Medicare Training

Manual for Falls Response

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

Contents

Learning outcomes

- Understanding the background to falls and the different types of falls.
- Knowing the causes and risk factors related to falls.
- Assessing and interventions to reduce falls.
- Responding to the falling client and fallen client
- Making documentation and incident report for falls.

Complementary Manuals Available

Fall Prevention, Moving and Handling, Risk Assessment, Bed Rails Safety, Health and Safety

Abstract

Falls, particularly for the older person, can have a devastating impact as they will often cause physical injuries some of which can be severe such as a broken hip. Apart from the physical injuries caused by falling, the fear of falls can also lead an older person to lose their self confidence in performing daily activities of living.

Falls are common in older people, and evidence has shown that people living in care homes are more likely to suffer a fall than people of a similar age living in the community.

Unfortunately, despite all measures put in place not all falls can be prevented. It is therefore important that all care workers are aware of the possibilities of a person falling and know how to respond effectively to the fallen person.

Most falls can be managed by preventing their occurrence in the first place. A good risk assessment involves the care worker considering all the factors which may place a client at risk. Therefore the initial units of this manual are intended to provide an overview of the factors which surround prevention of falls.

The manual will then focus on situations where a client is falling or has fallen and provide practical guidance that enables care staff to respond to falls promptly, safely and effectively in accordance with current best practice.

Chapter One

Introduction to falls

A fall is a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

Slip: To slide involuntarily and lose balance or foothold

Trip: To involuntarily catch one's foot resulting in a stumble or fall

A fall can have a serious effect on a person's mobility and general wellbeing. They may be unable to walk very far, or have difficulties in daily activities such as washing, dressing, feeding and going to the toilet. The fear of falling can result in social isolation and loss of dignity and confidence.

In 2010/11 half a million people aged over 65 years were admitted to hospital as the result of a fall, costing the NHS round four million bed days (Treml 2011).

Over 20 per cent of admissions to a hospital for hip fractures caused by a fall are from care homes. Falls represent the most frequent and serious type of accident in people over the age of 65.

60 per cent of people living in a care home will experience a fall at some stage and half of people who do fall and break their hip never truly recovery from the injury.

Sadly, one in five of the people who fall and break their hip die within three months (Age UK 2011).

Falls of people in care homes are more frequent because the clients being cared for are likely to be frail because of old age; have medical conditions such as arthritis or dementia; or have poor eye sight or hearing difficulties.

Clients could also be at risk of falling due to limited physical exercise which can in turn affect a person's overall:

- Muscle strength,
  power and
  flexibility.
- Sensation in the feet.
- Balance and coordination.
- Mobility and transfer skills.
- Cognition

Although many older people fall, falls should not be regarded as a normal part of growing older.

How to prevent falls?

The prevention of falls in the UK poses a challenge to all care workers. With an increasingly aging population, successive governments have introduced policies that seek to address the issue of falls in the older person.

A key target of Standard 6 in the 2001 National Service Framework for Older People (NSFOP) was intended to reduce the number of falls by ensuring that fall prevention strategies were available in hospitals and care homes (Jones & Whitaker 2011).

This was then followed in 2004 by the National Institute for Clinical Excellence (NICE) who recommended the importance of assessing people who were deemed at risk of falling. This lead to the establishment of local fall assessment clinics located in community hospitals.

Department of Health (2009) guidance on best practice on the prevention of falls recommended having:

- A fall prevention strategy
- A screening process to identify people at risk.
- On-going support for people who had fallen.
- Staff training in falls prevention
- Assessment of the living environment.
- Systems in place that monitor falls.

Classification of Falls

Falls can also be regarded as a near fall or un-witnessed fall.

A near fall is classified as a loss of balance that does not result in a fall or other injury. It includes a person who slips, stumbles or trips but is able to regain control prior to falling.

An un-witnessed fall is defined as when a person is found on the floor and neither the person nor anyone else knows how he or she got there.

The National Patient Safety Agency (NPSA) (2007) place falls into five categories and give definitions on each of these categories.

