



First Aid for Falls

Preparing to respond to a Fall

Presented by:

**The Virginia Department of Behavioral Health and
Developmental Services**

**The Office of Integrated Health
Health Supports Network, September 2019**

Purpose

This training is brought to you from the Office of
Integrated Health (OIH), Health Supports Network (HSN)
Registered Nurse Care Consultants (RNCC)

This training is best practice advice for community service
providers to help them to respond effectively when an
individual they serve experiences a fall.



How to use this training.

- Welcome each participant.
- Turn off phones and reduce distractions.
- Review the purpose for the Training.
- Review the learning objectives.
- Hand out a piece of paper to each of the training participants and have them complete the 5 question pre-test.
- Put the answers away until the end.
- Review and discuss the content on each slide.
- Have participants take out their pre-test answers.
- Review the answers and ensure each participant understands the correct answer.

Key Terms & Abbreviations

- **OIH:** Office of Integrated Health
- **ID/DD:** Intellectual Disability/Developmental Disability
- **MRE:** Mobile Rehab Engineering
- **RNCC:** Registered Nurse Care Consultant
- **DBHDS:** Virginia Department of Behavioral Health and Developmental Services
- **AT:** Assistive Technology
- **DME:** Durable Medical Equipment



Learning Objectives

**At the conclusion of this training,
participants will be able to ...**

- Define the term “fall”.
- List the possible complications of a fall.
- State one reason a health event that can cause an increase risk for falls
- List five reasons to call 911.
- Describe why it is important to update the individual's ISP after a fall occurs.

Pre - Test

Each participant should answer the following questions and turn them over until the end of the training.

- 1) True / False A fall is any situation in which someone descends (or falls) suddenly and involuntarily toward a lower surface or the ground.**
- 2) True / False Fall complications do not include broken bones, head injuries, soft tissue damage, and problems with daily activities.**
- 3) True / False A change in any person's health status never results in an increase risk of falls.**
- 4) Calling 911 is important when you observe _____, _____, _____, _____ and _____.**
- 5) True / False The individual who experienced a fall should have their ISP updated because might need additional supports to limit and/or reduce their risk for a serious injury due to another fall.**

What is a Fall?

A fall is any situation in which someone descends (or falls) suddenly and involuntarily toward a lower surface or the ground.

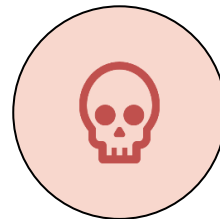
Fall complications can include broken bones, head injuries, soft tissue damage, and problems with daily activities (VCU, 2016).



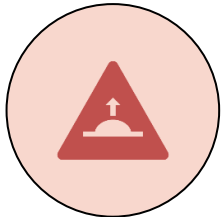
The Center for Disease Control (CDC) and Prevention reports (2019a,b,c; 2017) that in individuals 65 & over:



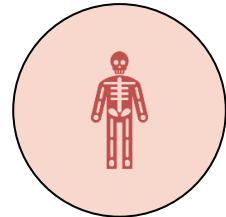
Each year one in 4
older adults will fall.



Falls are the number
one cause of injuries
and death from injury.



One out of five falls
causes a serious
injury such as a
broken bone or a
head injury.



More than 95% of hip
fractures are caused
by falling.

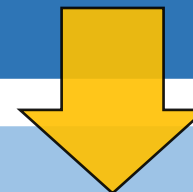
Fall Facts In People with ID/DD

According to research conducted by Hsieh, Rimmer, Heller, Minor and Grosso in 2014:

One in five adults (18 – 44) with ID/DD
reported falling in the past year.



One in three middle-aged adults (45-64)
with ID/DD reported falling in the past
year.



Nearly 25% of fall – related injuries
needed medical attention.

Fall Facts In People with ID/DD

According to research conducted by Hsieh, Rimmer, Heller, Minor and Grosso in 2014:

Females have a higher prevalence of falls than males.



The prevalence of falls increases with advancing age.



Falls for adults with ID/DD were associated with having arthritis, seizure disorder, polypharmacy, using walking aids and lower upper body extremity strength.

Change in Health Status

With a change in any person's health status, especially those resulting from:

**Emergency
Department Visit**

Urgent Care Visit

Hospitalization



There can be a new or increased risk for falls.



Be sure to follow up with the individual's Primary Care Provider (PCP) or licensed healthcare provider (ex. Nurse or Physical Therapist) to discuss their risk for falls.

When a Fall Occurs...

When a Fall Occurs What Should You Do (Mayo Clinic, 2019a,b)?

