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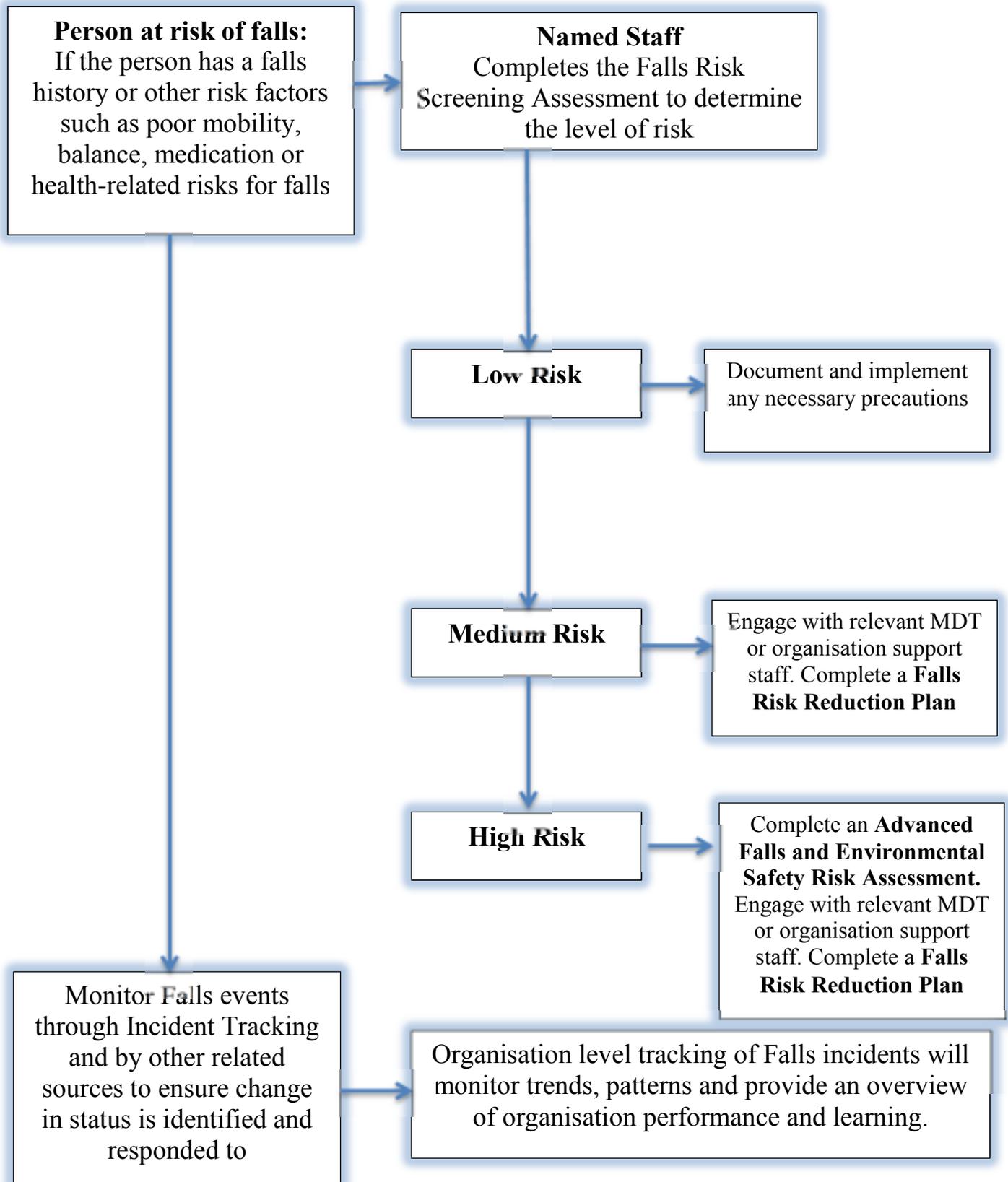
### ***Policy and Procedure Feedback Form***

*A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.*

*Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.*

*All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.*

## Falls Risk Reduction Policy



## **1. Policy Statement**

Western Care Association is committed to preventing falls where possible and where not possible, to minimise their incidence and impact.

