


Seniors' Falls Safety Checklist



Prepared by:

**The Elliot Lake
Stay on Your Feet
Demonstration Project**

Quick Fall Facts

- 1/3 >65 fall each year. By age 80, half fall annually
- those that fall are 2-3x more likely to fall again

Quick Fall Facts

- Account for 78% of injury-related deaths
- Will increase as the proportion of those aged 80 years and over in Canada is expected to double over the next 20 years
- Most common cause of injury and the sixth leading cause of death for seniors

Quick Fall Facts

- 74% of falls happen in the home setting
- A larger percentage of seniors' injuries occurred indoors rather than outdoors

Quick Fall Facts

- Seniors who fall face a greater risk of permanent institutionalization than those who do not.

According to one study, the odds of entering into institutionalized care was nearly triple for those suffering an injurious fall than for people who had not fallen.

Quick Fall Facts

- Hip fractures are the most common type of fall injury among
- 40% hospitalized falls involve hip fractures and half of those with hip fractures NEVER regain pre-fall functioning.

Quick Fall Facts

- Falls are the leading cause of death due to injury among the elderly
- 87% of all fractures in the elderly are due to falls.

Quick Fall Facts

- Most frequent cause of injury-related hospitalization for Canadians seniors
- 3 times more women are hospitalized for a fall injury than men
- Account for:
 - 25% of all hospital admissions
 - 40% of all nursing home admissions

Quick Fall Facts

- 40% of those admitted do not return to independent living
- 25% die within a year.

Quick Fall Facts

- Many falls do not result in injuries
- If unable to get up on their own, the period of time spent immobile often affects their health outcome

Quick Fall Facts


- Getting help improves the chance of survival by 80% and increases the likelihood of a return to independent living
- Up to 40% of people who have a stroke have a serious fall within the next year.

Costs for Treating Injuries Among Persons 65+ Canada

Annual direct health care costs for persons aged 65 and over account for \$211 million, 85% of which is for fall-related injuries (Smartrisk, 2001)

Category	Percentage
Cost of Falls	85%
Other injury-related costs	15%

Other Costs



Non-financial costs include:

- fear of falling
- a lack of confidence
- greater dependence on others in daily activities and so - more chance of injuries of others – staff, family
- reduced quality of life
- worry and concern of family members
- Increased potential for litigation

Risk Factors for Falls



Personal Fall Risk Factors

- Advanced age, female
- Family history of falls or fractures
- Physical impairments e.g. osteoporosis, stroke
- Mental impairments
- Polypharmacy (4 or more meds)
- Sensory changes – vision, loss of proprioception

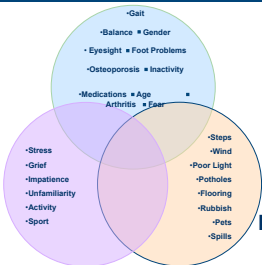
Behavioural Risk Factors

- Risk-taking
- Use of ill-fitting or inappropriate footwear
- Improper use of assistive devices
- Smoking, alcohol use or overuse of medications

Environmental risk factors

- New surroundings
- Stairs
- Clutter, obstacles
- Slippery or uneven surfaces
- Poor lighting, glare
- Lack of handrails, grab bars rest areas
- Hazardous or absent mobility aids

Intrinsic Factors



Situational Factors

- Stress
- Grief
- Impatience
- Unfamiliarity
- Activity
- Sport

Intrinsic Factors

- Gait
- Balance
- Gender
- Eyesight
- Foot Problems
- Osteoporosis
- Inactivity
- Medications
- Age
- Arthritis
- Fear

Environment Factors

- Steps
- Wind
- Poor Light
- Potholes
- Flooring
- Rubbish
- Pets
- Spills

18

7 Major Risk Factors for Falls:

- Unsafe footwear
- Deterioration of vision
- Changes in balance and gait
- Medication use and misuse
- Underlying physical conditions
- Insufficient exercise
- Environmental factors (home and external)

Are You at a Risk for Falls?

