



Virginia Department of
Behavioral Health &
Developmental Services

Falls

Risk Awareness Training (RAT)

Presented by:
**The Virginia Department of Behavioral Health and
Developmental Services**
The Office of Integrated Health
Health Supports Network, September 2019

Who benefits from this training

DSP's and caregivers- you will learn important risk factors associated with falls, learn to recognize signs and symptoms of injuries after falls, and the importance of reporting.



Support Coordinators-you will learn important risk factors associated with falls, understand the signs and symptoms that DSP's and caregivers are going to recognize and provide in documentation, and learn diagnosis that may be associated with risk factors.

Objectives

At the conclusion of this training, participants will be able to ...

- **Define the term “fall”.**
- **List the (3) possible complications of a fall.**
- **Identify (3) risk that increases an Individual's risk for falls.**
- **Provide (2) fall facts**
- **Recognize (2) sign of a serious injury**
- **List (3) ways to prevent falls**

What is a Fall?



- **A fall is any situation in which someone descends (or falls) suddenly and involuntarily toward a lower surface or the ground.**
- **Fall complications can include broken bones, head injuries, soft tissue damage, and problems with daily activities (VCU, 2016).**

Fall Facts In People with ID/DD

According to research conducted by Hsieh, Rimmer, Heller, Minor and Grosso in 2014:

One in five adults (18 – 44) with ID/DD reported falling in the past year.



One in three middle-aged adults (45-64) with ID/DD reported falling in the past year.



Nearly 25% of fall – related injuries needed medical attention.

Risk Factors

- Age
- Polypharmacy
- Seizure Disorder
- Uses an assistive device for mobility.
- Females have a higher prevalence of falls than males.
- Arthritis

Signs of serious injury after falling

- Inability to move-decreased ROM
- Difficulty breathing/labored breathing/Not breathing
- Lack of responsiveness
- Individual that can usually ambulate cannot bear weight
- Swelling, redness of any body part after a fall
- Individual is expressing pain or staff recognize non-verbal cues of pain
- Extremity (arms, legs, feet, hands) appear deformed
- Leg length differs
- Bruising
- Guarding (refusing to be touched or moved)
- Bone protruding through skin

Situations that require further evaluation

- Fall occurs from a height (porch, ramp)
- Fall occurs from a vehicle lift or patient lift
- Individual uses DME equipment to ambulate or move (Cane, wheelchair, gait trainer, lift, stander, bed, powerchair)
- Fall occurs while exiting a vehicle or is thrown from a vehicle during an accident.
- Fall occurs on stairs
- Fall occurs after a hospitalization
- Fall occurs after a health status change



Complications of Head injuries

- Severe head or facial bleeding.
- Bleeding or fluid leakage from the nose or ears.
- Severe headache.
- Any change in level of consciousness.
- Black-and-blue discoloration below the eyes or behind the ears.
- Cessation of breathing.
- Confusion.
- Loss of balance.
- Weakness or an inability to use an arm or leg.
- Unequal pupil size.
- Slurred speech.
- A seizure.
- Vomiting.



Call 911 or your local emergency number if any of the following signs or symptoms are apparent after a fall, because they may indicate a more serious head injury (Mayo Clinic, 2019a,b):
Indicators of Serious Head Injury in Adults

Falls are no joke.... Call 911!



After a fall - don't wait. Inform the team members on the individual's care team, as soon as possible. The individual might need additional supports to limit and/or reduce their risk for a serious injury due to another fall.



Importance of reporting change

Changes to health status after emergency room, Urgent Care, and hospitalizations can cause falls. This change in status can increase the risk for falls once the individual is back home or regular activities

Any fall with or without injury should be documented and reported to the manager of the service, Support Coordination and other providers of service so that everyone is aware of the event and implementing precautions and interventions.

Document your findings in daily note and who it was reported to.

Be sure to follow up with the individual's Primary Care Provider (PCP) or licensed healthcare provider (ex. Nurse or Physical Therapist) to discuss their risk for falls.



DSP connect the dots....

Situation: An individual fell down three steps face forward and lands hitting his head on the floor. He has a swollen area above the right eye. He is breathing but eyes are closed, and he is not moving.

Example only: Follow your agency documentation standards.



Way to go DSP, you recognized an emergency!

Example of a daily note: 4/10/20 While out with community engagement at a small shop, individual fell down three steps. He hit his head and did not respond to his name for a few seconds. Just above his right eye started to swell. 911 was immediately called. Staff stayed with the individual and monitored his breathing. By the time EMS arrived he was responding to voice commands and trying to get up. Staff asked him to remain lying on the floor until he was evaluated. He was taken to the ER due to hitting his head. DSP notified Day Support Manager.