## **2. Purpose**

The purpose of the Falls Risk Reduction Policy is to:

- Promote awareness of falls related issues
- Support preventative approaches.
- Provide Assessment Tools to identify falls related risks
- Provide guidance on appropriate general strategies to reduce falls risks
- Identify environmental factors which may contribute to falls risks
- Support organisation practice in reducing falls risks

## **3. Scope**

This policy applies to all service users, staff and volunteers in Western Care Association.

## **4. Related Policies**

This policy should be read in conjunction with the following:

- Western Care Associations Risk Management Policy (WCA 1.8)
- Western Care Association's Incident Reporting Policy (WCA 1.10)
- Western Care Association's Guidelines on Manual Handling (WCA 1.14)
- Western Care Association's Organisational Safety Statement. (WCA2A.7)
- Western Care Department Safety Statement (WCA 2A.8)
- Western Care Associations Policy on Developing the Organisation and Local Service Risk Register (WCA 2A.18)

## **5. Definitions; Slips/Trips/Falls**

- A slip is an accidental loss of balance caused by a sliding movement which may be corrected or may result in a fall.
- A trip is an event in which a person accidentally stumbles over an obstacle which may be corrected or may lead to a fall
- A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. A fall is an unintentional event. It does not therefore include behaviours which are intentional. It also does not include an epileptic seizure, stroke, or the result of a violent blow. Slips and trips may lead to falls.

## **6. Roles and Responsibilities**

### **Responsibilities of Employees**

Staff should be familiar with the following:

- The Falls Risk Reduction Policy.
- General risk factors associated with falls as contained in this policy.
- Falls prevention and management strategies for any individuals they support.
- The requirements for reporting falls.

## **Responsibilities of Line Managers**

In services where falls risks arise:

- Ensure staff team are aware of this policy and have signed the Staff Register.
- Ensure general prevention and management strategies are adhered to.
- Ensure staff follow all individual falls prevention and management strategies.
- Ensure environmental risks are addressed in the Hazard Identification process.
- Ensure the reporting of incidents when they occur.
- Review falls trends or patterns in the Quarterly Incident Review.
- Escalate falls concerns to relevant personnel.

## **Role of the Incident Management Group**

The Incident Monitoring Group will include falls data in their Quarterly Incident Analysis

## **7. Procedure**

When a person is identified as being at risk of falls as a result of an existing condition, a change in their condition, observed behaviour, falls incidents or other concerns the Named Staff should complete the **Falls Risk Screening Assessment** questionnaire. (Appendix 1)

This asks a series of straightforward questions which staff who know the person well can complete. The person and /or family should be included in the process. There is a simple scoring system which is used to categorise the risks as Low, Medium or High.

Where the risk is categorised as Low the solutions will generally be simple and precautionary. Many preventative measures will arise from awareness of environmental factors which are described below. In addition staff will need to be aware that there is a low potential risk of falls for the person and will need to document and know the particular strategies to minimise these risks such as ensuring they have the right footwear, need to be reminded to tie their laces, wear clothing that does not risk trips due to length, use appropriate chair etc.

When the risk is categorised as Medium the same general principles for low risk of falls apply. In addition however the Named Staff in conjunction with their manager should consult with the relevant MDT or organisation support staff. The person and their family where appropriate should be included in the process. The actions agreed as needed to reduce the risk of falls should be documented and retained in the person's IP by the Named Staff in a **Falls Risk Reduction Plan** (Appendix 2)

When the risks are categorised as High an **Advanced Falls and Environmental Safety Risk Assessment** (Appendix 3) must be completed by the Named Staff. This is a similar but more in depth process to the Falls Risk Screening Assessment. Staff who know the person well will be able to complete the questionnaire. The relevant MDT and organisation support staff should be involved in the process. The person and family should also be involved as appropriate.

Following the completion of the Advanced Falls and Environmental Safety Risk Assessment the Named Staff, in consultation with the FLM, relevant MDT and other staff, should complete the Falls Risk Reduction Plan for the person. The person should be consulted in this process to ensure that they understand the reasons for this and can themselves contribute to both the solution and implementation where possible. This will increase the probability that the prevention and management strategies will be effective. The Falls Risk Reduction Plan should be maintained in the person's IP Folder. This plan should be known and followed by all staff directly supporting the person.

