Falls are Devastating, Dangerous and Deadly!
“Falls cause suffering, death and cost our NHS millions of pounds”

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Key Aims

1. *Why are elderly people more likely to fall?*
2. *What can we do to prevent them from falling?*
3. *What do I need to do to help someone who has fallen?*
4. *Who can I call to help with at the time of the fall?*
5. *Any other questions you may have about falls in 45 minutes!*

For your dedication…

Focusing on falls in your professional practice

Falls and fractures are a common and serious health issue faced by older people in England.

People aged 65 and older have the highest risk of falling; around a third of people aged 65 and over, and around half of people aged 80 and over, fall at least once a year.

Falling is a cause of distress, pain, injury, loss of confidence, loss of independence and mortality.

For health services, they are both high volume and costly.

In terms of annual activity and cost:

- the Public Health Outcomes Framework (PHOF) reported that in 2017 to 2018 there were around 220,160 emergency hospital admissions related to falls among patients aged 65 and over, with around 146,665 (66.6%) of these patients aged 80 and over
- falls were the ninth highest cause of disability-adjusted life years (DALYs) in England in 2013 and the leading cause of injury
- unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million
- the total annual cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum
- short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking
- a review of long-term disability found that around 20% of hip fracture patients entered long-term care in the first year after fracture
- falls in hospitals are the most commonly reported patient safety incident with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales

Definition of a Fall…

‘an unexpected event in which the participant comes to rest on the ground, floor, or lower level’

(The World Health Organization definition of a fall uses nearly identical wording3.

Think about a resident you know who has fallen…
What was the impact for them?

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Productive Healthy Ageing Profile

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Indicator	Period	England count	England value	Recent trend	Change from previous time period
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	216,075	2,023 per 100,000		
Patients (75+ yrs) with a fragility fracture treated with a bone-sparing agent (den. incl. exc.) - retired after 2018/19	2018/19	72,649	56.0%		
Emergency hospital admissions due to falls in people aged 65-79	2020/21	70,927	937 per 100,000		
Emergency hospital admissions due to falls in people aged 80+	2020/21	145,148	5,174 per 100,000		
Hip fractures in people aged 65 and over	2020/21	56,500	529 per 100,000		
Palliative/supportive care: QOF prevalence (all ages)	2021/22	284,338	0.5%		
Hip fractures in people aged 65 to 79	2020/21	16,586	219 per 100,000		
Hip fractures in people aged 80 and over	2020/21	40,004	1,426 per 100,000		
Osteoporosis: QOF prevalence (50+ yrs)	2021/22	192,389	0.8%		
Percentage of people aged 65 and over offered reablement services following discharge from hospital	2020/21	43,150	3.1%		
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services	2020/21	34,152	79.1%		

[Productive Healthy Ageing Profile - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk)

JOURNAL ARTICLE

World guidelines for falls prevention and management for older adults: a global initiative

Manuel Montero-Odasso, Nathalie van der Velde, Finbarr C Martin, Mirko Petrovic, Maw Pin Tan, Jesper Ryg, Sara Aguilar-Navarro, Neil B Alexander, Clemens Becker, Hubert Blain ... Show more

Author Notes

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Abstract

Background

falls and fall-related injuries are common in older adults, have negative effects on functional independence and quality of life and are associated with increased morbidity, mortality and health related costs. Current guidelines are inconsistent, with no up-to-date, globally applicable ones present.

Objectives

to create a set of evidence- and expert consensus-based falls prevention and management recommendations applicable to older adults for use by healthcare and other professionals that consider: (i) a person-centred approach that includes the perspectives of older adults with lived experience, caregivers and other stakeholders; (ii) gaps in previous guidelines; (iii) recent developments in e-health and (iv) implementation across locations with limited access to resources such as low- and middle-income countries.

"It takes a child one year to acquire independent movement and ten years to acquire independent mobility.
An old person can lose both in a day"

Professor Bernard Isaacs
(1924–1995)

[World guidelines for falls prevention and management for older adults: a global initiative | Age and Ageing | Oxford Academic (oup.com)]

- [Falls: applying All Our Health - GOV.UK (www.gov.uk)]

Guidance

Falls: applying All Our Health

Updated 25 February 2022

Contents

- Introduction
- Focusing on falls in your professional practice
- Core principles for health and care professionals
- Taking action
- Understanding local needs
- Measuring impact
- Further reading, resources and good practice

Print this page

The Public Health England team leading this policy transitioned into the Office for Health Improvement and Disparities (OHID) on 1 October 2021.

