



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

Effective: June 27,2018	Policy Code: PP + TITLE	Applies To:	✓ Leadership & Operations ✓ Programs & Services ✓ Client, Family & Community
Review: Jan. 12,2020	Sheet: 1 of 33		
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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

A. STANDARD: Stoney Health Services applies a comprehensive Falls Prevention Strategy that includes falls risk prevention, assessment and injury reduction strategies as well as falls prevention education for SHS personnel, clients and the community.

B. RATIONALE: The Stoney Health Services (SHS) Falls Prevention Strategy (See Appendix I) aims Falls can happen at any age; however, as we age, the consequences of a fall become more serious for the individual as well as his or her family and community. Falls are recognized as the second leading cause of injury in older persons. One in three people aged 65 years or older experiences a fall at least once each year. The risk for falls is greater if a person has a documented history of falls, a gait disturbance, reduced mobility, cognitive impairment and/or a debilitating chronic/ acute health condition. In addition, older Aboriginal people are twice as likely to be hospitalized for reasons related to a fall as compared to non-Aboriginal people.

A person can be predisposed to falls due to a range of interactive risk factors. See 'Appendix III: *Risk Factors for Falls*'). Some fall risk factors are intrinsic to his/her biological makeup (i.e. poor vision, low blood pressure) and others are extrinsic; that is, they are related to environmental, social or behavioural conditions (i.e. slippery stairs, impetuous movements). Some fall risk factors are modifiable; they can be changed, modified or compensated for (e.g. diet, exercise, muscle weakness, etc.). Others factors are non-modifiable; they cannot be changed (e.g. genetics, age, etc.). Studies also show that clients living at home are at risk for accidents not only related to their health status but also related to their home environments (CPSI, 2013). The environments in clients' homes vary considerably in terms of access, lighting, space, etc. Safety of clients and families, SHS personnel and other care providers is enhanced when risk assessments are regularly carried out in homes where clients are receiving services.

Falls can lead to loss of independence, pain and suffering, moderate to severe injuries, and even, death. They are also the leading contributor to new admissions of older persons into residential care. Falls prevention is everyone's responsibility; ours, our clients' and our community's. As such, it is integrated into our Home Safety Risk Assessment process and is an important part of our ongoing Quality and Safety Plan.

C. POLICIES: All SHS personnel and physicians are responsible for helping clients and their families keep themselves safe from falls as well as from related injuries; and, for following the Stoney Health Services falls prevention and reduction strategies in this policy. See the SHS Fall Prevention/Injury Reduction Strategy & Algorithm (Appendix I) for an overview of the key SHS Fall Prevention processes.



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- 1. SCREENING FOR FALL RISK:** All clients over 55 years of age as well as younger clients with debilitating diseases and/or balance/gait disturbances shall be identified and screened at first contact (on admission) using the SHS Client Fall-Risk Screen. *(See Appendix II)*. Immediate safety concerns as well as treatment and monitoring needs shall be addressed, communicated to the SHS Fall Prevention Team and documented in the client's file. Both the client and his/her family should be part of this process, whenever possible. *(NB: See also Appendix III: 'Risk Factors for Falls' and Appendix IV: ' Falls in the Home and Community' for important background information).*

If a client is identified as being at risk for falls, he/she may require a more in-depth Multifactorial Risk Assessment by members of the SHS Fall Prevention Team. Those clients having had only a single fall and demonstrating no difficulty/unsteadiness during the evaluation of gait and balance do not require a more in-depth Multifactorial Risk Assessment. However, those reporting two or more falls in the past year must be referred for the Multifactorial Fall Risk Assessment (See page 4 for more details). See the table below for a summary of levels of fall risk and recommended approaches).

FALL RISK LEVELS & RELATED APPROACHES	
Falls Risk Level	Recommended Approaches
1. Mild Risk for Falls (Score of less than 3 <u>and</u> reporting only one fall in past year	<ul style="list-style-type: none"> • Reinforce general safety precautions with client / family • Reassess in one year or if major change in health status • Document risk level, findings & interventions in client file
2. Mild Risk for Falls (Score of less than 3 <u>and</u> reporting 2 or more falls in past year	<ul style="list-style-type: none"> • Reinforce general safety precautions with client / family • Proceed with multifactorial assessment • Implement specific interventions related to identify risk areas. • Document risk level, findings & interventions in client file • Conduct post-fall analysis , if needed
3. Moderate Risk for Falls (Score of 4-7) with / without fall in past year	<ul style="list-style-type: none"> • Reinforce general safety precautions with client / family • Proceed with multifactorial risk assessment • Implement specific interventions related to identify risk areas. • Document risk level, findings & interventions in client file • Conduct post-fall analysis , if needed
4. High Risk for Falls (Score of 8-14) with / without fall in past year	<ul style="list-style-type: none"> • Reinforce general safety precautions with client / family • Proceed with multifactorial risk assessment • Implement specific interventions related to identify risk areas. • Document risk level, findings & interventions in client file • Conduct post-fall analysis , if needed

