

Leamington Mennonite Home
Retirement Residence

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Fall Prevention and Management Program	SECTION: F
DATE: June 2017	Administrator: <u>J. Kn...</u>	POLICY: 1
REVISION DATES:	Director of Care: <u>Harold Konrad</u>	

FALL PREVENTION AND MANAGEMENT PROGRAM

POLICY:

The Home shall ensure that a falls prevention and management program will be maintained to reduce the incidents of falls and the risk of injury to the resident and promote resident independence.

Definition: A fall is any unintentional change in position for a resident who is found on the floor, ground, or other lower level.

- Includes witnessed and unwitnessed falls
- Includes resident falls onto a mattress on the floor
- Includes injury or no injury

A **near fall/near miss** is a sudden loss of balance that does not result in a fall or injury. This can include a person who slips, trips or stumbles but is able to gain control prior to falling and does not result in a fall or other injury.

An **unwitnessed fall** occurs when a resident is found on the floor and neither the resident or anyone else knows how he or she got there.

Serious injury includes: fractures, lacerations requiring sutures and any injury requiring assessment in emergency or admission to hospital.

PROCEDURE:

The following outlines the interdisciplinary team approach to roles and activities for fall risk assessment and strategies for prevention of falls.

FALLS PREVENTION

Fall Prevention Committee

- The committee members will meet monthly, and as needed for special projects. The Committee shall review all residents who are high risk for falls and those who have had falls.
- All Fall Incident Reports will be reviewed.
- The Committee shall review current interventions for effectiveness and revise where

needed.

- Strategies to reduce the amount of falls shall be reviewed and formulated as required. (See Attached Committee Membership)

Registered Staff

- Collaborate with resident POA/Substitute Decision Maker (SDM), family, and interdisciplinary team to complete the Morse Fall Risk Assessment:
- Within 24 hours of admission
- biannually
- The Morse Fall Risk Assessment will give a numerical value that corresponds to a category of: low risk, moderate risk, high risk for falls. All risk levels are to have Care Plan interventions.
- A written plan of care will be initiated within 24 hours of admission based on the resident's assessed condition, fall history, needs, behaviours, and medications.
- The Care Plan will be evaluated minimally biannually for effectiveness. If the interventions have not been effective in reducing falls, alternative approaches and strategies shall be initiated by the Registered Staff in consultation with the PSW's, and as needed DOC.
- The resident POA/SDM shall be contacted whenever there is a significant change to the Care Plan regarding fall prevention/management and biannually at the care conference at the direction of the resident.

Personal Support Workers (PSW)

- The outlined interventions shall be followed for each resident with assistance with ADL's as outlined on the Care Plan, on communication sheets and the directions of the Registered Staff.
- Assist and report a resident who appears unsteady.
- Promote adequate fluid intake to avoid dehydration and confusion.
- Report if the resident is having or demonstrating behaviours that indicate a change in status such as: pain, reduced range of motion, change in ADL abilities, food/fluid intake, possible UTI.

Physiotherapist

- If resident is deemed at risk for falls, the Registered Staff will consult with the Physician in regard to a Physiotherapist request for services from CCAC.
- The Physiotherapist will recommend an exercise programme and or equipment, supplies or devices such as assistive aides to prevent falls.

FALL AND POST FALL ASSESSMENT AND MANAGEMENT

When a resident has fallen, the resident will be assessed regarding the nature of the fall and associated consequences, the cause of the fall and the post fall care management needs.

The person witnessing the fall or finding the resident after the fall:

- Ensure the resident is safe. Do not move resident.
- If alone, call for help and alert Registered Staff.

