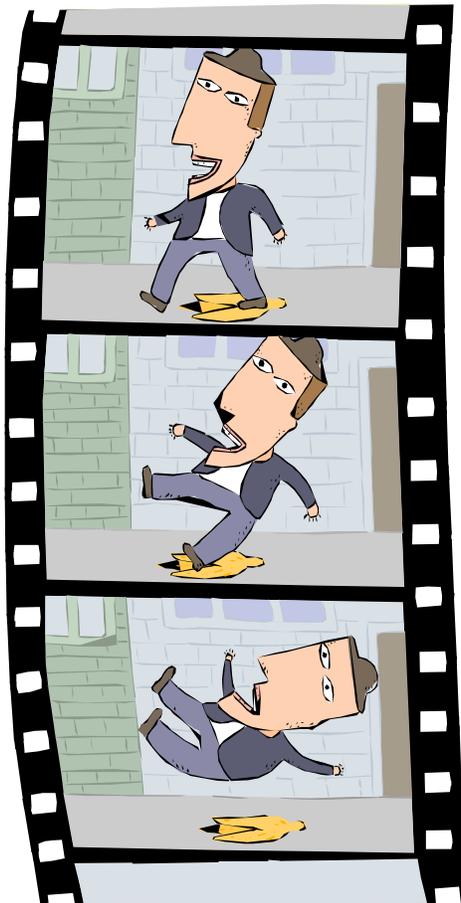


# Preventing Falls: A Resource Manual



Tennessee Department of Intellectual and Developmental Disabilities  
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(revised for name change only)

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## The Importance of Fall Prevention Programs

Injuries sustained during a fall are quite often associated with considerable medical costs, loss of mobility, and a reduction in independence. Falls are a predominant cause of serious injury for individuals with intellectual disabilities (ID). Individuals with ID tend to experience changes associated with the aging process at a faster rate and often experience challenging risk factors such as impaired cognition, impaired mobility, aggressive or impulsive behaviors, and inadequate protective reflexes or reactions which increase the likelihood of a serious injury occurring during a fall.

For the past four years, the Department of Intellectual and Developmental Disabilities (DIDD) has closely analyzed reportable fall incidents. For the Fiscal Year July 1, 2005 through June 30, 2006, falls ranked third as the most frequent type of incident reported to DIDD. Furthermore, falls accounted for approximately 46% of the total number of incidents resulting in serious injuries in fiscal years ending in 2005 and 2006. This data does not take into account falls that occurred but did not meet the definition of a reportable injury, nor does it take into account situations where an individual almost falls (referred to as “near falls”). Falls that occur but do not result in injury and “near falls” are of significant concern because statistics have shown that once a person falls there is an increased risk of the person falling again. In addition, the person may develop a fear of falling which can significantly impact his or her activity level. Finally, direct support professionals and family that support a person who is at risk for falling can also sustain injuries trying to help “break” the person’s fall or help him or her to get up after a fall.

When falls are identified as a risk factor for a person, there are a number of resources available to the person and his or her planning team to help determine the reason for the risk in order to reduce the risk of falling or to help keep a person from falling again. These resources are presented in this manual.

Prevention is a key factor in managing risk for falls. Developing a Fall Prevention Plan can help agencies get focused on trying to prevent falls, reduce falls, or decrease the number of serious injuries due to falls. An extensive amount of information is available on the web and in research journals regarding causes of falls, risk factors that increase the likelihood of someone falling, and ways to try and prevent falls from occurring. The following steps are commonly addressed as key influences that should be considered in developing a Fall Prevention Plan:

1. Educate staff on fall risks;
2. Create safe environments, free of hazards;
3. Screen individuals for risk factors related to falls;
4. Develop and implement recommended interventions/strategies; and,
5. Monitor impact of interventions.

Educating staff on fall risks is crucial. As staff learn about common causes of falls, they are more likely to notice potential problems and help avoid a serious injury from

occurring. For instance, it is important for staff to learn to closely monitor a person when they start a new medication that has a potential side effect of dizziness. Another crucial factor in reducing fall risk is creating a hazard-free environment. Through education, staff can learn to identify safety hazards such as wet floors, clutter, loose throw rugs, ill-fitting shoes or clothes, uneven walkways, etc. By alleviating these hazards, staff can greatly reduce a person's risk for falls.

