

# FALL PREVENTION PROGRAM

Core Services is committed to reducing the incidence of falls through a Fall Prevention Program. A fall is an unexpected event in which the participant comes to rest on the ground, floor or lower level. Falling is a common cause of injury and impaired quality of life in people with intellectual disability. Among adults with intellectual disabilities a fracture risk from a fall is 3.5 times higher than in the general population. Those who fall once are two times more likely to fall again.

Fall risk factors for individuals with intellectual disabilities include but are not limited to: balance and gait abnormalities, multiple medications (particularly psychotropic), visual impairments, seizures, environmental hazards, fear of falling, improper footwear, and increasing age. Core Services fall prevention strategy will be a team approach that focuses on prevention by increasing the understanding and education about falls risk amongst support staff and other service providers and ongoing assessment of fall risk.

1. Preventive measures that will be taken to reduce falls at Core Services will include:
2. Education and training with staff on fall risks and prevention
   * Relias training on fall reduction for all new hires
   * Annual Relias refresher course on fall reduction for all employees
   * Individual specific training on proper use and maintenance of hoyer lift, van lift, walker, gait belt, wheelchairs and other adaptive equipment. Annual ISP retraining or at time of any significant change.
3. Screening for fall risk (RISK FOR FALLS SCREENING TOOL – Fall Policy Form 1b) performed annually for all service recipients who have experienced falls and discussed during the annual ISP planning meeting.
4. Annually FALL RISK REDUCTION PLAN – (Fall Policy Form 1c) completed for all individuals identified as high risk for falls.
5. Healthcare Oversight to include collaboration with a primary care physician to ensure management of concurrent medical problems and analysis of medications/side effect.
6. Screening of gait, balance and functional ability, as indicated, through consultation with DIDD’s or referral to home health therapy service provider.
7. Vision assessment and referral as needed
8. Home hazard assessments (ENVIRONMENTAL SAFETY CHECKLIST FOR FALL PREVENTION – Fall Policy Form 1g) and intervention during 6-week house inspections (and/or whenever a fall occurs). Follow up on identified issues will be recorded on the assessment as completed.
9. All falls will be reported immediately to the on-call supervisor and agency healthcare office.
10. Fall Response will include
11. Evaluate and monitor individual. Seek medical attention if needed. Notify supervisor
12. Investigate circumstances
13. Documentation of circumstances, outcome and agency/staff response using POST FALL ASSESSMENT FORM – SPLATT by Healthcare Specialist
14. Healthcare Specialist alerts primary care physician (as applicable)
15. Identified interventions implemented
16. Individual Support Plan changed if needed
17. Fall Prevention Plan modified, implemented and monitored for effectiveness
18. All falls will be reviewed bi-weekly during PERTS and appropriate follow up taken
19. Any individual who experiences more than one (1) fall in a six-month period will be scheduled for a high-risk review through a COS.
20. Falls will be trended quarterly and discussed during Incident Review Committee meetings.
21. Fall Assessment data will be stored electronically in PHS