Developing a Falls Risk Reduction Plan for a person who is a high risk for falls involves engaging with all of the resources available to develop a local solution to the presenting issues. If having completed this process the risk remains high then the issue should be escalated as per the Risk Management Policy.

### **Falls Risk Factors**

Factors associated with falls include those related to the person's individual health and mobility, their behaviour and their environment.

#### **Factors associated with the Individual's Health and Mobility:**

- Falls History
- Health
- Poor mobility
- Fear of Falling
- Poor exercise habits/lack of fitness, strength
- Poor Balance
- Poor Gait
- Reliance on mobility aids and appliances
- Poorly fitting clothing or footwear
- Medication and use of multiple medications (polypharmacy)
- Age
- Dementia
- Eyesight and Hearing
- Incontinence and night time activity associated with incontinence
- Sudden change in health condition

#### **Behavioural Factors in Individuals that may contribute to Falls Risks**

- Insistence on using footwear/walking in stockings/high heels inappropriate to the situation
- Behaviours that indicate poor safety awareness/lacking a sense of danger such as rushing/fast pacing/lack of awareness of environment

#### **Environmental Factors**

- Lack of equipment for support in toilet/bathing/shower areas
- Inappropriate bed/chair heights
- Floors with loose or thick pile carpets, sliding rugs, highly polished or wet ground surfaces
- Bed rails

- Cluttered environment
- Poor lighting

#### **Falls Risk Reduction Measures:**

- Risks may be reduced by anticipating the needs of people based on their particular likes and preferences, routines or requirements that cause them to become stressed and/or to rush to do something if support is not organised for e.g. it may be as simple as the need to be supported to use the toilet at a particular time, be supported to reposition in their seating etc.. These kind of comfort checks are a simple but powerful preventative measure.
- Identify and address health issues and any conditions associated with falls risk
- Monitor any changes in the person's condition that would indicate the onset of dementia
- Identify and address any medication related factors that are associated with falls risk
- Monitor any new medications for side effects
- Identify and address risks associated with falls such as bone density, osteoporosis
- Ensure eyeglasses are clean and hearing aids operating properly and worn as required
- Ensure any mobility aids are in good condition and good working order

#### **Rehabilitation**

- Maintain sufficient activity to keep a level of fitness and avoid deterioration through inactivity where possible
- Follow any programs designed to rehabilitate individuals
- Support people to use any prescribed mobility aids or appliances properly
- Support people to attend required external appointments to which they are referred

#### **Environmental Strategies**

- Keep areas well lit, make sure light switches and pull cords are easy to reach
- Ensure floor surfaces and walkways are kept dry and clear and free of clutter
- Ensure carpets are well secured and the edges lie flat, avoid using sliding throw rugs
- Maintain sturdy handrails to support balance, use non-skid stair treads
- Use handrails in appropriate locations in bathrooms where these are prescribed
- Arrange furniture so that there are sufficiently wide spaces to allow mobility
- Ensure furniture, beds, chairs are at the right height
- Ensure furniture with castors is locked correctly
- Ensure outdoor surrounds are kept free of debris , hazards and obstacles

## Post-Fall Management

The incident data shows that majority of falls do not result in injury or involve minor injuries at most. Often the incidents arise due to environmental factors or once off events. However on occasion there are potentially serious considerations involved concerning an injury that occurs from a fall. Where Severity level 4 or 5 incidents involving falls occur a Critical Incident Review should be arranged to learn how to reduce the risk of recurrence. When responding to any individual incident staff should follow their training in Manual Handling and First Aid as part of the response.