Adapted from: Panel on Prevention of Falls in Older Persons (2010), American Geriatrics Society and British Geriatrics Society



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The completed Client Fall-Risk Screen must be scanned into the client’s file in WOLF EMR and linked to the Home Care Nursing Manager for follow-up of Home Care Clients and to the Nurse Manager of Community Health, Primary Care and Public Health for all clients in those service groups.

NB: Client Fall-Risk Screens shall be repeated at least yearly (on the anniversary of the first Fall-Risk Screen), or more often if there is a significant change in health status.

2. HOME SAFETY RISK ASSESSMENT:

2.1 Home Care Clients receiving services in the home shall have a Home Safety Risk Assessment (HSRA) ; see Appendix V) within 3 weeks of admission carried out by a healthcare professional, annually thereafter (on the anniversary of the first HSRA) and whenever their health status changes considerably. *NB: This assessment also addresses any factors in the home that may also pose a safety hazard to SHS personnel.*

2.2 Primary Care, Community Care & Well-Baby clients over 55 years of age as well as/or those under 55 years with debilitating diseases and/or with gait/balance disturbances shall also have a Home Safety Risk Assessment within 3 weeks of admission by a healthcare professional within 3 weeks of admission, annually thereafter and whenever their health status changes considerably. Primary care personnel may refer these clients to Home Care, Community Care or Well-baby services, as the case may be.

3. **MULTIFACTORIAL RISK ASSESSMENT:** The SHS Multifactorial Risk Assessment is carried out on all clients suspected at moderate to high risk of falls (Risk Level 2-4) based on the Client Fall- Risk Screen at the next available SHS Fall Clinic. This enables us to determine the likelihood that a person will have a fall followed by implementation of an individualized care plan. The SHS Multifactorial Risk Assessment includes:

3.1 A Multifactorial Focused History (See Appendix VI) is completed by Nursing Personnel and includes:

3.1.1 A history of falls (circumstances, frequency, symptoms at time of fall, injuries and other consequences)

3.1.2 A medication review (all prescribed /over-the-counter medications and dosages
(Note: See SHS BPMH procedure in SHS Medication Management policy)

3.1.3 A history of relevant risk factors (i.e. acute or chronic medical problems such as osteoporosis, urinary incontinence etc.)

3.2 A Physical Examination (completed by Nursing (RN/LPN), Occupational Therapy (OT), Physiotherapy (PT) personnel as well as by Healthcare Aides (HCA) and other healthcare providers, as necessary, as noted below:



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- 3.2.1 PT: A detailed assessment of gait, balance and lower extremity joint function using the Berg Balance Scale (Appendix VII), the Timed Up and Go (TUG) Test (Appendix VIII) and the SHS Lower Extremity Assessment tool (Appendix IX) ;
- 3.2.2 RN/LPN/HCA : Cardiovascular status, heart rate / rhythm, postural pulse / blood pressure, and appropriateness of heart rate and blood pressure.
- 3.2.3 RN/LPN/HCA : Examination of the feet and footwear. In the interest of more systematic identification of clients at risk for falls, in-situ non-nursing personnel may also do a visual check of feet and footwear by in the course of their contact with the client, for referral to nursing, PT and/or OT personnel.
- 3.2.4 Optometrist: Referral for assessment of visual acuity.

3.3 A Functional Assessment completed by an Occupational Therapist (OT), including:

- 3.3.1 Activity of daily living (ADL) skills as well as use of adaptive equipment / mobility aids
- 3.3.2 The client's own perception of his/her functional ability and fear related to falling
- 3.3.3 Assessment of current activity /mobility levels

3.4 An Environmental Assessment (completed by an Occupational Therapist), including completion of the SHS Environmental and Home Improvement Request Form (Appendix X).

4. FALL PREVENTION STRATEGIES/INTERVENTIONS: The following strategies and related interventions (in alphabetical order) are recommended for reducing the risk of falls. They should be adapted to the needs of individual clients and clearly documented in clients' Care Plans.

