

# Fall Prevention Awareness<sup>1</sup>

## Session 2: Enhancing Skills to Address Risk Factors

### Goal

The goal of this second session of “Fall Prevention Awareness” is for participants to help reduce client falls (and their own) through:

- Observing, recording, and reporting about risk factors they notice, and
- Improving their skills to communicate concerns with elders and family members.

### Time

4 hours (includes 50 minutes for welcome, break, and closing)

| Activities  | Teaching Methods   | Time       |
|---|--|------------|
| 2.1: Welcome, Pre-test, and Agenda  | Individual work and interactive presentation   | 15 minutes |
| 2.2: Risk Factor Review   | Large-group exercise   | 30 minutes |
| 2.3: Observe, Record, and Report— Looking Through the Lens of Fall Prevention | Interactive presentation, small-group work, large-group reporting and discussion     | 1 hour     |
| Break   |  | 15 minutes |
| 2.4: Using Communication Skills to Help Reduce a Client’s Risk of Falling     | Interactive presentation with demonstration, small-group work, large-group role play | 1 hour     |

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|   |  |            |
|---|--|------------|
| 2.5: Managing Falls—Yours and Your Client’s | Large-group discussion, interactive presentation with demonstrations | 25 minutes |
| 2.6: Competency Checklists Review           | Interactive presentation   | 15 minutes |
| 2.7 Post-test, Evaluation, and Closing      | Individual work and large-group exercise                             | 20 minutes |

### Supplies

- Flip chart(s), markers, and tape
- Paper and pencils
- Name-tags
- Bag, box, or hat for name-tag drawing (Activity 2.2)
- Minute timer, or clock with a seconds-hand (Activity 2.2)
- “Prizes” for all participants (Activity 2.2)—e.g., nice pens, healthy snacks, canvas bags
- Role play props (Activity 2.4, optional)
- Clean sheet for a volunteer to lie upon when demonstrating getting up from a fall (Activity 2.5)
- A sturdy chair for same demonstration

### Handouts

- Handout 11: Session 2—Goal and Objectives
- Handout 12: Using Observe, Record, and Report To Reduce the Client’s Risk of Falls
- Handout 13: Observe, Record, and Report—Worksheets A-F
- Handout 14: Communication Skills—Asking Open-Ended Questions
- Handout 15: Using Open-Ended Questions To Learn More about the Client’s Risk of Falling
- Handout 16: Reducing the Risk of Falling—How You Can Help Your Client
- Handout 17: What To Do If *You* Fall
- Handout 18: What To Do If Your Client Falls
- Handout 19: Fall Prevention Competency Checklists

## Advance Preparation

Review all training and presentation materials for this session.

Copy all handouts for participants.

### **Activity 2.1: Welcome, Pre-test, and Agenda**

Prepare the following flip chart page:

- Session 2 Agenda

As participants arrive, ask them to select a name-tag and put their name on it with a marker. Prepare the name-tags in advance to create four teams for the “game show” in Activity 2.2. Designate the teams with colors, shapes, numbers, or even animals—e.g., Tigers, Lions, Elephants, and Giraffes. Divide the name-tags into four groups, and label each name-tag in that group with the symbol or name of that team. Then mix up the name-tags so that participants will choose them randomly as they come in.

Create one extra name-tag for each team and set all four aside in a bag, box, or hat, for random drawing during the game.

### **Activity 2.2: Risk Factor Review**

Prepare the “Game Board” flip chart page (Step 4).

Print all the game-show questions (see “Activity 2.2 Teaching Materials” in Appendix A). Tape them face-down in the empty grid on the “Game Board”—one question for each square.

Bring a minute-timer or make sure there is a clock with a seconds-hand for time-keeping during the game.

Decide what kinds of prizes you want to give out to the teams, making sure that everyone gets a prize of equal value.

**Activity 2.3: Observe, Record, and Report—Looking Through the Lens of Fall Prevention**

No advance preparation needed.

**Activity 2.4: Using Communication Skills to Help Reduce the Client’s Risk of Falling**

Assemble props (wig, shawl, glasses) to play the role of “Mrs. Yolanda.” (optional)

**Activity 2.5: Managing Falls—Yours and Your Client’s**

Check the policy about client falls at the agency where this training is being given. Certain steps and recommendations may vary based on agency-specific guidelines. You may need to revise Handouts 17 and 18 accordingly.

**Activity 2.6: Competency Checklists Review**

Find out how these checklists will be used at the agency where this training is being given. Be prepared to share this information with participants.

**Activity 2.7: Closing**

Find out how the post-training assessment will be conducted at the agency where this training is being given. Be prepared to share this information with participants.

## Activity 2.1: Welcome, Pre-test, and Agenda

15 minutes

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### Learning Outcomes

By the end of this activity, participants will be able to:

*Explain the goal and objectives for this second session on Fall Prevention Awareness.*

### Key Content

- The goal of this second session of “Fall Prevention Awareness” is for participants to help reduce client falls (and their own) through:
  - Observing, recording, and reporting about risk factors they notice, and
  - Improving their skills to communicate concerns with elders and family members.
- The specific objectives are to enable participants to:
  - Explain what to do to minimize injury from falls—their own and their client’s.
  - Apply guidelines for “Observe, Record, and Report” in order to effectively address risk factors for falling.
  - Describe the communication skill of asking open-ended questions and demonstrate using this skill to explore fear of falling with an elder.

### Activity Steps

#### Individual work—10 minutes

1. **Welcome participants** to Session 2 of “Fall Prevention Awareness.” Explain that, as before, you want to begin with a short quiz. This quiz will be repeated at the end of the workshop to see what they have learned during the session.

- 2. Distribute one copy of the pre-test to each participant.** Ask participants to answer the questions to the best of their ability, without discussion. Note that you do not expect them to know these answers yet, but the workshop will cover this material. So, if they're not sure about a question, they should answer with their first guess and move on. Encourage them to raise their hands if they have questions, and a trainer will come to them.
- 3. Collect the pre-tests after 10 minutes.**

**Interactive Presentation—5 minutes**

- 4. Distribute and review Handout 11: Session 2—Goal and Objectives.** Explain that, while the first session focused on their ability to recognize risk factors for falling, this second session will focus on enhancing their observation, reporting, and communication skills to address and reduce those risk factors. In addition, they will review how to manage falls—their own and their clients—in order to minimize injury.
- 5. Present the session agenda.** Post and review the prepared flip chart page with the agenda for this session.

*Flip Chart*

Session 2: Enhancing Skills  
to Address Risk Factors

- Risk Factor Review
- Observe, Record, and Report:  
Looking Through the Lens of  
Fall Prevention
- Using Communication Skills to  
Help Reduce a Client's Risk of  
Falling
- Managing Falls: Yours and  
Your Client's
- Competency Checklists
- Closing

## Activity 2.2: Risk Factor Review

30 minutes

### Learning Outcomes

By the end of this activity, participants will be able to:

*List the six risk factor categories for fall prevention.*

*Give at least two examples of how each risk factor can contribute to falls.*

*Give at least two examples of a strategy to prevent falls for each risk factor.*

### Key Content

- This activity is a review of the content from Session 1.