DSP's connect the dots...

Use the RAT to assist staff be aware of risks and also prompt changes within plans and support instructions. The RAT can help providers be proactive.

You are the boots on the ground! Based on your daily observations you may recognize a change in status that your prompt evaluation. If you notice any of the risk factors listed below for falls, report and document quickly.

If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **fall with injury** occurred in the past year. (Check all that apply.)

- Has a diagnosis of arthritis
- Takes more than 4 medications (daily or PRN / prescription or OTC)
- Utilizes walking aids and / or other Durable Medical Equipment
- Has difficulty lifting / carrying more than 10 lbs.
- Is diagnosed with a heart condition
- Experiences back pain
- Experiences any incontinence (bowel or bladder)
- Experiences unexpected weakness or fatigue when walking

Fall Prevention is Key



- Encourage using handrails
- Wear non-skid shoes
- Clean up spills immediately
- No loose cords in walkways
- Have vision checked yearly
- No small rugs
- Beware of pets
- No clutter in walkways
- Encourage use of DME equipment
- Monitor medication side effects
- Grab bars in bathroom
- Non-slippery surfaces in showers/tubs (CDC, 2019)

Case Study

- Gabby has experienced numerous falls over the years. She has suffered many broken bones due to falls. She struggles to maintain her balance getting up to stand and she has an unusual gait which seems almost as if she walks sideways. Gabby has excellent perception skills; however, she communicates by making sounds and hand gestures. She is most successful ambulating when she has staff with her that are familiar with her cues and how to assist her with walking.
- Today there are several out sick at Day Support. Gabby has Group Day hours as well as Community Engagement hours. Gabby is scheduled to go out with a seasoned staff person, but this staff is unfamiliar with ambulation supports. The staff takes Gabby's travel chair since they are going to Gabby's favorite activity of helping at the food bank.
- They arrive at the food bank. The staff parks the van and attempts to assist Gabby out of the vehicle. Gabby keeps her left arm folded up on her chest and uses her right hand to manage her cane. Gabby tries to communicate that they left her cane back at the center. The staff is unsure of Gabby's message and continues to assist her out of the vehicle. Gabby gets scared and starts falling forward. The staff support Gabby's weight, but she does have a bruise on her side from hitting the van door. Gabby indicates she is Ok, but later that night she ends up at the ER.



Apply what you've learned

List three interventions that would have prevented this fall from occurring.

