

Personal Care Home Resource Manual

Project UPRIGHT: NL Falls Prevention



For more information call:
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How this Resource Material Can Help

This resource package has been developed by Project UPRIGHT: NL Falls Prevention for use by Personal Care Home Owners and Operators to use with staff and volunteers to develop strategies and increase the awareness of the importance of falls prevention. This project is being completed by the Seniors Resource Centre of Newfoundland and Labrador and sponsored by Health Canada and Veterans Affairs.

This package includes:

- General Information and contact information for Project UPRIGHT.
- Information about what personal care home owners/operators can do to help prevent falls.
- A resident falls risk assessment tool you can have staff and volunteers use.
- Information about how staff and volunteers can help to reduce a resident's risk of falling.
- Information about hip protectors as a way to reduce broken hips (fractures) from falls.
- A check list that home owner/operators can use to help identify fall/tripping hazards in their personal care homes.

You can prevent falls:

Provincial Project Fact Sheet

How common are falls in Newfoundland and Labrador?

In 1999 the number of hospital admissions due to falls was reported to be 749 in Newfoundland and Labrador. The most common injury due to falls was a broken hip.

What will Project Upright: NL Falls Prevention accomplish?

The major goals of the project include:

- Increasing the capacity of senior and veteran organization to help prevent falls
- Raising the awareness of the impact of falls and that falls can be prevented
- Improving community awareness of how to prevent falls
- Ensuring access to information and strategies to prevent falls for seniors and veterans

How has Project Upright: NL Falls Prevention Developed?

Project Upright was preceded by a planning phase. The first phase of this project has been to identify and establish a wide range of partners and support for a program in falls prevention. Partnerships have been formed on a variety of levels. Some of the organizations that have been interested and involved in developing falls prevention activities include: The Seniors Resource Centre (The Multicultural Club, The Peer Advocates, The Mall Walkers, The Friday Friendship Club, The Caregivers Project, The Diabetes Project), Veterans Affairs, The Department of Health and Community Services, The Royal Canadian Legion, Various Health and Community Service Boards, Various Institutional Health Boards, The Mount Pearl Seniors Independence Group, The Newfoundland Public Service Pensioners, Various Federation of 50+ Club groups, Life Long Learners, Retired Teachers, Parkinsons Association, Canadian National Institute

for the Blind, Newfoundland and Labrador Pharmacy Association, Newfoundland and Labrador Occupational Therapy Association, Newfoundland and Labrador Physiotherapy Association, Newfoundland and Labrador Optometrist Association, The Labrador Friendship Centre, Newfoundland and Labrador Housing, The Newfoundland and Labrador Provincial Injury Prevention Coalition, The Newfoundland Safety Council, Media contacts, and various Home support workers. Forming partnerships has been helpful in developing strategies to engage the senior and veteran organizations in the planning phases.

Overall phase one activities have been successful in generating interest in the falls prevention activities. In three of six health and community regions there is a working group that meets on an ongoing basis. In one region there was an existing falls prevention program that project upright has been forming links with.

How can I get involved or more information about Project Upright: NL Falls Prevention?

Contacts:

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How Can Personal Care Home Owner/Operators Prevent Falls?

1. Ensure a safe environment.

- Ensure your home is set up with safe access to all areas.
- Develop a procedure to report any repairs that are required or any equipment in need of maintenance.
- Provide adaptive equipment for use with residents and ensure that staff and residents are trained in the use of this equipment.
- Ensure residents wear safe and appropriate footwear.

2. Know your residents and ensure your staff knows your residents

- Ensure that staff/volunteers are aware of the medical condition of your residents.
- Ensure that staff/volunteers are aware of the medications of residents that may increase their risk of falling.
- Develop a procedure to ensure that staff/volunteers are aware of the day-to-day health changes of residents and identifies those that may have increased their risk for falling.
- Ensure that staff/volunteers are aware of factors that may increase a resident's risk of falls (medical condition, medications, etc.).



3. Provide opportunities for your residents to maintain their health.

- Offer opportunities for residents to regularly participate in an exercise program.
- Ensure all residents have good foot care.
- Ensure regular hearing, vision and medical appointments are made.
- Ensure that dizziness, lightheadedness, stumbling and tripping are reported to the resident's medical doctor for assessment and treatment.
- Offer opportunities for residents to regularly participate in an exercise program.



FALLS RISK CHECKLIST

(Adapted from: Simon Fraser Health Region, 1999)

RESIDENT NAME: _____

Does the resident ever appear or report that he or she ...