- No harm. Where no harm came to the person.
- Low harm. Where the fall resulted in harm that required first aid, minor treatment, extra observation or medication.
- Moderate harm – where the fall resulted in harm that was likely to require treatment, admission to hospital, surgery or a longer stay in hospital
- Severe harm – where permanent harm, such as brain damage or disability, was likely to result from the fall.
- Death – where death was a direct result of the fall

Chapter Two

Why one falls?

The causes that can lead to a person falling can be many and varied. For some people the cause of a fall may be a single reason such as slipping on a wet floor. Alternatively, for other people there may be combinations of factors or reasons which have caused them to fall.

It is crucial for all care workers to recognize that the reasons why a person might fall may not be straightforward and that all factors that could cause a fall need to be carefully considered.

Therefore, one of the most important ways of preventing falls is having a comprehensive understanding of the potential causes or risk factors of a fall.

Falls Risk Factors

To assist in identifying reasons why falls happen, the causes and risk factors of falls can be broadly placed into two groups.

1. Person specific risk factors (Intrinsic)
2. Environmental risk factors (Extrinsic)

Person specific factors (Intrinsic). These are factors which can affect the individual person

Environmental risk factors (Extrinsic). These are factors outside the individual person.

Person specific factors (Intrinsic)

- A medical condition, e.g. stroke.
- Decreased strength and balance.
- Sensory impairments. e.g. cataracts.
- Continence problems. e.g. urgency/frequency
- Foot problems e.g. nail infections.
- Generalized pain e.g. arthritis.
- Poor sleep pattern.
- Psychological factor, e.g. depression, fears of falling.
- History of previous falls.
- Cognitive impairment e.g. dementia.
- Weight loss, dehydration.
- Excessive alcohol intake

Environmental risk factors (Extrinsic factors).

- Medication and possible side effects.
- Altered environmental conditions e.g.
- Wet conditions.
- Variations in floor surfaces, uneven
- Levels, steps, different textures.
- Space, furniture and layout.
- Inadequate fitting shoes/slippers, loose
- Or dragging clothes.
- Poor housing, untidy conditions.
- Inadequate lighting.
- Ill-fitting spectacles or spectacles not worn.
- Pets

Remembering the pneumonic D.A.M.E can be a useful way of classifying and recalling the causes and risk factors of falls.

Drugs and Alcohol (D)

Older people who develop multiple health problems may be prescribed a variety of medications or drugs. If a person is taking more than 4 different types of drugs at any one time this is called polypharmacy (Oliver 2007).

Combined together these drugs can produce side effects which may cause the person to become over sedated or even cause them to become confused and possibly fall. Alcohol can also result in a person losing balance and falling.

Age-related physical changes (A)

As a person gets older muscle strength in the arms and legs deteriorates. This loss of strength reduces the ability to maintain correct posture and to move easily from place to place.

Having difficulties with posture and movement are potential causes of falls. Vision and hearing can also be affected as the person gets older.

Medical causes (M)

Any medical condition that causes problems with a person's gait (walking) or balance will lead to an increased risk of falls. Medical conditions that may give rise to falls include Parkinson's disease, dehydration, dementia, and infections.

Environmental causes (E)

Environmental factors that can cause a person to fall include hazards or obstacles that may prevent a person moving around smoothly or may cause them to actually fall over the hazard. Factors could include poorly lit areas, untidy or cluttered floors, inappropriate furniture height and unfamiliar or new surroundings.

Chapter Three

Measures to Reduce Falls

Fall prevention must be regarded as a high priority in care delivery and therefore it is the responsibility of all care workers to report and where possible address anything that may present a hazard to the client.

Note: It is important to remember that it is impossible to take away all the risks of falling without wrapping clients in cotton wool and so taking away their independence. Sometimes care staff can only aim to reduce the risk and support the person to make informed decisions about the risks and choices they are making.

Once the potential causes of a fall have been understood, identifying those people who are at risk of falling is the next important step in fall prevention.

Falls Assessment

Recognising those people who are at risk of falling can be achieved through a comprehensive falls risk assessment. To assist in this process a falls risk assessment tool is useful in identifying those clients at risk of falling.
The completed falls assessment should be used as a framework in the planning of what strategies and interventions are needed in place to reverse or reduce the risks of falling.