Registered Staff

- Assess resident for injury. Check range of motion in all extremities.
- If no injury is determined:
 - If the resident can stand up themselves they may be assisted to feet and be assessed or weight bearing ability.
 - If resident is unable to stand then a mechanical lift (as per home no lift policy) will be used to lift resident to a proper surface such as a bed/wheelchair/recliner chair.
- If injury is assessed:
 - Provide first aid interventions as indicated and interventions for wounds per medical directives
- Update the POA/SDM of the fall, any injury/transfer to hospital and any updates to the Care Plan.
- Complete Head Injury Routines Report for all witnessed and unwitnessed falls where the residents are unable to identify an injury. Initiate head injury routines if a resident struck their head with an associated injury.
- Conduct a "fall" huddle with staff on shift to gather information about the fall and complete the Fall Report. Include all contributing factors in the Report. Review current fall interventions and develop additional interventions if required to prevent falls: Utilize instructional sheet to assist PSWs, OTA.
- Document all findings and interventions in the multidisciplinary nursing notes.
- The DNPC and Administrator review all Fall report documentation and assist in re-evaluating the fall risk and determining if other interventions are required.
- Communicate via Shift Report and E notes details about the fall and any changes required in care

Fall Prevention and Management Committee Members

The Fall Prevention and Management Committee will consist of the following:

- The Director of Nursing and Personal Care
- The Associate Director of Nursing and Personal Care
- Registered Practical Nurse
- PSW

PSW/REGISTERED STAFF

Instructional Information Sheet for the Management of Falls

- 1) If a resident falls when you are with them, try to break the fall with your body, but do not support his/her weight. Maintain proper body alignment yourself.
- 2) If you find a resident on the floor after he/she has fallen, use the emergency 3-ring call to signal a Registered Staff to the location of the resident. If help does not arrive quickly – ensure resident safety/comfort pillow under head/cover with blanket and seek help.
- 3) Allow the Registered Staff to assess the resident before moving him/her.
- 4) The Registered Staff will determine the extent of the injuries: lacerations, abrasions, deformities. The Registered Staff will check ROM of all limbs and hips and determine if the resident has any pain.
- 5) Ask the resident or the witness how the fall occurred.
- 6) The Registered Staff shall direct the movement of the resident off of the floor with the help of the PSW's, depending on the extent of the injuries. Staff are to adhere to the No Lift policy and utilize the mechanical lift to lift off the floor.
- 7) The Registered Staff shall notify the Physician if injuries are extensive, further investigation is required, or transfer to hospital is needed.
- 8) The Registered Staff will hold a fall huddle to discuss the fall and contributing factors, complete a Fall Report and the corresponding assessments required. The team will review the current interventions for effectiveness and develop/implement any additional measures required.
- 9) The Registered Staff shall notify the Resident Family/POA of the fall if there is a directive from the resident to do so. The Registered Staff will inform them if an injury has occurred and of any new or additional interventions being trailed or developed to assist in fall prevention.
- 10) The Registered Staff will initiate Head injury Routine Report (HIRR) if the resident's fall included hitting his/her head or if the resident is unable to report an unwitnessed fall.
- 11) If a resident is found climbing out of bed or upon admission having a history of climbing out of bed resulting in falls noted on the admission profile, the Registered Staff will initiate the following protocol.

Protocol for Residents Climbing and/or Falling Out of Bed

- 1) Inform the POA of the resident's behaviour of climbing and/or falling out of bed. Inform the family of the implementation of the possible interventions: bed alarm/fall/crawl out mat/perimeter mattress/bed in low position, and document that the family has been contacted and consulted.
- 2) Staff will initiate a DOS to evaluate possible triggers to resident's behaviour of exiting the bed.
- 3) The Registered Staff may request a medication review by the Pharmacist/Physician for medication which may be a root cause for sleep time agitation or sleep interference.
- 4) The Registered Staff will initiate a routine toileting schedule for the resident while in bed and evaluate the need for a product and or a night brief to promote sleep.
- 5) Registered Staff evaluate resident's exiting style.
- 6) The Registered Staff initiating the Protocol will add this to the Resident Care Plan and inform the family.
- 7) The use of safety devices will be reviewed on an ongoing basis and at the biannual Multidisciplinary Care Conference.