Introduction

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people.

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures.

If you’re a front-line health and care professional

Health and care professionals can have an impact on an individual level by:

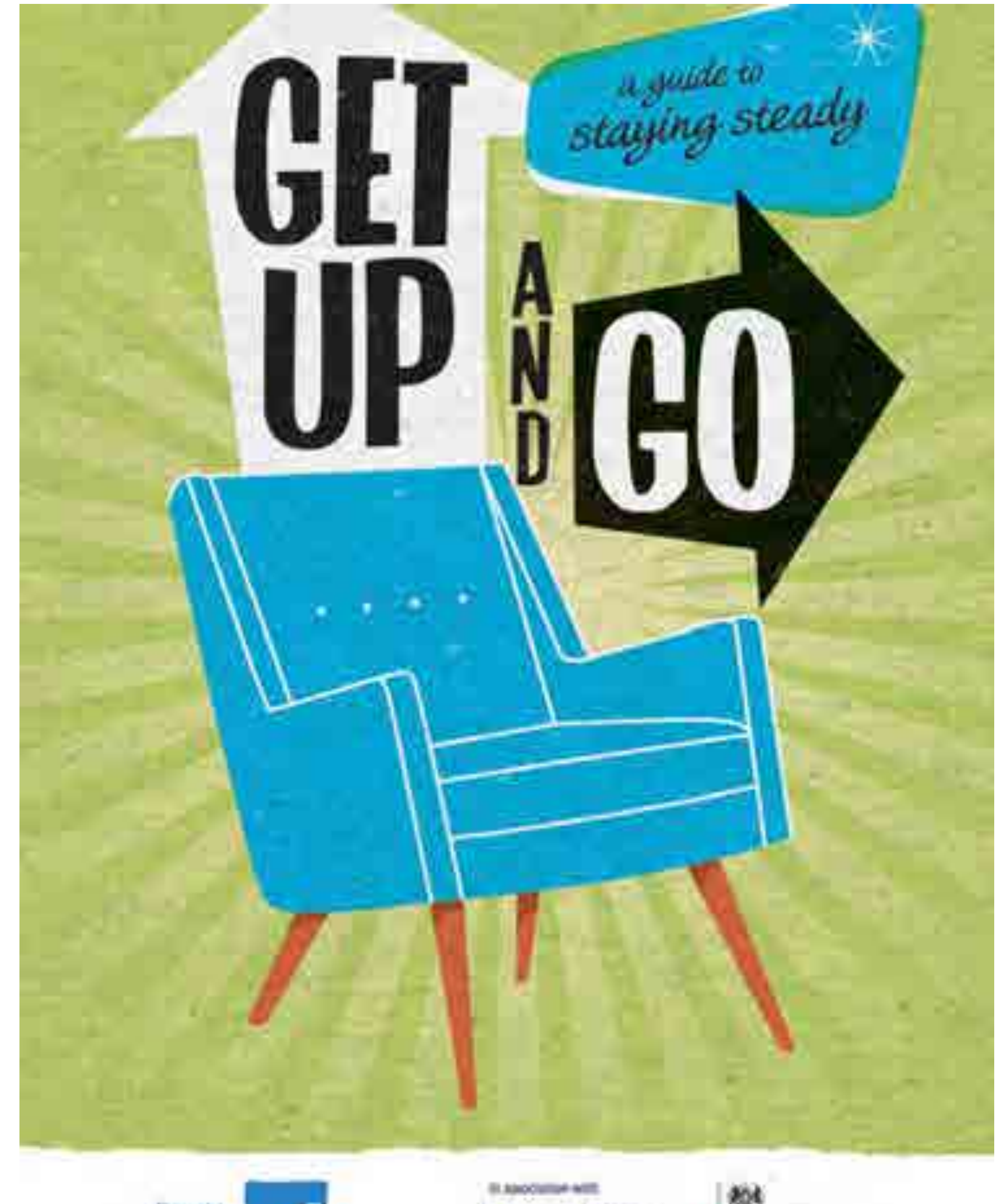
- routinely asking older people about falls
- observing for deficits in gait and balance
- knowing how to recognise the signs of potential risk
- assessing potential risks, including medical conditions which might predispose a person to fall
- understanding the referral pathway to local services, that reduce fall risks
- reassuring individuals and their carers or families, that help is available to reduce the risk of falling
- supporting healthy ageing, including reducing exposure to risk factors such as physical inactivity and visual impairment, making every contact count and signposting eligible patients to NHS health checks
- providing up-to-date patient information on falls, such as Get up and go: a guide to staying steady from the Chartered Society of Physiotherapists