Simple screenings can be implemented within agencies to help identify whether a person might be at risk to fall. In addition, a screening will help identify specific areas that may be contributing to falls and need to be looked at closer such as vision, balance, or movement. Once a screening has been completed on a person, interventions and/or strategies can be developed through the risk review and planning process. Amendments to the person's Individual Support Plan would then be made as necessary in order to implement these interventions and/or strategies.

Interventions may include home modifications such as installing railings for stairs, having the physician review medications, a physical therapy assessment to assess mobility, providing mobility aids, repairing driveways or sidewalks, installing better lighting within the home, rearranging items in closets or cabinets for ease of reach, implementing a simple exercise program, etc. Once interventions have been implemented, the team needs to assure there is follow-up to assure that the interventions were successful.

As a part of overall risk management, agencies should be trending incidents related to falls and utilizing available resources to develop internal systems to address fall risks. Agency Fall Prevention Plans can be beneficial for identifying persons at risk for falls, implementing systemic strategies to reduce the likelihood of falls, and identifying and addressing individual needs in order to avoid further falls or reduce the potential of a person being seriously injured due to a fall.

## **DIDD Fall Prevention Resources**

The following pages contain a number of resources developed for DIDD-contracted providers and families. This document is available as a download from the Division's website at [www.tn.gov/didd](http://www.tn.gov/didd). This is not a required document, but is designed to provide agencies and families a foundational knowledge base for why individuals they support may be falling, to identify what individuals might be at risk for falling, or to provide a more intense level of support through the use of the Falls Technical Assistance Teams.

## DIDD Regional Falls Technical Assistance Teams

### Background

In 2003, an internal workgroup consisting of incident management and therapy staff within the Department of Intellectual and Developmental Disabilities (DIDD) began to informally review data regarding serious injuries due to falls and they began to consider the need for a fall prevention curriculum. It was determined that falls resulting in serious injuries was a significant area of risk. Thus in late 2003, a more formal internal statewide Falls Workgroup was formed. This group met monthly primarily via phone conference calls to review data, discuss issues related to falls, and to plan an intervention program.

In June of 2004 the DIDD Protection from Harm Unit issued a report compiling overall incident and investigation data from January 1, 2001 through March 31, 2004. This 39-month analysis of data revealed that 46.4% of serious injuries were due to falls. Following the release of this report, the Falls Workgroup developed a falls prevention curriculum geared towards reducing falls and lessening the severity of the injury caused by falls.

The training curriculum was completed in the fall of 2004. Regional therapy staff piloted the training curriculum, entitled *Falls: Causes and Preventative Strategies for People with Mental Retardation and Development Disabilities* across the state at various provider agencies between November and December of 2004. The curriculum was revised based on feedback from provider agency staff and has been offered monthly and as requested in each of the three regions since February 2005. The curriculum incorporates a number of resources to be used by agencies, including a listing of potential medication side effects that can contribute to falls as well as environmental checklists to identify potential environmental hazards that may contribute to falls.

Following the development of the training curriculum, the *DIDD Risk for Falls Screening Tool* was developed and piloted. The screening tool was made available to agencies in the summer of 2006. The intent of this tool was to help agency staff identify potential areas of risk that could contribute to an individual falling. The categories covered in the screening tool are congruent with the categories discussed in the falls training curriculum.

In addition to these tools, DIDD incident management and therapy staff in each region met with specific agencies that had the highest numbers of individuals sustaining serious injuries due to falls. Discussions were held with incident management staff and other individuals at the agencies regarding how they were tracking and trending this information and what systems they were implementing to decrease the risk for falls. DIDD also initiated a "falls follow-up pilot" to obtain individual data and to determine useful follow-up techniques including resources needed for working with agencies that support individuals who had fallen as well as the individuals themselves. The pilot ran from June 1, 2006 through August 31, 2006.

A total of 89 reportable fall-related incidents were followed during the pilot. There were generally five categories found to be reasons for the falls including: medical, movement limitations, environmental, behavioral, and equipment. During the pilot a total of seven (7) individuals fell more than once. A majority of the agencies contacted were willing to provide follow-up information, share what they were doing to address the falls, and were receptive to technical assistance offered.

### **Determination of the Need for DIDD Regional Falls Technical Assistance Teams**

Following a review of all of the work that has been completed related to falls over the past several years, the Falls Workgroup proposed to the Statewide Quality Management Committee (QMC) the concept of developing “Regional Falls Technical Assistance Teams”. The Statewide QMC provided input and agreed to support this endeavor.