1. Ever feels dizzy?
Yes No
2. Takes three or more medications?
Yes No
3. Drinks alcohol frequently?
Yes No
4. Has foot problems?
Yes No
5. Has weak muscles or stiff joints?
Yes No
6. Has to rush to the bathroom?
Yes No
7. Has vision and/or hearing difficulties?
Yes No
8. Experiences difficulty with sleeping?
Yes No
9. Experiences shortness of breath?
Yes No
10. Requires any special equipment?
Yes No

Specify:

11. Additional Special notes about type of assistance in transfers/ADL:



BACKGROUND INFORMATION FOR FALLS RISKS FACTORS

Question 1: Ever Feel Dizzy?

What Can Cause Dizziness?

- Standing up quickly from a chair
- Getting up quickly from lying down
- Low blood pressure
- High blood pressure
- Medication side effects
- Inner ear problems

What you can do

- Have the resident sit on the side of the bed for a few minutes before standing up.
- After standing, pause and take one slow deep breath before taking a step.
- Have the resident's blood pressure checked regularly.
- Tell the resident's doctor if a medication is making him/her drowsy or dizzy.
- Have the resident's ears checked.
- Get information on weight control.
- Have the resident perform mild balance improving exercise programs.
- Consult with a health professional (doctor or nurse).

Question 2: Take three or more medications?

What Can Cause Medication Concerns?

- Taking over the counter (i.e., non-prescription) medications, herbal remedies or alcohol with prescription medications.
- Using someone else's medications.
- Not being sure what medications are being taken, how many should be taken, and why the resident needs to take them.
- Using outdated medication.
- The resident's doctor may not be aware of **all** the medications that the resident is taking.
- The resident's doctor may not be aware of the side effects that the resident has experienced.



What you can do

- Never borrow medication from others.
- Keep a list of medications in the resident's wallet or purse and on the fridge.
- Throw out outdated medications.
- Ask the pharmacist or doctor before providing any over the counter medications or herbal remedies with prescription medications.
- Avoid alcohol when taking prescription medications.
- Ensure the resident reviews his/her medications with the doctor at least every six months and whenever any medication is added or stopped.
- Ask the pharmacist about medication side effects and possible drug interactions before giving any medication.
- Use the same pharmacy all the time.
- Ensure the doctor is aware of all side effects the resident is experiencing.

Question 3: Drink alcohol frequently?

What Can Cause Over-Use of Alcohol?

- Using alcohol to aid sleep (alcohol is a central nervous system depressant which disturbs normal sleeping patterns).
- Using alcohol to relieve aches and pains (alcohol can cause greater aches and pains).
- Loneliness
- Sadness or depression
- Grief and loss
- Boredom
- Stressful situations

MYTH: "Alcohol tolerance is the same throughout life". In fact, aging **decreases** your tolerance and can cause major health problems.

What can you do

- Encourage the resident to record how much and why they are using alcohol.
- Explain to the resident about how your body responds differently with age.
- Find out whether the resident's feelings are common so you can find healthy ways to deal with them.
- Provide the resident with opportunities to share their feelings with someone they trust such as a family member, friend or senior's peer counselor.



- If the resident is feeling sad or nervous, does not feel like eating, or starts losing interest in activities, then talk with the community nurse, a counselor or the resident's family doctor.
- Get the resident involved with a community group or activity.
- Encourage the resident to tell the doctor about aches and pains and discuss ways to manage the problem.
- Talk with societies or groups that are trained to counsel on alcohol misuse.

Question 4: Have foot problems?

What Can Cause Foot Problems?

- Poorly fitting shoes, slippers, boots
- Shoes with high narrow heels, slippery soles, "sticky" soles, no support
- Swollen feet
- Untreated foot problems, like calluses, bunions, corns, untrimmed toenails, or ingrown toenails
- Poor or very bad posture
- Loss of feeling in your feet as a result of some diseases, e.g. diabetes

"Those comfortable shoes are now worn out, so throw them out"

What can you do

- Ensure proper fitting supportive shoes with low broad heels are used.
- Choose shoes that may offer better support than slip-ons.
- Make sure footwear is in good repair.
- Talk with a nurse or doctor about calluses, bunions, corns, or ingrown toenails. Corn plasters are not recommended for people with diabetes, heart or blood vessel disease.
- If the resident's shoes are loose and you can't afford a new pair, buy insoles or wear extra socks.
- Buy slippers that fit properly and are enclosed around the heels.
- Keep the resident's feet up when sitting if they are swollen. Use a pillow underneath their feet if lying down to keep feet higher than their hips.
- Wear loose socks or stockings. Knee-highs can cut off your circulation in the legs and numb the resident's feet.



Question 5: Have weak muscles or stiff joints?

What Can Cause Weak Muscles and Stiff Joints?

