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| Practice advice – falls minimisation |
| For disability support workers supporting residents in group homes |
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# Introduction

People with complex disability often have multiple falls risks factors that increase the likelihood of a fall occurring. This practice advice provides general strategies for disability support workers to reduce the falls risk in people they are supporting in group homes.

**Note:** This practice advice has been written to provide guidance for disability support workers working in group homes. Due consideration must be given before applying this advice to other settings.

**Falls risk factors include:**

* a previous fall
* cognitive impairment
* psychological impairment
* physical or medical impairment
* medication use
* personal factors and environmental factors
* premature ageing in those with long standing disability.

# To reduce falls risk

* Ensure all relevant assessments to support the resident with their activities of daily living are completed and up to date. These should outline how to support and assist the resident with everyday physical activities.
* Regular reviews by a resident’s General Practitioner (GP) can also help to identify and respond to changes in a resident’s mobility.
* The general strategies outlined below can also to reduce the falls risk of a resident.

## Falls minimisation strategies

### Be alert to falls

Whenever you provide support to residents, routinely observe the resident when they stand and walk:

* Does their movement look uncoordinated?
* Are they off balance?
* Are they limping?
* Are they unsteady?

### What to do if standing or walking looks unsafe

* Identify issues that may be affecting mobility e.g. complaints of dizziness, pain, weakness, medication change, changes in vision.
* Encourage and redirect the resident ensuring the correct use of the gait/mobility aid/orthoses (if prescribed).
* Confirm that medications have been taken as per treatment sheet.
* Implement recommended strategies from Falls & Balance Clinic, Physiotherapist or Occupational Therapist where they have been consulted for advice.

### What to do if the issue does not improve?

* Arrange a GP appointment for review.
* Redirect resident to sit down and/or provide additional assistance/ supervision until review by GP.

## Further falls risk minimisation strategies

### Environmental

| Area of house | Action and advice  |
| --- | --- |
| All areas of the home | * NO uneven floor surfaces within the home.
* NO uneven floor surfaces in main access areas to or from the home.
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| Bathroom | * Nonslip surfaces in all bathrooms.
* Handrails in place in all showers and baths.
* Optimise lighting (especially night-time bathroom lighting).
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| Other areas | * Remove trip and slip hazards (e.g. no cords draped across the floor).
* Remove or minimise clutter (e.g. enough room to move around the outside of a dining table).
* Remove throw rugs and occasional tables in walk areas.
* Clean up spills immediately, regardless of how small the spill is.
* Clean floors outside of peak times. If not practical, introduce a system so that people do not walk on surfaces until they are dry.
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| Steps/stairs | * Handrails are in place on all steps and staircases.
* Maximise the contrast between steps if any resident is visually impaired.
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### Personal

| Guidance | Action and advice  |
| --- | --- |
| Encourage residents to | * Wear firm fitting footwear when walking (avoid sloppy slippers, avoid improperly sized footwear, avoid walking in socks).
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| If prescribed | * Glasses are worn correctly (don’t walk when wearing reading glasses).
* Hearing aids are in place and working.
* Orthoses (e.g. braces, helmets, splints) are correctly applied and well maintained.
* Mobility aids are used correctly and are well maintained.
* Medication is taken as per treatment sheet.
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Physical health

| Guidance | Action and advice  |
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| All residents should be encouraged to keep active | * Strong bones, healthy eating (e.g. include dietary calcium, avoid sugary drinks), and engage in physical activity
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| Recommend adherence to Australian Physical Activity Guidelines (Dept of Health, 2019) | * Doing any physical activity is better than doing none. If the resident currently does no physical activity, encourage them to start by doing some, and gradually build up.
* Be active on most, preferably all days, every week.
* All residents should be encouraged to engage in incidental physical activity (e.g. park further away from shops/appointment; get off the bus one stop earlier) to reduce sedentary behaviour.
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# Remember to document

* It is important that any concerns you have identified are documented and/or reported using your organisation’s agreed processes.
* Remember to review other relevant assessments that outline how to support the resident with everyday physical activities if; a resident has a fall, or if there are any changes in a resident’s mobility.

This advice has been developed with the assistance of Associate Professor Dr Prue Morgan, Department of Physiotherapy, Monash University.

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