



the **skills** network

Level 2 Certificate in Falls Prevention Awareness



Part A



European Union
European
Social Fund

Disclaimer:

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

Level 2 Certificate in Falls Prevention Awareness

Welcome to this Level 2 Certificate in Falls Prevention Awareness.

We hope you find all of the information contained in this resource pack interesting and informative. This learning resource and the assessment questions have been approved by CACHE as a great way to meet the learning outcomes for this qualification. (A complete list of the learning outcomes can be found at the back of this workbook.)

This course is made up of **two** parts (A and B). This is **Part A**, which contains **two** units:

Unit 1: Falls in context

Unit 2: The risk factors and causes of falls

As you start to read through each page, you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage. At the end of each section, you will be asked to answer the relevant assessment questions.

Once you have answered the questions, go to the next section and continue studying until all of the assessment questions have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content, and will help you to answer all of the assessment questions accurately.

Good luck with your study. Now let's begin!



Unit 1: Falls in context

Welcome to unit one.

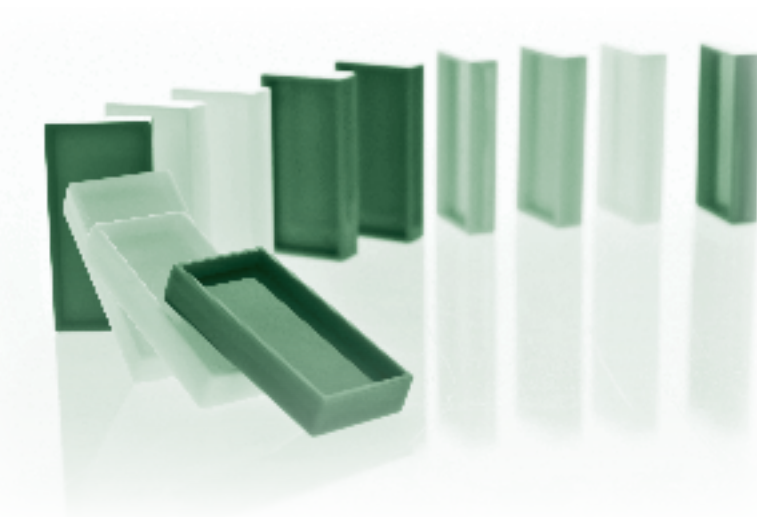
This unit has **four** sections. These are:

Section 1: Falls within a health and social care context

Section 2: The impact and consequences of falls

Section 3: The benefits of falls awareness and prevention

Section 4: The legislation and guidance relating to falls and falls prevention



Section 1: Falls within a health and social care context

This section will explore the following:

- What is meant by a fall?
- Current national statistics relating to falls and older people
- Why the risk of falling and bone fractures increases with age
- Why falls should not be viewed as an inevitable consequence of ageing
- How falls are a concern in different settings.

What is meant by a fall?

The World Health Organisation (WHO) defines a fall in the following way:

‘A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.’

