



WELLNESS BULLETIN

PREVENTION OF FALLS

California Department of Developmental Services

JULY 2024



Is this bulletin useful?

Adults with intellectual and developmental disabilities (I/DD) are at a higher risk of falling and are more likely to experience an injury after falling. DDS special incident report (SIR) data shows that falls are a leading cause of broken bones or fractures. Most falls are preventable. With each fall, the chance of falling again increases. This bulletin explains how to prevent them, and what to do if someone falls.

FALL STATISTICS

BETWEEN NOVEMBER 2022 AND OCTOBER 2023, THERE WERE **590** SIRs THAT REPORTED FALLS, RESULTING IN **464** FRACTURES.

14% OF THOSE FALLS RESULTING IN FRACTURES (66 SIRs) REQUIRED HOSPITALIZATION.

The home is the most common location for falls that resulted in fractures.

Bedrooms and the bathrooms were the most dangerous locations within the home.

Hip, ankle, and leg fractures were the most commonly reported fractures.

Over half of all fractures from falls reported in SIRs were for people 50-69 years old.



SOURCE: DDS SIR DATA

Falls are Preventable

Most falls are caused by a combination of personal and environmental risk factors. Here are ways that you can help prevent falls. [Practice the Four "E"s](#):



1. EVALUATION



2. EXERCISE



3. ENVIRONMENT



4. EDUCATION



Wellness and Safety Bulletins are produced by the Department of Developmental Services to alert direct service providers, regional center staff, and others about specific risks to our community. Please provide feedback on this bulletin and what we can do better through this survey: [Bulletin Survey](#)

1. Evaluation: What increases a person's risk of falling?



Evaluation of personal risk is the first step in fall prevention. The more risks a person has, the greater their chance of falling.

Risk of falling is higher if the individual:

Is 65 and older

Older adults have a higher risk of falling than younger individuals

Experiences seizures

Gets dizzy or light-headed when standing or turning

Uses a mobility device such as a wheelchair, cane or walker

Takes multiple medications

Gets confused or has depression or memory loss

Or has:

A history of falling

Poor balance and muscle weakness

Difficulty rising from a low chair or bed

Poor eyesight or hearing

Difficulty walking

Foot pain or wears improper footwear

A fear of falling

A history of self-injurious behavior

Source: DDS Clinical Services, [Journal of Gerontological Nursing](#)

2. Exercise: How does it help?



Physical activity can help increase strength, mobility and balance for all individuals, especially those at risk for falling. See [Prevention and Wellness: Physical Health Bulletin](#) for more information about physical activity and exercise.

3. Environment: What can be done to increase home safety?



Most falls happen in the home. Falls often are due to hazards that are simple to fix but are easy to overlook. Identify and then remove or fix all environmental hazards. Most risks require simple fixes that can prevent injury or death.

Clear the floors of objects that the individual might trip on

Pick up things that have dropped on the floor

Even paper clips or pieces of paper can cause an individual to slip and fall

Quickly mop up spills, grease or food

Wait until the floor is dry before allowing anyone access to the area

Make sure the home has good lighting

3. Environment: What can be done to increase home safety? continued

Remind individuals at risk of falling to wear sensible shoes, not floppy slippers or socks and stockings.

Assist individuals at risk of falling when navigating stairs

Install non-slip bath and shower mats and grab bars in the bathroom

Fix uneven walking surfaces such as ripped, buckled or loose rugs or mats

Remove and keep cords away from pathways

Source: [Mayo Clinic](#)

4. Education: How do I bring fall prevention into practice?



Make fall prevention a priority.

Learn how to recognize risks for falls and what preventive steps to take.

Learn to identify, remove, or fix environmental hazards, or report problems as needed.

Individuals who have osteoporosis are at increased risk of fracture. Consider osteoporosis screenings for individuals that are high-risk for falling. (Source: [U.S. Preventative Service Task Force 2023](#)).

Provide and participate in ongoing training on fall prevention and your agency's fall management protocol if applicable.

Use this [checklist](#) to help you identify if someone may be at risk for falling. If you think they may be at risk, discuss your findings with their doctor and support team.

Source: DDS Clinical Services

FALL PREVENTION HAPPENS IN STEPS



STEP 1: Identify and eliminate/reduce fall hazards.

STEP 2: Identify changes in the individual's health status and alert your co-workers and others who work with the individual.

STEP 3: Make sure the plan of care for the individual includes falls prevention.

STEP 4: Continuously reassess steps 1-3 and adjust as needed.

The attached **Post-Fall Assessment** may be used to assess risk of falls.

Source: [DDS Health Toolkit](#)

The Dignity at Home Fall Prevention Program is a resource from the Department of Aging that provides services in the community for older adults and persons with disabilities. This program provides services such as home environmental assessments and home modifications. Read more about the Dignity at Home Fall Prevention Program: [Dignity At Home Fall Prevention Program](#).



What to Do if Someone Falls

Even with prevention, falls can still happen.

Steps to Take If Someone Falls



1. STAY CALM AND LISTEN

The person may be in shock. Listen to what the person is telling you. Carefully and quickly assess the situation.

2. OBSERVE

Observe how the person is positioned. Look for signs of broken bones, bleeding, breathing problems.