4.1 Assessment and Modification of the Home Environment : SHS supports clients/families as concerns needed safety improvements in and around their homes. To this end, the OT completes the SHS Environmental and Home Improvement Request Form (Appendix X) as part of the Multifactorial Risk Assessment. This form is then forward to the appropriate Stoney Housing Authority.

4.2 Client and Family Education: Education about Fall Risk Reduction and Home Safety includes general safety information and specific targeted issues depending upon the client's situation. All trained SHS personnel are expected to contribute to client/family education in this way using the SHS Safety Pamphlet (Appendix XI) and the brochure: 'How To Get Up From A Fall '(Appendix XII)

4.3 Health Management: Health Management includes promoting client/family awareness of fall risks by various oral/written client/family safety teaching. Health management strategies also include more in-



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depth professional assessments and/or referrals; treatment of visual impairment; promotion of bone health, healthy nutrition (including Vitamin D supplementation) and adequate hydration; chronic disease management as well as management of postural hypotension and/or heart rate/rhythm abnormalities.

- 4.3.1 Initiation of Customized Exercise Programs:** The physiotherapist develops both individual and group exercises to help protect clients from fall risk. These may include : cardiovascular, balancing, strength, flexibility, fitness, endurance, gait and coordination training. Also, the Diabetes Wellness Program conducts a seasonal walking program.
- 4.3.2 Promoting Appropriate Footwear:** SHS clients are encouraged to wear shoes with low heel height and high surface contact area to reduce the risk for falling.
- 4.3.3 Promoting Appropriate Use of Mobility Aids and Assistive Devices:** As part of the MFA process, the Occupational Therapist provides assistance to clients/families in order to help them obtain to mobility aids and other devices through the NIHB program.
- 4.3.4 Providing Appropriate Foot Care:** SHS provides foot care for clients based on assessed need. The services are offered by Foot Care and Home Care Nursing personnel and/or the Diabetes Wellness Program, as the case may be.
- 4.3.5 Revision of Medications, OTC Products & Natural Remedies:** SHS Nursing personnel regularly review medications, OTC Products and Natural Remedies taken by clients. The aim is to support the reduction of any such 'medications' which are likely to increase a client's risk-for-falls (i.e. psychotropic medications, anticonvulsants, cardiac medications, non-steroidal anti-inflammatory agents, opioids etc. (See Appendix XIII: *Medications and Risk for Falls*).

- 5. REPORTING FALLS:** All SHS personnel and physicians shall report any incident of falls and near-falls witnessed by them or brought to their attention on the SHS Incident Reporting Form, paying special attention to the Falls Section (see Appendix XIV)
- 6. POST-FALL ANALYSIS:** Each fall shall be reported using the SHS Incident Reporting Form. Post-fall assessment, including a follow up phone call from Home Care personnel, exploration of factors contributing to falls, and related management shall begin within 24 hours of the fall being reported. This allows the SHS Fall Prevention Team to identify possible causes and identify contributing factors to prevent reoccurrence.

Risk factors to be considered include: gait, balance and mobility; muscle weakness and osteoporosis risk; functional ability; visual impairment; cognitive impairment; home hazards and a medication review. In addition, a post fall team huddle is needed to reassess fall risk factors as soon as possible. **Note:** Use a helpful manner to ask the client about his/her concerns (“*What is your understanding of the fall?*”) to enhance motivation for



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future behaviour change to help prevent fall reoccurrence. The following are key elements of the post-fall analysis process:

6.1 A written history of the fall as provided by the client or a witness and including: the circumstances of the fall, location, activity, time of day, and any significant symptoms. This information can be also provided to the health care team member over the phone.

6.2 An assessment of potential injury If injured, advise the client to seek medical attention right away. Follow up with a home visit as soon as possible. Record the severity of harm as per the Table: 'Fall Risk Levels & Related Approaches' shown previously on page 3 of this policy.

6.3 A determination of factors that have contributed to the fall including:

- 6.3.1 a review of underlying illness and problems
- 6.3.2 an assessment of functional, sensory, nutritional and psychological status
- 6.3.3 a review of medications
- 6.3.4 an evaluation of environmental conditions
- 6.3.5 a review of risk factors for falling.

6.4 Modifications of the care plan as required.

6.5 Completion of the SHS Incident Reporting and Analysis Form, with particular attention to the "Fall Section" to be submitted to the immediate Manager /Supervisor. These forms shall be scanned and added to the client's EMR.

7. AUDITING FALL PREVENTION EFFECTIVENESS:

7.1 The effectiveness of SHS Fall Prevention strategies will be audited and reported on quarterly as follows, using the SHS Fall Prevention Chart Audit Tool (Appendix XV):

7.2 Care planning as concerns at-risk clients shall be regularly reviewed at Team Meetings to ensure that appropriate strategies are in place.