- Lack of physical activity, including not walking.
- Unresolved injury, pain or discomfort.
- Conditions affecting the muscles and joints such as arthritis, osteoporosis, Parkinson's and stroke.
- Tight muscles.
- Energetic physical exercise.

What can you do

- Encourage the resident to join an exercise program at recreational centres.
- Provide opportunities for a regular activity and gradually increase it.
- See a physiotherapist or kinesiologist for specialized exercises.
- Contact local support groups.
- Talk with the resident's doctor about discomfort or soreness, what time of day, what activity they are doing, when the discomfort is the worse, and what they do for the discomfort. It's a good idea to write all the information down and discuss it with the doctor, a physiotherapist, occupational therapist, nurse, or kinesiologist.

Question 6: Have to rush to the bathroom?

What Can Cause Changes in Bladder & Bowel Control?

- Weakness of muscles controlling flow
- Changes in your eating and drinking habits
- Side effects of medications
- Infection
- Prostate problems
- Constipation can contribute to bladder problems.

MYTH: Along with aging comes loss of bladder and bowel controls.



What can you do

- Remind the resident to go to the bathroom before going to bed.
- Avoid beverages that contain caffeine.
- For Constipation; eat a high fiber diet (vegetable, fruit, whole grains), plenty of fluid, and exercise.
- For Diarrhea; drink plenty of fluids, bland diet (e.g. rice, potatoes, and yogurt).
- Drink enough fluids so that your urine is light yellow in colour. Drinking too little fluids will cause irritation to the bladder and possibly urinary tract infection.
- Incontinence products for women and men are available at medical supply stores and pharmacies.
- For exercises to strengthen muscles that control urine flow see your doctor, nurse, or physiotherapist.
- See the doctor with any changes in bladder and/or bowel control. Tell the doctor about any blood in the urine, foul smelling urine, difficulty or pain urinating, urinary frequency, difficulty getting to the bathroom on time, constipation or diarrhea.

Question 7: Have vision and/or hearing difficulties?

What Can Cause Vision Difficulties?

- Dirty or scratched eye glasses
- With age, eyes become sensitive to glaring light.
- Eyesight prescription has changed.
- Getting used to bifocals.
- Low lighting causing eye strain.
- Diseases of the eye such as cataracts, glaucoma, infections.

What can you do

- Clean glasses regularly. Use a non-glare cleaner and soft cloth.
- Ensure that sunglasses are worn when in the sun.
- Wear special glasses that cut down on the glare.
- Encourage the resident to pause and give your eyes time to adapt to changes in light.
- Use good lighting in halls, stairways, and bathrooms.



- Use night-lights.
- Maintain good diabetic control.
- Bifocals; do not look through lower part of glasses when going up or down the stairs. Instead encourage the resident to bend his/her head to use upper part of glasses. This is especially important when adjusting to a new prescription.
- Remove reading glasses when walking.
- Check eyesight at the optometrist or ophthalmologists once a year.

What Can Cause Hearing Difficulties?

- Wax build up in ear
- Dirty hearing aids or old batteries in hearing aids
- Inner ear problems

What can you do

- Make sure the residents' ears are clear of too much wax.
- Clean hearing aids often and check batteries regularly.
- In a public place, choose to sit in the corner to reduce excess noise.

Question 8: Experience difficulty with sleeping?

What Can Cause Difficulties with Sleeping?

- Lack of physical activity
- Poor sleeping environment
- Lack of sunlight
- Having coffee, tea, cola, alcohol or chocolate in the evening.
- Napping in the late afternoon and early evening.
- Stress
- Feeling nervous, anxious or worrying.
- Sadness or depression
- Medication and alcohol use
- Age-related intolerance to sleeping pills
- Aches and pains
- Grief and loss



What can you do

- A normal sleeping pattern for older adults is six hours per night, awakening twice during the night, with 20 minutes to go back to sleep.
- If the resident can't sleep after 20 to 40 minutes, get up and do something calming like read a book or listen to music.
- Avoid foods and drinks with caffeine after 4:00 pm, try warm milk instead.
- Discourage naps in late afternoon or early evening.
- Keep the bedroom cool and quiet.
- Ensure the mattress is firm and comfortable.
- Teach relaxation techniques.
- Increase exercise during the day. Encourage the resident to go outside and walk for 20 minutes a day.
- Limit alcohol as it reduces the amount of restful sleep they get.
- Provide the opportunity for the resident to talk with someone they trust about feeling anxious or sad.
- Check with a health care professional, your community nurse, pharmacist or family doctor.

Question 9: Experience shortness of breath?

What Can Cause Shortness of Breath?