- Have you had a fall in the last year?
- Do you have to use your arms to get up from a chair?
- Do you sometimes feel dizzy or lightheaded?

20

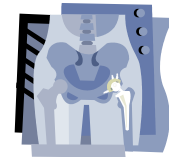
Are You at a Risk for Falls?

- Are you taking four or more medications



Are You at a Risk for Falls?

- Do you have fragile/thin bones or have you been told you have osteoporosis?



Are You at a Risk for Falls?

- Do you have trouble seeing obstacles in your path?



Are You at a Risk for Falls?

- Do you feel unsteady when you walk and/or use a cane, walker or wheelchair?




Are You at a Risk for Falls?

- Have you been told by others to cut down on your drinking of alcoholic beverages?



Are You at a Risk for Falls?

- Do you have to rush to the bathroom?



Are You at a Risk for Falls?

- Do you experience difficulty sleeping?



Are You at a Risk for Falls?

- Have you been told that your confusion may cause you to be unsafe?
- Are there some places you don't go because you are afraid of falling?

Falls are Preventable:

- Make changes in your home, health and lifestyle by:
 - Having your vision and medication list checked
 - Wearing safe footwear
 - Exercising at least 30 minutes, 3 times per week
 - Eating well
 - Making your home safe
 - Using a mobility aid if necessary
 - Being aware of your surroundings
 - Practising moderation with regards to alcohol

29

Purpose of A Home Safety Checklist

- Simplify
- Workable tool
- Empower seniors and their families to make their homes safe
- To educate clients and their families about the health aids that are available

Format

- By room
- By area
- Question followed by answer
- OK vs “To Do”

Table of Contents

- Introduction - A Fall Can be Prevented
- Instruction on Using Your Home Safety Checklist

Personal Safety Considerations

- Assistive Devices
- Clothing and Footwear
- Medications and Alcohol
- Exercise
- Nutrition
- Vision

Home Safety Considerations

Inside

- Floors
- Lighting
- Bathroom
- Bedroom
- Kitchen
- Living Areas
- Stairs

Around Your Home & Neighbourhood

- Outside Your Home
- Garage and Carport

A Fall Can Be Prevented

Changes with Aging:

- Smell
- Hearing
- Vision
- Balance and Gait

How To Use This Tool

- Independently
- With a family member or friend
- With a health care provider

How To Use This Tool

Don't be overwhelmed:

- Room by room
- Over a period of time – does not need to be done all at once

Results of Checklist

- Prioritize changes to be made
- Easy ones first
- Extreme safety concerns first
- Purchases as able
- Gift suggestions

Seniors' Falls Safety Checklist



Prepared by:

The Elliot Lake
Stay on Your Feet
Demonstration Project

ASSISTIVE DEVICES

1. DO YOU USE A WALKER, CANE OR CRUTCHES?
2. IS YOUR WALKING AID (CANE, CRUTCHES OR WALKER) MEASURED FOR YOUR HEIGHT?
3. HAVE YOU CONSIDERED USING A WALKING STICK OUTSIDE?

ASSISTIVE DEVICES

4. DO YOU HAVE DIFFICULTY REACHING OBJECTS FROM LOW OR HIGH AREAS?
5. DO YOU GET UP IN THE MIDDLE OF THE NIGHT?
6. DO YOU HAVE BALANCE PROBLEMS WHEN WALKING OR EXPERIENCE FATIGUE OVER SHORT DISTANCES?

ASSISTIVE DEVICES

7. DO YOU HAVE DIFFICULTY BENDING TO PUT ON SHOES AND SOCKS?
8. DO YOU HAVE DIFFICULTIES RISING FROM A CHAIR OR YOUR BED?

CLOTHING AND FOOTWEAR

1. DO YOU WEAR SAFE FOOTWEAR INSIDE AND OUTSIDE?
2. ARE ALL SHOES IN GOOD REPAIR?
3. DO YOU VENTURE OUTSIDE IN THE WINTER?
4. DOES YOUR CLOTHING FIT SECURELY WITH NO DANGLING BELTS, CORDS OR HEMS?
5. DO YOU SIT WHEN DRESSING?