The core teams in each region include a regional physical therapist, regional behavior analyst, regional nurse, regional physician, regional incident management representative, regional therapeutic services coordinator, and an agency team coordinator or designee as appropriate so that the agency team can assist in supporting and monitoring systemic issues within an agency. The Regional Therapeutic Services Coordinator is the contact and coordinator for this TA team. Core team members listed above would only be involved in addressing a referral to the team as needed based on each particular case.

The Regional Falls Technical Assistant Team approach was proposed as opposed to a “falls clinic” approach because this workgroup found the process of technical assistance involving both DIDD incident management staff and clinical staff and agency staff to be very useful for bringing specific attention to issues with falls and “brainstorming” solutions. In addition, this approach mirrors the general approach that the Division has taken over the last several years in terms of providing support to build agencies’ internal capacity to address individual and systemic issues. It was felt that a “falls clinic” would become too focused on individual issues and the resolution of those issues and would not facilitate long term systemic improvements within agencies and as a division.

### **Objectives of the Falls Technical Assistance Process**

The objectives of the falls technical assistance process are to improve an agency’s capacity to:

- Identify individuals at risk for falls;
- Identify reasons for individuals’ falls;
- Review and address individual and/or related systemic needs for identified “at risk” individuals or for individuals for whom incidents involving falls have occurred;
- Initiate the individual risk review process, involving the Planning Team, when necessary to amend the ISP; and,
- Track and trend individual and systemic issues in order to improve falls prevention or decrease the severity of injuries due to falls that do occur.

When individual issues need to be addressed, appropriate DIDD staff may provide specific assistance with the objective of facilitating the agency's ability to generalize the information. With the exception of very difficult situations involving individual falls, the falls technical assistance team would not expect to receive multiple or ongoing referrals from each agency. The Regional Falls Technical Assistance Teams will have access to central office counterparts as necessary for input.

### **Scope/Process of the DIDD Regional Falls Technical Assistance Teams**

The Falls Technical Assistance Team process has been designed to provide specialized assistance to DIDD contracted agencies utilizing DIDD specialists who can facilitate the internal capacity of agencies to identify issues related to falls (causes and prevention) and promote resolution to the issues, thereby improving the health and safety of the people they support. The following steps outline the process for making a referral to the Regional Falls Technical Assistance Teams:

- 1) A referral to the Regional Falls Technical Assistance Teams is appropriate when an agency is having difficulty determining the potential cause(s) for an individual's falls and the supports they have in place do not seem to be effective.
- 2) Referrals are to be completed using the *DIDD Regional Falls Technical Assistance Team Referral Questionnaire*. The information included on the referral questionnaire is intended to assure that the agency has made internal attempts to address the individual's fall utilizing available resources prior to requesting the assistance of DIDD.
- 3) The referral is sent to the Regional Therapeutic Services Team (RTST) Coordinator or designee who reviews the referral information and then follows this basic process:
  - a) Requests individual-specific incident management data from the Regional Incident Management Director, on the person being referred;
  - b) Obtain a copy of the provider agency's Provider Compliance report;
  - c) Contact necessary Regional Falls Technical Assistance Team members based on the issues presented in the referral;
  - d) Determine follow-up needed prior to a consult with the agency (i.e. follow-up with the physician, physical therapy screening, contact with the community therapist or behavior analyst, etc.);
- 4) Once the referral review is complete, the RTST Coordinator or designee sets up a consult with the agency;
- 5) The agency making the referral will be responsible for:
  - a) Assuring appropriate people are involved in the consult
  - b) Completing necessary individualized follow-up, and
  - c) Reviewing recommendations from the consult with the individual and his/her Planning Team as appropriate.
- 6) The agency will be asked to complete a feedback questionnaire regarding the falls technical assistance process and return it to the RTST Coordinator.
- 7) The RTST Coordinator or designee assures documentation regarding the technical assistance provided occurs and is forwarded to appropriate entities (ISC, Agency, DIDD Agency Team Coordinator, etc.).

The agency should, as appropriate, generalize information, processes, and resources, gained during the consult to other individuals that they support. The overall goal of the consult is to assist the agency in refining its fall prevention processes with the hopes of reducing the number of serious injuries due to falls and perhaps reducing the number of overall incidents involving falls.