If you’re a team leader or manager

Community health and care professionals, and providers of specialist services can have an impact by:

- considering their role in primary falls prevention and the messages given out about health behaviours
- encouraging people to stay active, get socially connected and get their eyes and ears checked regularly
- eat a healthy balanced diet, reduce alcohol intake and stay well hydrated to reduce the risk of falling – and improve outcomes if a fall happens
- developing links with local community providers
- displaying information in workplaces promoting physical activity benefits for adults and older adults
- promoting the importance of strength and balance exercise
- encouraging people to drink enough water, especially in hot weather to avoid dehydration
- ensuring that inpatient care is in line with national falls and fracture clinical guidelines and quality standards

[Making Every Contact Count - elearning for healthcare (e-lfh.org.uk)](https://www.e-lfh.org.uk)



[Get up and go - a guide to staying steady English version | The Chartered Society of Physiotherapy (csp.org.uk)](https://www.csp.org.uk)

Am I at risk of a fall?

Everyone is more at risk of a fall as they age; it's a big cause of hospital admissions and can result in serious injuries and long-term complications. Falling can also contribute to a loss of confidence and independence

Clearly we can't change our biological age, but by understanding what puts us at risk, we can take preventative action.

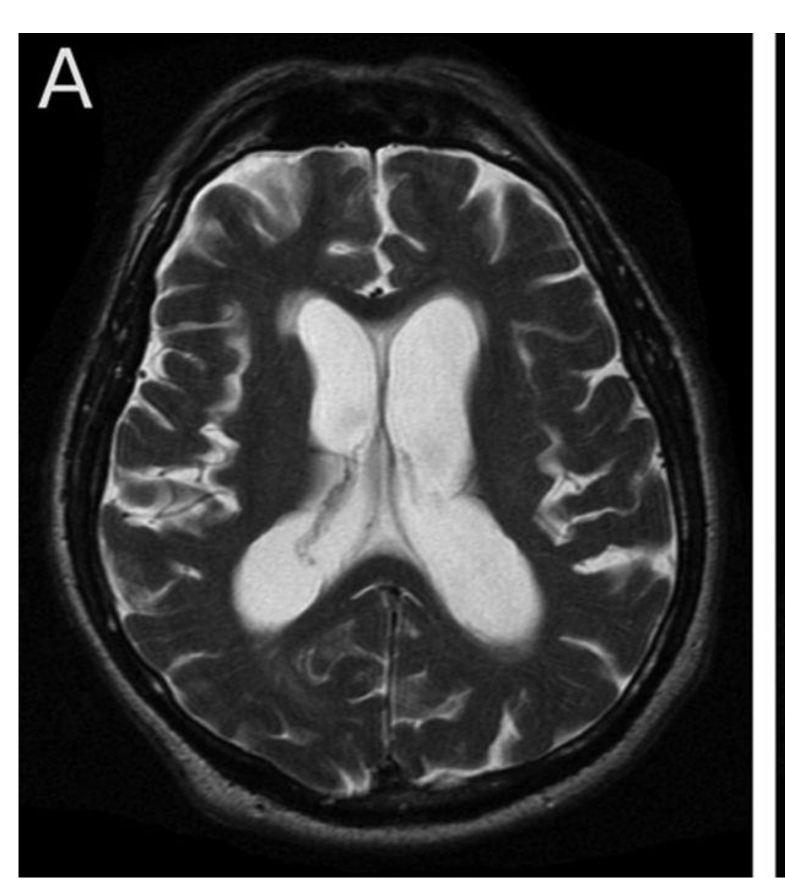
If you've fallen before, you're right at the top of the risk list for another one, so it's even more vital to take the steps outlined in this booklet.