If there is no apparent injury sustained as evident by lack of:

- Bruising
- Apparent head injury
- Pain
- Mobility unaffected
- Wounds or bleeding

Then respond by:

- Assisting the person to a comfortable place (using hoist/handling as appropriate)
- Reassure and comfort the person
- Address any immediate issues arising in the environment
- Try to discover their recollection of the incident if this is possible
- Establish if there is learning that can reduce the risk of further falls
- Record the incident as per WCA Incident Reporting Procedure and observe for any further signs of deterioration at intervals
- Contact GP or ambulance if there is any deterioration in the person's condition
- Review the person's Falls Risk Reduction Plan to see if it needs to be changed to incorporate new learning as a result of this incident
- If the person has no previous history of falls complete a Falls Risk Screening Assessment
- Based on the results of the Screening Assessment consider whether they require a Falls Risk Reduction Plan or if the solution is a general environmental practice that needs to be adopted by all staff or others sharing the environment

If a minor injury has been sustained as indicated by bruising, minor wounds to skin, if the person is in discomfort or pain then in addition to the above steps respond by:

- Administering First Aid
- Seek the advice of the person's GP

If a more serious injury has been sustained as indicated by:

- Airway or breathing problems
- Loss of consciousness
- Acute confusion or evidence that the person is not behaving as they normally would due to an injury from the fall
- Suspected head injury to a person taking anticoagulant medication

- Head injury or trauma (other than shallow injuries on the surface of the face)
- Pain in limbs or chest
- Bleeding or extensive bruising
- Unable to move limbs on request

Then respond as follows:

- Do not move the person except to perform resuscitation
- Call the ambulance
- Follow instructions from Ambulance Control
- Reassure and comfort the person
- Record the incident and inform the relevant people as per WCA Incident Reporting Procedure
- Undertake a Critical Incident Review to determine actions required

**In cases of high Medical Risk despite lack of Obvious Injury:**

If from a **medical** point of view the person is deemed to be of high risk for e.g. they are on anti-coagulants or suffer from osteoporosis then regardless of the absence of obvious injury seek the advice of the person's GP.

## **8. Implementation and Review**

The collection of falls and falls related data (e.g. numbers, trends, repeat occurrences, incident reductions etc.,) will be provide an overview of the effectiveness of organisation practice in implementing a Falls Risk Reduction Policy.

A review of this policy will be ongoing with a formal review every three years in line with the organisational policy review cycle Changes may also take place as a result of procedural and legislative requirements, or when best practice changes occur or significant changes in organisational practice arise from internal learning.

## References and Resources

- Ability West ([www.abilitywest.ie](http://www.abilitywest.ie))
- [www.happybones.ie](http://www.happybones.ie) (Specific reference to intellectual disability related video clips available to view online)
- For information about osteoporosis  
Lo-call 1890 252 751 or visit [www.irishosteoporosis.ie](http://www.irishosteoporosis.ie)
- For information, video's on falls, exercise and bone health  
[www.bonehealth.co](http://www.bonehealth.co)
- Alzheimers Society of Ireland  
1800 341 341 or visit [www.alzheimer.ie](http://www.alzheimer.ie)
- Eir Phonewatch (for pendant alarms)  
Task: 01 8435889  
Eir Phonewatch: 1850 442 700  
Eir Emergency Response: 1850 247 999
- Age Action  
Care and Repair: 051 844 844 or visit [www.ageaction.ie](http://www.ageaction.ie)
- University Hospital Waterford (UHW) Falls Management Group
- Prevention of Falls Network Europe – [www.profane.eu.org](http://www.profane.eu.org)
- NICE – National Institute for Clinical Excellence
- Falls and Dementia – Dr. Eric Seal (Australia)

## FALLS RISK SCREENING ASSESSMENT

Name: Date of Birth: Service/Centre: Date of Assessment: Person Completing Form: Signature: 

QUESTION	ANSWER		EXPANDED QUESTIONS AND ANSWERS (if any)	SCORE
	YES	NO		
<b>SEX</b>				
Female				<b>2</b>
Male				<b>1</b>
<b>AGE</b>				
Over 71 years of age				<b>3</b>
Between 61 and 70				<b>2</b>
Between 50 and 60				<b>1</b>
Under 50				<b>0</b>
<b>GAIT</b>				
Poor transfer ability				<b>4</b>
Is hesitant when walking				<b>3</b>
Gait unsteady				<b>5</b>
<b>MOBILITY</b>				
Has restricted mobility				<b>3</b>
Uses aid				<b>2</b>
Is bed bound				<b>1</b>
Has full mobility but is unsafe				<b>5</b>
Has balance difficulties				<b>5</b>
<b>MEDICATION</b>				
Is on any medication				
Is on medication with relevant side effects i.e. dizziness, confusion, sedation etc.,				<b>3</b>
Undergoing medication change regime				<b>3</b>