## DIDD Regional Falls Technical Assistance Team Referral Questionnaire

<b>Service Recipient:</b>		<b>Referring Agency/ Person:</b>	
<b>Address:</b>		<b>Contact #:</b>	
<b>DOB:</b>		<b>ISC:</b>	
<b>Soc. Sec. #:</b>		<b>ISC Email:</b>	
<b>Date Referral Completed:</b>		<b>ISC Phone:</b>	
<b>Please provide an explanation of why this individual is being referred.</b>			
<b>Diagnoses</b> (List all known medical diagnoses)		<b>Are there any recent medication changes (within the last 1-3 months)? When and what?</b>	
<b>Has there been a significant decline or change in mental or physical status within the past 6-12 months?</b>		<b>Does there appear to be behavioral issues related to the falls (i.e. running to get away, fighting, fear of falling, or sitting down to avoid a task)?</b>	
<b>Have there been any significant changes in the environment or in the life of the individual within the past 6-12 months?</b>		<b>Does the service recipient need assistance or supervision to safely walk and transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
		<b>If yes, please specify.</b>	

Services in Place	Staff Instructions or other Plans Present for Safety
<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Psychiatry <input type="checkbox"/> Behavior <input type="checkbox"/> Nursing <input type="checkbox"/> Nutrition <input type="checkbox"/> Speech language pathology (communication) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Walking <input type="checkbox"/> Transfers <input type="checkbox"/> Gait Belt <input type="checkbox"/> Tub/Shower Transfer <input type="checkbox"/> Toileting <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Behavior Support Plan <input type="checkbox"/> Fall Prevention Plan <input type="checkbox"/> Other: _____

**List any Equipment Being Used at Home or in the Community**  
(i.e. walker, cane, wheelchair, tub/shower bench, gait belt, grab bars, or bed rails)

**Additional Questions**

**Why do you think your service recipient fell or has fallen?**

**Please list actions that have been taken to address the service recipient's falls (i.e. risk review, specific medical follow-up, medication review, or revisions to staff instructions/plans).**

**Along with this form, please provide or attach applicable information about the service recipient such as:**

Medication Administration Record Physical or occupational therapy assessments Staffing Plan Staff Instructions for safety (i.e. walking, transfers, bathing) Behavior Support Plan (if applicable)	Fall Prevention Plan DIDD Risk for Falls Screening Tool Environmental Safety Checklist Relevant specialty consultations (i.e. neurology, psychiatry, physiatry)
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<b>Signature of referring person with credential:</b>	
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➤ **Please mail, fax, or email the completed referral form and requested information to the attention of the Therapeutic Services Coordinator at the appropriate DIDD Regional Office.**

**State of Tennessee**  
**Department of Intellectual and Developmental Disabilities**

**RISK FOR FALLS SCREENING TOOL**

<b>Service Recipient's Name:</b>	<b>Date Completed:</b>
<b>Name of Person Completing Form:</b>	<b>ISC/Case Manager:</b>

Please circle yes or no for the following questions and provide comments as necessary. If uncertain about any of the questions, please note this in the comment section. Use the "If yes, consider this..." column to assist in determining an action plan, if needed.

<b>Categories and Questions</b>				
<b>Movement Restrictions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this...</b>
Does this person demonstrate or complain of pain or stiffness in one or both hips, legs, knees, or ankles?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Communicate with the physician</li> <li>Communicate with the physical therapist (PT) regarding stiffness</li> <li>If no PT, is a referral needed?</li> </ul>
Does this person lean forward or to either side when standing or walking?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Contact PT for instructions on safety</li> <li>If no PT, is a referral needed?</li> </ul>
Does this person use any devices (i.e. gait belt, cane, braces, walker, wheelchair) to assist with walking? If so, list the device(s) in the comment section.	<b>Y</b>	<b>N</b>	List any devices utilized:	<ul style="list-style-type: none"> <li>Assure any staff instructions are clear and up to date</li> <li>Assure equipment is in good repair</li> <li>Assure environments where equipment is used are accessible and safe</li> <li>Contact PT if equipment is not meeting the person's needs</li> </ul>
Does this person appear to have trouble with balance? Please comment on when (i.e. standing, walking, or moving to/from standing or sitting).	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review medications for potential side effects</li> <li>Communicate with physician or PT regarding balance concerns and ask for instructions</li> <li>If no PT, is a referral needed?</li> </ul>
Does this person need assistance at any point during the day when walking?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss the amount of assistance needed for varied times of day, activities, and/or environments</li> <li>Make needed adjustments in staffing.</li> </ul>
Does this person need assistance with transfers (moving from one place to another)?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Assure staff are instructed on safe transfer techniques including bed, wheelchair, bath, car/van, floor, etc.</li> <li>Assure staff are available to assist when needed.</li> <li>If no PT., is a referral needed?</li> </ul>