### Activity Steps

#### Large-Group Exercise—30 minutes

- 1. Explain the exercise.** This exercise is a game that is designed to help participants review what they learned in Session 1 about risk factors for falling, plus TBI. Playing the game will prepare them for the next activity, in which they will identify risks for falling in different scenarios and apply their skills of Observe, Record, and Report to address those risks.
- 2. Form four teams.** Ask participants to look on their name-tags and find the colored shape (or animal, or number—see Advance Preparation). Ask them to sit with the other participants who have that same colored shape. Once they are in their “teams,” ask each team to select a team leader. The team leader will be the spokesperson for the team when they have to answer questions.

3. **Brainstorm categories of risk factors.** Before starting the game, ask participants to name the six categories of risk factors for falling, which they learned about in Session 1.
4. **Post the “Game Board” flip chart page.** The questions for each risk factor (Levels 1 and 2) are taped to the flip chart page, face-down (see Advance Preparation). Note that they will also be able to answer questions about TBI.

*Flip Chart*

| <b>RISK FACTORS</b>           | <b>Level 1—<br/>50 points</b> | <b>Level 2—<br/>100 points</b> |
|-------------------------------|-------------------------------|--------------------------------|
| <b>Home safety</b>            |                               |                                |
| <b>Physical mobility</b>      |                               |                                |
| <b>Managing medications</b>   |                               |                                |
| <b>Home from the hospital</b> |                               |                                |
| <b>Fear of falling</b>        |                               |                                |
| <b>Safety outdoors</b>        |                               |                                |
| <b>TBI</b>                    |                               |                                |

5. **Explain the rules of the game.**
  - a. For each risk factor category, there are two questions to be answered. Each team will have three chances to choose a question from the board. If they answer a Level 1 question correctly, they will get 50 points. If they answer a Level 2 question correctly, they will get 100 points. The team with the most points at the end of the game will be the “winners.”
  - b. The game show “host” (trainer) will begin by drawing an extra name-tag from a bag, to determine which team will go first (see Advance Preparation for Activity 2.1).
  - c. The team that goes first will choose a question from one of the risk factors, at either Level 1 or Level 2. The trainer will turn the paper over and read the question out loud. (Tape it back up on the flip chart page so that all can read it.)

The team has 1 minute to answer the question. Team members may talk to each other while they are trying to think of answers; they may also consult handouts.

- d. After 1 minute, the “host” will ask the team leader for the team’s answer. If correct, they get the points for that question. If incorrect, another team can try to answer the question. Whichever team leader raises his or her hand first will have a chance to answer the question.

**Teaching Tip**

After each question is answered correctly, take a minute to talk about the answer to the question to make sure that the whole group understands it.

- e. On a separate flip chart page, the “host” will keep track of how many points each team earns.
- f. The host will choose another name-tag from the bag to determine the next team to pick a question. After each team has had one turn, the game continues with the host asking questions of the teams in the same order for the second and third rounds.

**Teaching Tip**

After three rounds, two questions will remain. If you have enough time, read the question and have the team whose leader raises her or his hand first answer.

This game is actually designed to give everyone a chance to answer questions. It is likely to end in a tie, with no clear “winner”—and that is intentional.

6. **Facilitate the “game show”** until all the questions have been answered, or time runs out—whichever comes first.
7. **Wrap up.** Thank participants for their efforts and give out “prizes” to ALL the participants—not just the “winning” team—because they are ALL “winners” for learning how to prevent falls!

## Activity 2.3: Observe, Record, and Report— Looking Through the Lens of Falls Prevention

1 hour

### Learning Outcomes

By the end of this activity, participants will be able to:

*Identify possible risks of falling in case scenarios, by applying their knowledge of risk factors.*

*Explain the role of Observe, Record, and Report (ORR) in reducing these risks.*

### Key Content

- Observe, Record, and Report (ORR) is an important part of the home health aide’s job and is an important tool for preventing falls and/or reducing injury from falls.
- **Observe:** Direct-care workers are the “eyes and ears” of the care team. Small changes that an aide notices about the client could reduce the client’s risk of falling—or even save his or her life!
- **Record:** Home health aides are trained to keep notes when they do the tasks that are listed on the care plan. In addition to recording what they do, aides note what they observe while doing those tasks and while spending time with the client.
- **Report:** Home health aides share their observations and notes with the RN and other members of the client care team on a regular basis. This helps the care team to know how the client’s condition has changed. In terms of fall prevention, sometimes aides may notice changes that make them feel concerned that the client may be more likely to have a fall. In those cases, the appropriate person needs to be contacted immediately.

- Home health aides use ORR for:
  - Changes in the client’s condition—physical, mental, emotional
  - Changes in the environment, or home, that could lead to falls
  - Changes in relationships with family and friends that could affect the client’s overall health
  
- Home health aides follow these guidelines when reporting:
  - Identify who needs to know about the situation.
  - Decide if the information should be reported immediately or in their regular report.
  - Report in writing or by phone, as required.
  - Be clear, specific, and factual: that is, report what they know to be true.
  - Share their point of view about the situation based on factual observations.

## Activity Steps

### Interactive Presentation—10 minutes

1. **Explain the purpose of this exercise.** Explain that, having increased their awareness of risk factors for falling, participants will now consider how to apply their skills of Observing, Recording, and Reporting (ORR) to reduce the risk of falling.
  
2. **Distribute and review Handout 12: Using Observe, Record, and Report To Reduce the Client’s Risk of Falls.**

### Pairs/Small-Group Work—20 minutes

3. **Form participants into six groups.**

#### Teaching Tip

Pairs are okay for this activity. If you have fewer than 12 participants, you need to assign more than one scenario to some of the pairs. It is important for all six scenarios to be discussed during this session, in order to address all seven risk factor categories.

- 4. Distribute Handout 13: Observe, Record, and Report—Worksheets A-F.** Each group will work on a different scenario. Give one worksheet to each participant in the group, making sure group members receive the same scenario.

#### Teaching Tip

After this activity is completed, you may want to give a copy of the other five worksheets to every participant, in case they want to refer back to the different scenarios.

- 5. Give instructions.** Explain that each small group has a different client scenario. After reading their scenario together, they will answer the questions on the worksheet and be prepared to report to the large group—they should choose a “reporter” to do this. They will begin by imagining what they might observe about their client that would indicate a risk of falling. There are no wrong answers for this—they need to apply what they have learned about risk factors to create their “observations.” However, each scenario does have clues that point them to one or more of the risk factor categories. Note that they will have about 15 minutes for this small-group work.
- 6. Monitor small-group work.** The trainer(s) should move among the groups to make sure everyone understands the instructions and to keep them on task. Reassure participants that there are no “right answers.” The activity is meant to get participants thinking about how to use their “Observe, Record, Report” skills to address risk factors for falling.