QUESTION	ANSWER		EXPANDED QUESTIONS AND ANSWERS (if any)	SCORE
	YES	NO		
<b>SENSORY ISSUES</b>				
Is partially sighted or blind				<b>5</b>
Is hard of hearing or deaf				<b>1</b>
Visual perception problems, affecting safe mobility such as difficulty with patterned carpets etc.,				<b>3</b>
<b>ENVIRONMENT</b>				
Has history of falls out of bed				<b>4</b>
Has history of falls on stairs				<b>3</b>
Can safely ascend stairs unattended				<b>0</b>
Can safely descend stairs unattended				<b>0</b>
Can safely ascend familiar stairs				<b>1</b>
Can safely descend familiar stairs				<b>1</b>
Can negotiate steps/pavements/uneven/unstable ground with assistance				<b>1</b>
Can use aid safely and independently				<b>1</b>
Can use aid safely with assistance				<b>1</b>
Reaches for support inappropriately when walking				<b>3</b>

QUESTION	ANSWER		EXPANDED QUESTIONS AND ANSWERS (if any)	SCORE
	YES	NO		
<b>MEDICAL HISTORY</b>				
Poor nutrition/anaemia				2
Continence i.e. urgency or other affecting safe mobility				2
Inner ear or cerebella disease/vertigo				3
Decreased sensation in lower extremities				3
Foot problem				3
Postural Hypotension				3
Motor deficits (decrease in mass, strength, co-ordination and loss of balance)				3
Hip Dislocation/Sub-location or any other Hip issues				2
Arthritis				2
Osteoporosis				2
Parkinsons				2
Dementia				2
Alzheimer's Disease				2
Transient Ischemic Attack (TIA)				2
Acute heart condition and/or arrhythmia's				1
Epilepsy				3
History of Cerebro Vascular Accident (CVA)				1

QUESTION	ANSWER		EXPANDED QUESTIONS AND ANSWERS (if any)	SCORE
	YES	NO		
<b>FALLS HISTORY</b> When last fall occurred: _____				
No. of Falls recorded in last 12 months: _____				
History of falling indoors				2
History of falling outside				2
History/Vulnerable to being pushed over by others				5
<b>MENTAL CONDITION</b>				
Have decreased awareness/faulty judgement regarding personal mobility limitations				4
Confused				2
Highly anxious				1
Fear of falling (normal day to day activities)				1
Impulsive regarding mobility				4
<b>MOBILITY AIDS</b>				
May become un-cooperative whilst using a mobility aid				5
Uses walking aid but is unsteady				4
History of tipping chair over				3
History of falling out of chair				3
Will release the brakes on the chair				3
Would unfasten lap belt/harness				3
Will refuse to wear lap belt/harness				3
Will attempt to get out of the chair				3
<b>Is there anything else you would like to add or ask?</b>				

## **Falls Risk Screening Assessment Guidance**

Complete the sum of scores from the Falls Risk Screening Assessment to determine the category of risk as indicated by the range of scores below;

**Low Risk Range;** (Score 0 -25) All staff should be aware of the potential risk to each person with a falls history. They should be aware and demonstrate in their practice attention to those measures that will reduce the risk of falls such as well-fitting shoes, appropriate length clothing, appropriate chair etc. Seek advice from the relevant MDT or organisational support staff where necessary. Keep a record of agreed preventative measures in the person's IP folder.

**Medium Risk Range;** (Scoring 26 – 50) Engage with the relevant organisation MDT or organisation support staff to review the information. Complete a Falls Risk Reduction Plan to be followed by all staff/volunteers supporting the person. Keep this documentation in the person's IP folder.

**High Risk Range;** (Scoring 51 +) Complete the Advanced Falls and Environmental Risk Assessment. Engage with the relevant organisation MDT or organisation support staff to develop a Falls Risk Reduction Plan to be followed by all staff/volunteers supporting the person. Keep this documentation in the person's IP folder.