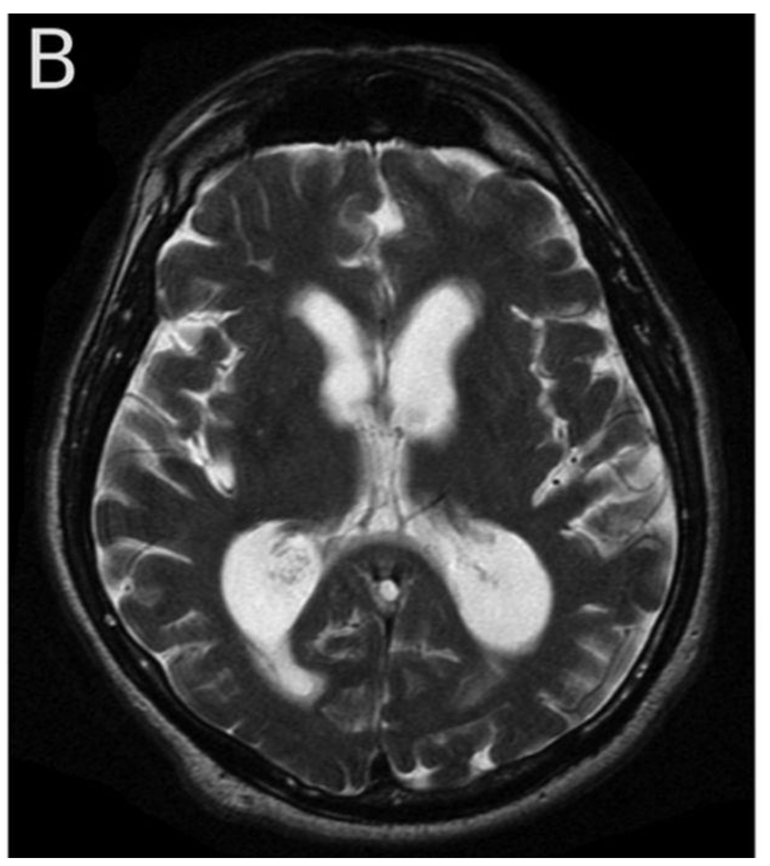
So take a look at the checklist opposite and see how many you tick. Then read the following pages to find out why our fall risk increases as we age – and the many positive and easy steps we can all take to cut that risk and protect our freedom, whether we're 65 or 95!