### Large-Group Reporting and Discussion—30 minutes

- 7. Facilitate small-group reporting.** Starting with “Client Scenario A,” read the scenario aloud for the whole group. Ask the group that worked on it to report their “observations” (Question 1). Then ask them what they would report and to whom (Question 2). Ask the small group which risk factor category they addressed with their “observations.”

**Teaching Tip**

The scenarios were designed to help participants focus primarily on the following risk factor categories. However, groups may create “observations” that include other risk categories. This is okay, as long as it is a valid application of what they learned about risk factors.

Scenario A (Mrs. Chu): Home safety

Scenario B (Mr. Zabar): Returning home from the hospital, managing medications

Scenario C (Mrs. Wright): Safety outside the home

Scenario D (Mr. Ramos): TBI

Scenario E (Mrs. Walker): Physical mobility

Scenario F (Mrs. Yolanda): Fear of falling

- 8. Facilitate brief discussion.** Quickly brainstorm with the whole group any other observations that would cause concern about the client falling.

**Teaching Tip**

There are no “right answers” for these questions—they’re meant to get participants thinking about how to use their existing ORR procedures and skills to address risk of falling.

- 9. Repeat for the remaining client scenarios.** (5 minutes per scenario)

## Activity 2.4: Using Communication Skills to Reduce a Client's Risk of Falling

1 hour

### Learning Outcomes

By the end of this activity, participants will be able to:

*Describe the communication skill of asking open-ended questions.*

*Demonstrate asking open-ended questions to explore fear of falling with a client.*

*Summarize strategies to help a client reduce his or her risk of falling.*

*Explain how asking open-ended questions can be used with these strategies.*

### Key Content

- Open-ended questions are questions that lead to longer answers than “yes,” “no,” or simple facts. They usually begin with “what,” “how,” or “why.”
- Asking open-ended questions can help the aide to assess the client’s knowledge about preventing falls, explore the client’s perspective on the risk of falling and possible fear of falling, and assist the client with different strategies for keeping active and preventing falls.
- Strategies to help a client reduce his or her risk of falling include:
  - Help the client see that falls are preventable
  - Problem-solve with the client to make changes in the home environment, as needed, to reduce fall risk
  - Use communication skills—ask open-ended questions and listen—to better understand the client’s point of view about his or her risk of falling
  - Help the client to be realistic about his or her health and the risks of falling
  - Help the client to set realistic goals for increasing activity
  - Assist and support the client to reach those goals

## Activity Steps

### Interactive Presentation, with Demonstration—15 minutes

1. **Explain the purpose of this exercise.** Tell participants that in this exercise they will be learning about one important communication skill—asking open-ended questions—and how it can be used to help reduce the client’s risk of falling.

#### Teaching Option

If participants are already familiar with this communication skill—through the PHI Personal Care Services Curriculum or other training—the trainer can “re-frame” the activity by presenting it as a “booster session” specifically focused on using these skills to help address risk factors for falling.

2. **Set up demonstration.** Explain that you will begin by demonstrating two different types of questions. Ask for a volunteer to help with this activity. Tell everyone that you are going to ask the volunteer some questions. *What* you are asking doesn’t matter, but participants should observe *the style* of the questions and the *types of answers* that you get.
3. **Conduct demonstration.** For about 30 seconds, ask your volunteer a series of closed questions—for example:  
*Are you feeling okay?*  
*Are you enjoying the workshop?*  
*Are you nervous right now?*  
*Is it too hot in the room?*
4. **Lead large-group discussion.** After the questions and answers, ask the other participants what they observed about the kinds of questions you were asking and the kind of answers you got. After a few responses, move on to the next step, explaining that you will repeat the exercise but with a difference. Ask participants to observe how it is different.
5. **Conduct next demonstration.** Ask the volunteer similar questions, but make them all open-ended— for example:

*How do you think the workshop is going so far?*

*How do you feel about the temperature in the room right now?*

*What are your feelings about doing this role play with me?*

6. **Lead large-group debriefing.** Thank the volunteer for helping you with this exercise. Then ask the other participants: “What do you think is different about the questions I asked this time and the ones I asked before?” Follow up by asking, “How were the answers different?”
7. **Wrap up the demonstration.** Explain that the first questions were “closed”—that is, they all led to very short, “yes” or “no” answers, that did not tell you very much about the volunteer or what he or she was thinking. The questions in the second set were “open-ended”—that is, they allowed the volunteer to give more information in the answers.
8. **Distribute and review Handout 14: Communication Skills—Asking Open-Ended Questions.**

### **Pairs (or Small-Group) Work—10-15 minutes**

9. **Form small groups.** To save time, participants can work in the same small groups from Activity 2.3.
10. **Give instructions.** Explain that participants will now have a chance to practice creating open-ended questions to learn more about one of the clients in their scenarios. Distribute **Handout 15: Using Open-Ended Questions To Learn More about the Client’s Risk of Falling.** Note that this is a continuation of Client Scenario F, with Mrs. Yolanda. Read the scenario aloud, and the opening sentence of the aide’s conversation with Mrs. Yolanda. Explain that their task is to create some open-ended questions that will help them to explore Mrs. Yolanda’s possible fear of falling by encouraging her to share her thoughts and feelings. Note that they have about 5 minutes in their small groups to create two open-ended questions, which they will share with the large group.

**11. Monitor small-group work.** Quickly visit each small group, to be sure that they understand the task. Go back to the groups and help them, if needed, to make open-ended questions.

### Large-Group Role Play—20-25 minutes

**12. Provide instructions.** Tell participants that they will now practice asking their open-ended questions with “Mrs. Yolanda.” Explain that you (the trainer) will play the role of Mrs. Yolanda. Each group will take turns asking their questions and you will answer as you think she might, based on the information in the scenario. Remind participants that the goal is to ask questions that encourage Mrs. Yolanda to share what she is thinking and feeling about her risk of falling.

#### Teaching Tip

The trainer plays the role of Mrs. Yolanda. Consider making this role-play more fun and “theatrical” by incorporating a few simple props into your character: glasses, a wig, a shawl, etc. This will help participants not only to relax and see you differently (it will be funny), but also might help *you* transition more fully into the role and make the exercise more effective.

**13. Begin the role play.** Take a seat where everyone can see you. Ask for a group to volunteer to start the role play, by reading the last statement in the scenario (“Mrs. Yolanda, I’ve noticed that...”) and then asking one of their questions.

**14. Respond.** Answer their question “in character.” If the question is *not* open-ended, you should respond accordingly with just “yes” or “no” or a factual answer. If the question *is* open-ended, respond more openly, giving more information.