7.3 Home Safety Risk Assessment auditing shall be done quarterly by the Managers of Home Care of for Community Health, Primary Care and Public Health services and/or their designate to ensure that they are timely and complete.



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8. FALL PREVENTION/INJURY REDUCTION TRAINING FOR SHS PERSONNEL: All SHS personnel shall receive in Fall Prevention/Injury Reduction at the time of orientation and as needed thereafter as per the SHS Orientation Policy.

E. INDICATORS: A selection of the following measures will be reviewed quarterly by the Leadership Team to monitor our quality improvement efforts related to fall prevention/injury reduction. They are as follows:

Indicator	Calculations
1. % of at-risk clients with SHS Falls Risk Screen completed & risk level identified on admission per quarter <i>(NB: stratified by program (Risk Level 2-4) Primary Care, Home Care & Community Health & Wellness clients)</i>	$\frac{\% \text{ of Fall Screens completed/documented on admission (Risk Level 2-4)}}{\text{Number of new clients (Target: 100\% Admissions)}}$
2. % of Home Safety Risk Assessments within 3 wks. after admission/referral (Risk Level 2-4)	$\frac{\% \text{ of Home Risk Assessments completed on admission/referral}}{\text{Number of new clients (Target: 100\% Admissions/Referrals)}}$
3. % of at-risk client files flagged as such	$\frac{\% \text{ of at-risk Clients flagged as such in designated location}}{\text{Number of at-risk clients (Target :100\%)}}$
4. % of at-risk: Level 2-4 clients with MFA completed at first available SHS Fall Clinic	$\frac{\% \text{ of Care Plans for At-Risk Clients with completed MFA }}{\text{Total number of Care Plans audited (Target:100\%)}}$
5. Rate of at-risk (Level 2-4) clients with Falls Prevention section of Care Plan completed	$\frac{\% \text{ of Care Plans for At-Risk Clients with completed falls section }}{\text{Total number of Care Plans audited (Target:100\%)}}$
6. (Reported\witnessed) Falls Rate per quarter with/without consequences	$\frac{\% \text{ of reported falls per quarter}}{\text{Total number of incidents reported per quarter}}$
7. Rate of Falls with per quarter (stratified by sex, age group & program)	$\frac{\% \text{ of falls with consequences per quarter}}{\text{Total number of falls reported per quarter}}$



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F. DEFINITIONS

- **Fall:** An event that results in a person coming to rest inadvertently on the ground or floor or other lower level, with or without injury. This will include a near fall, an unwitnessed or reported fall, a simple fall and a fall with consequences as explained below:
 - **Unwitnessed or reported fall:** A fall that was not seen by a witness. However, the client is either able or unable to explain the events and there is evidence (i.e. bruising, pain, swelling, etc.) to support that a fall has occurred.
 - **Near Fall:** A slip, trip, stumble or loss of balance such that the individual starts to fall but is either able to recover (witnessed or unwitnessed) and remains upright because his/her balance recovery mechanisms were activated and/or aided by other persons, or he/she was eased to the ground/ floor/lower surface by other persons.
 - **Simple Fall:** No injury to the client that requires intervention is evident.
 - **Fall With Consequences:** The client sustained injury(ies) which may or may not require treatment. Injuries are classified according to the Severity of Harm Scale as shown in the *SHN (April,2015); Reducing Falls and Injuries From Falls Getting Started Kit* as follows:
 - ❖ Category 1 – No injury to the client that requires intervention.
 - ❖ Category 2 – Temporary harm to the client and requires intervention.
 - ❖ Category 3 – Temporary harm to the client and requires initial/prolonged hospitalization.
 - ❖ Category 4 – Permanent consequences to the client.
 - ❖ Category 5 – Interventions necessary to sustain life.
 - ❖ Category 6 – Death.
- **Multifactorial Assessment (MFA) :**A comprehensive assessment including exploration of factors contributing to falls. Members of health care team can complete the assessment and report back to the team. Risk factors to be considered include: gait, balance and mobility; muscle weakness and osteoporosis risk; functional ability; visual impairment; cognitive impairment; home hazards; med review (*RNAO, 2017*). An MFA is appropriate when client’s score in the Client Fall-Risk Screen is between Level 2-4. The MFA is uploaded to WOLF once completed Note: An intervention strategy based on a multifactorial assessment of known fall risk factors and followed by linked interventions appears to be an effective approach for reducing the rate of falls among cognitively intact, community-living older people at risk of falling. A multifactorial assessment without ensuring intervention beyond advice and information provision is ineffective (*RNAO, 2017*).