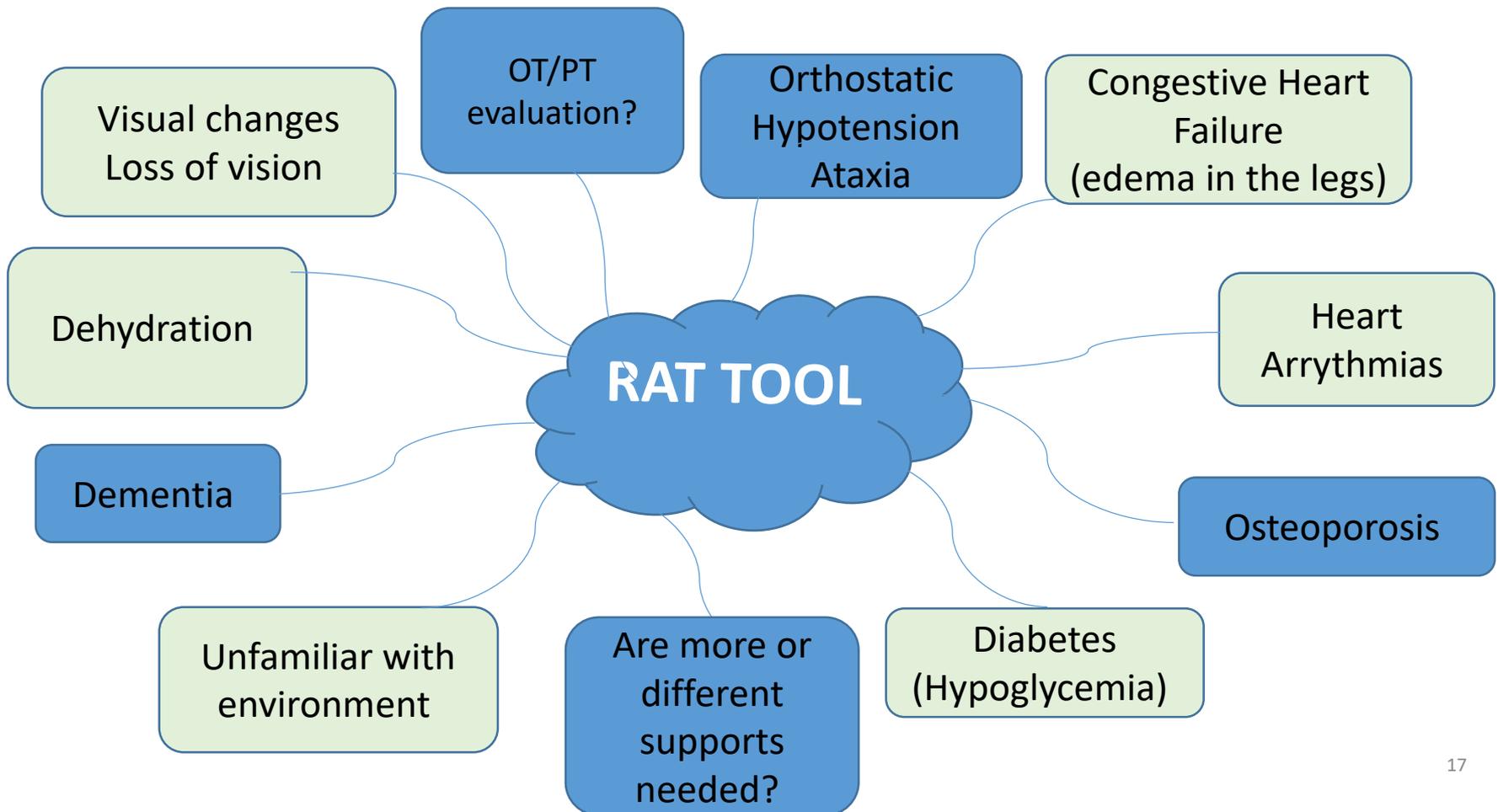
1. _____

2. _____

3. _____

SC's connect the dots...

SC's- as you are completing the RAT tool keep in mind there are key diagnoses and situations you need to incorporate in discussion with providers and caregivers to ensure risk factors are being recognized.

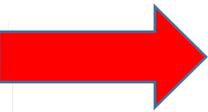


Prior to ISP meeting, review discharge summaries, medical reports, and health history for information

Step 1:

A **Fall with Injury** is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level that results in an injury.

I. The person has been diagnosed by a medical professional with an injury from a fall in this past year.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
II. The person has been diagnosed by a medical professional with a seizure disorder indicating the risk of a fall with injury in this past year.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES is checked above is there a plan for support? If yes, the plan for support and/or prevention <u>must</u> be included in the ISP. If YES is checked, skip Steps 2-5 and proceed to Section D- if NO is checked, complete Steps 2-5 below before proceeding to Section D.	Yes <input type="checkbox"/>	No <input type="checkbox"/>



During the ISP meeting ask all participants if they are aware of any risk factors listed in Step 2

Step 2: If the person does not meet the criteria in Step 1 (above), consider if these common indicators for **fall with injury** occurred in the past year. (Check all that apply.)

- Has a diagnosis of arthritis
- Takes more than 4 medications (daily or PRN / prescription or OTC)
- Utilizes walking aids and / or other Durable Medical Equipment
- Has difficulty lifting / carrying more than 10 lbs.
- Is diagnosed with a heart condition
- Experiences back pain
- Experiences any incontinence (bowel or bladder)
- Experiences unexpected weakness or fatigue when walking

Step 3: Based on the above selected risk indicators, a referral to a qualified professional is needed to evaluate and help develop a plan to reduce the risk of a **fall with injury**. **If no risk indicators were selected, go to Section D.**

Step 4: What qualified professional has been identified to help? _____

Step 5: Who will contact them? _____ Target Date: _____

Think about all settings: home, Day support, Community Engagement

Who Can Help Plan?

There are a number of healthcare professionals that can provide assessment and prescription for treatment to reduce the risk of possible adverse events (Hsieh, Rimmer, Heller, Minor and Grosso in 2014).

They include:

- **Primary Care Practitioner (PCP).**
- **Orthopedist.**
- **Podiatrist.**
- **Neurologist.**
- **Ophthalmologist.**
- **Ear, Nose & Throat Specialist.**



Who Else Can Help?