**15. Check with the group.** To reinforce the concept of closed vs. open-ended questions, step out of role for a moment and ask the small group if they think their question was open-ended or closed. Ask how they knew if it was open-ended or closed. [*Answer: By the length of Mrs. Yolanda’s response and the information they gathered*]. If it was closed, give them a second opportunity to make it open-ended. If they need help, ask other participants if they can show how to make the question open-ended. If necessary, provide an example for group.

**Teaching Tip**

Trainers should not get bogged down in a long discussion here. If there seems to be confusion, it is far more instructive to move on and continue with the role play. The open-ended questions that other pairs (or small groups) will ask will be far more effective in communicating the concept than any instruction you might provide at this time.

If you, as Mrs. Yolanda, have incorporated props into this role play, consider removing something (such as your wig, shawl) to more effectively return to your role as “trainer” when asking this question. The role transition can also be facilitated by changing position (i.e., sitting in a chair as “Mrs. Yolanda” and standing as “the trainer”).

If possible, have a training assistant play the role of “Mrs. Yolanda” to allow you to focus on facilitating the group discussion.

**16. Continue with the next small group.** Move on to the next pair or group to ask one of their questions. “Mrs. Yolanda” answers appropriately. Again, step out of role for a brief discussion about whether the question was open-ended or closed and making it open-ended if needed.

**17. Continue until all the groups’ questions have been asked.** After the groups have asked all the questions that they prepared, ask participants if they know how Mrs. Yolanda really feels about her risk of falling. If time allows, encourage more questions from the whole group. Help them, if needed, to form questions that will focus on how Mrs. Yolanda might be feeling about her friend, about her own risk of falling, and about her interest in doing the activities that she used to love.

**Interactive Presentation—10 minutes**

**18. Summarize the ways that aides can help their clients to prevent falls.** Distribute **Handout 16: Reducing the Risk of Falling—How You Can Help Your Client** and review the strategies for helping a client reduce their risk factors for falling.

**19. Give examples of using open-ended questions with those strategies.** Review the open-ended questions on the handout. Summarize the importance of using open-ended questions to learn more about the client's perspective on their risk of falling and to engage them in planning activities and exercises to keep them active.

## Activity 2.5: Managing Falls: Yours and Your Client's

25 minutes

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### Learning Outcomes

By the end of this activity, participants will be able to:

*Explain what to do to minimize injury from falls:*

- *When the aide falls*
- *When the client falls in the home health aide's presence*
- *When the client is found by the aide after falling*

### Key Content

- When an aide falls—whether on the job, on route, or at home—there are important guidelines to follow to minimize further injury while getting up.
- Any fall that occurs while on the job or on the way to and from the client should be reported to the aide's supervisor.
- When a client falls, aides need to follow their agency's guidelines about when to call 911. Most agencies recommend not moving the client at all. Calling the supervisor is essential, once the client's situation is stabilized.

### Activity Steps

#### **Managing Your Own Fall—15 minutes**

#### **Large-Group Discussion—5 minutes**

1. **Explain the purpose of this exercise.** Note that clients aren't the only ones who experience falls. Explain that the purpose of this activity is to review what to do when

they themselves fall. It is especially important to know how to minimize injury when they fall and when they get up.

- 2. Facilitate discussion.** Ask participants to describe a recent situation where they fell and had to get up by themselves (without assistance). Explore one or two of these situations in more detail by asking:

*Where were you?*

*How did you fall?*

*How did you get up?*

### **Interactive Presentation with Demonstrations—10 minutes**

- 3. Ask a participant to demonstrate getting up from a fall without assistance.** Note that there are guidelines for getting up from a fall that will help to avoid injury. Ask for a participant who thinks they know these guidelines to help you demonstrate the procedure. Lay a clean sheet on the floor and ask the person to lie on the floor on their back. (If it was someone who shared a fall story, ask the person to take the position they landed in after the fall.) Place a sturdy chair next to the sheet, for safety in getting up—or as a prop to illustrate what they used to get up. Then ask the volunteer to show how they got up. Thank the participant for demonstrating.

#### **Teaching Tip**

The participant may or may not show the correct way to get up from a fall. If she or he does not show the correct way, gently point that out as you review Handout 17, next. If the volunteer does something that is potentially dangerous, point out the error immediately.

If no one offers to get on the floor to demonstrate, ask them to describe step-by-step how to get up.

- 4. Distribute and review Handout 17: What To Do If YOU Fall.** Note that, in addition to minimizing injury, there are also agency guidelines to follow to make sure they get the support they need if they are injured. Review the handout, considering these points. Note the importance of calling the supervisor if an aide falls on the job or on route to the job or home.

- 5. Demonstrate how to get up from a fall without assistance.** Now show the correct way to get up from a fall, starting from lying on your back on the sheet on the floor. Ask participants to guide you by reading aloud the steps from the handout. Note any differences between this demonstration and what the participant did. Use the chair, per the guidelines, but also ask what to do if there is no chair or piece of sturdy furniture to hold on to.

### **Managing Your Client's Fall—10 minutes**

#### **Large-Group Discussion—10 minutes**

- 6. Explain the purpose of this exercise.** Explain that the purpose of this exercise is help participants to understand agency procedures when a client falls, and how to minimize injuries.
- 7. Facilitate sharing.** Ask participants to share a story or two about a client falling. Ask (if necessary):

*Did the client fall in your presence? Or, did you find the client after he or she had fallen?*

- 8. Check participants' knowledge of their agency guidelines for what to do if a client falls.** Ask participants what they know about their agency's guidelines.
- 9. Distribute and review Handout 18: What To Do If Your Client Falls.** If there were any incorrect ideas in what participants reported in Step 8, correct them now.

#### **Teaching Tip**

Check the policy about client falls at the agency where this training is being given. Certain steps and recommendations may vary based on agency-specific guidelines.

## Activity 2.6: Competency Checklists Review

### 15 minutes

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### Learning Outcomes

By the end of this activity, participants will be able to:

*Explain how the competency checklists will be used to assess participants' knowledge and skills for fall prevention.*

### Key Content

- The competency checklists consist of concrete tasks that aides can do or questions an evaluator can ask to check their knowledge about fall prevention.
- Each checklist is based on handouts that were provided to participants during Sessions 1 and 2 of this “Fall Prevention Awareness” training.
- The competency checklists can be used during home visits by the agency’s nurse or supervisor. They can also be used by a member of the training or nursing staff, during simulated assessment activities. Participants can also use them as a reminder of how to apply what they have learned to prevent falls.

### Activity Steps

#### Interactive Presentation—15 minutes

- 1. Explain the purpose of competency assessment for falls prevention.** Explain that fall prevention is like many of the other topics that were covered in their basic training—they will be expected at some point to show that they are able to apply competently the knowledge and skills that were covered during this fall prevention awareness training.