MEDICATIONS AND ALCOHOL

1. IN THE PAST 12 MONTHS, HAVE YOU AND YOUR DOCTOR OR PHARMACIST, DISCUSSED ALL YOUR MEDICATION? THESE INCLUDE THOSE PRESCRIBED BY ALL OF YOUR DOCTORS PLUS OVER-THE-COUNTER AND HERBAL MEDICATIONS.
2. DO YOU HAVE OUT-OF-DATE MEDICATIONS IN YOUR HOME?

MEDICATIONS AND ALCOHOL

3. DO YOU HAVE QUESTIONS ABOUT THE MEDICATIONS YOU ARE TAKING?
4. DO YOUR MEDICATIONS MAKE YOU DROWSY OR DIZZY?
5. DO YOU HAVE YOUR MEDICATION IN CLEARLY LABELLED BOTTLES?

MEDICATIONS AND ALCOHOL

6. DO YOU FIND THE PRINT ON YOUR PRESCRIPTION LABEL IS TOO SMALL TO READ?
7. DO YOU STORE YOUR MEDICATIONS PROPERLY?
8. DO YOU HAVE PROBLEMS REMEMBERING TO TAKE YOUR MEDICATIONS OR OPENING MEDICATION BOTTLES?
9. DO YOU FOLLOW YOUR DOCTOR'S INSTRUCTIONS ABOUT TAKING YOUR MEDS?

MEDICATIONS AND ALCOHOL

10. DO YOU CONSUME ALCOHOL ON A REGULAR BASIS?
11. DO YOU SOMETIMES TAKE MEDICATIONS WITHOUT READING THE LABEL?
12. DO YOU USE MEDICATIONS PRESCRIBED TO OTHERS?
13. DO YOU FOLLOW THE DIRECTIONS FOR TAKING YOUR MEDICATIONS?

EXERCISE

1. ARE YOU OVER 50?
2. DO YOU EXERCISE REGULARLY?
3. DO YOU KNOW THAT IT IS PARTICULARLY IMPORTANT TO MAINTAIN LEG AND HIP STRENGTH?
4. DO YOU TEND TO RUSH? WHAT'S THE HURRY?
5. DO YOU SIT FOR LONG PERIODS OF TIME (I.E., WATCHING TV, IN CHURCH OR IN A VEHICLE)?

NUTRITION

1. ARE CALCIUM-RICH FOODS (TO MAINTAIN BONE STRENGTH) INCLUDED IN YOUR DIET?
2. DO YOU EAT WELL?
3. DO YOU DRINK WATER?

VISION

1. HAVE YOU HAD YOUR EYES TESTED IN THE LAST TWELVE MONTHS?
2. GLASSES STORED IN AN EASILY ACCESSIBLE PLACE?
3. ARE EYE GLASSES CLEANED REGULARLY?

VISION

4. HAVE YOU RECEIVED NEW EYE GLASSES?
5. DO YOUR EYES HAVE TROUBLE ADJUSTING TO CHANGES IN LIGHT?
6. DO YOU HAVE TROUBLE WITH NIGHT BLINDNESS?

INSIDE YOUR HOME - FLOORS

1. ARE THE FLOORS NON-SLIP?
2. IS YOUR FLOORING FLAT AND SECURELY ATTACHED TO THE FLOOR?
3. IS IT POSSIBLE TO CLEAN UP SPILLS AND SPLASHES AS SOON AS THEY OCCUR?
4. ARE YOU CONSIDERING THE PURCHASE OF NEW FLOORING?

LIGHTING

1. ARE LIGHTS BRIGHT ENOUGH SO THAT THINGS CAN BE SEEN CLEARLY?
2. ARE LIGHT SWITCHES EASY TO REACH AND NEAR EACH DOORWAY?
3. ARE ROOMS AND HALLWAYS WELL LIT AT NIGHT?