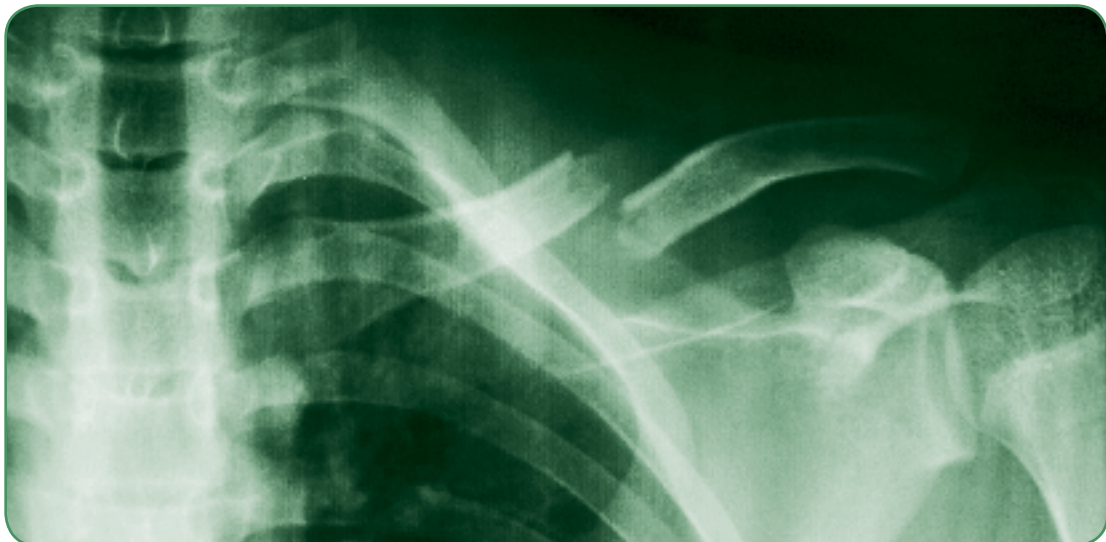
NHS Scotland have suggested a slightly simpler version of this definition:

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

Source: NHS Scotland; *Managing Falls and Fractures in Care Homes for Older People* – good practice resource Revised edition

People can fall for a variety of reasons and at any age. Active people fall, and whilst this may be embarrassing and inconvenient, the consequences are often brief and not serious. Falling becomes an issue for concern, however, when it:

- Occurs whilst doing ordinary everyday activities
- Is recurrent
- Leads to a fear of falling
- Causes serious injuries.





Key Fact

Falls are the second leading cause of accidental or unintentional injury deaths worldwide.

Source: World Health Organisation (<http://www.who.int/mediacentre/factsheets/fs344/en/>)

Falls in general are the most common safety-related incident reported in hospitals, with more than 240,000 fall-related incidents reported in hospitals and mental health trusts in England and Wales.

Bearing in mind the above definitions and thinking about our own life experience, it's clear that anyone can fall at any time for a variety of reasons. There are many causes, including uneven surfaces, wet or slippery floors, snow and ice, loose floor coverings, poor vision, and various health conditions that affect balance to name but a few. There are also many potential causes of slips, trips and falls in workplaces, and some workers are more vulnerable than others due to their jobs.

However, this course will be primarily concerned with the falls experienced by older adults, how and why they happen, and more importantly, how they can be prevented.



STOP AND THINK!

What kind of circumstances, situations or events might make an older adult more likely to fall? Make a list in the space below.

How did you get on? You might have mentioned any of the following:

- Trailing wires or cables in the home
- Loose carpets or slippery mats
- Failing eyesight
- The effects of medications
- Poor lighting
- Climbing on ladders or stools, perhaps to change a lightbulb for example.

Current national statistics relating to falls and older people

Let's look at some facts and figures now about falls and who they affect most:

- 30% of people aged 65 and over will fall at least once a year
- For those aged 80 and over this increases to 50%
- There are 255,000 falls-related emergency hospital admissions per year for older people in England.



According to the Office for National Statistics (ONS), the number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.

Public Health England tells us that at the last census in 2011, nearly nine million people were over 65 years old, and this figure is expected to rise by another two million by the next census in 2021.

Clearly this means that more older adults will be at risk of falls and the case for prevention is a strong one. Prevention will be covered in more detail in Unit 3 of this course.

The Public Health Outcomes Framework reported that in 2013-2014 there were around 255,000 emergency admissions to hospitals relating to falls in patients over 65 years of age, with 68% (173,000) of these people being over 80.



Key Fact

Every year, more than one in three (3.4 million) people over 65 experience a fall that can cause serious injury, and even death.

Every minute, six people over 65 experience a fall.

Every hour, an older person dies as the result of a hip fracture.