- Identify risk factors of falls
- Identify effective care plan
- Implement plan of care
- Monitor & re-evaluate

The assessment will need to consider both the person specific and environmental factors which may place the person at a higher risk of falls. Any falls risk assessment should also document any manual handling requirements if the client happens to suffer from a fall.
Importantly the assessment of falls risk should always be repeated if there is a change in the client's condition or treatment or if the client has a subsequent fall.

Person-Centered Care Plans

Individualised client centred care plans for the risk of falls will need to be developed that reflect the client's needs and which clearly indicate the actions and care interventions needed to manage the key areas of risk. This will include any referral to other health services such as the falls clinic. These care plans must also reflect the wishes of the client. The client may wish to make the

decision to take the risk rather than end up living in an environment which they regard as reducing their independence.

These decisions must always be carefully documented in the client's plan of care and the information conveyed to other members of the care staff and if agreed by the client, to members of the client's family.

Note: Falls prevention should not be complicated. It's all about ensuring that the basics are done properly and consistently.

Risk Assessment Tools

Due to the numerous reasons why, a client may fall it would be impossible for any falls assessment tool to identify every possible reason for a fall to occur. On a day to day basis it is recognised that the care worker has a crucial role in the ongoing detection of any fall's risks.
However, there are a variety of fall risk assessment tools or frameworks currently available to care workers which will assist them to assess and collect information on clients in all health and social placements.

These are used in three main areas of falls assessment.

- To **predict or screen** clients for falls. This is performed by using a scoring system or set of questions.

- To **identify potential factors** in a client than could result in a fall. The information obtained can be shared by other agencies and used in the planning of interventions to reduce the falls risk.

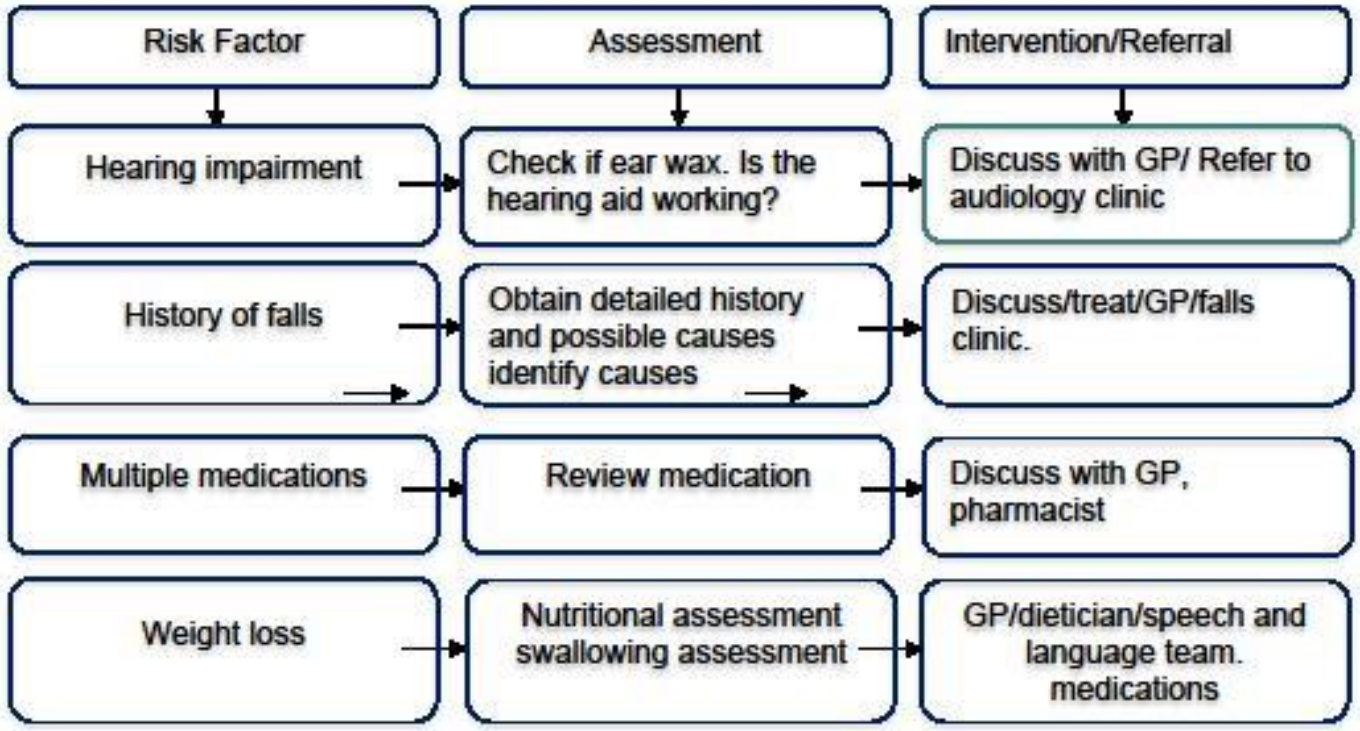
For example, the information obtained could identify that a client needs to be wheeled to the toilet if the client has a feeling of urgency and with support assisted to walk back.
Alternatively, the information may suggest that a client walk with the aid of a walking frame and have a chair positioned halfway to enable the client to have a rest.