LIGHTING

4. ARE STAIRWAYS WELL LIT?
5. CAN LIGHT BULBS BE SAFELY CHANGED?
6. DO YOU USE A NIGHT LIGHT AT NIGHT TO GET TO THE BATHROOM?

BATHROOM

1. IS THERE A NON-SLIP PRODUCT ON THE TUB OR SHOWER FLOOR?
2. IS THERE A MAT LOCATED OUTSIDE OF THE SHOWER OR TUB?
3. IS IT EASY TO MOVE AROUND IN THE BATHROOM WITHOUT HOLDING ON TO TOWEL BARS, TAPS, THE TOILET ROLL, SHOWER CURTAINS OR SHOWER DOORS?

BATHROOM

4. IS IT EASY TO GET ON AND OFF THE TOILET?
5. IS IT POSSIBLE TO GET IN AND OUT OF THE TUB SAFELY?
6. IS IT DIFFICULT TO STAND WHILE BATHING?
7. IS IT EASY TO REACH AND TURN THE TAPS ON IN YOUR BASIN OR BATHTUB?

BATHROOM

8. IS THERE GOOD LIGHTING IN YOUR BATHROOM?
9. IS YOUR HOT WATER TEMPERATURE TOO HOT?
10. DO YOU USE BAR SOAP IN THE SHOWER OR TUB?

BEDROOM

1. CAN A LIGHT BE TURNED ON BEFORE GETTING OUT OF BED?
2. IS IT EASY TO GET IN AND OUT OF BED?
3. CAN YOU MOVE SAFELY AND EASILY AROUND IN BED?
4. DOES THE BEDSPREAD TOUCH THE FLOOR?

BEDROOM

5. DO YOU USE BLANKETS AND A TOP SHEET AND A BEDSPREAD? OR A DUVET?
6. IS THERE A CLEAR PATH FROM THE BED TO THE BATHROOM?
7. IS THERE A TELEPHONE WITHIN EASY REACH OF YOUR BED?

BEDROOM

8. DO YOU HAVE DIFFICULTY SAFELY REACHING ITEMS IN YOUR CLOSET?
9. WHEN GETTING OUT OF BED OR A CHAIR, DO YOU GET DIZZY UPON STANDING?

KITCHEN

1. ARE THE OFTEN-USED ITEMS IN EASY REACH?
2. DO YOU USE A CHAIR TO CLIMB TO REACH HIGH PLACES?
3. CAN ITEMS BE CARRIED SAFELY TO THE KITCHEN TABLE?

KITCHEN

4. CAN YOU TURN THE TAPS EASILY WITH ONE HAND?
5. DO YOU HAVE DIFFICULTY COMPLETING KITCHEN TASKS WHILE STANDING?

LIVING AREAS

1. IS IT EASY TO GET OUT OF YOUR CHAIRS?
2. ARE YOUR TRAVEL PATHS CLEAR OF TELEPHONE, CABLE AND ELECTRICAL CORDS?
3. DO YOU HAVE A PET?

LIVING AREAS

4. DO YOU HAVE TROUBLE KEEPING YOUR BALANCE WHILE BENDING OVER?
5. DO YOU HAVE DIFFICULTY SAFELY REACHING ITEMS IN YOUR HALL AND LINEN CLOSETS?
6. IN CASE YOU FALL, CAN A PHONE BE REACHED AND OPERATED FROM THE FLOOR?

STAIRS

1. ARE THE EDGES OF STEPS CLEARLY VISIBLE?
2. DO BOTH SIDES OF THE STEPS HAVE STURDY, EASY TO GRIP HANDRAILS?
3. ARE THE STAIRS NON-SLIP AND IN GOOD CONDITION?

STAIRS

4. DO YOU HAVE SCATTER RUGS AT THE TOP OR BOTTOM OF STAIRS? OR ANYWHERE?
5. CAN ITEMS (WASHING, SHOPPING, ETC.) BE SAFELY CARRIED UP AND DOWN STAIRS?
6. DO YOU STORE OR PLACE ITEMS ON OR AT THE TOP OR BOTTOM OF STAIRS?