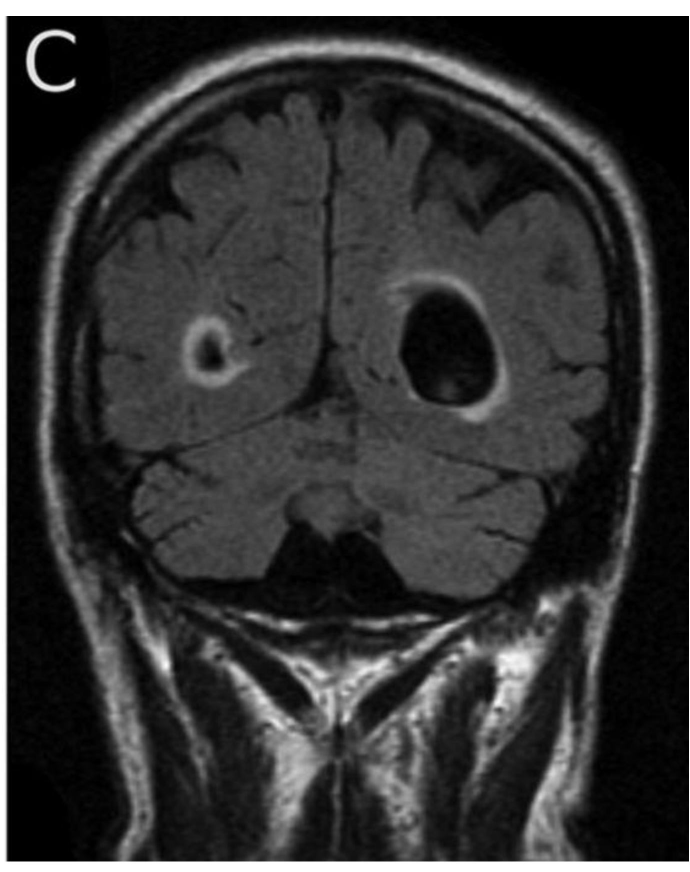
Checklist

- ☐ I have had a fall but not seen anyone about it
- ☐ My GP hasn't reviewed my medication in the past year
- ☐ I often need to get up in the night to go to the loo
- ☐ I am probably not as active as doctors recommend (30 minutes moderate activity five times a week).
- ☐ I sometimes feel dizzy or light-headed on standing or walking
- ☐ I struggle with basic maintenance on my home
- ☐ I wear bi-focals or vari-focals
- ☐ I haven't had an eye test in the past 12 months
- ☐ I sometimes feel weak when I get up from a chair or the bed
- ☐ A bit of clutter has built up at home over the years
- ☐ I probably don't drink enough fluids (1.6 litres/3 pints a day for women; 2 litres/3.5 pints for men).
- ☐ My slippers have that 'lived-in' look
- ☐ Taking care of my feet is quite difficult these days
- ☐ I have a long-term condition such as Parkinson's, heart disease/stroke, arthritis, COPD, diabetes, dementia
- ☐ I save electricity by turning off unnecessary lights
- ☐ My alcohol intake is probably more than GPs' recommended limits (2-3 units a day for women, 3-4 for men)
- ☐ I don't get out as much as I'd like because I worry about tripping, I feel unsteady
- ☐ If I had a fall I would probably be too embarrassed to tell anyone
- ☐ I often get my feet tangled up in things that could trip me; my pets or grandchildren running around worry me sometimes: they make me feel wobbly!
- ☐ I am not always that warm at home

The Grey Matter..!







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https://www.careinspectorate.com/images/documents/2737/2016/Falls-and-fractures-new-resource-low-res.pdf

Key things to remember…

- Falls can be a serious problem, resulting in suffering, disability, loss of independence and decline in quality of life.
- A common definition of falls should be used in your care home (see definition below).
- Aim to prevent falls while (a) preserving as much of the residents’ independence as possible, (b) continuing to encourage safe physical activity, and (c) maximising quality of life.
- Do not accept falls as an inevitable part of getting older; many falls are preventable.
- A fall is nearly always due to one or more ‘risk factors’. Recognising these and then removing or reducing an individual’s risk factors can often prevent a fall.
- If a person has osteoporosis, they are more likely to break a bone if they fall. Falls and bone health need to be considered together.

Why falls matter…

- Each year around one third of people over 65 experience one or more falls.
- Almost half of people aged over 80 living in the community fall each year.
- Falls rates among care home residents are much higher than among older people living in their own homes.
- Falls can result in suffering, disability, loss of independence and a decline in quality of life.
- Most people experience a fall at some point in their life which often results in little more than embarrassment. However, as we get older falls can become more common and the consequences of a fall can become much more serious.
- **Injury caused by falls is the leading cause of accidental death for people over 75.**

Why falls matter…

- As well as causing pain and distress, an injury caused by a fall can result in a person temporarily losing the ability to carry out their usual daily activities. For a frailer older person, this can quickly become a permanent loss.
- Falls can result in psychological as well as physical harm. Whether or not there has been an injury, a fall can result in a person losing their confidence and becoming anxious and fearful of falling again.
- Serious consequences long lie include pressure sores, hypothermia and developing a deep fear of further falls

Figure 2: physical consequences of a fall and/or a prolonged length of time lying on the floor