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- **Universal Fall Precautions:** The Universal Fall Precautions initiative is founded on the principle that all clients are at risk for falls. A core set of *fall prevention principles* is applied by all staff to all SHS clients as described by the acronym S.A.F.E.*

- a. Safe Environment
- b. Assist with Mobility
- c. Fall Risk Reduction
- d. Engage Clients and Family

**Safer Healthcare Now! (2015).
Reducing Falls and Injuries from Falls
Getting Started Kit*

**2010 AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons*



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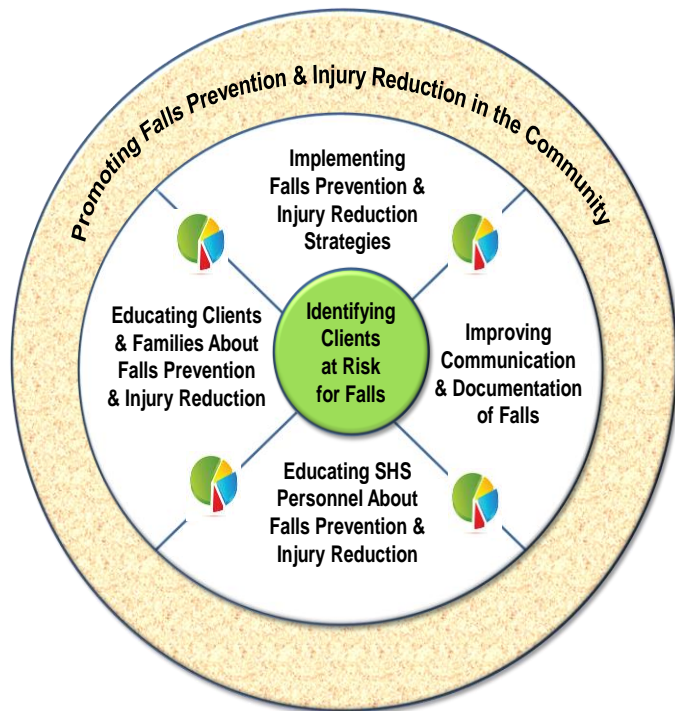
APPENDIX I: SHS FALL PREVENTION/INJURY REDUCTION STRATEGY & ALGORITHM

The Stoney Health Services (SHS) Falls Prevention Strategy (FPS) has been created to assist in preventing falls and reducing the risk of injuries resulting from falls. Falls can happen at any age however; as we age, the consequences of a fall become more serious for the individual as well as his or her family and community. Falls can lead to loss of independence, pain and suffering, moderate to severe injuries, and even, death. They are also the leading contributor to new admissions of older persons into residential care. Falls prevention is everyone’s responsibility; ours, our clients' and our community's. As such, it is integrated into our Home Safety Risk Assessment process and is an important part of our ongoing Quality and Safety Plan.

Our FPS is based mainly on the (1) Safer Healthcare Now! (2013) 'Reducing Falls and Injuries from Falls Getting Started Kit' with inferences from (2) the Alberta Health Services (2009), Falls Prevention Collaborative and the joint (3) American Geriatrics Society/British Geriatrics Society (2010), 'Clinical Practice Guideline for Prevention of Falls in Older Persons'. Our strategy for four (4) major dimensions:

Our strategy for promoting falls prevention and injury reduction has been adapted to meet the needs of our clients and our community. It is based on the SHN Universal Fall Precautions model (see definition) and has **four (4) dimensions** as listed below as well as **seven (7) strategies** as seen on page 11:

1. Identifying persons and homes at risk ; and implementing falls prevention & injury reduction strategies
2. Improving communication about and documentation of falls.
3. Educating our personnel about falls prevention and injury reduction.
4. Educating clients & families about falls prevention.





STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

Effective: June 27,2018	Policy Code: PP + TITLE	Applies To:	✓ Leadership & Operations ✓ Programs & Services ✓ Client, Family & Community
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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

A. Implementing fall prevention/injury reduction strategies for all clients at-risk for falls. This includes:

- Individualized care plans with interventions targeted to risk assessment results for each client (e.g. exercise plans, medication reduction, environmental modification, etc.).
- Policies for fall prevention and/or injury reduction management including roles and responsibilities of the organization and each health care provider.
- Approaches for regular safety checks including environmental modifications and audits.
- Investigating each fall/near fall (including unwitnessed falls) to identify contributing factors and prevent recurrence

B. Improving communication and documentation about the results of fall risk assessment, related prevention/ injury reduction interventions, policies and educational tools.