Post fall assessment. These tools are used following a fall or near miss and help to identify why the client had fallen and to suggest any measures to reduce the likelihood of further falls occurring.

Note: A successful falls risk assessment should ideally be comprehensive enough to identify the main risk factors and also be quick and easy for the care worker to use.

One such falls risk assessment tool has been incorporated into the Standex system of care planning documentation. Within the Standex system the falls risk assessment care planning form identifies a particular risk factor, and then identifies if the client is at risk by simply asking yes or no. A copy of the form is found at the end of this manual. Then according to whether or not the person has been identified as at risk, the tool then suggests actions /treatment or referral options to be taken that would hopefully reduce or reverse the risk of falls.

Examples of what could be included in a fall risk assessment.



Examples of interventions for preventing falls in a home environment

All rooms	• Reachable light switches. • No electrical or extension cords in the way of walking • No throw rugs. • Easy reach to call bells. • Good lighting.
Bedrooms	• Reachable bedside light. • Night light. • Wall to wall carpets. • Reachable cabinets (so that bending and stretching are unnecessary.)
Bathroom	• Raised toilet seat. • Grab bars. • Nonslip mats. • Night- light.

Chapter Four

How to Respond to Falling Client?

One of the aims of any falls risk assessment is to consider the potential injuries should a client fall and in conjunction with a moving and handling assessment identify measures and moving and handling solutions that can be used in a situation where the client is falling or has fallen.
The risk assessment of all people and associated handling tasks is a legal requirement under the Manual Handling Operations Regulations (1992).

Unfortunately, and despite all appropriate interventions being put in place not all client falls will be successfully prevented. It is impossible to take away all risk of falling without wrapping individuals in cotton wool. Therefore, for people in care homes, it is important to ensure the following is considered.

- That the risk of injury is reduced by ensuring the environment is as safe as possible.
- To protect the client from injury at the time of the fall and maintain their health and safety at the point of the fall.
- To protect the care worker from any injury while supporting the client who has fallen.
- To ensure policy and procedure is followed in safe moving and handling practices.
- To investigate the underlying causes of the incident.
- To review care plans and risk assessments and to seek support if necessary.

Although the subject is an emotive issue for care workers it's vital to understand that responding to the falling client either by attempting to catch or control a client's descent to the floor is essentially unsafe (RCN 2005). Injuries to the care worker can be caused when they have tried to save or support a client who was in the process of falling or where the client grabs the staff member for support or falls onto them.

All health and social care organizations should have clear policies and procedures in place that inform the care staff what actions to take in the event of a client falling or after they have fallen. Care workers must understand clearly that they are responsible for following these procedures at all times.

The Falling Person

Intervention Options

Trying to save a client from falling is a reactive response of care workers, however best practice guidelines recommend that there is a limited range of interventions that can be used in supporting the falling client (RCN 2005).