**ADVANCED FALLS RISK AND ENVIRONMENTAL SAFETY RISK ASSESSMENT**

**Name:**

**Service/Centre:**

**Person Completing Form:**

**Date of Assessment:**

*Please circle YES or NO for the following questions and provide comments as necessary. If uncertain about any of the questions, please note this in the comments section. Use the “If yes, consider this...” column to assist in determining an Action Plan, if needed.*

Movement Restrictions	Yes	No	Comments	If yes, consider this
Does this person demonstrate or complain of pain or stiffness in one or both hips, legs or ankles?				<ul style="list-style-type: none"> <li>• Communicate with the GP</li> <li>• Communicate with a Physiotherapist (PT) regarding stiffness.</li> <li>• If no PT involved, is a referral needed? Including private PT.</li> </ul>
Does this person lean forward or to either side when standing or walking?				<ul style="list-style-type: none"> <li>• Contact PT for instructions on safety if involved.</li> <li>• If no PT involved, is a referral needed? Including private PT.</li> </ul>
Does this person use any devices (e.g. gait belt, cane, braces, walker, wheelchair) to assist with walking? If so, list the devices in the comments section.			<i>List any devices utilised.</i>	<ul style="list-style-type: none"> <li>• Assure any staff instructions are clear and up-to-date</li> <li>• Assure equipment is in good repair</li> <li>• Assure environments where equipment is used are accessible and safe</li> <li>• Contact OT or PT if equipment is not meeting the person’s needs</li> </ul>
Does this person appear to have trouble with balance? Please comment on when (i.e. standing, walking or moving to/from standing or sitting)				<ul style="list-style-type: none"> <li>• Review medications for potential side effects</li> <li>• Communicate with physician or a PT regarding balance concerns and ask for instructions</li> <li>• If no PT, is a referral needed?</li> </ul>

<b>Movement Restrictions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Does this person need assistance at any point during the day when walking?				<ul style="list-style-type: none"> <li>• Discuss the amount of assistance needed for varied times of day, activities and/or environments</li> <li>• Make needed adjustments in staffing.</li> </ul>
Does this person need assistance with transfers (moving from one place to another)?				<ul style="list-style-type: none"> <li>• Assure staff are instructed on safe transfer techniques including bed, wheelchair, bath, car/van, floor etc.,</li> <li>• Assure staff are available to assist when needed</li> <li>• If no PT, is a referral needed?</li> </ul>
Has the person required <u>more</u> help with walking over the past several months?				<ul style="list-style-type: none"> <li>• Review medications for potential side effects</li> <li>• Discuss this change in status with physician or PT</li> <li>• In no PT, is a referral needed?</li> </ul>
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Is this person over the age of 55?				<ul style="list-style-type: none"> <li>• Discuss whether adjustments are needed in the person's schedule to give them more time for transfers, walking etc., to avoid being rushed.</li> </ul>
Is this person over the age of 35 <u>with</u> a diagnosis of Down's Syndrome?				<ul style="list-style-type: none"> <li>• Discuss changing support needs, as applicable.</li> </ul>
<b>Vision and Hearing</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Does this person have any known/suspected visual limitations?				<ul style="list-style-type: none"> <li>• Is a vision exam needed?</li> <li>• Are glasses in good repair and are they kept clean?</li> <li>• Has the person been referred to a specialist if severely visually impaired or legally blind?</li> </ul>
Does this person have any known hearing/suspected loss?				<ul style="list-style-type: none"> <li>• Is an audiology exam needed?</li> <li>• Has practical information been gathered from the audiologist to provide guidance in helping the person?</li> <li>• Are hearing aids needed?</li> <li>• If the person has hearing aids, are they clean and in good repair?</li> </ul>