Has this person required <u>more</u> help with walking over the past several months?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review medications for potential side effects</li> <li>Discuss this change in status with physician or PT</li> <li>If no PT, is a referral needed?</li> </ul>
<b>Age</b>	Yes	No	<b>Comments</b>	<b>If yes, consider this...</b>
Is this person over the age of 55?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss whether adjustments are needed in person's schedule to give them more time for transfers, walking, etc, to avoid being rushed</li> </ul>
Is this person over the age of 35 <u>with</u> a diagnosis of Down's syndrome?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss changing support needs as applicable</li> </ul>
<b>Vision and Hearing</b>	Yes	No	<b>Comments</b>	<b>If yes, consider this...</b>
Does this person have any known/suspected visual limitations?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Is a vision exam needed?</li> <li>Are glasses in good repair and are they kept clean?</li> <li>Has person been referred to an Orientation and Mobility Specialist if severely visually impaired or legally blind?</li> </ul>
Does this person have any known hearing/suspected loss?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Is an audiology exam needed?</li> <li>Has practical information been gathered from the audiologist to provide guidance in helping the person?</li> <li>Are hearing aids needed?</li> <li>If the person has hearing aids, are the clean and in good repair?</li> </ul>
<b>Environmental Hazards</b>	Yes	No	<b>Comments</b>	<b>If yes, consider this...</b>
Note if any of the following are present in any of the environments where the person spends time: clutter/objects/electric cords in walking paths, loose rugs, frayed carpet edges, wet/slippery floors, poor lighting, pets, long or loose clothing, ill-fitting or non-supportive shoes, etc.?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Complete an Environmental Safety checklist for fall prevention</li> <li>Make necessary repairs/modifications to prevent additional falls</li> </ul>
<b>Influence of Medical Status on Falls</b>	Yes	No	<b>Comments</b>	<b>If yes, consider this...</b>
Does this person take medications with side effects that could affect balance?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review medications to determine potential side effects</li> </ul>
Does this person take 4 or more medications?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review medications to determine potential side effects</li> </ul>
Does this person have seizures? Are they increasing in frequency or changing in intensity? Please specify.	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Assure appropriate medical care is sought and follow-up appointments are kept</li> </ul>

Has this person been diagnosed with or experienced any of the following: low blood pressure, vertigo (dizziness), arthritis, osteoporosis, overactive bladder, stroke, Parkinson's, or diabetes? If yes, please specify.	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Assure appropriate medical care is sought and follow-up appointments are kept</li> <li>Discuss any new symptoms that may be contributing to falls</li> <li>Review any medications to determine if they are effective</li> </ul>
Has this person been hospitalized in the past three (3) months? If yes, please note the estimated length of stay, why (e.g. surgery, injury, etc.), and describe any change in function.	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss/reassess person's status after hospitalization to determine if amount of assistance is still adequate for safety with transfers and mobility</li> <li>Contact PT regarding hospitalization and need for review</li> <li>If no PT, if a referral needed?</li> </ul>
<b>Behavioral or Sensory Implications for Falls</b>	Yes	No	<b>Comments</b>	<b>If yes, consider this...</b>
Does this person have increased difficulty with balance/walking (with or without a device) in new, crowded, or noisy environments or when around new people, etc.? If yes, please specify.	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss adjusting the time of day in which the person is involved in activities</li> <li>Consider the need for different levels of assistance during various activities</li> </ul>
Does this person sometimes try to stand and/or walk without assistance even though assistance is needed for safety?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss/review the reason person is getting up/walking without assistance</li> <li>Assure the person has adequate opportunities for mobility during the day</li> <li>Does staff anticipate the person's needs</li> <li>Does staff respond to requests for assistance</li> </ul>
Does this person appear to fall, drop or sit down on the ground when trying to escape a situation, gain attention, or to get things he/she wants? If yes, please specify and note whether this person receives behavior services.	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Discuss the communication intent associated with these activities</li> <li>Consider whether the person is trying to avoid a certain activity</li> <li>If having difficulty determining the reason, consider referring for a Behavioral Assessment?</li> </ul>
Has this person fallen in the past? If so, please explain. <i>(If need additional space use the "additional comments" section below)</i>	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review causes of past falls</li> <li>Were safety precautions developed and implemented for past falls</li> <li>If multiple falls have occurred, has information been trended across the fall incidents?</li> </ul>
Has this person had "near falls" in the past?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>Review safety precautions for falls (a "near fall" is likely to result in an actual fall in the future)</li> </ul>