C. Orienting and educating all SHS personnel on fall prevention/injury reduction strategies and on specific fall risk factors to ensure better screening, prevention and care planning.

D. Educating clients and families considered at risk for falls and/or fall-related injuries as well as conducting post-fall debriefings to identify safety gaps and prevent the recurrence of falls.

E. Promoting falls prevention in the community.

F. Monitoring key fall prevention/injury reduction measures and auditing FPS practices.



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FALL PREVENTION MASTER POLICY

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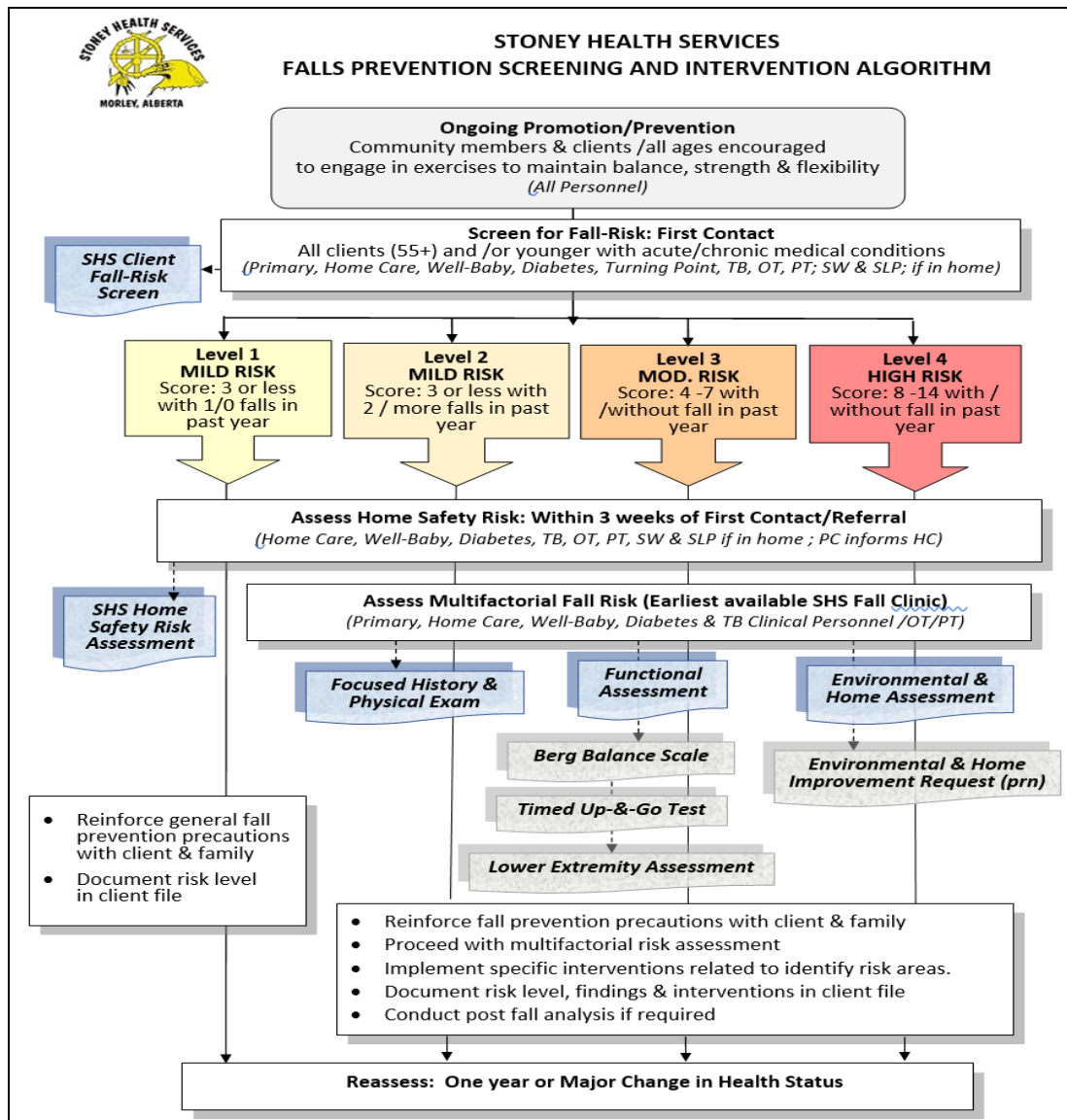
Approval: ED

