

## YORK COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS

**PROCEDURE TITLE:** Medical: Fall Prevention

**APPLICABILITY:** YCBDSN Staff

**EFFECTIVE DATE:** 2008

**PROCEDURE REVISION:** January 1, 2013

**REFERENCE:** YCBDSN Policy: Risk Management Program  
SCDDSN Department Directive: 100-26

**PROCEDURE PURPOSE:** It is recognized that no system will eliminate consumer falls. The goal is to identify fall risk factors and minimize those risks. This procedure establishes the protocol for fall risk assessment and the development of fall prevention strategies for YCBDSN residential consumers.

**OVERVIEW:** All consumers seeking residential placement in a YCBDSN sponsored facility is to be assessed for falls upon admission, annually and at any time a fall occurs to ensure all needed interventions are in place. The fall prevention system is designed to provide a graduated approach of interventions to ensure the consumer receives needed supervision and assistance while also respecting their desire for independent movement.

**FALL PREVENTION SAFETY GUIDE:** The safety guide (*Attachment B*) is a staff reference tool to aid in training staff and consumers about general fall prevention actions. The guide is a graduated list of thinking points that addresses individuals at varied risks of falls. It provides information that can be used to implement fall guidelines or in developing fall prevention plans. The safety guide is not meant to be a comprehensive listing of interventions but rather a tool to help the support team make reasonable decisions in developing fall interventions. The safety guide is found on the back page of the Falls Assessment Tool.

**FALLS ASSESSMENT TOOL:** The falls assessment tool (*Attachment A*) is to be completed during the assessment period for all new residential admissions, reviewed with each fall for needed additions/changes and reviewed/updated no less than annually.

- The falls assessment tool is designed to include input from residential staff, nursing staff and day program staff (if the consumer attends the day program). A representative signature should be present on the assessment from each applicable department to be considered complete.
- The assessment is divided into six sections. Sections 1-5 target specific care issues that can heighten the risk of falls. The assessor is to mark any area in sections 1-5 that apply to the consumer being assessed. Multiple items may need to be marked in a given section.
- Once sections 1-5 have been completed and reviewed by all staff required to give input, a score will be determined. The scoring begins at 0 (*low risk*) and ends at 6

- (*high risk*). Score a “1” for any section (1-5) that has one box checked. If any section has more than one box checked, add one additional point. This scoring will determine the consumer’s current risk factor for falls as outlined on the tool.
- Section 6 is a determination of the consumer’s gait pattern and does require some subjectivity. Review sections 1-5 and determine the category that best describes the consumer’s typical gait. Mark the box that most closely describes the consumer’s typical walking pattern.
  - Once a numeric score and a gait summary determination have been obtained. The scoring guide will provide the determination of low risk, moderate risk or high risk for falls.
  - A consumer scoring in the “low fall risk” category has a normal gait, does have some risk factors but considered to be minimal and able to be managed with general safety practices as found on the safety guide.
  - A consumer score in the “moderate fall risk” category has a normal gait, some consistent risk factors during some activities of daily living (ADL) and is in need of some additional intervention to minimize fall risks. Fall guidelines are needed to address the risks of falls for this consumer.
  - A consumer score in the “high fall risk” category has a weak or impaired gait and a pervasive risk of falls. A formal fall prevention plan is needed to address the fall risks for this consumer.

**FALL GUIDELINES:** Fall guidelines are staff reminders to provide assistance in certain situations to reduce the risks of falls for a consumer. Fall guidelines are to address minimal risk factors, are most often instructive in nature, and are considered to be less intrusive than fall prevention plans. Fall guidelines can be implemented via:

- Specific, written instruction to staff in the appropriate supervision section of the consumer’s annual plan to address a specific fall risk area
- Implementation of a training objective to reduce a fall risk
- Implementation of a bowel/bladder program to reduce a fall risk
- Introduction of a piece of adaptive equipment to reduce a fall risk

**FALL PREVENTION PLAN:** Some consumers have pervasive fall risk factors and need a structured approach to minimize risk. These individuals need formal fall prevention plans (*Attachment C*).

- The fall prevention plan is designed to include input from residential staff, nursing staff and day program staff (if the consumer attends the day program). A representative signature should be present on the plan from each applicable department to be considered complete.
- Any risk area identified on the falls assessment tool needs to be listed on the fall prevention plan. This will ensure that all areas of need are incorporated into the plan.
- The fall prevention plan reflects the layout of the assessment. A specific intervention needs to be reflected for each identified risk area. If two risk areas can be addressed with one intervention that is acceptable.
- For each identified risk, the team needs to determine a strategy to minimize that risk. It may be through consumer training, introduction of adaptive equipment, muscle strengthening (referral to OT/PT), increased staff assistance or a combination of interventions.

- Once the strategy is determined, the specific intervention tasks or components need to be specified in the applicable area. A fall prevention plan typically will have more than one need identified.
- Once the fall prevention plan is completed, copies need to be distributed to all YCBDSN programs providing a service to that consumer. Distribution of fall prevention plans is the responsibility of YCBDSN Residential Coordinators.

**TRAINING:** Staff members assigned to Direct Support Professional positions should maintain current certification in CPR/ Standard First Aid at all times. Any YCBDSN residential consumer participating in a fall prevention plan should have that plan inserviced in all programs that consumer participates in. Comprehensive documentation of fall prevention plan training is to be maintained in the residential program.