Does this person ever express or indicate a fear of falling including sitting down on the ground when faced with going up or down steps, inclines, or uneven surfaces?	<b>Y</b>	<b>N</b>		<ul style="list-style-type: none"> <li>• Discuss the possible reasons for being afraid</li> <li>• Rule out medical problems or mobility issues</li> <li>• Change activities or provide extra support until reason for fear can be determined</li> <li>• If having difficulty determining the reason, consider referring for a Behavioral Assessment?</li> </ul>
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**Additional Information**

Does this person receive physical therapy services? If so, please specify provider.	<b>Y</b>	<b>N</b>	
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Does this individual have staff instructions related to walking or transferring? If so, please note if there are barriers to carrying out these instructions.	<b>Y</b>	<b>N</b>	
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**Additional Comments:**

**Considerations In Reviewing the Above Information:**

**Recommended Action Plan:**

Signature of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_  
 Environment in Which You Support This Person (i.e. the home, day center, community): \_\_\_\_\_  
 Approximate Length of Time Worked With Service Recipient: \_\_\_\_\_

**State of Tennessee**  
**Department of Intellectual and Developmental Disabilities**  
**ENVIRONMENTAL SAFETY CHECKLIST**  
**FOR FALL PREVENTION**

Services Recipient's Name: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_  
 ISC/Case Manager: \_\_\_\_\_  
 Name of Person Completing Checklist and Contact #: \_\_\_\_\_

QUESTIONS	YES	NO	HELPFUL HINTS	FOLLOW-UP
<b>Entrances</b>				
▶ Can the person you support enter and exit vehicles with adequate space and on a level surface?			Assure the ground is level, garage is free from clutter, and driveway is clear of loose rocks, etc. If necessary, request help for vehicle transfers from a therapist.	
▶ Are walking surfaces used to get to and from the car free from cracks, buckling, and clutter?			Repair any cracks or buckling in sidewalk, driveway or garage floor concrete. Remove objects such as excess leaves, garden hose, and newspapers from walking path.	
▶ Is the path used to walk from the car to the door well-lit?			Add sidewalk lights or a brighter porch or garage light if necessary. Leave porch lights on if leaving/coming home after dark.	
▶ Does the person you support need closer supervision or more assistance when walking on unfamiliar or altered surfaces (grassy, wet, icy, muddy)?			Provide extra assistance or supervision during inclement weather and on uneven surfaces if the person has altered mobility. If necessary, request help for appropriate levels of assistance from a therapist.	
▶ If there are stairs to the entrance of the home, are they safe (not broken or worn)?			Repair broken or worn steps. Install handrails on both sides. Also, keep stairs free of clutter.	
▶ Are handrails present on steps and are they stable and in good condition?			Determine if handrails are needed on both sides of steps and assure they are secure and do not move when being used.	
<b>Living Areas and Kitchen</b>				
▶ Are rooms, hallways, and stairways in the home well-lit?			Good lighting can reduce the chance of falling especially in hallways and on stairways. Add bright strips of tape to the edge of each stair where you do not step. They can help you see the stairs better.	
			Consider adding night-lights where overhead lighting is lacking.	
			Night lights in the hallway and bathroom can also make night trips to the bathroom easier.	
			Always keep a charged flashlight near the bed or available for staff for power outages. Another option is night-lights with battery back-up.	