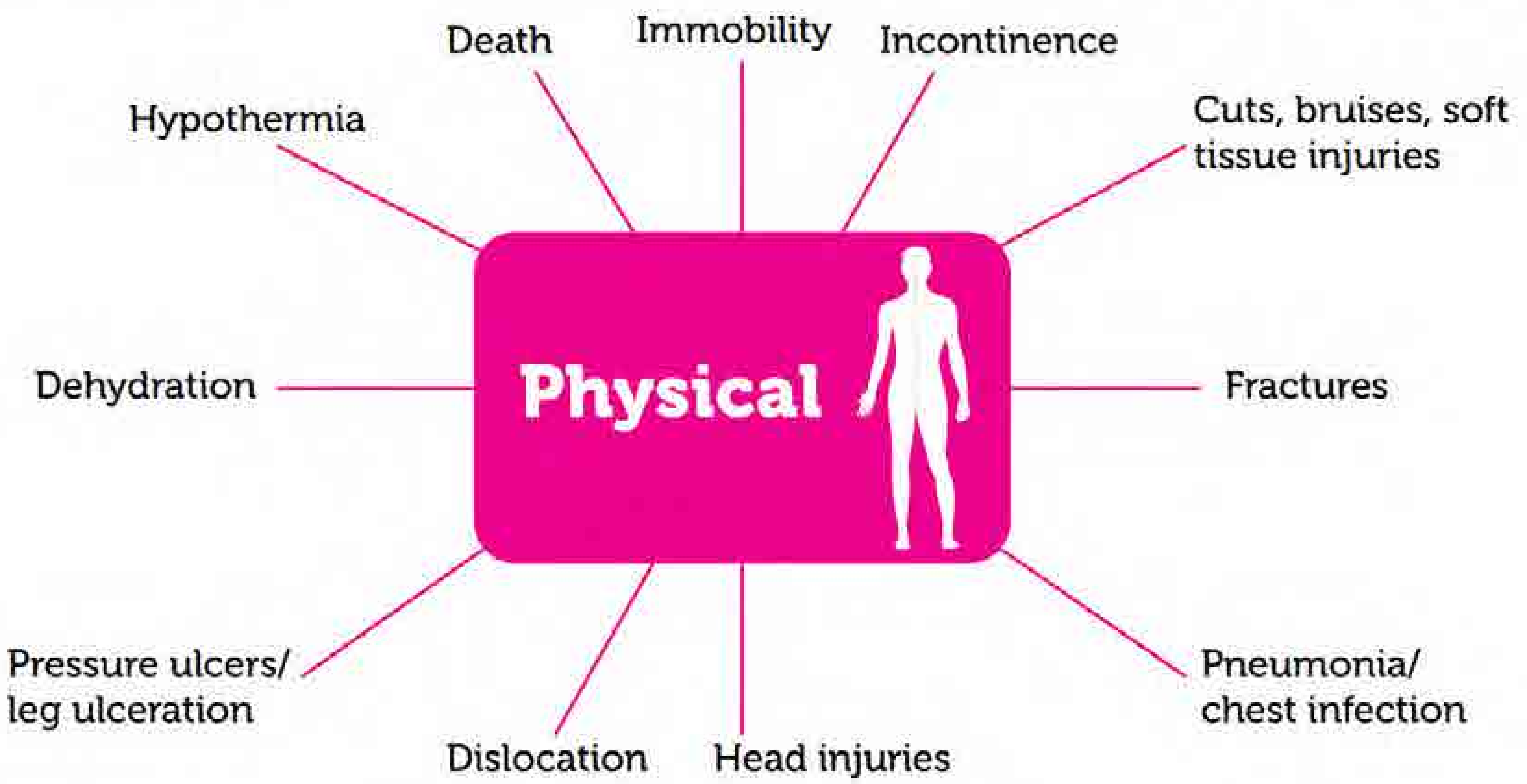

Figure 3: psychological consequences of a fall and/or a prolonged length of time lying on the floor

Figure 4 The vicious cycle of falls

Falls in care homes and reasons why falls in care homes are costly…

- **Older people living in care homes are three times more likely to fall than older people living in the community.**
- 25% of older people who fall in care homes suffer serious injuries.
- 40% of hospital admissions from care homes follow a fall.
- Litigation may suggest a breach of the duty of care.
- Complaints about falls create negative publicity.
- Emergency action after a fall diverts staff from planned care.
- Care to relieve injuries and anxiety from a fall increases workloads.

Falls can also have a negative impact on staff, with feelings of anxiety and guilt and low staff morale

Many falls are preventable… Falls are not an inevitable part of ageing.

- A fall is always due to the presence of one or more ‘risk factors’. Falls prevention is about **recognising a person’s falls risk factors** then, where possible, removing or reducing them.
- The risk of falling can never be completely removed, but by carrying out a **multifactorial falls risk screen (MFRS)** with a resident, their risk factors can be identified and action taken to remove or reduce risk where possible.
- Considering **environmental risks** within the care home is part of this process.