- Smoking
- Lack of physical activity
- Obesity
- Pollution
- Lung, respiratory infections or chronic diseases such as bronchitis, emphysema
- Allergies/asthma
- Heart problems

What can you do

- Encourage the resident to cut down or stop smoking with help from family, friends, education programs.
- Try to stay away from places where air is polluted (e.g. smoking areas).
- Ensure that an annual flu shot and one time pneumonia vaccine to prevent severe respiratory infections is received.
- Encourage the resident to gradually get more physical activity, walk a block or join a fitness program.
- Eat healthy nutritious meals.



- Talk with the resident's doctor about shortness of breath and why it is occurring, when it happens, how it limits activities.

Question 10: Require special devices?

Why don't people use special devices?

- Procrastination
- Difficulty making changes
- People may be reluctant to ask for assistance
- People don't always stop and think about the safety of their actions
- People think that it makes them seem more disabled.

What can you do

- Ensure that special devices are kept within close reach of the resident.
- Ensure the resident is aware that use of the device helps them to be safe and more independent in activities, not more disabled.
- Ensure that all staff/volunteers know how when and how the device is suppose to be used. It may be helpful to have a community health occupational therapist or nurse provide instruction to all staff/volunteers and the resident regarding the use of adaptive equipment.
- Indicate on the resident's file if there is a special device that they require.

Question 11: Require special assistance with transfers and ADL tasks?

Why don't people have the assistance they may need?

- A resident's ability to transfer or complete tasks independently can vary day to day if they are having a change in health status.
- Difficulty making the required changes (need assistance to move items)
- People may be reluctant to ask for assistance
- People don't always stop and think about the safety of their actions
- People think that it makes them seem more disabled.

What can you do

- If you notice a significant change in a resident's ability to transfer or complete activities ensure the person's medical status is reviewed.
- Ensure that special devices are kept within close reach of the resident.
- Encourage the resident to ask for assistance to ensure safety.



Information About Hip Protectors: A Way to Prevent Broken Hips

Hip protectors are devices that reduce the force on the long leg bone in a fall. A pad or shield is held in place over the side of the hip as shown in the figure.

There are two types; the first type pads the area of the hip with an energy absorbing material. The second type uses a semi-rigid plastic shield to spread the force from the hip to the soft tissues of the thigh.

Hip protectors should be used at all times when the person is at risk of falling. For many older people this will mean use both during the day and night, and this requires strong commitment from the user or the person providing care for them. In personal care homes, use of hip protectors will be depend on the commitment of personal care staff in the home.

Practical issues should be considered when using hip protectors. At least three pairs of hip protector underwear will be needed for each user. Women have been the main participants in the clinical trials reported and hip protector underwear is generally a modified women's continence garment. Hip protectors for men are now available from some manufacturers. Many users of hip protectors are incontinent, and continence pads can be used inside hip protector underwear. As the figure shows, some users of hip protectors prefer to wear other underwear under the hip protectors. This reduces the amount of laundering of the hip



protectors and also the number of hip protector garments that need to be purchased. When used in institutions it is recommended that the hip protector shields are sewn into the underwear to reduce staff effort and time. Shields can be supplied that are removed from the garment for laundering. The cost of hip protectors can be a problem for some people. Residents eligible for Veterans benefits can have hip protectors supplied free of cost through Veterans Affairs.

Cameron, I. (2002). Hip Protectors. *British Medical Journal*, (324). 375-376.

Check List to Inspect Your Personal Care Home

Outside and Around the Home

	Yes	No
1. Are the front steps and walkways in good repair?		
2. Does the front entrance way have an outdoor light aimed at the walkways and stairs?		
3. Is the doorsill or threshold well marked to help avoid tripping?		
4. Are the stairs and walkways kept free of snow, ice, leaves or debris?		

Inside the Home

	Yes	No
5. Are there throw rugs and scatter mats?		
6. Are the floor surfaces free from glare?		
7. Are thresholds, stairs and inclines in the floor well marked to help avoid tripping? To help avoid a misstep a contrasting paint colour strip on the front edge of each step may help.		
8. Are the stairs, halls and rooms well lit?		
9. Are there handrails along the stairs that are mounted securely in the studs?		

10. Are there light switches at the top and bottom of the stairs?		
11. Are traffic areas clear of telephone or electrical cords?		
12. Are spills and wet floors dried right away?		

In the Bathrooms

	Yes	No
13. Are there grab bars placed by the toilet and bathtub that are securely mounted?		
14. If a resident has trouble getting on and off the toilet, do you have a raised toilet seat and a grab bar?		
15. Is there adequate lighting in the day and night? Remember a bright glaring light in the night can be a hazard for a resident and a night-light might be a better choice.		
16. Is there a non-slip mat in the bathtub?		



ADDITIONAL NOTES