▶ If there are throw rugs, are they secured to the floor?			Throw rugs are a tripping hazard. If you do not wish to remove them, they should be securely fastened with an adhesive, double-stick tape.	
▶ Are floor coverings (carpet, area rugs, and linoleum) free from frayed corners or rolled edges?			Floor coverings should be repaired or replaced if they cannot be securely fastened with an adhesive, double-stick tape.	
▶ Is walking space free from clutter?			Shoes, electrical cords, and magazines can be hazardous in walkways. Always keep walkways clear.	
			Take extra caution when there are small pets as they can cause the person to trip and fall.	
▶ Are items the person regularly uses within reach?			Put regularly used items on shelves within easy reach between hip and eye level.	
			A long-handled grasper can be used to reach objects that are on high shelves or on the floor.	
▶ Does the person you support have trouble bending over to pick up objects from the floor?			Plan ahead. Move the object closer to something sturdy to hold onto.	
			Consider raising object to a higher surface.	
▶ Does the person you support have furniture that is difficult to get in and out of?			Try to purchase furniture with firm cushions, good back support, and armrests to make getting in and out of it easier. If necessary, request instruction from a therapist to assist the person from sit-stand.	
▶ Does the person you support have trouble walking without holding on to something?			If the person is unsteady without holding on to something, a mobility aid might be indicated (gait belt, cane, or walker). Consult your doctor or physical therapist.	
▶ Are non-carpeted areas kept clean and dry (entryways, laundry room, bathroom and kitchen floors)?			Be sure to wipe up spills completely and immediately. Use caution with freshly cleaned floors as they are frequently more slippery.	
▶ Does the person you support have stairs without rails or a broken or missing railing?			Using handrails to go up and down stairs is easier and safer. Add hand rails to all stairs, if possible. Request repairs.	
			Persons who are at risk to fall should consider a one-level home with no stairs.	

<b>Bedroom</b>			
▶ Can the person get onto and off of his/her bed without difficulty?			If necessary, request instruction from a therapist to assist the person from sit-stand and determine if assistive devices may be necessary.
▶ Does the person complain of or appear dizzy when he/she gets up from lying down?			If dizziness is present and persists, consult the person's physician. Teach the person to sit on the edge of the bed for a moment before getting up, especially in the middle of the night if using the bathroom.
▶ Is space around the bed free from clutter and cords, etc.?			Remove excess furniture from the room or arrange the room to assure there is a clear pathway from the door to the bed.
▶ Are items that the person needs, within reach without having to get out of bed (eyeglasses, hearing aid, light and alarm clock)?			Assure the person has a sturdy bedside table on which to place needed items. Provide a light the person can operate.
<b>Bathroom</b>			
▶ Does the person you support have trouble getting in and out of the bathtub or shower?			If grab bars are present, ensure they are secure and in good repair. Otherwise, consider installing grab bars where necessary (in bathtub/shower, along wall outside of tub/shower, along toilet).
			Consider a transfer tub bench or a shower chair.
			Sometimes a modification called a TubCut can be made by a trained professional allowing the person to step through the side of a tub instead of over the side of the tub.
			In the event none of the above suggestions is appropriate, consider a roll-in shower.
▶ Is the floor of the tub or shower slippery or does the bathroom floor get wet during the bath/shower?			Always use a non-skid bathtub/shower mat and a securely fastened non-skid rug outside of the bathtub/shower to avoid slipping on a wet floor. Be sure to dry the bathroom floor before the person attempts to step out.
▶ Does the person have difficulty sitting down in the tub or standing during a shower?			Consider installing a non-skid shower chair or bathtub bench and hand-held shower head so he/she can sit while bathing or showering. If necessary, consult a therapist.

			In the event that the above suggestion is not appropriate, consider a roll-in shower.	
▶ Is a towel rack or a bathroom sink used for support to get in/out of the bathtub/shower or up from the toilet?			Avoid pulling up on the sink or using towel racks to get up from the toilet or bathtub. Bathroom sinks are generally not securely fastened to the wall or floor, and are not intended to support a lot of weight. Towel racks can easily come loose from the wall.	
▶ Are items needed during a shower/bath within reach?			Use bath caddies mounted on the wall within reach of the individual to hold needed items, including a washcloth.	
<b>Other Risk Factors to Consider</b>				
▶ Does the person you support wear floppy slippers, flip-flops, ill-fitting shoes, a long bathrobe, or pants/dresses that are too long?			Wear well-fitting slippers with non-skid soles. Avoid night clothing that drags on the ground. Keep robe tied. Make sure pants/dresses are not dragging on the floor. Make sure shoes are secure and fit well.	
▶ Are mobility aids or other assistive technology devices in good working order?			Check equipment and devices to be sure they are not broken or have loose components and are clean (including hearing aids and glasses).	

Please Note: This checklist is a starting point but does not include all potential causes of falls. Contact your doctor or health care provider if you have further questions.

Funding through the Home and Community Based Services Medicaid Waiver may be available for certain medically necessary environmental accessibility modifications such as the addition of railings and bathroom modifications. Other repairs and maintenance needs are the responsibility of the residential agency or the family.