Risk factors for falling…

- Risk factors can be **personal (relating to an individual) and/or related to the surrounding environment.** The more risk factors present, the greater the risk of falling.
- Personal risk factors can be present as a result of:
- changes in the body caused by the normal ageing process
- certain medical conditions
- the side-effects of some medications or a combination of many
- excessive alcohol
- being physically inactive

Personal risk factors include…

- weak muscles, unsteadiness (poor balance) and/or difficulty walking and moving around
- slowed reactions
- foot problems
- numbness in the ankles and feet
- vision and hearing problems
- dizziness or blackouts
- seizures
- continence problems
- fear of falling
- pain
- cognitive problems, such as memory loss, lack of awareness of safety, a person not knowing their own limits and risk, impulsive behaviour, confusion (acute or chronic) and reduced understanding.

Environmental risk factors include…

- poor lighting, especially on stairs
- low temperature
- wet, slippery or uneven floor surfaces
- clutter
- chairs, toilets or beds being too high, low or unstable
- inappropriate or unsafe walking aids
- inadequately maintained wheelchairs, for example, brakes not locking • improper use of wheelchairs, for example, failing to clear foot plates
- unsafe or absent equipment, such as handrails
- loose fitting footwear and clothing

Certain activities can be **‘high risk’** because of the specific interaction of risk factors involved…

staffing levels, staff work patterns and the staff’s knowledge and awareness of falls prevention can affect the risk of falls in a care home.

Specific conditions can increase risk of falling

As well as the risk factors, a number of acute or temporary health conditions can increase the risk of falling. This is due to the effect of the condition on a resident's physical and mental function.

Conditions include:

- constipation
- acute infection including a urinary tract infection, chest infection or pneumonia
- dehydration
- delirium (sudden severe confusion and rapid changes in brain function that occur with physical or mental illness)

More specific issues…

- Dizziness, blackouts and heart palpitations
- Falls, broken bones and osteoporosis
- Frailty and falls: People who are frail have less ‘in reserve’ so are less able to withstand illness without a loss of physical or cognitive function
- Dementia and falls

Prevention of Falls and Fractures

Key things to remember…

- **The emphasis should always be on anticipating and preventing falls rather than simply managing falls once they have occurred.**
- A fall is nearly always due to the presence of one or more risk factors.
- All individuals admitted to the care home should have a Preadmission Falls Questionnaire completed (tool 3).
- All residents must have a MFRS completed within 24 hours of admission to the care home, including people being admitted for respite.
- The MFRS must be reviewed and updated at monthly reviews or if a resident falls, or there is any change in the resident's health and wellbeing.
- When you identify a risk using the MFRS, the actions to reduce risk should be documented in the falls care plan within the resident's general care plan.
- **A person-centred approach should be taken to MFRS and falls care planning**

Keeping well

Key things to remember

- Enabling people to contribute to the day to day life of a care home will increase physical activity.
- Reduced mobility should be investigated, especially if it happens suddenly.
- Physical activity has been found to protect against the loss of mobility, strength and balance.
- Individualised strength and balance exercises can help reduce the risk of falls in some case

Residents with poor or reduced mobility, balance and/or muscle strength in their legs are more at risk of falls…

- **Medical Review** to establish if there is a medical cause.
- **Physiotherapy** referral for assessment of mobility, balance and muscle strength, assessment for mobility aids and/or prescription of an exercise programme.
- **Occupational Therapy** referral for assessment and advice on equipment, adaptations, enablement and engaging residents in day to day activity.
- **Creating an enabling environment** for example chairs and beds at the correct height for individuals, rest opportunities along corridors, appropriate equipment and adaptations.
- **Including a section in the care plan** noting supervision required to enable safe mobility for a person who is unsteady.

Caution is required when encouraging a resident who is unsteady to increase their level of activity, as their falls risk could increase. However, it is important for them to remain as active as possible safely. Some residents may need a high level of supervision; others may require supervision at certain times of the day or when carrying out certain activities. At all times you should consider the resident's rights, they must be treated with dignity and respect and agree the plan of care.

Managing medication…

- drowsiness
- dizziness
- hypotension (low blood pressure) or slowed heart rate
- Parkinsonian or extra-pyramidal side effects (such as slowness of bodily movement, difficulty starting movement, tremor, shuffling walking pattern)
- walking disorders
- vision disturbance
- dehydration
- confusion
- memory impairment
- delirium
- constipation.