These guidelines do not recommend that staff attempt to catch or support the full body weight of a falling person.

At all times the care worker must abide by local policy and procedure in how to manage the falling and fallen client and must be trained to use such interventions.

Case study 1

Mr Jones (79) is a resident of the Park View care home and while getting up from the table following his lunch he stumbles and begins to fall. All the care staff are a significant distance away from him assisting in the feeding of other residents.

Falls response to scenario 1

In the situation where a client was falling and was out of reach of the care worker; the guidelines state that:

- **the care worker must let the person fall.**

Case study 2

Cleo Field (34) has a learning disability and lives in sheltered housing. A week ago she fell off a wall and broke a bone in her right leg. She is having to wear a plaster cast and has to use crutches.

Despite advice on how to use the crutches, she dislikes them and prefers to try and walk without them. While walking back from her bedroom she loses her balance and begins to fall. One of the care staff is within physical reach of her.

Falls response to scenario 2

In this situation where the person is falling and is within physical reach of a carer but is not being supported in walking the guidelines state that;

- **The carer must not attempt to catch the falling person.**

However, it may be possible for the carer to either:

- **Move obstructions or objects out of the way to prevent an increased risk of injury to the person**
- **If considered safe, protect the client's head from anything that may cause them harm, e.g. beds, furniture.**

Case study 3

Mrs Crook (84) has previously suffered from a broken right hip and she now requires the close support of two care workers when she walks to the dining room, she is very independent and does not like using a walking frame. While Mrs Crook is walking down the corridor she begins to lose the strength in her legs and is beginning to fall.

Falls response to scenario 3

In this situation, before lowering methods are used in accordance with the RCN (2005) guidelines on the handling of people it is important to assume that:

- The care worker is standing by the side of the client and is slightly behind before the person starts to fall.
- The client is falling backward or directly downward.
- There is sufficient space with no obstructions or dangerous objects.
- The client is not resisting.
- There is no significant height difference between the client and carer. A particularly small carer may have difficulty controlling the descent of a particularly tall person and vice versa.
- The client is not significantly heavier than the carer.
- The carer has been trained in using these lowering methods

N:B: To `control' a falling person is an inherently unsafe technique therefore the ability of a carer to lower a falling person and possibly prevent an injury in that person will be dependent upon the carer's position at the start of the fall.

The carer must always consider their own health and safety as well as that of the falling client. The following lowering methods would not be appropriate if the person was falling away from the carer or was any significant distance away, in these situations the carer should release their hold on the person and allow them to fall.

The carer should where possible move obstructions out of the way, to prevent risk of injury to the client, or direct the client's fall away from any dangerous or immovable objects.

Lowering methods used for the falling person

Picture 1: If the fall is towards the carer and they are comfortable, the carer releases any hold on the person and moves behind them to get a better control of the person.

Picture 2: Keep close and with both hands take a step back and adopt a wide stable base.

Picture 3: Hold the person around their trunk and not their arms.

Picture 4: The carer should bend both knees and gradually lower the person to the floor attempting to direct them to slide down the front thigh.

CARE WORKERS MUST NOT HOLD OR LIFT THE PERSON UP IF THEY ARE FALLING OR FAINTING

Chapter Five

Intervention options for fallen person

Managing the fallen person within a care home environment can be a difficult and hazardous procedure and often involves a risk of injury to staff who are dealing with the situation as well as the client who has fallen.

The risk of injury increases if a client falls in a confined space such as the side of the toilet or is wedged between fixed furniture.

Guidance on the management of the fallen client should always be sought by referring to local policy and procedure, the manager of the home or the person responsible for moving and handling training.

Witnessing or finding a person who has fallen.

It's crucial that immediately following a fall prompt and appropriate care is forthcoming. Care staff at the scene of the fall must firstly carry out a risk assessment of the situation and review the condition of the fallen person to determine whether it is an emergency.

If the situation is considered an emergency, an ambulance must be called by **dialling 999.** This is critical to the client's chance of making a recovery.