- Assess immediate danger to all involved. Assess airway, breathing, and circulation
- If the individual is not breathing, start CPR, **call 911**, and follow First Aid/CPR protocols
- Is the individual conscious or unconscious (even for a short time)? If yes, the individual should be assessed for concussion in the ER immediately, **call 911**
- Does the individual have confusion, vomiting, or poor skin color? If yes, **call 911**
- If the individual has bleeding that will not stop with direct pressure over the wound, **call 911**
- If the individual has a cut or burn that is large, deep, or one that involves the head, chest, or abdomen, **call 911**
- If the individual has skin or lips that look blue, purple, or gray, **call 911**
- If the individual has a seizure (rhythmic jerking or loss of consciousness) immediately following the fall, **call 911**

Signs of Serious Injuries

When a Fall Occurs What Should You Do (Mayo Clinic, 2019a,b)?

Serious Injuries

- If the individual has an inability to move, **call 911**
- If the individual is having trouble breathing, or choking after a fall, **call 911**
- If the individual displays any lack of responsiveness, **call 911**
- If an individual (who can typically ambulate), can't bear weight, **call 911**
- If the individual fell from any elevation or height (such as off a porch, a deck, a ramp, etc., **call 911**
- If the individual fell from any type of lift (a vehicular lift, a patient lift, etc.), **call 911**
- If the individual is involved in any type of DME-related falls (falls from a manual wheelchair, a power wheelchair, a stander, a gait trainer, a lift, etc.), **call 911**
- If the individual falls out of a vehicular seat, (and/or is thrown) during any type of vehicular accident, (or falls "out of" a vehicle), **call 911**
- If you observe excessive swelling to any area of the individual's body or any limb (legs, arms, etc.), after a fall, **call 911**

Signs of Serious Head Injuries

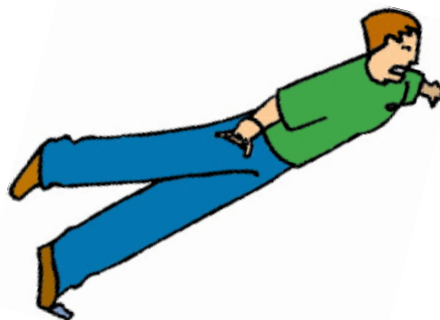
Call 911 or your local emergency number if any of the following signs or symptoms are apparent after a fall, because they may indicate a more serious head injury (Mayo Clinic, 2019a,b):

Indicators of Serious Head Injury in Adults

- Severe head or facial bleeding
- Bleeding or fluid leakage from the nose or ears
- Severe headache
- Any change in level of consciousness
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Slurred speech
- A seizure

Let's Review...

- Follow **First Aid guidelines** for immediate care
- **Seek immediate follow** – up care & evaluation
- **Call 911 after a Fall**
 - If any injury is suspected such as, head injury, broken bones, traumatic brain injuries, etc.
 - If there is ANY question of possible injury
(Mayo Clinic, 2019, a,b)



After a Fall

If the individual experiences a fall, what should you do?

After a fall - don't wait. **Inform the team members on the individual's care team, as soon as possible.** The individual might need additional supports to limit and/or reduce their risk for a serious injury due to another fall.

- Develop a plan to address the risk(s) and reduce the possibility of a future fall with the care team.
- Conduct an ISP meeting to identify any referrals or interventions that might be appropriate.
- Update the individual's Individualized Support Plan (ISP).

In the End ...

Caregivers need to try their best to determine if a change they observed could affect the individual's health, their functional status and/or the delivery of services that are planned.

Consider the following:

- Are more/different supports needed?
- Does the individual require a **different type of support?** (Hsieh, Rimmer, Heller, Minor and Grosso in 2014)

Who Can Help Plan?

There are a number of healthcare professionals that can provide assessment and prescription for treatment to reduce the risk of possible adverse events (Hsieh, Rimmer, Heller, Minor and Grosso in 2014).

They include:

- Primary Care Practitioner (PCP)
- Orthopedist
- Podiatrist
- Neurologist
- Ophthalmologist
- Ear, Nose & Throat Specialist



Who Else Can Help?

Other healthcare professionals that can assess and provide a care plan (in their specialty) addressing the prescribed treatment(s) to reduce the risk of falls, include:

- Registered Nurse (RN)
 - Licensed Practical Nurse (LPN) – per VA BON Regulations
 - Pharmacist
 - Physical Therapist (PT)
 - Occupational Therapist (OT)
 - Certified Therapeutic Recreation Specialist (CTRS)
 - Behavioral Support Professional (BCBA, BSP)
- (Hsieh, Rimmer, Heller, Minor and Grosso in 2014)

Who else can help?