Types of drugs that most commonly increase the risk of falling include…

- sedatives
- anti-depressants
- drugs for psychosis and agitation
- anti-hypertensives (tablets to lower the blood pressure)
- anti-Parkinsonian medications 44 Managing Falls and Fractures in Care Homes for Older People – good practice resource
- anti-histamines
- opioid analgesics
- anticonvulsants (medications for epilepsy)

…check the 'Patient information leaflet

Other important factors…

- Continence
- Keeping feet healthy
- Dizziness, blackouts and heart palpitations
- Vision and hearing
- The environment
- Nutrition and Hydration
- Keeping bones healthy (Vit D Exercise Hip Protectors)

Caution on Restraints… ‘the intentional restriction of a person’s voluntary movement or behaviour’

Management of Falls and Fractures

The immediate care of a resident who has fallen

The importance of learning from falls

What do you do at the time of a fall, when someone is on the floor and requires assistance?

- ensure safety at the scene
- assess for and attend to obvious injury
- ask for additional help as required
- safely move the resident from the floor (where appropriate)
- report and comprehensively record the fall and the consequences of the fall, including completing: – an accident/incident report form required by the organisation

When a resident has fallen or has been found on the floor

- Check first for ongoing hazards or dangers.
- Check if the resident is responsive.
- If responsive, provide reassurance and comfort to the resident who has fallen.
- Summon help from other members of staff.
- If unresponsive, check the resident’s airways, breathing and circulation (see section on unconscious and unresponsive).
- Do not move the resident before checking for pain, loss of sensation (feeling), loss of movement in arms and/or legs, and observe for swelling, visible injury and deformity.

Shortening and outward rotation of the leg can indicate a hip fracture…

- Check for nausea, confusion, drowsiness, delirium and agitation.
- Commence routine observations such as resident's temperature, pulse, BP and respirations as appropriate.
- Call the emergency GP, NHS24 or an ambulance if appropriate.
- If the decision is taken to move an injured resident from the floor, ensure staff have the expertise and equipment to do so safely, and that moving and handling guidelines are followed.
- Complete accident/post falls report form, record in the care plan and inform next of kin as agreed

- The response should be in keeping with the recorded Anticipatory Care Plan (ACP) for the individual including their Verification of Expected Death, Do Not Resuscitate (CPR) and care home policy and their Palliative Care Summary (PCS).
- If indicated necessary and appropriate undertake Cardio Pulmonary Resuscitation (CPR).
- If consciousness is transient and resident appears to recover back to full functional level contact GP or NHS 24.
- If ongoing impaired conscious level, worsening cognition or new focal neurological signs phone ambulance and inform ambulance staff of the ACP or PCS.
- Record resident's temperature, pulse, BP and respirations.
- Complete accident/post falls report form, record in the care plan and inform next of kin as agreed. NB: Only undertake procedures if trained to do so

Possible scenarios…

- If unconscious or unresponsive
- If injury or change in health suspected- DO NOT MOVE!
- If minor injuries are apparent
- If no injury or change in health suspected

NB: Only undertake procedures if trained to do so.

The importance of learning from falls

...Distinction between errors of ignorance (mistakes we make because don’t know enough)

And

...errors of ineptitude (mistakes we made because we don’t make proper use of what we know)

Table 2 Taxonomy used in the World Falls Guidelines

Fall	An unexpected event in which an individual comes to rest on the ground, floor, or lower level
Recurrent falls	Two or more falls reported in the previous 12 months
Unexplained fall	When no apparent cause has been found for a fall on performing a multifactorial falls risk assessment and it cannot be explained by a failure to adapt to an environmental hazard or by any other gait or balance abnormality
Severe fall	Fall with injuries that are severe enough to require a consultation with a physician; result in the person lying on the ground without capacity to get up for at least one hour; prompt a visit to the emergency room (ER); associated with loss of consciousness
Fall related injury	An injury sustained following a fall. This includes an injury resulting in medical attention including hospitalisation for a fall such as fractures, joint dislocation, head injury, sprain or strain, bruising, swelling, laceration, or other serious injury following a fall
Fall risk stratification	A single or set of assessments performed to grade an individual's risk of falling, to guide what further assessments or interventions might be necessary
Multifactorial falls risk assessment	A set of assessments performed across multiple domains to judge an individual's overall level of risk of falling to identify the individual risk factors - potentially modifiable and non-modifiable -to inform the choice of an intervention

For your dedication…