STAIRS

7. ARE THE TREADS OF YOUR STAIRS LESS THAN 10"?

OUTSIDE YOUR HOME

1. ARE THE WALKWAYS AND STAIRS AROUND THE HOUSE EVEN, FREE FROM CRACKS, HOLES AND OBSTRUCTIONS?
2. DO YOU HAVE DIFFICULTY CLIMBING STAIRS TO ACCESS YOUR HOME?
3. ARE THE STAIRS, RAMPS AND WALKWAYS WELL LIT?

OUTSIDE YOUR HOME – AROUND YOUR HOME

4. ARE THE STAIRS, RAMPS AND WALKWAYS FINISHED WITH A NON-SLIP SURFACE?
5. ARE YOU CONFRONTED BY ICE OR SNOW ON STAIRWAYS, SIDEWALKS OR DRIVEWAY?
6. DO STAIRS, RAMPS AND WALKWAY STEPS HAVE HANDRAILS ON BOTH SIDES?

AROUND YOUR HOME

7. DO YOU HAVE PROBLEMS ENTERING YOUR HOME?
8. IS YOUR DOOR DIFFICULT TO OPEN AND CLOSE? DOES IT CLOSE ON YOU BEFORE YOU HAVE TIME TO ENTER YOUR HOME?
9. DO YOU ENJOY GARDENING AROUND YOUR HOME?

AROUND YOUR HOME

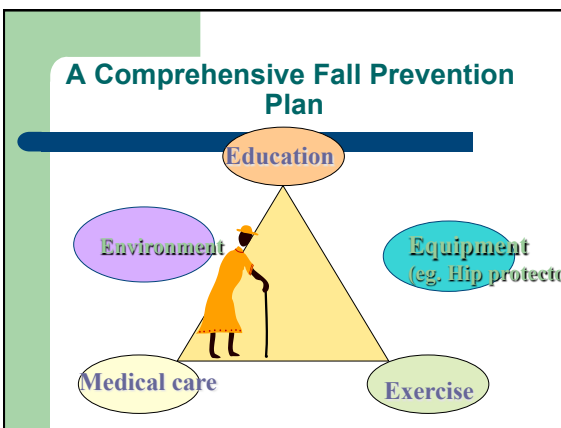
10. IS YOUR MAILBOX WITHIN EASY REACH OF YOUR DOOR?
11. DO YOU HAVE DIFFICULTY CROSSING THE STREET?
12. DO YOU GROCERY SHOP ALONE?

GARAGE OR CARPORT

1. IS THE GARAGE DOOR EASY TO OPEN AND CLOSE?
2. WHEN YOUR CAR IS IN THE GARAGE/ CARPORT, CAN YOU GET IN AND OUT OF IT EASILY?
3. IS THE GARAGE/CARPORT FLOOR FREE FROM CLUTTER, DIRT AND GREASE?

GARAGE OR CARPORT

4. IS YOUR GARAGE/CARPORT PROPERLY LIT?
5. DO YOU ENCOUNTER ICE OR SNOW BETWEEN YOUR VEHICLE AND HOUSE?



Medical Care

- Individualized medical assessments
- Treatment of medical contributors to falls
- Post-fall assessments
- Use of bone-strengthening medications
- Use of Vitamins C, D and calcium

Environmental Modifications

- Reduced environmental hazards
- Non-skid slipper socks/enclosed footwear

Education

Personal education:

- Recognize problems through checklist
- Read
- Refer to appropriate services

Help Sources

- CCAC – PT, OT, homemakers, nursing
- AHU
- Building suppliers – Canadian Tire, Soo Mill, Rona
- Contractors
- Pharmacists
- Physicians
- Health Aid Vendors - STP
- MOD, DVA

Equipment

- Mobility devices - canes, walkers, wheelchairs
- Reaching aids
- Safe step stool
- Hip protectors
- Grab bars
- Railings

Exercise

- Tai Chi
- Strength training
- Walking
- Chair exercise
- Water fitness

The End



STAY ON YOUR FEET
Falls Prevention Strategy for Seniors

Thank You!