Inappropriate response or actions could delay the treatment and could cause further harm to the person or injury to the care staff. All care establishments should have clear guidelines in the event of a fall and all staff are responsible for following these guidelines.

The falling person presents a potential risk to the health and safety of not only themselves but also the staff caring for them. Moving and handling equipment has been introduced to minimise the likelihood of staff injuries from manual handling.

Note: Any form of manual lift that is used in *exceptional circumstances* where there is no other possible option, for example in an area that is inaccessible to hoists must be fully assessed, agreed and directed by local policy. The preferred method/ technique for getting a person up off the floor should always be by using a hoist.

How to caring a fallen person immediately

1. Upon finding a person who has fallen always check for ongoing hazards or dangers, it's important to quickly summon help.

2. Check if the person is responsive and if so provide reassurance and comfort. If not responsive, check the person's airway and breathing.

3. An initial assessment to ascertain whether the person is injured should be undertaken by a senior member of staff. A survey is performed to identify potential injuries, for example complaint of pain, loss of sensation, loss of movement, visible injuries, obvious deformity, bruises, and skin tears.

4. Check for signs of nausea, confusion, drowsiness, or agitation.

5. A set of baseline observations are performed such as blood pressure, temperature, pulse and respirations.

6. Reassure the client at all times and explain what is happening to them.

7. If unresponsive Cardiopulmonary resuscitation may be required if appropriate to the wishes of the person.

8. If head trauma, spinal damage or lower limb fracture is suspected make the person as comfortable as possible on the floor, keep them warm and move away any obstructions. **DO NOT MOVE THE PERSON**. **Dial 999 and call an ambulance.**

9. If a decision is taken that it would be appropriate to move the person then it's important that all staff have the expertise and equipment to do so safety and correctly.

10. At all times the person's privacy and dignity should be respected.

11. Transfer the person back into their chair or bed where appropriate.

12. Ensure an accident report is completed and local post fall incident form, record in care plan and inform next of kin as agreed in the care plan.

13. If necessary, report the incident under RIDDOR and inform the manager.

14. Whenever possible, it's important to explore what may have caused the fall and seek solutions to prevent further falls occurring.

15. If minor injuries are apparent such as soft tissue injuries, bruise or cuts perform appropriate care such as cleaning and wound dressing. Commence a wound care chart. Continue monitoring and base line observations, room checks.

16. Continue to observe when a head injury cannot be ruled out (in the case of an un -witnessed fall). Observe for changes in mobility or difficulty taking weight through the legs. Observe for any signs of nausea, vomiting or headache. Seek medical review if changes are noted.

Fall position

The area where a client has fallen may differ, but it could be anywhere a client can gain access. This may be corridors, bed areas, toilets, treatment areas, dining room and lounges. The client could also have fallen outside of the care home such as on pavements and garden areas.

Case study 4

Bob Raker (91) on trying to get up from the toilet has slipped down between the wall and the toilet basin. Upon checking he is found to be unhurt. However, he is getting cold, uncomfortable and needs to moved from his position.

Falls Response to Scenario 4

- In a situation where a client has fallen in a confined area a slide sheet should be gently inserted under the client and the client slowly slid out of the toilet area.

- The client should be covered with a blanket to respect his dignity and privacy and his head supported by a carer while he is being moved.

- At all times, the client and care worker should be protected from risk of injury. Once the client is in an open area, then a suitable mechanical hoist could be used to transfer the client back into his bed.

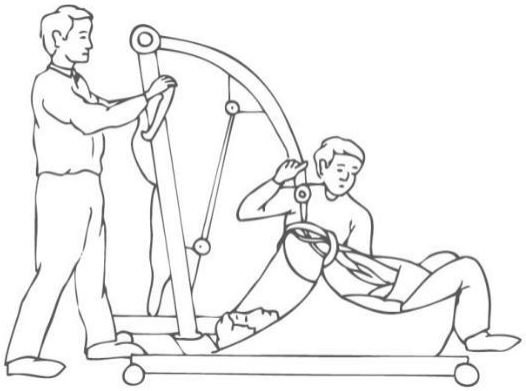
Getting the Client up from the Floor

Case study 5

Mrs Freeman (79) has been found on the floor in between her bed/chair and bedside cabinet locker, she told the staff she slid down onto the floor while trying to reach for her slippers

(Care workers should always refer to local policy and procedure for guidance on moving and handling the client from the floor.)