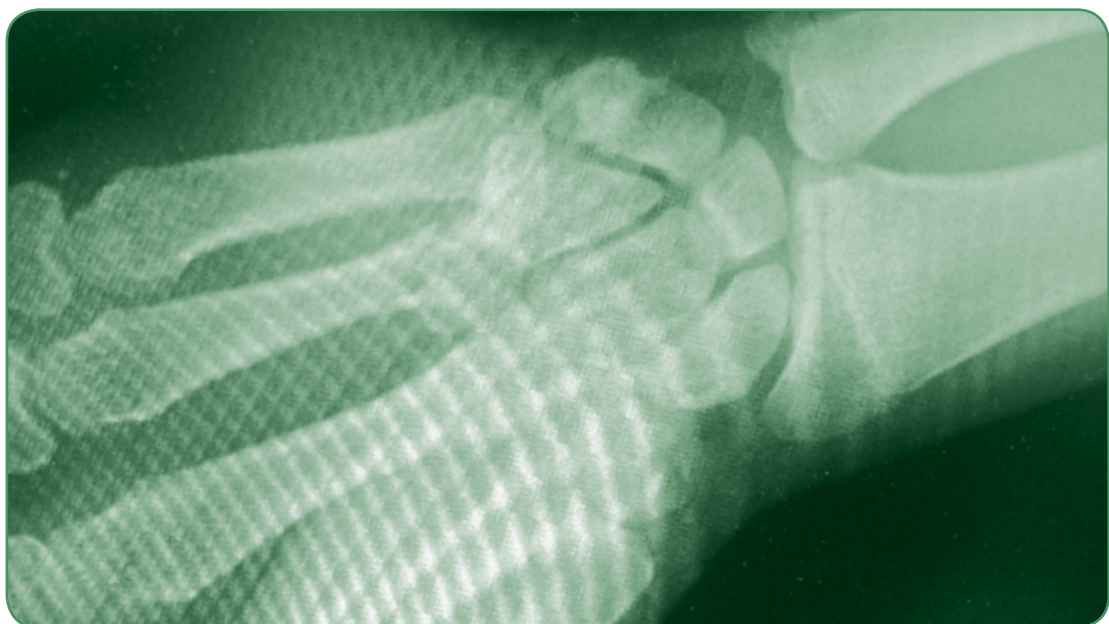
Source: *Age Concern: Stop Falling: Start Saving Lives and Money*

Why the risk of falling and bone fractures increases with age

There are lots of reasons why older adults become more susceptible to falls, and these include:

- The side effects of medications
- Impairment of vision
- Loss of balance
- Decline of strength and muscle mass that helps to prevent tripping and falling.