Other professionals that can help identify resources in the community include:

- The DBHDS/OIH MRE Team
- Individual's selected DME Provider
- MCO Care Coordinator
- DBHDS: Office of Integrated Health (OIH):
Registered Nurse Care Consultants (RNCCs)

Mobile Rehab Engineering Team

Having properly working durable medical equipment (DME) is important for reducing risk of falls.



DBHDS, Office of Integrative Health has a Mobile Rehab Engineering (MRE) Team program, which ensures that individuals who rely on durable medical equipment (DME) (such as wheelchairs, shower chairs, gait trainers, standers, patient lifts, etc.), have access to maintenance and repair services if they do not have those services currently available to them.

For more information: email the MRE Team at: mreteam@dbhds.virginia.gov

Mobile Rehab Engineering Team

If you see anything broken on a wheelchair, such as:

- A broken part
- Missing or loose bolts, screws, brackets, clasps, etc.
- Missing or torn seat belts or chest harnesses
- Missing armrests
- Ripped vinyl on seat bottoms or backs (the individual could fall through)
- Loose cushions (the individual could slip to the floor)
- Loose or wobbly wheelchair brakes (that don't keep the tires from moving)
- Footrests that don't work properly and/or are missing
- Parts that are loose and/or wobbly
- Missing clothing guards (longer garments such as ponchos or sweaters can get caught in the wheel spokes and can yank an individual to the floor)

**Email the MRE Team as soon as possible at:
mreteam@dbhds.virginia.gov**

Mobile Rehab Engineering Team

If you see any assistive technology (AT) devices, such as helmets, Knee/Ankle/Leg/Foot or Hand orthotics with:

- Broken or missing fasteners (clasps, buckles, brackets, etc.)
- Broken or missing parts (screws, bolts, rivets, etc.)
- Torn or missing straps
- Worn out or missing Velcro
- Worn out or missing padding



Email the MRE Team as soon as
possible at:
mreteam@dbhds.virginia.gov

- **OIH Health and Safety Alerts**

- <http://www.dbhds.virginia.gov/office-of-integrated-health/safety-alerts-archive>
- **Fall Prevention (September, 2019)**
- **First for Falls (September, 2019)**

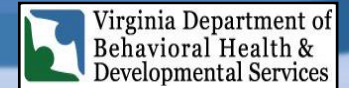
- **OIH Newsletters**

- <http://www.dbhds.virginia.gov/office-of-integrated-health/safety-alerts-archive>

- **OIH Mobile Rehab Engineering Team / Power Point**
Email: mreteam@dbhds.virginia.gov

- **DBHDS Guidance Document §12 VAC 35-105-720.B**

Office of Integrated Health Resources



DBHDS newsletter and health alerts



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Virginia Department of Behavioral Health & Developmental Services

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Health and Safety Alerts

2019 Alerts

- Tardive Dyskinesia Alert - [March 2019](#)
- Medication Management Alert - [March 2019](#)
- Psychotropic Medication Side Effects Alert - [March 2019](#) -

2018 Alerts

- Choking - [Summary Alert](#) - [Detailed Alert](#)
- Bowel Obstruction and Constipation - [Summary Alert](#) - [Detailed Alert](#)
- Drug Disposal - [Summary Alert](#) - [Detailed Alert](#)
- Congestive Heart Failure-Summary Alert - Detailed Alert

Pre – test Answers

Each participant should turn over their pre-test answer sheet and as a group review the answers listed below:

- 1) True**
- 2) False**
- 3) False**
- 4) Call 911 when any of the following is observed confusion, vomiting, poor skin color, bleeding that will not stop with direct pressure, cut or burn that is large or deep, skin or lips that look blue, purple, or gray, has a seizure, has an inability to move, trouble breathing, or choking, any lack of responsiveness, can't bear weight, fell from any elevation or height, fell from any type of lift, involved in any type of DME-related falls, falls involving a vehicle, excessive swelling to any area of the individual's body or any limb and / or you have reason to suspect severe injury.**
- 5) True**

References & Resources

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References & Resources



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Still Have Questions? *OR* Comments?



Please contact:

**The Virginia Department of
Behavioral Health and
Developmental Disability
(DBHDS)**

**Office of Integrated Health
(OIH)**

<http://www.dbhds.virginia.gov/office-of-integrated-health#>



Thank You !