- Once a client has been assessed by a competent person and found to be uninjured, a mechanical device can be used to raise the person from the floor. This could include a hoist using an appropriate sling if available.



- Using a mechanical hoist to get a person up from the floor is good practice and considered the best and safest way.
- As the client has been found to have fallen between a bed and chair/bedside cabinet wherever possible these items should be moved away to allow access to the fallen client.
- An inflatable lifting cushion could also be used. The client must always be assessed for any injuries that may be compounded or aggravated by being transferred with this equipment.

- An inflatable lifting cushion can also be used to get clients up from the floor.

- The type of mechanical equipment used in this situation is dependent upon a detailed risk assessment of the client, environment and the individual capabilities of the care staff (RCN 2005).
- The client's weight must always be within the safe working load of the mechanical device used. The carer must also check that the equipment is in good working order and has been checked regularly by an appropriate person.
- All care staff must be trained and competent in the use of such equipment and have regular training updates in the continued use of the equipment.

How to lift manually?

There may be situations where the use of a mechanical hoist is not possible as a client has fallen in an area that is inaccessible to the hoist such as a boiler room or a garden area. In this event a manual lift may be the only possible option.

In the event of an emergency or life-threatening situation and where there is not sufficient time to get the equipment a manual manoeuvre may be necessary.

A full risk assessment must be carried out taking into account the environment, the manoeuvre and the number of staff available.

The manual lifting of a person is a high-risk activity which may injure the staff or the person being moved. It should be avoided at all times and only be carried out if there is no **other option.**

All members of staff should be made aware of the risks to themselves and be given the option to refuse to assist in the maneuver.

Chapter Six

Recording and documenting

Accurate record keeping, and documentation is an integral component of effective health care. Records in fall prevention will:

- Identify those members of staff involved in the accident or injury.
- Show that the measures identified in the risk assessments are put in place.
- Help to identify trends in falls.
- Help to anticipate and plan additional risk prevention measures
- Show that maintenance and repairs are being carried out if needed.

All accidents, including falls, suffered by a client should be recorded in the appropriate accident book. The information contained should always give an objective and accurate account of what occurred, any witnesses to the event and actions taken at the time. The record of the accident should also detail any injuries suffered by the person and what treatment was given at the time and by whom.

Using black ink, the accident report should be written as soon as possible after the event and always in line with local policy and procedure on recording keeping.

Care managers should be informed of any accidents and injuries so they can investigate the incident and put in place the appropriate measures in order to prevent falls re-occurring. There are certain circumstances where the information must be submitted as a requirement of the registration and inspection body.

In these situations the manager will need to report the injuries to agencies under the Reporting of injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) or to the Care Quality Commission (CQC).

Remember in law if it is not recorded then it has not been done. All accidents and incidents including falls suffered by residents, staff, and visitors should be recorded in the approved accident book.

The details of the fall and any actions should be made as entries in the person's care plan and falls risk assessment documentation. It's also considered as good practice to keep a falls register or fall diary for each client so that multiple falls and patterns or trends can be identified.

