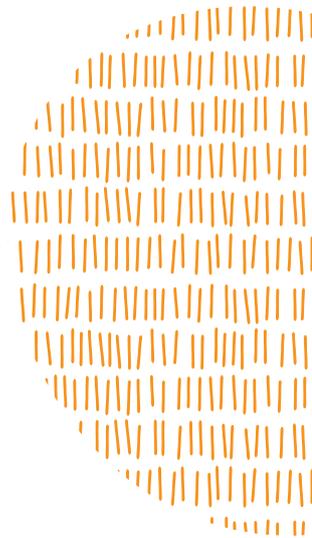
A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Holistic

Concerned with the whole body and mind as one system.

Hypotension

Low blood pressure, below 90/60 mmHg. This condition can cause dizziness, fainting and falls.



Monitoring

Observing and checking the progress or quality of something over a period of time.

Objective

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

Preventative

Designed to keep something undesirable, such as illness or harm, from occurring.

Rehabilitative

A set of interventions designed to optimise functioning and reduce disability in individuals with health issues.

Romberg's Test

A test used to assess a person's ability to stay upright with their eyes closed.

Scope of practice

Describes the procedures, actions and processes that a person is able to do as a result of their education and experience and specific demonstrated competency.

Seizure

A sudden surge of electrical neural activity in the brain. It is transient in nature.

Strategy

A plan of action designed to achieve a long-term or overall aim.

Therapeutic

Relating to the healing of disease.

Tinetti Falls Efficacy Scale

A scale that assesses a person's confidence with their balance and stability.