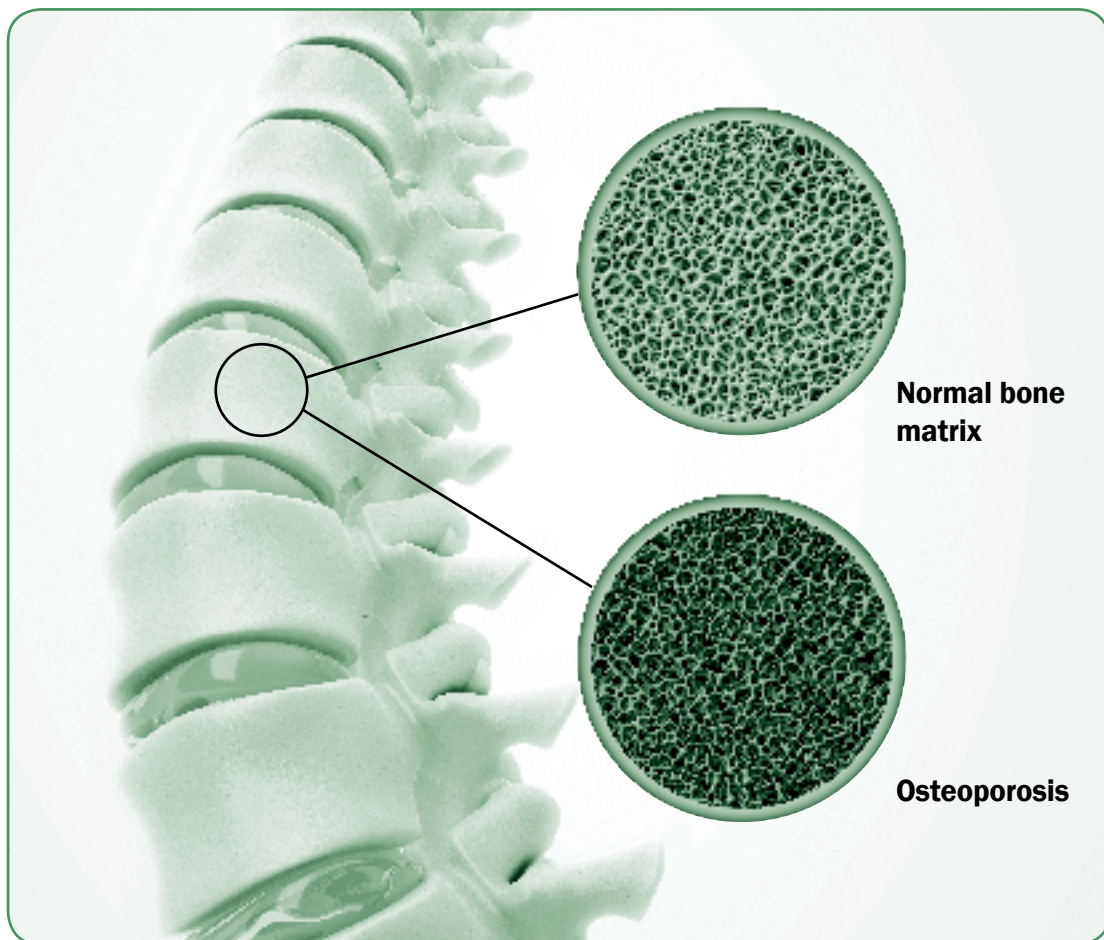
The risk of fractures following a fall also increases with age as the bone structure becomes less robust, and the risk can be increased by osteoporosis.



What is osteoporosis?

Osteoporosis is a condition affecting the bones, which become less dense, and more brittle and fragile, leading to a higher risk of fractures and breakages. Bones are at their strongest and thickest in early adult life and people start to lose bone density from around the age of 35. This happens to everyone, but the process is faster for some people than others and some are at more risk than others. This loss is often described as bone thinning and although the bones don't look any different from the outside, the structure inside them becomes more fragile.

The diagram below shows the more porous and fragile structure of bones with osteoporosis.



Source: www.medicinenet.com

There are other risk factors for developing osteoporosis as well as age, including:

- **Being under or overweight** – both can increase the risk of osteoporosis
- **Smoking** – this has been shown to slow down the work of bone building cells in the body
- **Genetics** – people whose parents have had a hip fracture have an increased risk themselves
- **Certain medications** – long-term and high dosage use of some drugs, such as those used for arthritis and asthma
- **Gender** – women are more at risk than men due to hormone changes that affect bone density
- **Lack of calcium intake** – if this is low over a person's lifetime it can contribute to the development of osteoporosis
- **Vitamin D deficiency** – this results in the body not being able to absorb enough calcium which is important in preventing osteoporosis.

Why falls should not be viewed as an inevitable consequence of ageing

Although falls can destroy an individual's confidence and reduce independence, they are by no means an inevitable part of ageing.

In many instances, taking the right steps at the right time can enable an older person to live well and maintain a healthy, physically active and independent life.

Fortunately, there are plenty of things that can be done to help prevent falls and consequent fractures from occurring.

'We know that well-organised services, based on national standards and expert guidance, can prevent future falls and reduce death and disability from fractures.'

Source: Age UK: Stop Falling: Start Saving Lives and Money

This same report tells us that exercise programmes for improving strength and balance for example, can reduce the risk of falls by as much as 55%.