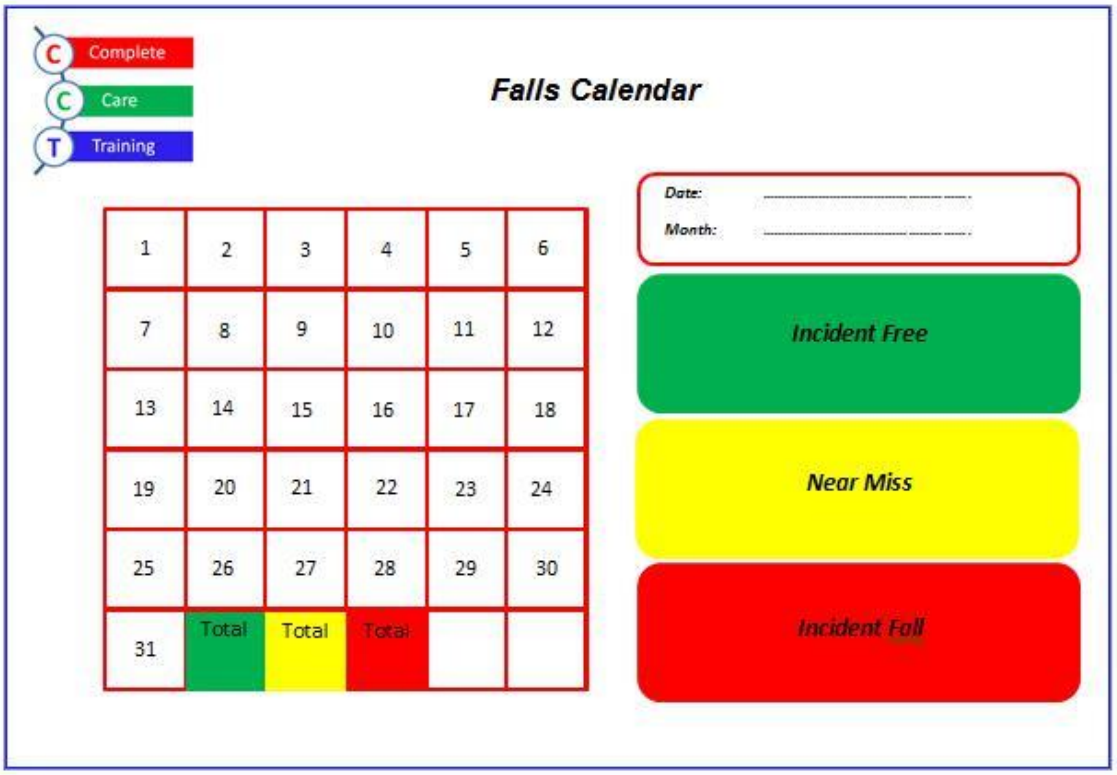
Evidence has shown that a client who has a fall is more likely to experience another if they are not promptly re- assessed including a medical assessment for any risk factors or changes in the client's general health and wellbeing.

Recording the timings of the falls in a fall diary or calendar is particularly useful as it can indicate when the person will need more support, so more resources can be made available to prevent further falls

Example of a fall diary

Name of Resident.					
Date of fall	**Time of Day (am/pm/night)**	**Where fall occurred**	**Near miss'**	**Any injuries**	**Accident book reference number**

Example of a falls calendar



Assessment after fall

Undertaking a **`post fall'** assessment is useful in contributing to the overall care of the client in the successful management of falls. Collecting comprehensive and up to date information will help to spot patterns and timings that could possibly indicate the reasons for and causes of falls.

This information will provide evidence for other health care services such as the client's GP and the NHS fall services to make informed decisions and also the material allows feedback and discussion with other staff members. This information could be discussed in staff handovers and will be beneficial for social care case reviews.

The information can also be used when discussing with the resident and the family the circumstances and consequences of the fall. Following these discussions an action plan to deal with any recurrence can be developed with the input and the agreement of the client, their family and health services.

The post fall incident report should include the following information

It is also good practice to record on the fall diary what could be viewed as a near miss. A near miss is considered as an incident or event that could have resulted in a fall or injury.
Recording of all near misses will trigger a falls risk assessment review for the person experiencing the near misses, identify issues with the overall care environment, or identify staff training needs. This information can also be used as part of an assessment conducted by a fall clinic service.

Conclusion

Falls have a potentially wide-ranging effect on the client, their families, care workers and health providers. With appropriate measures in place such as risk assessments and interventions many falls are preventable.

However, it is recognised that falls can be an inevitable result of a person's condition and it may not be possible to exclude the risk completely. Therefore, all care staff need to be aware of their roles and responsibilities in fall prevention and how to respond to a fall correctly. By using research material and best practice guidelines the aim of this manual has been to illustrate how to apply theory to practice in fall prevention and how to react proficiently and safely to the falling and fallen client.

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