Applies To:

- ✓ Leadership & Operations
- ✓ Programs & Services
- ✓ Client, Family & Community

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APPENDIX I : FALLS PREVENTION SCREENING AND INTERVENTION ALGORITHM (Revised June 27,2018)





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Approval: ED

Applies To:

- ✓ Leadership & Operations
- ✓ Programs & Services
- ✓ Client, Family & Community

Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX II: CLIENT FALL-RISK SCREEN (Revised June 27,2018)

Stoney Health Services
Box. 8 Morley, Alberta T0L1N0
Phone: (403) 881-2712
Fax: (403) 881-2174

SHS CLIENT FALL-RISK SCREEN
(Code: F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat Screen (Circle one)	

INSTRUCTIONS: Screening for fall-risk shall be carried out for all clients over 55 years (see also *Notes' p.2) as well as for younger clients with debilitating diseases and/or balance/gait disturbances on admission to all services by nursing and allied clinical personnel: OT, PT, SW, SLP (2 if in the home) and Turning Point. The SHS Client Fall-Risk Screen is repeated yearly thereafter for more often as required by the client's health status as follows:

- Begin** by explaining to the client that anyone can fall and that the risk of falling increases as we grow older and/or with certain health and environmental conditions.
- Complete** the questions with the client and/or family. Indicate yes or no, add comments where appropriate. Add all the "Yes" responses to determine falls risk level.
- Use the 'Fall Risk Levels and Recommended Approaches' Table (Page 2) to begin/adapt the client's individualised care plan.

FALL RISK QUESTIONS (Check 'yes' or 'no' for each item)	YES	NO
1. Have you slipped or fallen in the past 12 months?		
2. Are you using any mobility aids?		
3. Have you stopped doing your regular daily activities because you are fearful of falling?		
4. Do you feel that you are weaker?		
5. Do you have trouble getting up from a chair or the toilet?		
6. Do you feel unsteady on your feet or do you have trouble walking?		
7. Do you feel dizzy when you stand up or walk?		
8. Has it been more than a year since the nurse/doctor/pharmacist reviewed your medications?		
9. Has it been more than a year since you had your eyes checked?		
10. Do you have to rush to the bathroom to make it in time?		
11. Are there any areas in your home that may cause you to fall (i.e. rugs with lifted edges, unsafe stairs, icy sidewalks, clutter, animals, small children etc.)?		
12. Are you diabetic? (NB: If client is diabetic, refer to SHS Diabetes Wellness Program)		
TOTAL SCORE (Add Yes's)		
RISK LEVEL		

Completed by: _____ Position: _____

Stoney Health Services
Box. 8 Morley, Alberta T0L1N0
Phone: (403) 881-2712
Fax: (403) 881-2174

SHS CLIENT FALL-RISK SCREEN
(Code: F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat Screen (Circle one)	

FALL RISK LEVELS & RELATED APPROACHES	
Falls Risk Level	Recommended Approaches
1. Mild Risk for Falls (Score of less than 3 and reporting only one fall in past year)	<ul style="list-style-type: none"> ✓ Reinforce general safety precautions with client and family Reassess in one year or if major change in health status Document risk level, findings & interventions in client file
2. Mild Risk for Falls (Score of less than 3 and reporting 2 or more falls in past year)	<ul style="list-style-type: none"> ✓ Reinforce general safety precautions with client and family Proceed with multifactorial assessment Implement specific interventions related to identify risk areas. Document risk level, findings & interventions in client file Conduct post-fall analysis, if required
3. Moderate Risk for Falls (Score of 4-7)	<ul style="list-style-type: none"> ✓ Reinforce general safety precautions with client and family Proceed with multifactorial risk assessment ✓ Implement specific interventions related to identify risk areas. Document risk level, findings & interventions in client file Conduct post-fall analysis, if required
4. High Risk for Falls (Score of 8-14)	<ul style="list-style-type: none"> ✓ Reinforce general safety precautions with client and family Proceed with multifactorial risk assessment Implement specific interventions related to identify risk areas. Document risk level, findings & interventions in client file Conduct post-fall analysis, if required

Notes:
*Older persons (55 or over) who do report two or more falls in the past year must have a Multifactorial Risk Assessment (See Falls Prevention Policy, Definitions).
*Older persons (55 or over) do not require a Multifactorial Risk Assessment if they have had only a single fall in the past year and demonstrate no difficulty/ unsteadiness during the evaluation of gait and balance.