2. **Distribute Handout 19: Fall Prevention Competency Checklists.** Note that, while this may look like a lot of new material, every checklist is based on the handouts that they received for each of the risk factor categories. The knowledge, attitudes, and skills taught in this training have been broken down into specific actions that an evaluator can observe or questions an evaluator can ask.
3. **Explain how the checklists will be used.** In keeping with the agency's usual assessment protocol, these checklists will be used either by nurse-supervisors during routine assessment visits or by trainers during simulated assessment activities conducted in the agency, or both.
4. **Explain that participants can also use these checklists** as a reminder of how to apply what they learned to prevent falls.
5. **Briefly review the checklists and answer any questions.**

## Activity 2.7: Closing

20 minutes

### Key Content

- Providing closure to each session is an essential part of learning. This time allows the instructor to wrap up discussions, answer additional questions, and convey the next steps to the group.
- This closing activity also allows participants to share what they learned and reflect on how they might apply what they have learned in their lives and at work.
- Finally, it gives the instructor the chance to do an evaluation about which parts of the workshop were most useful to participants and which could be improved.

### Activity Steps

#### Individual Work—10 minutes

1. **Give instructions.** Explain that it's time now to look back on what they've learned and to give feedback to the trainers to help improve the next training and future trainings. Explain that they will do the post-test, which is the same as the pre-test, to assess what they've learned. After you collect each post-test, you will hand each person an evaluation form, which they will fill out before they leave today. Stress that their names do not need to go on the evaluation forms.
2. **Distribute the post-test.** Ask participants, once again, to fill this out on their own, without discussion. Remind them to put their names on these forms.
3. **Collect the post-tests and distribute the evaluation form.** Collect the post-tests as individuals finish them. As you do so, hand out the evaluation form, for participants to fill out and turn in before they leave.

- 4. Give correct answers for post-test.** After you have collected all the post-tests, read each question and give the correct answer.

**Large-Group Exercise—10 minutes**

- 5. Conduct a “go-round.”** Explain that the closing exercise allows participants to reflect on what they have learned and on how they can use what they’ve learned in their work and in personal situations. Post the prepared flip chart page with the closing questions. Ask participants to respond to one or both of the closing questions. Note that others will not comment or respond—the point is to simply share what they’ve learned together in this session. Participation is encouraged but not required.

*Flip Chart*

|  |
|--|
| <p style="text-align: center;"><b><u>CLOSING QUESTIONS:</u></b></p> <ol style="list-style-type: none"><li>1. What is the one most important thing you learned today?</li><li>2. Name one way you intend to apply what you’ve learned today—at work or in your personal life.</li></ol> |
|--|

- 6. Thank participants for their efforts and participation throughout the two sessions of this training.**

# Fall Prevention Awareness<sup>2</sup>

## Session 2: Enhancing Skills to Address Risk Factors—Handouts

### Activity 2.1: Welcome, Pre-test, and Agenda

**Handout 11:**  
**Session 2—Goal and Objectives**

### Activity 2.3: Observe, Record, Report—Looking Through the Lens of Fall Prevention

**Handout 12:**  
**Using Observe, Record, and Report To Reduce the Client’s Risk of Falls**

**Handout 13:**  
**Observe, Record, and Report—Worksheets A - F**

### Activity 2.4: Using Communication Skills to Learn More About the Client’s Risk of Falling

**Handout 14:**  
**Communication Skills—Asking Open-Ended Questions**

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**Handout 15:**

**Using Open-Ended Questions To Learn More about the Client's Risk of Falling**

**Handout 16:**

**Reducing the Risk of Falling—How You Can Help Your Client**

**Activity 2.5: Managing Falls—Yours And Your Clients**

**Handout 17:**

**What To Do If *You* Fall**

**Handout 18:**

**What To Do If Your Client Falls**

**Activity 2.6: Competency Checklists Review**

**Handout 19:**

**Fall Prevention Competency Checklists**

## **Session 2—Goal and Objectives**

### **Goal:**

By taking this workshop, home health aides will be better able to help reduce client falls (and their own) through:

- Observing, recording, and reporting about risk factors they notice, and
- Improving their skills to communicate concerns with elders and family members.

### **Learning Objectives:**

As a result of this second session, participants will be able to:

- Apply guidelines for “Observe, Record, and Report” in order to effectively report risk factors for falling.
- Describe the communication skill of asking open-ended questions and demonstrate using this skill to explore fear of falling with an elder.
- Explain what to do to minimize injury from falls:
  - When the aide falls
  - When the client falls in the home health aide’s presence
  - When the client is found by the aide after falling

## Using Observe, Record, and Report To Reduce the Client's Risk of Falls

Page 1 of 2

**Observe, Record, and Report (ORR) is an important part of the home health aide's job.**

Using your ORR skills can prevent falls or reduce injury from falls:

**Observe:** Direct-care workers are the “eyes and ears” of the care team. Small changes that you notice about your client could reduce his or her risk of falling—or even save the client's life!

**Record:** Home health aides are trained to keep notes when they do the tasks that are listed on the care plan. In addition to noting what they do, aides note what they observe while doing those tasks and while spending time with the consumer.

**Report:** Home health aides share their observations and notes with the RN and other members of the client care team on a regular basis. This helps the care team to know how the client's condition has changed. In terms of fall prevention, sometimes aides may notice changes that make them feel concerned that the client may be more likely to have a fall. In those cases, the appropriate person may need to be contacted immediately.

### What should I observe?

- Changes in the client's condition—physical, mental, emotional
- Changes in the environment, or home, that could lead to falls
- Changes in relationships with family and friends that could affect the consumer's health

## Using Observe, Record, and Report To Reduce the Client's Risk of Falls

### Changes in the client's condition—look for:

- Signs of physical discomfort
- Changes in what the consumer can do
- Changes in behavior
- Changes in physical appearance

### Changes in the client's environment—look for:

- Objects that could cause the client to trip or slip
- Unsafe stairs, rugs, or floors
- Poor lighting
- Safety aids that become broken—for example, stair railings

### Changes in social activities and relationships with family and friends—look for:

- Family or friends who used to visit regularly and don't anymore
- Family or friends who suddenly start visiting regularly
- Not going out of the house for shopping, or church, or visiting

### How should I report what I see?

- Identify who needs to know about the situation.
- Figure out if you should report immediately or with your regular report.
- Report in writing or by phone, as required.
- Be clear, specific, and focus on facts: that is, record what you know to be true.
- Share your point of view about the situation based on factual observations.



Observe, Record, and Report —  
Worksheet B

**Client Scenario B.**

Your client, **Mr. Zabar**, was recently released from the hospital after shoulder surgery due to a fall. You've been working with him for one week. Despite taking his prescribed meds, he still seems to be in a lot of pain. The other day you heard him ask his daughter to give him some Advil pills. You're concerned that he may be at risk of falling again.

1. **Name at least TWO OBSERVATIONS that give you reason to be concerned about Mr. Zabar's risk of falling.** These observations can be the client's behavior, physical condition, or the home environment.

2. **WHAT can you report from these observations and TO WHOM?**



Observe, Record, and Report —  
Worksheet D

**Client Scenario D.**

Two weeks ago, your long-term care client, **Mr. Ramos**, slipped on the outdoor steps leading into his house. He bumped his head on the handrail and went to the emergency room. The ER doctor said the bruise on his head was minor and he simply needed to rest. In the past few days, however, you've noticed some changes that make you concerned that Mr. Ramos might be at risk of falling again.

**1. Name at least TWO OBSERVATIONS that give you reason to be concerned about Mr. Ramos's risk of falling.** These observations can be the client's behavior, physical condition, or the home environment.

**2. WHAT can you report from these observations and TO WHOM?**

Observe, Record, and Report —  
Worksheet E

**Client Scenario E**

Your long-term care client, **Mrs. Walker**, had a foot fracture from a fall a year ago. She has used a cane ever since. Lately she's started visiting a man who has moved into her building, and she likes to dress up when she goes to see him. You're happy for her but you have concerns that she may be increasing her risk of falling again.

1. Name at least **TWO OBSERVATIONS** that give you reason to be concerned about **Mrs. Walker's risk of falling**. These observations can be the client's behavior, physical condition, or the home environment.

2. **WHAT** can you report from these observations and **TO WHOM**?

Observe, Record, and Report —  
Worksheet F

**Client Scenario F**

Your client, **Mrs. Yolanda**, has a friend who recently fell during her regular morning walk and broke her hip. Mrs. Yolanda has had no change in her health status but, after recent visits to her friend, you notice that there are certain behaviors that make you think she's increasing her risk of falling.

1. **Name at least TWO OBSERVATIONS that give you reason to be concerned about Mrs. Yolanda's risk of falling.** These observations can be the client's behavior, physical condition, or the home environment.

2. **WHAT can you report from these observations and TO WHOM?**

## Communication Skills — Asking Open-Ended Questions

### Open-Ended Questions

These are questions that lead to longer answers than just “yes,” “no,” or simple facts.

They usually start with “why,” “how,” or “what.”

#### Examples:

- “Why are you sitting by yourself?”
- “How did you make those cookies?”
- “What jobs have you had before?”

#### You can use open-ended questions to:

- Help you get the story behind a situation.
- Help you find out thoughts and feelings.
- Keep the conversation going.

## Using Open-Ended Questions To Learn More about the Client's Risk of Falling

### **Example: Fear of Falling— Continuing with Client Scenario F**

Here are some of your observations about **Mrs. Yolanda**, your client who has a friend who recently fell and broke her hip. Although there's still no change in Mrs. Yolanda's health status, you notice that she's stopped attending the exercise classes in her housing unit. She's turned down several invitations from friends and family to go shopping or to play Bingo and spends most of her time watching TV. This is a big change because Mrs. Yolanda always wanted to "get out of the house." You think Mrs. Yolanda may be afraid of falling and getting injured like her friend.

To start the conversation, say, "Mrs. Yolanda, I've noticed that you've stopped doing a lot of the things you used to do with your friends and family."

**List two open-ended questions that you will ask Mrs. Yolanda to start exploring her possible fear of falling.**

## Reducing the Risk of Falling — How You Can Help Your Client

- Help your client see that falls are preventable
- Problem-solve with the client to make changes in the home environment, as needed, to reduce fall risk
- Use communication skills—asking open-ended questions and listening—to better understand the client’s point of view about their risk of falling
- Help your client to be realistic about his or her health and the risks of falling
- Help your client to set realistic goals for increasing activity
- Assist and support your client to reach those goals

Here are some open-ended questions to ask your client to help reduce the risk of falling:

- *What are some of the stories you’ve heard about people falling in their homes?*
- *How can we change things inside your home so that you feel safer moving around?*
- *What are some things you’ve stopped doing because you’re worried about falling?*
- *What are some things you can do here in your home to increase your activity and help you get stronger?*
- *Why have you stopped going to sit downstairs with your friends even though your doctor says you’re much better?*
- *What are some things you’d like to do outside your home?*

- *How can I help you feel safer about going outside?*

## **What To Do If YOU Fall**

### **If you slip or fall:**

- Try to fall on your buttocks.
- Remain calm.
- Check yourself for signs of bleeding, severe pain, or other injury.
- If you are bleeding or having severe pain:
  - Move as little as possible.
  - Call 911 for help.
- If you are not bleeding or having severe pain:
  - Roll over; turn your head in the direction you're rolling.
  - If you can, crawl to a strong, stable piece of furniture—like a chair.
  - Approach the chair from the front and put both hands on the seat.
  - Slowly begin to rise.
  - Bend whichever knee is stronger; keep your other knee on the floor.
  - Slowly twist around and sit in the chair.

NOTE: If fall happens during work hours, call your supervisor for further instructions.

## What To Do If Your Client Falls

Handout 18

**Check your agency's policy about assisting your client after a fall. These steps may be different, based on those guidelines.**

### **If your client slips or falls in your presence:**

- Do NOT attempt to move your client.
- Reassure your client and help him or her to remain calm.
- Observe for injuries without moving the client.
- Call 911.
- Call your supervisor for any further instructions

### **If you find your client after he or she has fallen, or if he or she complains of pain after falling:**

- Do not move your client.
- Immediately call 911 if your client is unconscious.
- Ask what he or she is feeling.
- Listen carefully to what he or she is telling you.
- Make him or her comfortable without moving any body parts that hurt.
- Observe the position of the client's body.
- Look for signs of bleeding, broken limbs, or breathing problems.
- Call 911—let paramedics assess your client's condition.
- Call your supervisor for any further instructions.

**Fall Prevention Competency Checklist**

Date: \_\_\_\_\_ Trainee's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

**1. Home Safety**

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Identified and verbalized safety hazards including:</b>  |  |       |
| ○ Clutter on floors   |  |       |
| ○ Loose rugs  |  |       |
| ○ Electric cords across walkways  |  |       |
| ○ Loose steps; loose or missing<br>○ handrails on stairs  |  |       |
| ○ Poor lighting in walkways   |  |       |
| ○ Lack of handrails or non-slip<br>surface in tub or shower   |  |       |
| ○ Bed too high; toilet too low  |  |       |
| ○ Pets  |  |       |
| Corrected safety hazards (e.g., removed clutter; replaced burned-out light bulbs).                    |  |       |
| <b>Summarized appropriate follow up</b> for safety hazards that could not be corrected by the worker: |  |       |
| ○ To client   |  |       |
| ○ To family members   |  |       |
| ○ To supervisor/coordinator   |  |       |



## 2. Physical Mobility

| Competency   | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|--|--|-------|
| <b>Identified and assisted the client with muscle weakness</b>   |  |       |
| <ul style="list-style-type: none"> <li>Assisted client with prescribed exercises</li> </ul>                |  |       |
| <ul style="list-style-type: none"> <li>Encouraged and assisted client to stay physically active</li> </ul> |  |       |
| <ul style="list-style-type: none"> <li><b>ORR</b> signs of increasing weakness</li> </ul>                  |  |       |
| <b>Identified and assisted the client with balance and gait</b>  |  |       |
| <ul style="list-style-type: none"> <li>Assisted with transferring, standing, etc.</li> </ul>               |  |       |
| <ul style="list-style-type: none"> <li>Reminded client to use cane or walker (if needed)</li> </ul>        |  |       |
| <ul style="list-style-type: none"> <li><b>ORR</b> signs of balance or gait problems</li> </ul>             |  |       |
| <b>Identified and assisted the client with vision problems</b>   |  |       |
| <ul style="list-style-type: none"> <li>Increased lighting in rooms; use night Lights</li> </ul>            |  |       |
| <ul style="list-style-type: none"> <li>Reminded client to use glasses</li> </ul>                           |  |       |
| <ul style="list-style-type: none"> <li>Encouraged client to wear sunglasses outside</li> </ul>             |  |       |
| <ul style="list-style-type: none"> <li><b>ORR</b> problems with seeing or hearing</li> </ul>               |  |       |

**2. Physical Mobility** *(continued)*

| Competency   | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|--|--|-------|
| <b>Identified and assisted the client with dizziness</b>   |  |       |
| <ul style="list-style-type: none"> <li>• Encouraged client to get up slowly after sitting or lying down</li> </ul>                 |  |       |
| <ul style="list-style-type: none"> <li>• Assisted client slowly during transfers; waited to ensure client was not dizzy</li> </ul> |  |       |
| <ul style="list-style-type: none"> <li>• Encouraged client to drink plenty of water</li> </ul>                                     |  |       |
| <ul style="list-style-type: none"> <li>• Checked client's blood pressure</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>• <b>ORR</b> signs of dizziness</li> </ul>  |  |       |
| <b>Identified and assisted the client with foot problems (pain, numbness, or unsafe footwear)</b>                                  |  |       |
| <ul style="list-style-type: none"> <li>• Assisted client to keep feet clean and dry</li> </ul>                                     |  |       |
| <ul style="list-style-type: none"> <li>• Ensured that client wore shoes with a low, sturdy heel, and non-slip soles</li> </ul>     |  |       |
| <ul style="list-style-type: none"> <li>• Encouraged client to wear shoes inside and outside the house</li> </ul>                   |  |       |
| <ul style="list-style-type: none"> <li>• <b>ORR</b> corns, calluses, numbness, or pain</li> </ul>                                  |  |       |

**Fall Prevention Competency Checklist**

**3. Managing Medications**

| <b>Competency</b>   | <b>Demonstrated Competency</b><br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | <b>Notes</b> |
|---|---|--------------|
| <b>Listed all</b> of the client’s medications, including prescriptions, over-the-counter products, vitamins, and herbal supplements. Shared this list with the nurse.   |   |              |
| <b>Verbalized</b> to the nurse any changes in the number of medications being used.   |   |              |
| <b>Utilized</b> the “Five Rights” when assisting the client with medication:<br><ul style="list-style-type: none"> <li>• Right person</li> <li>• Right medication</li> <li>• Right dosage</li> <li>• Right time</li> <li>• Right route</li> </ul> |   |              |
| <b>Reported</b> to the nurse failure of the client to adhere to the “Five Rights.”  |   |              |
| <b>Discussed</b> the importance of taking medications (or a list) along when accompanying the client to the doctor or to the pharmacy, and showing the list (or the meds) to the doctor or the pharmacist.  |   |              |
| <b>Described</b> any physical, emotional, or behavior changes in the client after taking a medication.  |   |              |
| <b>Explained</b> the importance of reading medication labels to see if alcohol should be avoided and reported this information to the nurse for clients who continue to use alcohol.  |   |              |

## 4. Preventing Falls in the Home after Returning from the Hospital

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Physical mobility issues after returning home from the hospital</b>  |  |       |
| <ul style="list-style-type: none"> <li>• <b>Observed</b> for muscle weakness and problems with balance or gait — assisted if needed.</li> </ul> |  |       |
| <ul style="list-style-type: none"> <li>• <b>Assisted</b> client to learn how to use any new assistive devices.</li> </ul>                       |  |       |
| <ul style="list-style-type: none"> <li>• <b>Observed</b> for signs of pain that may limit mobility.</li> </ul>                                  |  |       |
| <ul style="list-style-type: none"> <li>• <b>Reported</b> problems with physical mobility.</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>• <b>Encouraged</b> client to use glasses and hearing aids (if needed).</li> </ul>                       |  |       |
| <b>Medication management issues after returning home from the hospital</b>  |  |       |
| <ul style="list-style-type: none"> <li>• <b>Identified</b> new medications; Reported new side effects.</li> </ul>                               |  |       |
| <ul style="list-style-type: none"> <li>• <b>Reported</b> all medications to nurse.</li> </ul>   |  |       |
| <ul style="list-style-type: none"> <li>• <b>Instructed</b> client to drink lots of water</li> </ul>   |  |       |
| <ul style="list-style-type: none"> <li>• <b>Instructed</b> client to take Vitamen D and calcium (if approved in care plan)</li> </ul>           |  |       |

**4. Preventing Falls in the Home after Returning from the Hospital** *(continued)*

| Competency   | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|--|--|-------|
| <b>Home safety issues after returning home from the hospital—discussed</b> the following with nurse: |  |       |
| • Importance of performing a home safety check   |  |       |
| • Increased risk of falling due to increased weakness  |  |       |
| • New assistive devices  |  |       |
| • New medications  |  |       |

**Fall Prevention Competency Checklist**

**5. Helping the Client To Overcome Fear of Falling**

| Competency   | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|--|--|-------|
| <b>Reported changes</b> in the client’s level of activity.   |  |       |
| <b>Used open-ended questions</b> to explore why the client is less active or less interested in going out and doing things they used to do.          |  |       |
| <b><i>If there are no physical problems, used the following strategies to help overcome fear of falling:</i></b>                                     |  |       |
| <b>Discussed</b> with client importance of staying active, based on physical ability.  |  |       |
| <b>Discussed</b> with client activities he or she would like to do, and made a plan to help the client feel confident enough to do those activities. |  |       |
| <b>Conducted</b> a home safety survey.   |  |       |
| <b>Discussed</b> with RN a plan to reduce risk of falling: e.g., start an exercise program, have client’s vision checked                             |  |       |
| <b>Reported</b> signs of increasing weakness or lack of balance.   |  |       |