Other healthcare professionals that can assess and provide a care plan (in their specialty) addressing the prescribed treatment(s) to reduce the risk of falls, include:

- **Registered Nurse (RN).**
- **Licensed Practical Nurse (LPN) – per VA BON Regulations.**
- **Pharmacist.**
- **Physical Therapist (PT).**
- **Occupational Therapist (OT).**
- **Certified Therapeutic Recreation Specialist (CTRS).**
- **Behavioral Support Professional (BCBA, BSP).**

(Hsieh, Rimmer, Heller, Minor and Grosso in 2014).

References & Resources

- American Academy of Pediatrics (2018). Concussion management: Return to play. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Concussion.pdf>
- American Medical Society for Sports Medicine (2005). Sport Concussion Assessment Tool. Retrieved from http://www.amssm.org/MemberFiles/SCAT_v13-Side_2.doc
- American Red Cross (2016), Traumatic injuries (pp. 110-111). First Aid/CPR/AED Instructors Manual. USA: Staywell.
- Bhangu, J., McMahon, C. G., Hall, P., Bennett, K., Rice, C., Crean, P., ... & Kenny, R. A. (2016). Long-term cardiac monitoring in older adults with unexplained falls and syncope. *Heart*, 102(9), 681-686.
- Brain Injury Association of Virginia (2013). Brain injury and the schools: A guide for educators. Retrieved from http://www.doe.virginia.gov/special_ed/disabilities/traumatic_brain_injury/brain_injury_schools.pdf
- Brain Injury Association of Virginia (2019). Concussion: Mild traumatic brain injury in the elderly. Retrieved from <https://www.biav.net/?s=concussion>
- Careerforce (2017). Learning guide: Observe and respond to changes. Retrieved from: <https://library.careerforce.org.nz/Learning%20Assessment%20Resources/LG27459-2.1.doc>
 - Center for Disease Control and Prevention. (2017). Home and recreational safety: Important facts about falls. Retrieved from <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>
 - Centers for Disease Control and Prevention (2013). What is a concussion? Retrieved from https://www.youtube.com/watch?v=Sno_0Jd8GuA&feature=youtu.be

References & Resources



- Centers for Disease Control and Prevention, (2019c). Heads up. Retrieved from <https://www.mayoclinic.org/first-aid/first-aid-head-trauma/basics/art-20056626>
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2019d). Web-based injury statistics query and reporting system (WISQARS).
- Children's Hospital of the King's Daughters (CHKD) (2019). Could it be a concussion? Retrieved from <https://www.chkd.org/Patients-and-Families/Health-Library/Quick-Tips/Could-It-Be-A-Concussion/>
- Children's National Health System (2019). Concussion FAQ's. Retrieved from <https://childrensnational.org/departments/center-for-neuroscience-and-behavioral-medicine/programs-and-services/safe-concussion-outcome-recovery--education-score-program/concussion-faqs>
- Gioia, G. and Collins, M. (2005). Acute concussion evaluation. Retrieved from <https://www.cdc.gov/headsup/pdfs/providers/ace-a.pdf>
- Mayo Clinic (2019a). Cuts and scrapes: First aid. Retrieved from <https://www.mayoclinic.org/first-aid/first-aid-cuts/basics/art-20056711>
- Mayo Clinic (2019b). Head trauma: First aid. Retrieved from <https://www.mayoclinic.org/first-aid/first-aid-head-trauma/basics/art-20056626>
- Office of Integrated Health, Virginia Department of Behavioral Health and Developmental Services (n.d.). Documenting changes in a person's status. Retrieved from <http://www.dbhds.virginia.gov/library/quality%20risk%20management/qrm-documenting%20changes%20in%20medical%20condition.pdf>

References & Resources



- Virginia Board of Education (2016). Virginia Board of Education guidelines for policies on concussions in students. Retrieved from <http://www.doe.virginia.gov/boe/guidance/health/2016-guidelines-for-policies-on-concussions-in-students.pdf>
- Virginia Commonwealth University (2016). Orientation Manual for Direct Support Professionals (DSPs) and Supervisors: Supporting people in their homes and communities. Retrieved from https://partnership.vcu.edu/DSP_orientation/downloadables/SECTION%206_07222016.pdf
- Virginia Department of Behavioral Health and Developmental Services (DBHDS), Commonwealth of Virginia Government (2016). Orientation manual for direct support professionals (DSPs) and supervisors: supporting people in their homes and communities [Brochure]. Retrieved from https://partnership.vcu.edu/DSP_orientation/downloadables/DSP%20Orientation%20Manual%20-%20REVISED_08102016_with%20test_effective%20date09012016.pdf
- Virginia Department of Health (2019). Concussion: What is a concussion? Retrieved from <http://www.vdh.virginia.gov/traumatic-brain-injury/concussions/>