The Chief Medical Officer for the UK Government has produced some guidelines on the amount and type of physical activity that older adults should aim to undertake to help reduce the risk of falls.

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Activity 1: Physical activity guidelines

Take a look at the Chief Medical Office's Guidelines for yourself by following the link below. You'll see that there are factsheets for several age groups, including the over 65s. Make notes in the space below.

<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>



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Key Fact

Improving balance and muscle strength are key factors in preventing falls.

How falls are a concern in different settings

Different concerns arise in different settings with regard to falls and their prevention.

The home and community environments

People living alone who experience a fall may sustain an additional injury in the process such as a fracture or head injury and may not be able to summon help. Even relatively minor falls can be a daunting experience, and the person may lose confidence and become nervous about falling again. The fall may cause concern for any family members and carers involved and even hasten a move to residential care.

It's therefore important to assess risks in the home environment and to try and eliminate unnecessary risks.

A report produced for the **Building Research Establishment** recommends a number of adaptations in the home that may be helpful in some situations, such as placing handrails on unsafe staircases. NICE have also recommended that people who have had treatment in hospital following a fall should be offered a home hazard assessment. This can be provided by a health professional such as an occupational therapist. It has been found that these risk assessments can reduce the rate of falls by up to 19%.



Many older people do not view themselves as old and disabled in any way, and the fear of a loss of independence through being labelled as 'at risk of falls' can be a barrier to accepting advice and guidance. The delivery of interventions in the community may not take into account a person's daily routines and preferences, and contact with health and social care professionals in community settings is not always seen as empowering for older people or welcomed by them.

Different cultural beliefs can also affect the success of community interventions, as some cultures believe that the consequences of ageing are beyond the control of the individual, for example, that they are the will of God.

The hospital environment

Falling whilst in hospital can be equally devastating, and includes loss of confidence and a greater reliance on social care in the longer term. The fall may lengthen the hospital stay and impact on recovery from any other conditions the person may have been admitted for.

A fall in hospital may also mean that the patient needs access to rehabilitation services on leaving hospital to recover fully from the fall, and if an older adult is still working, this may result in loss of earnings as more time is needed away from work.

Loss of confidence in older adults may place them at greater risk of further falls in the community and even a readmission to hospital as a result.

There is a financial cost to hospital trusts too, as well as to the wider healthcare system. Total costs to the NHS from falls among older people was estimated by NICE in 2015 at £2.3 billion.

Residential care settings

Older people living in care homes are three times more likely to fall than older people living in their own homes, with the results of a fall often being much more serious; there are ten times more hip fractures in care homes than in other environments.

Care home staff have a key role to play in falls prevention, but they need to have the knowledge, understanding and support of the wider health and social care team.

Source: *Managing falls and fractures in care homes for older people Good practice self-assessment resource: Social Care and Social Work Improvement Scotland 2011 and NHS Scotland 2011*

Older people in residential settings may injure or bruise easily and may not recover well after a fall. They may feel more vulnerable as a result and not be able to walk as well, becoming afraid of moving about. The staff can feel upset and guilty and that they could perhaps have prevented the fall.

Almost a fifth of falls in residential care settings result in a hip fracture, and a quarter of those admitted to hospital with hip fractures come from care homes.

People with dementia in care homes are at increased risk of falls due to confusion, disorientation and restlessness.



Key Fact

Different concerns about falls apply in different settings.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. How does the World Health Organisation (WHO) define a fall?

2. Give one example of a current national statistic relating to falls and older people.

3. Give two reasons why the risk of falling and bone fractures increases with age.

4. Why should falls not be viewed as an inevitable consequence of ageing?

5. Give examples of concerns about falls in three different settings:

1. Home or community

2. Hospital

3. Residential care

Check your answers by looking back over this section.

**CONGRATULATIONS, YOU HAVE NOW COMPLETED SECTION 1.
PLEASE NOW GO TO YOUR ASSESSMENTS AND ANSWER
QUESTIONS Q1 TO Q5.**