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**State of Tennessee  
Department of Intellectual and Developmental Disabilities**

**Incident Management  
FALL FOLLOW-UP QUESTIONNAIRE**

<b>Service Recipient:</b>		<b>Date of Follow-up:</b>	
<b>Address:</b>		<b>Person Interviewed:</b>	
<b>ISC/CM:</b>	<b>Provider:</b>	<b>Contact number:</b>	

**POST-FALL INFORMATION**

<b>Date and description of fall incident:</b>	
<b>Injury resulting from the fall?</b>	
<b>Medical intervention?</b>	
<b>Emergency room visit?</b>	
<b>Hospital admission?</b>	
<b>Surgical intervention?</b>	
<b>Additional information:</b>	

**CONSIDERATIONS**

<b>Is there a history of falls or near falls?</b>	
<b>If there is a history of falls, has a trend analysis been done?</b>	
<b>If there was a fracture, what is the weight bearing order?</b>	
<b>Is equipment working properly, in need of repair?</b>	
<b>Is there an equipment need? What is it? Has it been provided?</b>	
<b>Is the individual receiving PT/OT services? If so, have they been contacted about the fall?</b>	
<b>Does the individual need to be referred for a therapy assessment?</b>	
<b>Has the environment where the fall occurred been assessed for hazards?</b>	
<b>Is there a fall prevention plan in place? Does it need to be revised?</b>	
<b>Did staff follow staff instructions?</b>	
<b>Has a Risk For Falls Screening Tool been completed?</b>	
<b>Is a risk review needed?</b>	
<b>Additional information:</b>	

**RECOMMENDED FOLLOW-UP**

(E.g. risk review, falls screening, environmental assessment, re-training, etc.)

**State of Tennessee**  
**Department of Intellectual and Developmental Disabilities**

**Hip Fractures: A Guide to Assist the Service Recipient**

Hip fractures are a potential consequence of a fall. When an individual is diagnosed with a hip fracture and is admitted to the hospital for surgical repair and acute treatment, the following should be considered prior to the individual being discharge back to his home:

- The individual's ISC should consider holding a pre-discharge Circle of Support meeting to discuss the individual's current status and what supports and services the individual will need prior to home discharge.

**Things to consider for discussion:**

- ✚ Status of the broken hip and what surgical procedure was done to correct it
  - ✚ Weight bearing status of the hip
  - ✚ Following precautions provided from the orthopedic surgeon to avoid re-injury
  - ✚ Current physical status of the individual regarding functional mobility
  - ✚ Possible equipment needs at home such as a wheelchair, walker, bedside commode, portable ramps, grab bars, raised toilet seats, reacher, sock aid, etc.
  - ✚ Discuss if transportation would be a problem
  - ✚ Possible home modifications to ensure individual's safety and independence
  - ✚ Level of assistance needed by the individual to ensure safety and independence
  - ✚ Staffing required to ensure safety and independence
  - ✚ Need for continued rehabilitation to be able to return to prior level of function
  - ✚ Follow-up medical appointments
  - ✚ Medications
  - ✚ Possible behavior supports
  - ✚ Monitoring to ensure all services and supports are in place and followed
  - ✚ Level of cognitive impairments
  - ✚ Consider if the ICAP needs to be completed again
  - ✚ Complete another risk assessment
  - ✚ Revise the ISP
- Identify the need for therapy services upon discharge. Since the condition is considered acute, Medicare or TennCare should provide the individual's needed therapy services upon hospital discharge through either home health or outpatient services. Once the individual's home health or outpatient therapy services have been discontinued and it is felt that the individual meets the criteria for therapy services through the Medicaid Waiver, then authorization can be requested.
  - Consider holding another post-discharge Circle of Support meeting 7 days after hospital discharge to review supports and services provided and identify any barriers present.
  - Always consider consulting with the Therapy Services Team for any clinical consultation, technical assistance or support needed.
  - **Important Consideration:** For individuals who received a total or partial hip replacement from a hip fracture or degenerative joint disease, total hip precautions should be followed provided by the orthopedic surgeon or physical therapist at the hospital. The COS needs to determine if the individual can safely and consistently follow these precautions, and if not, direct one-on-one supervision might be needed in the interim to ensure that precautions are followed at all times and the risk for dislocating or re-injuring the repaired hip could be prevented.