3. ASK

Ask the person how and what they are feeling.

Ask the person if they hit their head.

4. CALL 911

If the person appears to be seriously hurt, call 911 for emergency help. Do not move them.

If the person hit their head, or potentially sustained a head injury, there may not be any visible bleeding or lacerations. They may have a concussion, an internal bleed, or other injury, especially if the person takes certain medications, such as an anticoagulant.

The person may need to be evaluated by a physician and closely monitored for 24 hours after the fall.

While monitoring the individual's vital signs, be observant of any of the following concerns and tell a medical professional immediately:

Nausea or vomiting

Dizziness, confusion or difficulty thinking

Loss of consciousness, drowsiness or inability to wake up

Seizure (shaking or twitching) for any amount of time

Weakness or decreased coordination

One pupil becomes larger than the other

Speech problems



5. NOTIFY

Notify the person's doctor and provide them with details of the incident. Tell them when, where, and how the fall occurred and if there were any injuries.

Steps to Take If Someone Falls (continued)



6. DOCUMENT

Document what happened (both the fall and the follow-up).

Keep track with a running log of each fall the person experiences so that a history of falls can be developed.

How to Document a Fall

Every fall should be documented. Include:

Symptoms: What happened before and also after the fall?

Location: Where did the fall occur?

Activity: What was the person doing at the time they fell?

Time: When did the fall happen (date and hour)?






Incident: Was there an injury? Did the person receive treatment?

Use a [fall log](#) to help document falls.



Source: [DDS](#)

Additional Resources

-  [Dignity at Home Fall Prevention Program \(ca.gov\)](#)
-  [The Four E's: Preventing Falls Tip Sheet](#)
-  [Risk for Falling Checklist](#)
-  [Fall Prevention Leadership Strategies](#)
-  [What to do if Someone Falls](#)

Post - Fall Assessment

Date of fall:

UCI # (Vendor to Complete):

SANDIS Incident # (RC to Complete):

Individual's Age: 0-18 19-25 26-40 41-55 55 and over

How did the fall happen?

How can future falls be avoided?

Where did the fall occur? (check all boxes that apply)

- | | | | | |
|--------------------------------------|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Day Program | <input type="checkbox"/> Work | <input type="checkbox"/> Community Setting | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Family Room |
| <input type="checkbox"/> Yard/Patio | <input type="checkbox"/> Park | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail/Shopping | <input type="checkbox"/> Library |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Location of the fall was new or unfamiliar to the individual | | |
| <input type="checkbox"/> Other: | | | | |

Did medical issues contribute to the fall? Yes / No

(If Yes, check all that apply)

- Assistance walking device was in use when they fell: Walker Cane Wheelchair Gait belt
- Individual was experiencing changes in: Vision Hearing Gait Health
- Recent medical changes Recent medical diagnosis Seizure Disorder
- Other:

Fall prevention happens in steps:

STEP 1: Identify and eliminate/reduce fall hazards

STEP 2: Identify changes in the individual's health status and alert ALL staff

STEP 3: Create new plan for the individual

STEP 4: Continuously reassess steps 1-3; adjust as needed

STEP 1: Identify and eliminate/reduce fall hazards (check all that apply)

- Carpeting/rugs not properly secured to the floor or lying flat
- Change in flooring/threshold
- Transferring from one position to another
- No handrails/grab bars available
- Rubber bathtub mats not in place
- Insufficient light, too dim, and/or no nightlight present
- Missing, defective, or improperly used assistive device
- Failure of individual/staff to follow protocols for assistance (transfers)
- Distracted caregiver/individual
- Shoes, clothing, pets, children, or other obstacles blocking the path
- Physical walking distance of destination too far
- Wet, icy, uneven, or rocky terrain, construction, crowds, or other hazards
- Individual in a rush/not paying attention
- Staff assisting distracted
- Inappropriate footwear: Wrong size (too big/small) Shoelaces untied Wrong shoe type for environment
- Other:

STEP 2: Identify changes in the individual's health status and alert ALL staff (check all that apply)

- Individual dizzy/disoriented due to new, changed, or missed medication
- Individual experienced loss of leg strength or change in gait due to change in health/diagnosis
- Individual experienced shortness of breath
- Individual experienced confusion related to use of new mobility device(s)
- Individual's behaviors and/or mental health may have contributed to the fall
- Individual experienced seizure activity
- Individual has experienced at least one fall in the past six months
- Individual displayed any pain or discomfort prior to the fall
- Other:

STEP 3: Create a plan to avoid falls, make appropriate environmental changes, train staff on the work plan, and look for additional fall risks. If a Behavior Plan is needed, please attach a completed copy to this form.

Please address all checked boxes and attach extra pages as needed.

STEP 4: Continuously reassess current plan and make necessary changes. This plan is a living document and should be discussed with the Service Coordinator at every meeting. The plan is designed to reduce falls through an increased focus on strategies of fall prevention.

Is assistance requested from the Regional Center to complete the fall plan? Yes / No

If Yes, please describe:

Signature of Service Provider

Name of Facility

Date

Regional Center Use Only

Date of Incident:

Injury as a result of incident:

Approved or denied by Community Service Committee Date:

Notes: