

FACILITATOR'S GUIDE

FALLS AND DEMENTIA

MODULE 7 IN THE DEMENTIA STARS SERIES

dementia STARs

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund



WELCOME!

Research tells us that injury from falls is a serious concern for people living with dementia. Staff awareness and training can help reduce the risk of falls.

In this kit you will find all the resources you need to run an engaging 45-60 minute introductory staff education session on reducing the risk of falls, focused on people living with dementia. The Dementia STARs education is particularly suitable for direct care workers across a range of settings.

This Dementia STARs education kit is a partnership between the New Zealand Dementia Foundation and CHT Aged Care Fund.

You can find our other Dementia STARs kits at nzdementia.org/dementia_STARs

Ngā mihi nui from the Dementia STARs Team

Short Trainings in Awareness and Responsiveness

dementia STARs



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1. Getting started

Falls and dementia

CREATING A SHARED

CULTURE OF CARE

The Dementia STARs programme is an opportunity to effectively enhance the skills of individual learners and to reinforce a shared culture of person-centred dementia care: this is the heart of all we do at our place.

Research shows that face-to-face active learning is more effective for home-based and aged residential care staff than watching videos or reading written material [1,2]. Interactive training in a small group where teaching is interspersed with frequent discussion and opportunities to ask questions is not only more effective[3,4], it is preferred by learners [5,6]. Furthermore, this type of training can also help to strengthen team cohesiveness and shared values [1,2].

Congratulations on joining the Dementia STARs journey with your team to reinforce great person-centred dementia care at your place.



TIPS FOR USING THIS KIT

If this is the first time you've used one of the Dementia STARs kits – welcome!
We're delighted that you are joining the Dementia STARs whānau.
We've put together some tips to help you know what to expect from the kit.

This guide

The facilitator's guide is just that. It's a guide and a starting point. Don't feel that you have to say things exactly the way that we have said them on the page. You can download the resources to print for the session from the Dementia STARs webpage.

The questions and activities

You will notice that we give lots of suggestions for places where you can ask the group for ideas or to engage in an activity, rather than just telling them the information. This is something you may well already do so you'll know that it is a helpful way to keep people engaged. Being interactive is a better way for adults to learn.

Audiovisual resources

We have provided a Powerpoint resource for each kit, which contains a variety of content to help run an engaging session. If you don't have access to audiovisual equipment, don't be put off from running the session. Check out the content provided and adapt.

> RELATIVELY FEW PEOPLE LEARN WELL FROM SITTING AND LISTENING TO LECTURES; IT IS IMPORTANT THAT TRAINING IS ENGAGING
>
> – BUZ LOVEDAY [7]

The PowerPoint slides

The PowerPoint slides generally have only a few key words on them, supported by compelling images. Having what you want to say written out in detail on PowerPoint slides can be reassuring for a presenter, but it is not so great for your audience:

- A lot of text can make it harder for the learners to really listen to what you are saying when they are also paying attention to the words on the slide.
- A lot of text can be off-putting for people who don't read so well.
- A lot of text can be boring, especially if the presenter just reads out the text.

That is why we use images as much as we can and to only have a few words on each slide. The idea is that the PowerPoint slides complement what you say and makes it easier for the learners to understand, rather than just repeating what you say. This facilitator's guide is here for you to help you feel confident and remember what you want to cover. The PowerPoint slides themselves - they are for your audience!

The images in the slides are only licensed for use for Dementia STARs. Please do not use the images for any other purpose as this will violate copyright.

The expert video clips

There are video clips of people with professional and lived experience embedded in the PowerPoints. This is our way of giving you some company as you present. It means you can draw on experts and on different perspectives. It also means that you get to bring in some variety of faces and voices, which can help to give a little boost to engagement and interest. The videos can help to reinforce an aspect of the session.

As the video clips are embedded in the PowerPoint presentation, you do not need access to YouTube or the internet to show them. You can hover and click in the slide.

The animated stories

In some of the kits, there is an animated 'whiteboard' video embedded in the PowerPoint. These are our way of sharing case studies. Because cases studies tell a story, they are often much better remembered than 'facts'.

The handout

Each kit has a summary handout to remind your learners about key messages.

The feedback form

You will find a one page feedback form in each kit. Feedback can help you make future education sessions better, and can provide evidence that the training has had an impact.

We may email you as follow-up to seek feedback on the Dementia STARs resources. If we do, we will ask you if you would be willing to share your learners' anonymous evaluation responses.

The going further list

We have included a list of five resources that provides some further detail on the topic for keen learners (or for yourself).

The certificate

We provide a certificate of attendance for you to give learners at the end of the session.

The webinar version

We have a version of each education session available as a video 'webinar'. This does not have exactly the same format as the in-person session you will run (there are no activities in the webinars), but you can use the webinar version to help a staff member 'catch up' if they have missed the in-person session, or to help orientate a new staff member.

MĀ TE HURUHURU, KA RERE TE MANU
FEATHERS ALLOW THE BIRD TO FLY

– MAORI PROVERB

WHAT'S IN THE FACILITATOR'S NOTES?



This is the PowerPoint slide you are showing

Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort. [1]

This is our suggestion about what you might say for this slide

A number in brackets is a reference. You can find the list of references at the end of the guide

What are some of the common aches and pains we see?

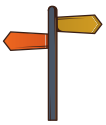
This is a suggestion about a question to ask the learners to increase engagement

Perhaps the most common types of pain they come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list can include almost any part of the body.

We also provide some examples of common responses



This symbol indicates that an audiovisual resource is embedded in the PowerPoint



This symbol indicates a choice



Activity

This symbol indicates a class activity

This symbol prompts you to add information about what happens 'at your place'

MEET THE EXPERTS

Here are some of the faces that you will meet in the Dementia STARs resources.



MATTHEW CROUCHER: MEDICAL

Matthew is the chair of the New Zealand Dementia Foundation. He is a Psychiatrist of Old Age, a Senior Clinical Lecturer, and leads the South Island Regional Dementia Initiative. Matthew is a prominent figure in teaching, training, research and service management advice in the older person's mental health sector.



MACKENZIE EBBETT: REGISTERED NURSE

Mackenzie is the Nurse Manager of a specialist cognitive impairment ward at Burwood Hospital. She is a passionate champion for person-centred care in this environment to optimise the level of functioning of older people with delirium and/or dementia by offering specialist assessment, treatment, care, support, and education.



ASHLEIGH FARR: SPEECH LANGUAGE THERAPY

Ashleigh is a Speech Language Therapist with decade of experience across a wide range of roles. Ashleigh has been active in expanding her skills in dysphagia and communication disorders in patients with more complex presentations including people living with dementia.



SUSAN GEE: ACADEMIC

Susan Gee has a background in psychology and gerontology. As a researcher and educator Susan is passionate about strengthening and embedding understanding and best-practice person-centred care to help amazing people provide great day-to-day support for people living with dementia.



TRACEY HAWKES: OCCUPATIONAL THERAPIST

Tracey is an Occupational Therapist with over two decades of clinical experience. She facilitates the 'Walking in Another's Shoes' dementia education programme for home-based support staff. Her focus is helping care staff to develop the confidence and person-centred tools to support older people to live more independent and fulfilled lives.



LARA HITCHCOCK: NURSE

Lara is a Registered Nurse in a Memory Assessment Clinic. Lara has specialised in the field of dementia care for over 20 years. In her current role she provides assessment, information, and support to those newly diagnosed with dementia and their care partners. She acts as a specialist resource to colleagues and is active in quality improvement to improve the care of those living with dementia.



HONEY MOHAN: CARE WORKER

Honey is a care worker in an aged residential care facility. She is a graduate of the Walking in Another's Shoes dementia education programme. Honey is passionate about getting to know each of the people she supports as a unique person, and she loves her job.



CHERYL NETTLETON: WHĀNAU / FAMILY SUPPORTER

Cheryl's introduction to dementia was when her husband started to display out-of-character behaviours around the age of 50. Cheryl has since founded carers' groups to bring whānau carers together for mutual support. Cheryl also helps to educate people about dementia from her perspective as a wife and family member in the hope that it strengthens an emotional connection to people living with dementia.



NICK UYS: WHĀNAU / FAMILY SUPPORTER

Nick worked in the pharmaceutical industry for many years. He was married to his beloved wife Anne for 44 years and became Anne's full-time carer until Anne entered aged residential care. Nick is committed to sharing his perspective as a carer within dementia education programmes as a way to make a positive impact.



2. Running the session

Falls and dementia



LEARNING OBJECTIVES: FALLS AND DEMENTIA

When supporting a person living with dementia,

01 Learners are able to articulate why it is important to remain mobile to help prevent falls and how to encourage this.

02 Learners can identify ways that they can help to prevent falls in their day-to-day support.

03 Learners are able to recognise potential falls hazards in the care environment.

04 Learners are able to conduct simple environmental scans.

05 Learners are able to contribute to fall scene investigations

FACILITATOR'S NOTES FOR FALLS AND DEMENTIA

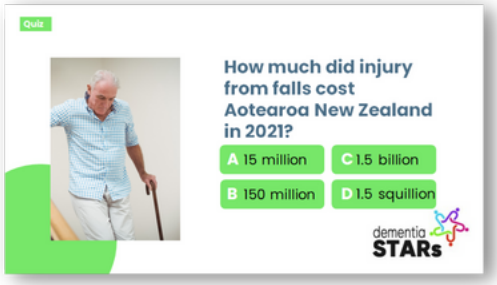
Today we we going to be talking about falls, which is an enormously important topic. Working in our field, we already know that preventing falls is important, but lets take a quizz and see if there is more we need to think about.



Activity: Quizz

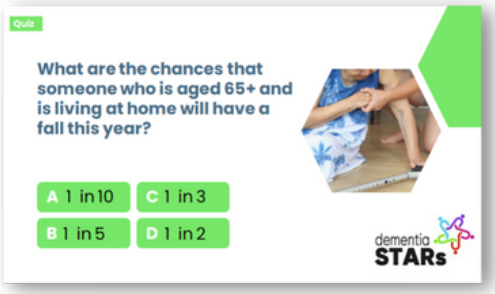
Go through the quiz questions (seven questions plus one bonus one). Read the questions and options out loud. Have people share their answers by raising their hands (or calling out). Click to the next slide for the correct answer.

Note: The slides include questions about falls for people in the community and in aged residential care settings. If you don't want to include these, modify the presentation before the session by hiding the slides you don't want to show. Do this by hovering over the picture of the slide on the left panel, right clicking, and then choosing 'hide slide'.



Q *Question 1. How much did injury from falls cost Aotearoa New Zealand in 2021?*

A Correct answer is C: 1.5 billion dollars. To be precise $1,596,380,710 [8].

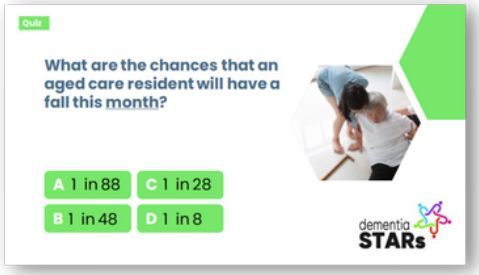


Q *Question 2. What are the chances that someone who is aged 65+ and is living at home will have a fall this year?*

A Correct answer is B: 1 in 3. Overall, around 1 in 3 or 30 percent of New Zealanders aged 65 and over who live in the community will fall at least once a year. While most people won't be seriously injured about 5 percent of older people will end up in hospital or fracture a bone because of a fall every year [9].

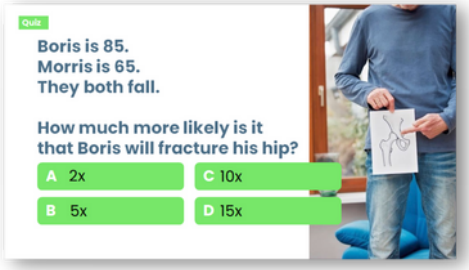
*Question 3. What are the chances that an aged care resident will have a fall this **month**?*

Correct answer is D: 1 in 8. A New Zealand study found thirteen percent of residents had fallen in the last 30 days. What's more half of the residents who fell injured themselves [9].



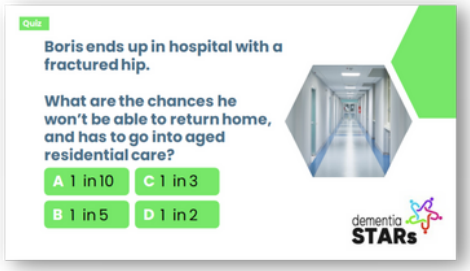
Question 4. Boris is 85. Morris is 65.They both fall. How much more likely is it that Boris will fracture his hip?

Correct answer is D: 15x. The older we are the more likely we are to fall, and also the more likely we are that we will be injured when we fall [9].



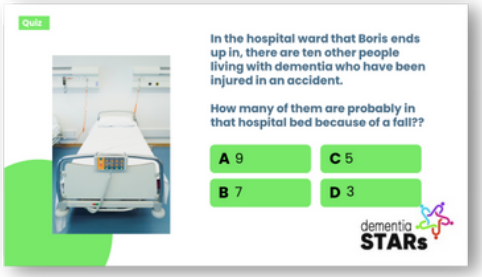
Question 5. Boris ends up in hospital with a fractured hip. What are the chances he won't be able to return home, and will go into aged residential care?

Correct answer is C: 1 in 3 [10].



Question 6: In the hospital ward that Boris ends up in, there are ten other people living with dementia who have been injured in an accident. How many of them are probably in that hospital bed because of a fall?

The correct answer is A. 9 out of the 10 others in the ward. An Australian study found that when people living with dementia were admitted to hospital due to injury, 90% of the time that injury was fall related [11]. Falls are the number one cause of injuries for older people [11].

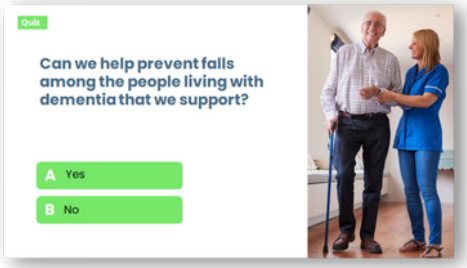


Question 7. People living with dementia are twice as likely to have a fall. Which of these is not likely to be a factor?



Correct answer is A: Have high risk hobbies. All the other answers are common factors in falls for people living with dementia.

Bonus question. Can we help prevent falls among the people living with dementia that we support?



Correct answer is YES! Definitely! Today we are going to be looking at lots of ways that we can make a difference.

Let's think a bit more about what makes people living with dementia particularly at risk. Let's think about someone living with dementia.

Here's Mrs Zolinsky, who is living with dementia. This picture was take when she was getting up for the day just before she fell…. Why might she have fallen?



Collect in the answers. Draw out that some reasons are physical, some are cognitive or behavioural, and some are environmental.



Here are some of the points you can reinforce about common risks for older people and people living with dementia through the discussion [12-15]:

Physical changes:

Dementia can worsen strength and balance. It often leads to changes in gait – the way we walk.

People living with dementia often experience physical health-related issues that affect their strength, balance, and gait such as:

- side effects from medications
- medical conditions and frailty
- difficulty in processing vision, hearing, or space and depth
- nutritional deficiencies from not eating well

Cognitive and behavioural changes:

- Changes in memory, judgement, and the ability to plan mean that people living with dementia may sometimes move in ways that aren't safe, like not using their walker or grab rails.
- Difficulty in expressing their needs means that a person living with dementia might become distressed and move in ways that don't concentrate on keeping safe.
- Changes in processing speed means that sometimes, in situations when you or I might be able to 'save the day' with our reflexes, a person living with dementia may not be able to do that in time.

Environmental hazards:

People living with dementia may be less likely to spot and solve these problems.

Often several factors combine to cause a fall – Mrs Zolinsky might rush to the toilet and forget to use her walker and trip over her floppy slippers.

We are going to look at some commonsense ways that we may be able to help reduce the risk of falls for people living with dementia.



We are going to look at how to

- **move**
- **improve**
- **and remove**

to address common reasons people fall.

That's a great slogan from the Stay on Your Feet Campaign from Western Australia: move, improve, remove. [13]

We're also going to talk about two important ways we can put this in action

1. **Before we leave - we think move, improve, and remove before we leave a person unattended**
2. **After every fall - if a falls happens we use it as a chance to learn. We think about move, improve, remove to see how we can help prevent the same thing from happening again.**

Move

Our first focus is move. Strength and balance and how people walk are all things that can be affected as dementia progresses.

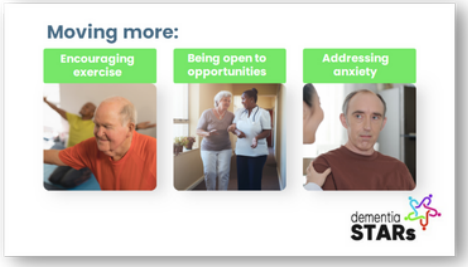


If we don't move and keep physically active, do you think our strength and balance gets better or worse? Definitely worse.

People living with dementia may need more support to keep moving. Let's hear from Tracey Hawkes, an occupational therapist, about supporting people living with dementia to move.

Play Tracey's video

Let's look at three ways we can help people we support people living with dementia to keep moving:



1. We can encourage exercise

Research shows that targeted exercise can help reduce falls for people living with dementia by building up strength and balance. People may be advised to try walking, tai chi, or a special falls prevention exercise programme in a class or individually [16]. So if someone has been set up with some exercises to do or is going to go along to a class, we are their biggest cheer squad! Older people can get access to these through a Green Prescription or checking out the Live Stronger website.

When we are thinking about motivating people, we want to make it fun and simple. People may find it easier to do the same exercise each time rather than a class that changes each week. Once you find out what kind of exercise, place, time and cues work best - stick with it. Doing something regularly makes it more familiar and enjoyable.

2. We can be open to opportunities

Tracey gave lots of examples of ways that we can slip movement into the daily things we are doing. There are lots of activities that involve movement: walking, dancing, gardening, you name it. Can we encourage people to come with us to get things, rather than always bringing things to them and doing everything for them? The more people do themselves, the more they can keep doing [12].

One opportunity to think about is when people have been sitting in the same position for a while. If we sit for a while, even 20-30 minutes, we can get stiff and be more likely to fall when we get up. We want to help people to move or reposition themselves regularly. How about some exercises to help get rid of that stiffness before people stand up? [17]

Activity: Exercises

Resources: Fall Proof exercises handout (see p.40)

Lead the learners in trying out the exercises given in the handout

- Toe and heel taps (For one foot, keeping your heel on the ground, lift the front of your foot up and back down. Then, keeping toes your toes on the ground, lift your heel up and back down) – five times each foot
- Straighten knees one at a time – five times each leg
- Gently march your knees up and down for ten to 15 seconds before you stand
- Shuffle up to the front third of your chair and push up through your legs to standing; gently stretch your back and neck by standing as tall as you can.

The third way we can help people living with dementia to keep moving is to address anxiety

Tracey talked about how people who are afraid of falling again may restrict their activity to try to stay safe. But instead they lose strength and balance and that actually puts them at a greater risk of falling. So if someone has had a fall, it can be really important to address their anxiety to help prevent that vicious circle.



But we may need to address our own anxiety too. Sometimes we can be a bit like a parent trying to teach their teen to drive – " watch out, slow down, don't do that!". We mean to give a message about moving safely but we may accidentally be giving the message "don't move!". So if we can, we want to be enthusiastic about the fact they want to get up, but help them to pause [18]. You might squeeze their hand and say something like, "what a great idea to stretch your legs Mrs Patel. Give me a moment - I'll get your walker sorted"

Sometimes technology can help everyone's anxiety. For example if someone enjoys walking outside but there are concerns that they might get lost, there are wearable devices available, that can help locate the person if they do get lost. You can find out more about these on the Wandersearch website, There are also personal alarms available that have a falls sensor.

Q *Let's come up with some examples: What's one way that you already help a person you support to keep moving? Does anyone have a new idea you think you might try out?*

A If need you could prompt for each of the three suggestions e.g.,

- Is there anyone supporting a client to get to class or to do exercises? How do they bolster that?
- What about opportunities? Is there anyone bringing food or drinks to their client who could encourage them to walk to the table instead? What other opportunities can they think of?
- Has anyone supported a client who has fallen in the past and become anxious, or maybe they know someone personally? What did they see? Was there anything that they found helpful?

So we've thought about move…now let's think about improve.

We will focus on needs, mobility aids and medication.





Meeting needs:

Can we improve the way we are meeting needs?

Across Dementia Stars sessions and across our care plans we look at lots of issues: Encouraging people to eat well, helping hydration, managing pain, being aware of sensory issues, spotting and preventing delirium, encouraging continence and so on. The big picture is that all these things are also helping to prevent falls [13-15] because if someone living with dementia has unmet needs, then they may be more likely to fall. They may experience physical effects (like being dizzy from hunger or thirst) but they may also move less safely because they are agitated, or they get up impulsively to try to get it sorted themselves. Anything that makes the person living with dementia stressed, distressed or restless can increase the risk of falls. Some common triggers include:

- being in pain, particularly for people who have foot pain or chronic pain [19]
- being hungry or thirsty
- needing to use the toilet, especially if they are rushing
- being frightened, bored, or lonely [15]

So when we are thinking "is there anything they might need?" - from a drink to having something to do, to having the TV on the right channel - we are actually thinking about falls prevention.

Mobility aids: How's that mobility aid working for them?

Using a mobility aid like a walking stick, walking frame, or a wheelchair is a tricky cognitive task. We have to remember to use them, and then we have to multitask to think about walking and using the aid at the same time! This means that mobility aids are a bit of a mixed blessing for people living with dementia and can be a factor in falls.

Here are four questions we want to be ready to ask about mobility aids[20]

1. Might the person need a mobility aid? Are they holding on to things to move, or finding it hard to get up out of their chair?

2. Is the person using their mobility aid as it is intended to be used? Using a wheelchair as a walking frame for example is creative but really not a great idea from a falls perspective!

3. How should we leave the mobility aid when we leave the person unattended?

4. Do we need to change? We may notice that a mobility aid that was a great help is now seeming a bit tricky – it may be time for a professional assessment or a change in our care plan.

Once we have thought through these questions we want to make sure that this new mobility plan is documented and everyone is on board. The plan will say what mobility and transfer aids are needed, the level of assistance that they need, and what we have found helpful for that particular person.

At your place. Remind the learners that they are a fantastic resource as 'eyes' and 'ears', so if they have concerns they should bring their questions to the appropriate people:

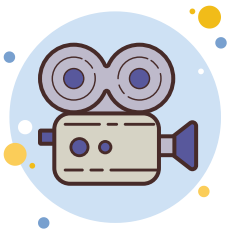
_____

(provide names here of people that your learners can talk to)

These are people who can get professional advice from an occupational therapist or physiotherapist.

Medication: Could their medication be a risk?

Some medications can have side effects that increase the risk of falls. People living with dementia are more likely to be prescribed these types of medications, so we need to be alert. We have a video here of Dr Matthew Croucher who is going to explain a bit more to us.



Play Matthew's video

Can you think of a time when someone you were looking after developed one of these side effects and ended up falling? Can you think of a time when someone you were looking after developed one of these side effects and good steps were taken to prevent falls?

If a story doesn't emerge you could use the following:

Jodi started working as a care worker with Mr Green, helping Mr Green have a shower each day. Mr Green was an older gentleman with dementia who was partially blind. After about three weeks Jodi noticed a change - when Mr Green stood up to come to the shower he got wobbly and dizzy. He said he felt a bit woozy and joked Jodi might have to be ready to catch him.

If home-based audience: Jodi talked to Mr Green's wife about this. She found out that Mr Green had had two falls in the last week, but luckily he hadn't hurt himself. Jodi asked if there had been any changes and Mrs Green said that he was taking a new pill for his dementia. She looked at the packet and saw it was called Donepezil. Jodi suggested that Mrs Green ring her GP nurse to ask what to do. She also talked to her supervisor about what had happened and the supervisor decided to send an email to the GP just in case.

If ARC audience: Jodi found out Mr Green had had two falls in the last week, but luckily he hadn't hurt himself. Jodi thought about whether there had been any changes, and realised Mr Green was taking a new pill for his dementia. She talked tothe duty nurse about what had happened and the nurse checked out Mr Green and let Mr Green's GP know.

It turned out the Donepezil medication was causing Mr Green's blood pressure to be very low. He changed to a different medicine and stopped felling dizzy – no more falls.

In your job, who would you tell if you did notice a change that might increase the risk of falling that might be a medication side effect, whether or not you were 100% sure about it?

Confirm / clarify who they should notify.

So we've looked at move and improve…what about remove?



We can remove hazards from the environment. This might have been the first thing you thought about when you saw falls prevention.

Activity: Housie



To help us think about removing environmental hazards we are going to play 'Hazard Housie'.

Resources: One each of the five different housie boards (pages 41 - 45).
Optional: sweets for prize.

Instructions: Split the group into five teams. Hand out the housie boards, one per team. Explain how to play: Each board has a 4x4 grid of hazards, each with a different number. You are going to call out numbers from the spinner. Find the number and mark it off on your board. The winning team is the first team to mark off four pictures in a row (up, down, or diagonally).

Spin the spinner by clicking on the Powerpoint image. Stop the spinner by clicking again. Call out the number it lands on. Teams find the picture with the corresponding number. The twist in this version of housie is that you then ask the learners what falls hazard / solution is in their picture (see possible prompts below). Continue until a team wins by getting a line. You might want to hand out lollies as a 'prize'.

Note: for the spinner to work the Powerpoint presentation must be downloaded when you play it, it won't work from the internet.

Possible prompts and discussion points

OK, what is in your image for that number? Shoes? What's the problem with the footwear you see there? How could we improve this situation?

- Loose, open back, worn, no fastening to tighten – replace, swap out for better shoes.

See next page for discussion points for other images.

Trip images: What might we trip over? Ask about possible solutions

- Cords – shift, tape securely
- Rugs – non slip or secured
- Pets – bells can sometimes help
- Clutter – remove from pathways

Emphasise that we want to remove hazards so we have a clear pathway to the door or toilet.

Slip images: What are some of the things that might make us slip?

- Spills – clean up immediately
- Socks on smooth floors – good footwear
- Slippery floors – non slip mats

Balance images: What are some of the ways someone might lose balance?

- Stairs – rails
- Climbing to get something – have things easily accessible
- Stretching /reaching – have things easily accessible

Vision/lighting images: How can we help people see hazards?
Not being able to see properly is also a real risk for falls, so we want people to be seeing the best they can.

- Have they got their glasses?
- Are their glasses clean?
- Do their glasses seem to be working for them (maybe they need new glasses
- Is the lighting good enough?

Look before you leave

So putting this altogether: We want to take a few moments before we leave someone unattended to scan the environment to think about how we can move, improve, and remove to reduce falls.



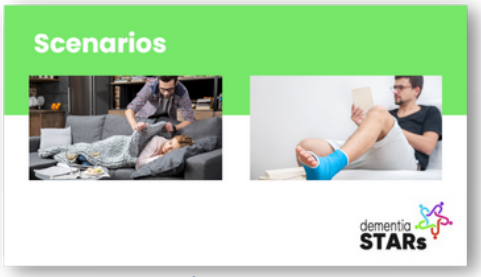


Activity: Simple scans

Resource: Powerpoint slide with photos

Ask the learners get into pairs or small groups to talk over the two scenarios. Read out the first scenario and questions (next page). Give the learners time to discuss then gather in answers. Repeat for second scenario.

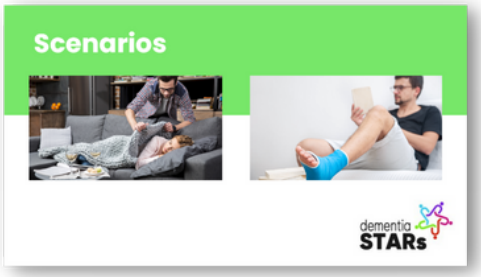
Scenario 1:
Your friend is sleeping on your sofa after having a bit much to drink, and now you are heading to bed. You don't want them to fall when they wake up. What are you going to scan the room for?



Examples:
Clear path to the exit / toilet by removing clutter, cords, rugs or (based on the photo) shifting the table and removing the wine glasses.

There are lots of other possible suggestions -
- provide a blanket / warmth (as in photo);
- leave instructions / put note on the door if she doesn't know where the toilet is
- provide water,
- provide a clock so they know the time,
- put their phone nearby,
- leave a note / essential information nearby,
- take their high heels off…

Scenario 2:
You have just broken your ankle and are having trouble getting around. Tonight you are settling in on the couch for a great night in. You really don't want to get up once you're cosy. How can you and your housemate make sure you are set up for the evening before they head out?



Examples:
Somethings will be pretty universal: go to toilet, have drink and food accessible.
While people will want to have their entertainment ready, just what this is may vary - someone might want to
- have their phone nearby,
- have their favourite TV programme on,
- have Netflix movie on,
- have the tv off and have a book,
- have their knitting etc.

Some people may have other 'necessities' such as tissues, heater, glasses.

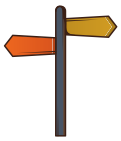
So these are examples of environmental scans that we can use to reduce the risk of falls. We want to do this kind of a scan every time we leave someone unattended.

If you already have intentional rounding in place at your place, explain how we can using every round as an opportunity to do an environmental scan for falls risks. You can integrate your existing rounding checklists into falls prevention in the following activity.



Activity: Look before you leave checklist

Resources: Look before you leave checklist (pages 46 - 47) or the checklist that you use at your place.



Discuss the 'Look before you leave' checklist OR the falls checklist already in use at your place.

Handout the "Look before you leave" handout: Here's an example of an environmental scan checklist that we have adapted from Safely You [20]. You can see that not only is it great for thinking about falls risk, but it also great for lots of other components of our care plans.

Who feels more organised if they have a to do list for the day? You might remember everything without your list, but especially on busy stressed out day you might not think of everything! You are doing lots of great things already, but a reminder can be really helpful.

OR

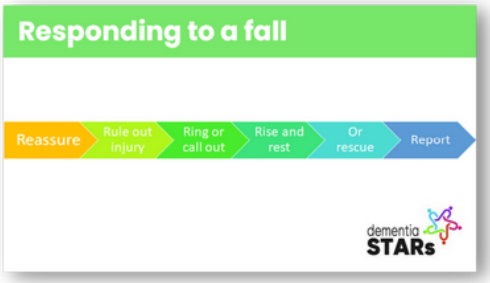
Talk about the checklist that you use at your place.
You can use the space below to make discussion notes about the checklist used at your place

At our place...

One of the ways to reduce falls in the future is to understand why the person fell: We want to learn from every fall.



Just a reminder that if you do find someone on the ground after a fall, use your training:



- Reassure,
- Rule out injury,
- Ring / call out for help.
- Rise and rest: If they can safely rise - use the technique of the person getting to their knees and then using a stable chair for assistance. Don't try to pull them up or lift them on your own. Suggest that they rest in the chair before moving any further.

OR

- Rescue by responders: If it isn't safe to help the person rise, the responders to your call will help with transporting the person to hospital and/or using equipment to safely move the person
- Report

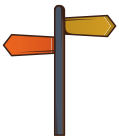
At your place: describe the training, resources, and equipment that you use at your place as appropriate.

Alongside helping the person, you are going into FSI mode… That's like CSI but instead of Crime Scene Investigation it's Fall Scene Investigation! [22,23]



Are there any clues about why the person might have fallen? Your eyes and ears are going to be really useful for the team to work out what might have happened and how we can change the care plan to prevent future falls.

If available, describe the process and documentation that you use at your place to reflect on a fall. If you have a staff member with a designated falls champion role at your place discuss this.



OR

Talk through how to investigate a fall:

If you are first on the scene, use these questions to gather information to help the Fall Scene Analysis:

- What was the person trying to do just before they fell?
- What clues do we have about things that may have contributed to the fall (look through your 'Look before you leave' checklist)
- Had the person fallen before? Were all the fall prevention strategies in place? If not, what was the barrier?
- Had you noticed any medication changes or changes in the person, like seeming weaker than usual or more confused than usual?

Let _____ know about the fall and what you have noticed.

You can provide the Fall Scene Analysis handout which has these questions (see p. 48).

We've covered a lot today!

The take home message is to think "move, improve, and remove".



And when do we especially want to do this? We want to look before we leave, and we want to learn from every fall.

Provide the Summary handout (p.34)and Going Further handout (p.35). You may also want to use the feedback form (p.36).

Ask for any questions, thank the learners for their attention, congratulate them and provide certificates (p.37).

AT YOUR PLACE

Here are a few questions to reflect on before you facilitate the session, to help make the session relevant and effective in your organisaton.

FALLS PREVENTION RESOURCES

Does your organisation have a falls risk form? How are all staff made aware of the identified risks? How are these integrated into the care plan? Does your organisation have a checklist for leaving a client unattended / intentional rounding? Does it integrate falls risk? Would the "Look before you leave" checklist provided in this kit be helpful?

LINE OF COMMUNICATION:

Who should learners talk with if they have concerns about falls risk, e.g., around mobility aids? medications?

RESPONDING TO FALLS:

What is the protocol for your learners if they find a client who has fallen? E.g., how do they assist a person up, how do they contact help, what equipment is available etc. What training have they had that you can refer to? If you need to include this training here consider making this a longer session.

YOUR CHECKLIST FOR THE DAY

Here are some of the things you may want to take with you

- [ ] Audiovisual equipment with PowerPoint presentation loaded
- [ ] Whiteboard pens and either a whiteboard or large paper pad to record learners' responses for activities
- [ ] This facilitator's guide
- [ ] Handouts: Summary handout and "Going further" handout
- [ ] For exercises : "Fall Proof: Keep moving" handout. For Hazard Housie: Housie boards. Optional: lollies as Housie prizes
- [ ] Other handouts: "Look before you leave" checklist, "Fall Scene Investigation" handout
- [ ] If applicable, you may wish to bring printouts of the falls prevention resources used at your place.
- [ ] Feedback forms
- [ ] Certificates of completion



3. Resources

Falls and dementia



FALLS AND DEMENTIA

MOVE

- Encourage exercise
- Be open to opportunities to move
- Address anxiety about moving

IMPROVE

- Is there anything they might need?
- Can we improve the way we work with mobility aids?
- Could their medication be a risk?

REMOVE

Remove hazards such as

- floppy footwear
- things that may cause slipping or tripping
- reasons to reach

LOOK BEFORE YOU LEAVE

Take a few moments before you leave someone unattended to scan the environment to think about how we can move, improve, and remove to reduce falls.

LEARN FROM EVERY FALL

Are there any clues about why the person might have fallen? This can help the team to work out what might have happened and how we can change the care plan to prevent future falls.

GOING FURTHER...
5 GREAT RESOURCES ON FALLS

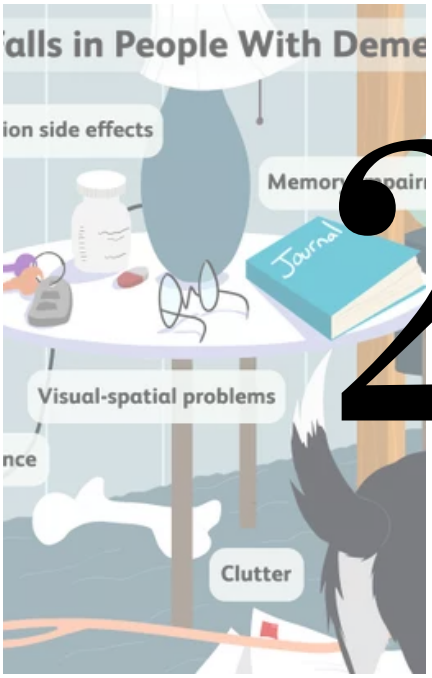
VIDEOS

1

The Safely You University site provides extensive falls prevention training resources.

https://university.safely-you.com/





2

BLOG

Esther Heerema provides a useful overview of why people living with dementia fall.

https://www.verywellhealth.com/causes-of-falls-in-people-with-dementia-98558

VIDEO

3

If you would like to find out more about how exercise can help prevent falls for people living with cognitive impairment, Dementia Training Australia has a 40 minute video.

https://dta.com.au/resources/falls-in-people-living-with-dementia-and-mci/





5

BROCHURE

The Alzheimers Society of Manitoba has a brochure about environmental factors to check for people living with dementia.

https://dta.com.au/online-courses/recognising-and-acting-on-pain-in-people-living-with-dementia-for-direct-care-workers/

FACT SHEETS

4

The Health, Safety, and Quality Commission New Zealand have a set of 10 fact sheets on falls prevention

https://www.hqsc.govt.nz/our-work/system-safety/reducing-harm/falls/10-topics/



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Feedback on FALLS AND DEMENTIA

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY DISAGREE
I understand more about how to prevent falls	○	○	○	○	○
I feel more motivated to prevent falls	○	○	○	○	○
I will be able to use what I learnt in my work	○	○	○	○	○
It was worthwhile coming	○	○	○	○	○

WHAT IS THE MOST IMPORANT THING YOU LEARNED TODAY?

WHAT IS YOUR GENERAL FEELING ABOUT THIS EDUCATION SESSION?

WHAT ARE YOU GOING TO DO DIFFERENTLY?

THANK-YOU FOR YOUR FEEDBACK, IT IS APPRECIATED

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CERTIFICATE

OF COMPLETION

_____

has completed the Dementia STARs Falls Module

Date _____

Signed _____

Organisation _____

FALLS

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[23] Safely You (2020) Falls Scene Investigation. https://safely-you.com/wp-content/uploads/2020/09/FSI_Form.pdf

Resource & activity sheets

On the following pages you will find additional resource and activity sheets to use during the session:

- Fall proof: Keep Moving (exercise sheet)
- Hazard Housie boards: 5 different house boards to enable learners to compete against each other. Split your group into five teams. The team that completes a line first wins.
- Look Before You Leave Environmental Scan Checklist
- Fall Scene Investigation Questions



Fall proof

Keep Moving exercises

If you sit for long periods of the day, you might find your joints feel stiffer than usual. This can put you at risk of a fall when you stand up.

If you have been sitting for longer than 20-30 minutes, think about getting up and moving about. Try these simple seated activities to loosen up: rom:Chartered Society of Physiotherapy (UK,pictures Memorial Sloan Kettering Cancer Centre



- Toe and heel taps. Keeping your heel on the ground lift the front of foot up and back down. Then keeping you toes on the ground lift your heel up and back down – five times each foot



- Straighten your knees one at a time – five times each leg



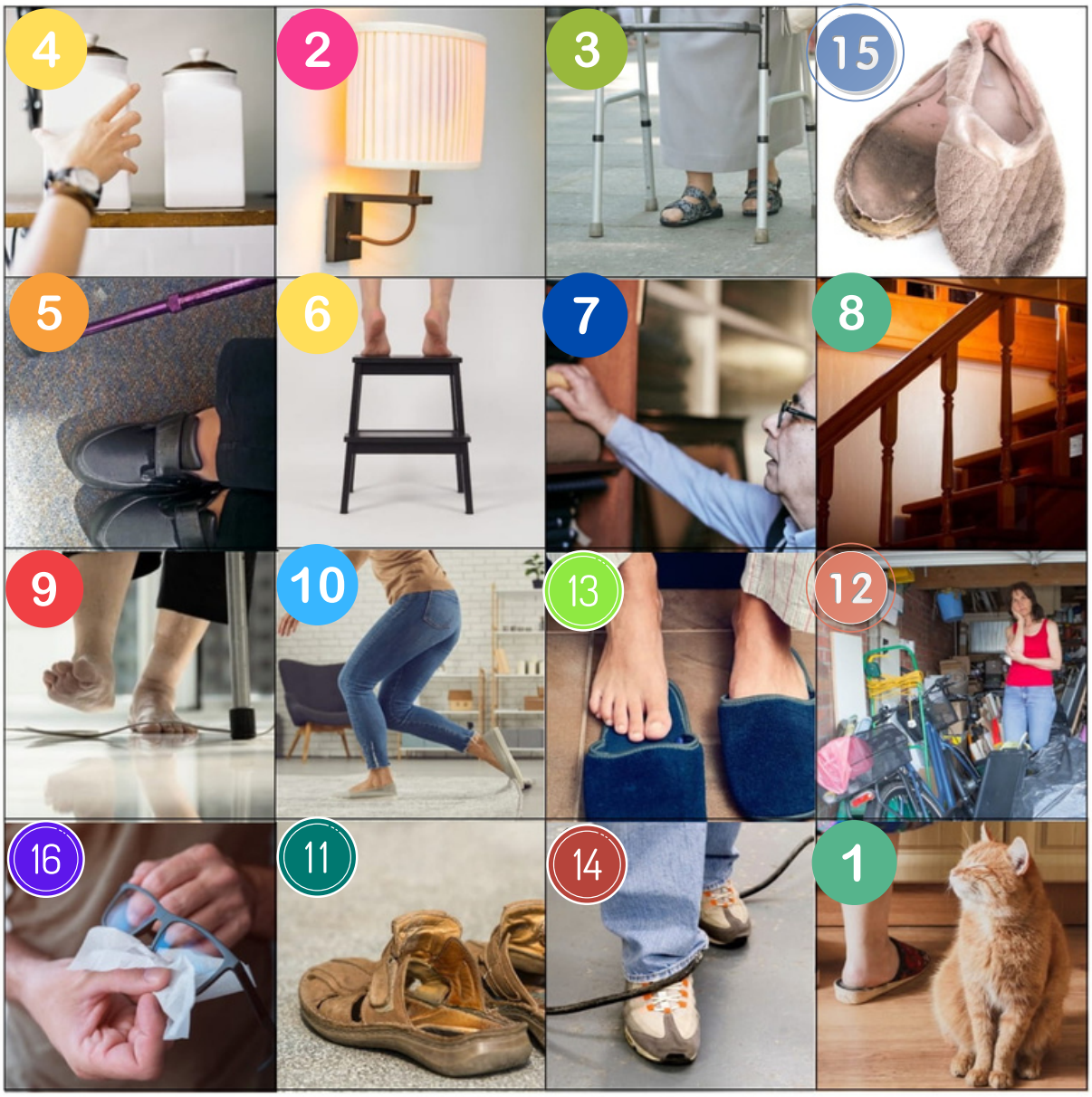
- Gently march your knees up and down for ten to 15 seconds before you stand

- Shuffle up to the front third of your chair and push up through your legs to standing; gently stretch your back and neck by standing as tall as you can.

Exercises from: Chartered Society of Physiotherapy (UK). Pictures used with permission from Memorial Sloan Kettering Cancer Centre.

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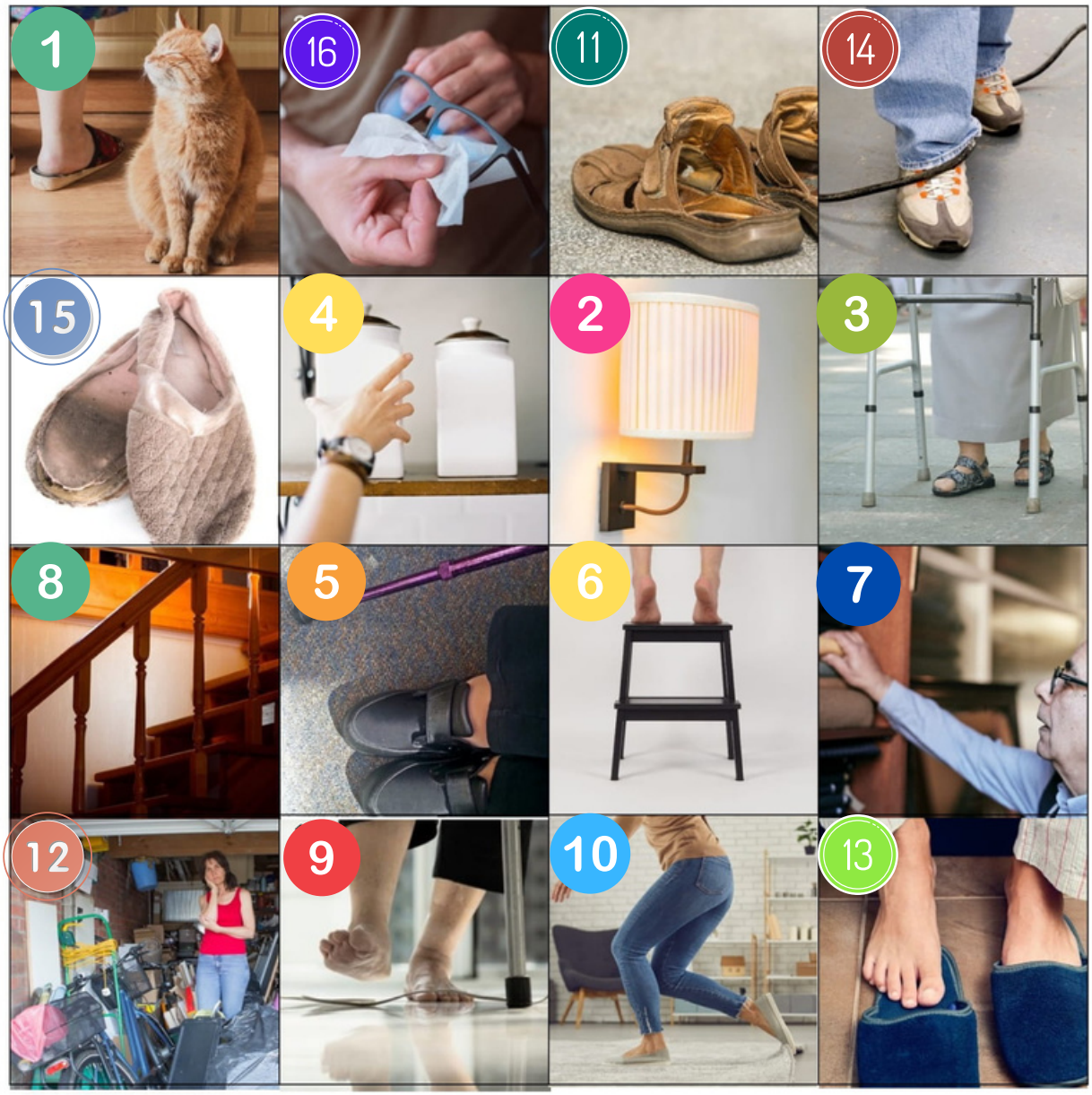
Hazard Housie



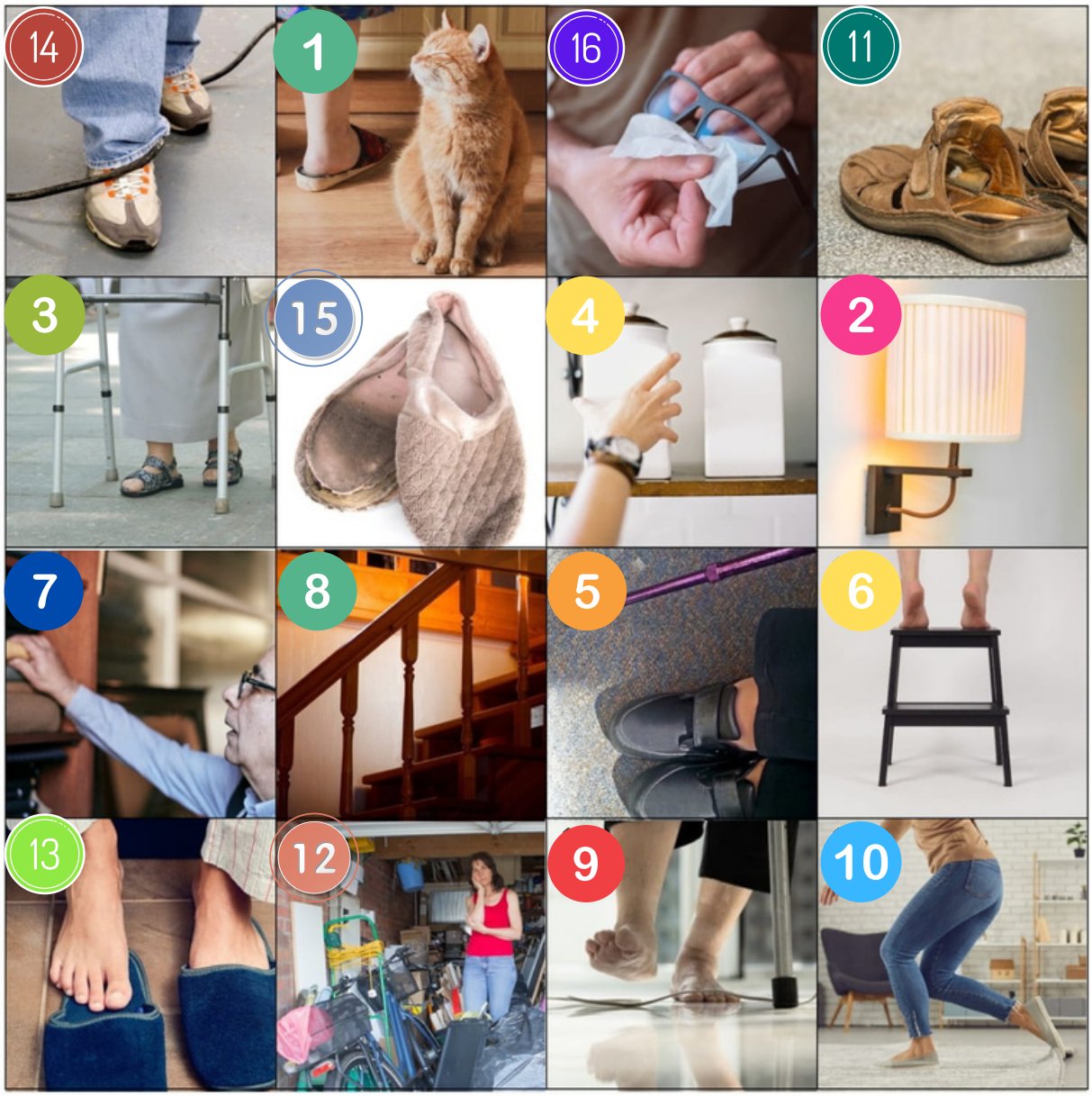
Hazard Housie



Hazard Housie



Hazard Housie



Hazard Housie





Look before you leave

Environmental Scan Checklist

Environmental sweeps are a vital part of the fall prevention process. Before you leave a person unattended, take the time to address the following items to reduce falls risk.

Move

- ◯ I have positioned the person in their preferred safe location
- ◯ I have thought about whether they have been sitting or lying for a long time, and helped them reposition if appropriate.
- ◯ Their mobility aid is easily accessible, positioned to use, with the brakes on if appropriate.

Improve Engagement

- ◯ I have engaged in conversation with the person at eye level and addressed their unmet needs.
  - ◯ toileting ◯ activities ◯ food / drink ◯ pain
- ◯ The person is calm and ready to be left alone.

Continence care

- ◯ I have prompted the person to visit the toilet and/or I have checked for incontinence.
- ◯ The person has appropriate incontinence products that are the right type and fit.
- ◯ The person is wearing clothing that they can manage when going to the toilet.

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Look before you leave

Environmental Scan Checklist continued

Remove Hazards

- ◯ There are no hazards or clutter on the way to the door or toilet. The lighting and open / closed curtains are appropriate for the time of day and the person's activities.
- ◯ The person is wearing preferred and safe clothing that is appropriate for the weather and activities.
- ◯ The person is wearing safe footwear.
- ◯ The person has their clean glasses and working hearing aids if appropriate.

Reasons to reach

- ◯ Things that interest the person are within reach (book, magazines, phone etc).
- ◯ A preferred drink and snack are within reach.
- ◯ The television / radio is on or off based on the person's preference.

If on,

- ◯ the channel suits the person's interests,
- ◯ the volume is appropriate, and
- ◯ the remote is within reach.

- ◯ The door is open or closed as appropriate.

Adapted from Safely You Environmental Sweep Checklist Safely-You.com



Fall Scene Investigation

- What was the person trying to do just before they fell?
- What clues do we have about things that may have contributed to the fall (look through your 'Look before you leave' checklist)
- Had the person fallen before? Were all the fall prevention strategies in place? If not, what was the barrier?
- Had you noticed any medication changes or changes in the person, like seeming weaker than usual or more confused than usual?

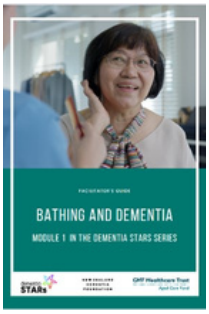
Adapted from:
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Falls Scene Investigation. https://safely-you.com/wp-content/uploads/2020/09/FSI_Form.pdf

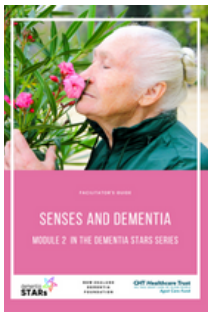
CONTINUE LEARNING WITH THE DEMENTIA STARS SERIES

We are delighted to offer eight Dementia STARs modules in this series. The Dementia STARs programme is an opportunity to reinforce a shared culture of person-centred care. Each kit offers all the tools needed to run an engaging introductory education session for direct care-workers and other staff.

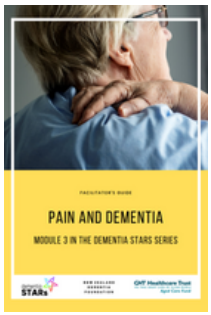
You can find the full series online at nzdementia.org/Dementia_STARs



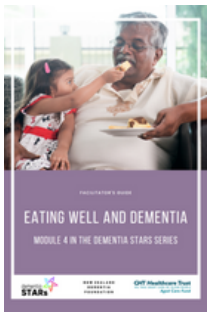
1: Bathing and dementia



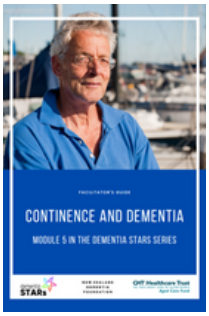
2: Senses and dementia



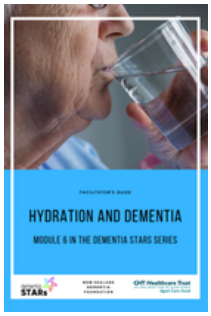
3: Pain and dementia



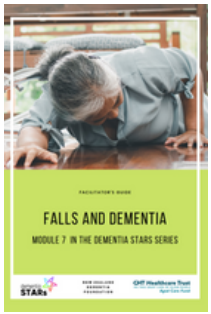
4: Eating well and dementia



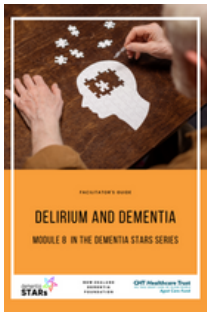
5: Continence and dementia



6: Hydration and dementia



7: Falls and dementia



8: Delirium and dementia

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