



Risk Control

Fall Prevention in the Home

Background

Falls, in all settings and for all age groups, are often easily preventable. In particular, falls among seniors (defined as those greater than 65 years old) occur all too frequently, and their consequences can be fatal or life-altering. Fall-related injuries can not only impact a senior's physical health, but their mental health as well. The aging of baby boomers has grown Canada's senior population, and thus increased the number of individuals at a high risk of injuries from falls. This risk will continue to increase over the next two to three decades.

Falls by seniors are the most frequently occurring injury in the home. Living alone (as 25.7% of seniors do¹) is a risk factor for falls, and also may increase the severity of injuries and other outcomes – especially if help cannot be obtained. The risk of falls significantly impacts seniors' ability to live independently at home.

The following statistics from Canada's Health Promotion Agency² underscore the need for continued attention to preventing falls among seniors:

- Falls are the leading cause of injury among older Canadians.
- 20-30% of seniors experience one or more falls each year.
- Falls are the cause of 85% of seniors' injury-related hospitalizations.
- Falls are the cause of 95% of all hip fractures, which have a high mortality rate within one year of falling.
- 50% of all falls causing hospitalization happen at home.
- Direct healthcare costs for falls in Canada are estimated at \$2 billion a year³.

Falls do not have to be a normal part of aging. However, no one intervention method can effectively address the complex factors that contribute to the risk of falling. Effective public communication to seniors and their families on fall risk factors and prevention is paramount in planning to safely age in one place (i.e., at home). The complexity of addressing fall risk and fall prevention in an aging population cannot be understated.

This document focuses on seniors living at home and the role of personal support workers (PSW) in addressing modifiable fall risk factors.

Defining a Fall

A fall is typically defined as a sudden and unintentional change in position resulting in an individual landing at a lower level, such as on an object, the floor or the ground, with or without injury⁴. This definition does not include an assisted or controlled descent to the floor/ground.

Behind the Numbers

The reasons for the high rate of seniors' falls in the home can be any combination of environmental, medical and physical factors. These include the following:

Risk Category	Hazard/Risk
Home Environmental	Obstacles and tripping hazards, such as scatter rugs Glare or dim lighting contributing to existing poor vision Lack of handrails and grab bars Slippery or uneven surfaces
Medication	Dizziness from blood pressure medication Drowsiness from sleep aids Urgency due to laxatives and diuretics Polypharmacy (use of multiple medications), with potential for drugs to interact with each other and contribute to falls, confusion and delirium
Physical	Hearing impairment that affects balance Visual impairment (e.g., due to cataracts and macular degeneration) Chronic health conditions such as arthritis, cardiac arrhythmias, stroke, dementia, incontinence and diabetes Decreased sensation in the feet (e.g., due to diabetes) Gait and balance problems Decreased muscle strength in the legs Postural hypotension (low blood pressure on standing up from sitting or lying down) Advanced age Sedentary lifestyle, which can reduce strength, balance and coordination
Psychological	Fear of falling preventing an active lifestyle Vanity (such as refusing to use a cane and wearing inappropriate shoes)
Cognitive	Lack of understanding of one's physical and cognitive limitations Impulsivity
Fall History	Previous fall

Risk Factors and Repercussions

The more risk factors, the greater the risk of falling. Modifying even a few risk factors can reduce fall risk.

The consequences of falls can be significant and long-term⁴ – one in five falls causes a serious injury, such as broken bones or a head injury. Hip fractures, in particular, can lead to increased

disability and loss of independence. Approximately half of all people who fall and fracture their hips are never functional walkers again. Hip fracture mortality within one year after surgery ranges from 14% to 36%⁵ and has not changed over the past three decades.⁶

Fall Risk Prevention in the Home – the Role of the Personal Support Worker

With 50% of falls happening in the home, home caregivers such as personal support workers (PSWs⁷) play an important role in helping prevent them. A PSW may be the only home care provider in a senior's home, and typically interacts with their senior clients more frequently and longer than any other provider of in-home services. A PSW's success in impacting any modifiable fall risk factor will be affected by:

- The PSW's assigned activities (typical scope of activities includes personal care⁸ and/or home support⁹) in the home.
- Having sufficient education about the basic fall risks at home and simple safety precautions.
- The nature of the worker's relationship (e.g., trust, respect) with the senior.
- The senior's readiness to make changes to reduce risk.

While taking on assigned tasks in the home, a PSW has the opportunity to monitor the home environment for safety hazards and observe a senior's unsafe behaviours while performing daily activities. A PSW can implement practical, modest changes to help prevent falls. Any change must be done with the cooperation and agreement of the senior. Modifying a senior's risky personal behaviours is often harder to achieve, particularly when they are concerned about loss of dignity and independence and/or the PSW (as a non-professional care provider) is not perceived as credible in their role.

Some of the simple person-centred interventions a PSW may take to reduce fall risk include:

- Removing or securing (using double-sided tape) small, loose scatter rugs.
- Reducing tripping hazards (such as shoes, books and papers) in walkways (e.g., path from bed to bathroom, on stairs).
- Placing commonly used kitchen items (glasses, plates, etc.) within reach.
- Placing a phone within reach at night, and easily accessible at all times.
- Cleaning liquid, grease and food spills on the floor.
- Providing the senior with ambulation assistance.
- Assisting the senior to sit if feeling dizzy or unsteady.
- Encouraging the use of cane or walker (where applicable) to improve their balance and stability.
- Alerting their supervisor and other members of the home care team (where applicable) of concerns about a senior's fall risk, such as observed falls or an unsteady gait.
- Encouraging the senior to be as active as reasonably possible.
- Providing the senior with easy-to-read literature (such as the Public Health Agency of Canada's "You CAN prevent falls!")¹⁰ to help them learn about personal safety measures to prevent falls.

For more information, please contact your local CNA Risk Control Consultant or visit our website at cna.ca.

1. Statistics Canada. (2016). 2016 Census. Retrieved from <https://www150.statcan.gc.ca/n1/pub/75-006-x/2019001/article/00003-eng.htm>. 2. Public Health Agency of Canada. (2016). You CAN Prevent Falls! Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/you-prevent-falls.html>. 3. Public Health Agency of Canada. (2014). Seniors' Falls in Canada: Second Report. Retrieved from https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf. 4. Centers for Disease Control and Prevention. Important Facts about Falls. Retrieved from <https://www.cdc.gov/homeandrecreationsafety/falls/adultfalls.html>. 5. Journal Acta Orthopaedica. (2014). Similar mortality rates in hip fracture patients over the past 31 years. Retrieved from <https://www.tandfonline.com/doi/full/10.3109/17453674.2013.878831>. 6. Ibid. 7. For the purposes of this document, the term PSW includes any and all of the following: home care/health aides, care aides, health care assistants, homemakers and home support workers. 8. Personal care tasks include activities such as bathing, dressing and toileting. 9. Home support tasks include activities such as meal preparation, light housekeeping, laundry, and shopping. 10. PHAC. (rev. 2015). You CAN prevent falls! Retrieved from <http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/injury-blessure/prevent-eviter/prevent-eviter-e.pdf>.