## 6. Preventing Falls Outside the Home

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Listed</b> assistive equipment that client would need when leaving the house or building—e.g., walkers, canes, or crutches, glasses, hearing aids.                       |  |       |
| <b>Discussed elevator safety:</b>   |  |       |
| <ul style="list-style-type: none"> <li>Block the doors when entering or exiting</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>Control the open button until client is safely in or out</li> </ul>  |  |       |
| <b>Discussed escalator safety—assist or remind client to:</b>   |  |       |
| <ul style="list-style-type: none"> <li>Tie shoe laces</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>Step to the middle of the stair</li> </ul>   |  |       |
| <ul style="list-style-type: none"> <li>Hold the hand rail</li> </ul>  |  |       |
| <b>Discussed changes in light &amp; actions to take:</b>  |  |       |
| <ul style="list-style-type: none"> <li>Wear sunglasses or a hat</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>Step to the middle of the stair</li> </ul>   |  |       |
| <ul style="list-style-type: none"> <li>Go slowly from dark to brightly lit areas, and vice versa—to let the eyes (or glasses, if using transition lenses) adjust</li> </ul> |  |       |

**6. Preventing Falls Outside the Home** *(continued)*

| Competency   | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|--|--|-------|
| <b>Verbalized appropriate action to follow when walking outside with client— e.g., telling client about:</b> |  |       |
| ○ Uneven sidewalks and cracks  |  |       |
| ○ Sidewalk curbs and ramps   |  |       |
| ○ Wet or icy road surface in parking lots  |  |       |
| ○ Cracks or bumps in the road  |  |       |

## 7. Traumatic Brain Injury (TBI)

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Discussed</b> importance of reporting any fall—whether the aide or the client fell, whether the aide was there or not. |  |       |
| <b>Reported</b> changes in physical condition, behavior, or moods.  |  |       |
| <b>Listed</b> at least three of these signs of mild TBI, which can show up weeks after a fall:                            |  |       |
| ○ Headaches that do not go away   |  |       |
| ○ Problems with remembering things  |  |       |
| ○ Problems with concentrating or making decisions   |  |       |
| ○ Slower thinking, speaking, moving, or reading   |  |       |
| ○ Getting lost or easily confused   |  |       |
| ○ Feeling tired all of the time   |  |       |
| ○ Mood changes, for no reason   |  |       |
| ○ Sleeping a lot more, or having a hard time sleeping   |  |       |
| ○ Dizziness or loss of balance  |  |       |
| ○ Blurred vision  |  |       |

**Fall Prevention Competency Checklist**

**7. Traumatic Brain Injury** *(continued)*

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Listed</b> at least three of these signs of moderate or severe TBI, which can also show up weeks after a fall. |  |       |
| ○ A headache that gets worse or does not go away  |  |       |
| ○ Repeated vomiting or nausea   |  |       |
| ○ Convulsions or seizures   |  |       |
| ○ Inability to wake up from sleep   |  |       |
| ○ Dilation of one or both pupils  |  |       |
| ○ Slurred speech  |  |       |
| ○ Weakness or numbness in the arms or legs  |  |       |
| ○ Loss of coordination  |  |       |
| ○ Increased confusion, restlessness, or agitation   |  |       |
|   |  |       |

**Fall Prevention Competency Checklist**

**8a. What to Do If You Fall**

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Try to fall on your buttocks.</b>  |  |       |
| <b>Check</b> yourself for signs of bleeding, severe pain, or other injury. Remain calm.   |  |       |
| <b>Listed</b> appropriate steps to follow if bleeding or having severe pain:  |  |       |
| <ul style="list-style-type: none"> <li>○ Get to a phone, moving yourself as little as possible, and call 911 for help.</li> </ul> |  |       |
| <b>Discussed</b> action steps if not bleeding or having severe pain:  |  |       |
| <ul style="list-style-type: none"> <li>○ Roll over; turn head in the direction you're rolling.</li> </ul>                         |  |       |
| <ul style="list-style-type: none"> <li>○ If possible, crawl to a strong, stable piece of furniture—like a chair.</li> </ul>       |  |       |
| <ul style="list-style-type: none"> <li>○ Approach the chair from the front and put both hands on the seat.</li> </ul>             |  |       |
| <ul style="list-style-type: none"> <li>○ Slowly, begin to rise.</li> </ul>  |  |       |
| <ul style="list-style-type: none"> <li>○ Bend whichever knee is stronger; keep other knee on the floor.</li> </ul>                |  |       |
| <ul style="list-style-type: none"> <li>○ Slowly twist around and sit in the chair.</li> </ul>                                     |  |       |
| <ul style="list-style-type: none"> <li>○ If fall is during work hours, call supervisor.</li> </ul>                                |  |       |

**Fall Prevention Competency Checklist**

**8b. What to Do if Your Client Falls**

NOTE: Verbalizes agency policy. Form may need to be adapted to match *your* agency's policy.

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Actions to take if a client slips or falls when aide is there.</b> |  |       |
| ○ Do NOT attempt to move the client.                                  |  |       |
| ○ Reassure and help client to remain calm.                            |  |       |
| ○ Observe for injuries without moving the client.                     |  |       |
| ○ Call 911.   |  |       |
| ○ Call supervisor for any further instructions.                       |  |       |

**Fall Prevention Competency Checklist**

**8b. What to Do if Your Client Falls** *(continued)*

NOTE: Verbalizes agency policy. Form may need to be adapted to match *your* agency's policy.

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Actions to take if aide finds a client on the floor after falling:</b> |  |       |
| ○ Do NOT move the client.   |  |       |
| ○ Immediately call 911 if the client is unconscious.                      |  |       |
| ○ If client is not unconscious, ask what she or he is feeling.            |  |       |
| ○ Listen carefully to what he or she is telling you.                      |  |       |
| ○ Observe the position of the client's body.                              |  |       |
| ○ Look for signs of bleeding, broken limbs, or breathing problems.        |  |       |
| ○ Make her or him comfortable WITHOUT MOVING any body parts that hurt.    |  |       |
| ○ Call 911 — let paramedics assess your client's condition.               |  |       |
| ○ Call supervisor for any further instructions.                           |  |       |

**Fall Prevention Competency Checklist**

**9. Communication Skills**

| Competency  | Demonstrated Competency<br><br>Satisfactory (S)/<br>Unsatisfactory (U)/<br>Not Applicable (NA) | Notes |
|---|--|-------|
| <b>Verbalized</b> awareness of falls risk with client and/or family member                |  |       |
| <b>Used open-ended questions</b> to get the client's point of view about risk of falling. |  |       |
| <b>Shared knowledge</b> about how to reduce falls risk with client and/or family member.  |  |       |
| <b>Clearly stated observations</b> about falls risk to appropriate person.                |  |       |
| <b>Clearly documented and reported</b> falls risk to appropriate person.                  |  |       |

**Signature of Evaluator(s)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Trainee**

\_\_\_\_\_ **Date:** \_\_\_\_\_