<b>Environmental Hazards</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Note, if any of the following are present in any of the environments where the person spends time: Clutter/objects/electric cords in walking paths, loose rugs, frayed carpet edges, wet/slippery floors, poor lighting, pets, long or loose clothing, ill-fitting or non-supportive shoes, etc.,?				<ul style="list-style-type: none"> <li>• Complete an Environmental Safety Checklist for fall prevention</li> <li>• Make necessary repairs/modifications to prevent additional falls</li> </ul>
<b>Influence of Medical Status on Falls</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Does this person take medications with side-effects that could affect balance?				<ul style="list-style-type: none"> <li>• Review medications to determine potential side-effects</li> </ul>
Does this person take 4 or more medications?				<ul style="list-style-type: none"> <li>• Review medications to determine potential side-effects</li> </ul>
Does this person have seizures? Are they increasing in frequency or changing in intensity? Please specify.				<ul style="list-style-type: none"> <li>• Assure appropriate medical care is sought and follow-up appointments are kept</li> </ul>
Has this person been diagnosed with or experienced any of the following: Low blood pressure, vertigo (dizziness), arthritis, osteoporosis, overactive bladder, stroke, Parkinson's or diabetes? If yes, please specify.				<ul style="list-style-type: none"> <li>• Assure appropriate medical care is sought and follow-up appointments are kept.</li> <li>• Discuss any new symptoms that may be contributing to falls.</li> <li>• Review any medications to determine if they are effective.</li> </ul>
Has the person been hospitalised in the past three (3) months? If yes, please note the estimated length of stay, why (e.g. surgery, injury etc.,) and describe any change in function.				<ul style="list-style-type: none"> <li>• Discuss/reassess the person's status after discharge to determine if amount of assistance is still adequate for safety with transfers and mobility.</li> <li>• Contact a PT regarding discharge and need for review.</li> <li>• If no PT involved, is a referral needed? Including private PT.</li> </ul>

<b>Behavioural or Sensory Implications for Falls</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Does this person have increased difficulty with balance/walking (with or without a device) in new, crowded or noisy environments or when around new people? If yes, please specify.				<ul style="list-style-type: none"> <li>• Discuss adjusting the time of day in which the person is involved in activities.</li> <li>• Consider the need for different levels of assistance during various activities.</li> </ul>
Does this person sometimes try to stand and/or walk without assistance even though assistance is needed for safety?				<ul style="list-style-type: none"> <li>• Discuss/review the reason the person is getting up/walking without assistance.</li> <li>• Assure the person has adequate opportunities for mobility during the day.</li> <li>• Does staff anticipate the person's needs?</li> <li>• Does staff respond to requests for assistance?</li> </ul>
Does this person appear to fall, drop or sit down on the ground when trying to escape a situation, gain attention or to get things he/she wants? If yes, please specify and note whether this person receives behaviour services.				<ul style="list-style-type: none"> <li>• Discuss the communication intent associated with these activities.</li> <li>• Consider whether the person is trying to avoid a certain activity.</li> <li>• If having difficulty determining the reason, consider referring for a Behaviour Assessment?</li> </ul>
<b>Other Information</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>If yes, consider this</b>
Has this person fallen in the past? If so, please explain (In you need additional space, please use the "additional comments" section below)				<ul style="list-style-type: none"> <li>• Review causes of past falls</li> <li>• Were safety precautions developed and implemented for past falls?</li> <li>• If multiple falls have occurred, has information been trended across the falls incidents?</li> </ul>
Has the person had "near falls" in the past?				<ul style="list-style-type: none"> <li>• Review safety precautions for falls (a "near fall" is likely to result in an actual fall in the future).</li> </ul>
Does this person ever express or indicate a fear of falling including sitting down on the ground when faced with going up or down steps, inclines or uneven surfaces?				<ul style="list-style-type: none"> <li>• Discuss the possible reasons for being afraid.</li> <li>• Rule out medical problems or mobility issues.</li> <li>• Change activities or provide extra support until the</li> </ul>

				reason for fear can be determined. <ul style="list-style-type: none"> <li>• If having difficulty determining the reason, consider referring for a Behaviour Assessment?</li> </ul>
<b>Additional Information</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
Does this person receive Physiotherapy services?				
Does this individual have staff instructions relating to walking or transferring? If so, please note if there are barriers to carrying out these instructions				
<b>Additional Comments:</b>				

Signature of Person Completing Form: \_\_\_\_\_ Role: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Date: \_\_\_\_\_