Sources: 1) Panel on Prevention of Falls in Older Persons (2010), American Geriatrics Society and British Geriatrics Society, Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guidelines for Prevention of Falls in Older Persons 2010; 2) Safer Healthcare Now! (2015) Reducing Falls and Injury from Falls and 3) www.cawc.net/diabetesandhealthyfeet.

June 27,2018



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

Effective: June 27,2018	Policy Code: PP + TITLE	Applies To:	✓ Leadership & Operations ✓ Programs & Services ✓ Client, Family & Community
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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX III: RISK FACTORS FOR FALLS

Falls are recognized as the second leading cause of injury in older persons. One in three people aged 65 years or older experiences a fall at least once each year. The risk for falls is greater if a person has a documented history of falls, a gait disturbance, reduced mobility, cognitive impairment and/or debilitating chronic/acute health condition. In addition, older Aboriginal people are twice as likely to be hospitalized for reasons related to a fall as compared to non-Aboriginal people.

A person can be pre-disposed to falls due to a range of interactive risk factors. Some fall risk factors are intrinsic to his/her biological makeup (i.e. poor vision, low blood pressure) and others are extrinsic; that is, they are related to environmental, social or behavioural conditions (i.e. slippery stairs, impetuous movements). Some fall risk factors are modifiable; they can be changed, modified or compensated for (e.g. diet, exercise, muscle weakness, etc.). Other factors are non-modifiable; they cannot be changed (e.g. genetics, age etc.).

Intrinsic or biological risk factors can be related to the aging process and/or chronic, acute or palliative health conditions (e.g. neurosensory deficit, impaired mobility, diseases such as diabetes, and osteoarthritis). The more intrinsic risk factors an individual has, the greater is his/her risk of falling.

Extrinsic factors relate to an external condition that is either environmental, social, economical and/or behavioural. *Environmental factors* could be hazards in our physical surroundings such as cluttered rooms, floor rugs, poorly lit stairways, etc., and/or unavailability of assistive devices and home modifications (e.g. hand rails, skid-free shoes, etc.). Extrinsic *social and economic factors* (i.e. social isolation, abusive support networks, low income) can also predispose a person to falling as can extrinsic *behavioral factors* such as poor anger management and impulsivity. The key to an effective Falls Prevention Strategy is to identify the specific intrinsic and extrinsic risk factors for each individual and to address these with targeted interventions to prevent falls and/or reduce the risk of injury.

The list below contains the most common risk factors for falling adapted from the BBSE Model of fall-related risk factors as shown in the *SHN (2013) Reducing Falls And Injuries From Falls Getting Started Kit* and complemented by the *American Geriatric Society/British Geriatric Society Clinical Practice Guideline for Prevention of Falls in Older Persons (2010)*.

A. Biological Risk Factors

- impaired mobility
- balance/gait/coordination difficulties
- muscle weakness
- advanced age
- visual impairment
- poor nutrition/ hydration (*vitamin D deficiency; common in older people)
- a previous fracture
- a recent significant change of (physical or psychological) health status



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Applies To:

- ✓ Leadership & Operations
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- acute/chronic illness/disability:
 - arthritis
 - cognitive impairments: delirium, dementia, depression
 - diabetes
 - foot disorders (*common in older people)
 - cardiovascular disease
 - incontinence
 - orthostatic/post-prandial hypotension
 - osteoporosis
 - neurological disorders(e.g. Parkinson’s Disease)
 - cerebrovascular disease (e.g. stroke)
 - *cancer

B. Behavioural Risk Factors

- history of falls/near falls
- fear of falling
- altered perception of one's risk for falling
- lack of physical activity
- cognitive impairments: delirium, dementia, depression
- multiple medications (polypharmacy)
- inappropriate use/prescribing of drugs or classes of drugs (see Appendix VII: Medication and Risk Factors for Falls)
- inadequate or inappropriate food and fluid intake
- alcohol/substance misuse
- inappropriate use of assistive devices
- risk-taking or disruptive behaviours; agitation
- wearing inappropriate footwear/clothing

C. Social and Economic Risk Factors

- low income: inability/unwillingness to pay for home modifications, assistive devices, etc.
- illiteracy/language barriers
- living alone
- neglect, abuse
- lack of support networks and social interaction
- lack of transportation
- poor food choices, inadequate cooking capacity and eating alone



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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

D. Environmental Risk Factors:

- poor home/building design and/or maintenance
- inadequate building codes
- disorganized storage of commonly used household items
- stairs
- slippery or uneven surfaces (e.g. cracked sidewalks, torn rugs, etc.)
- lack of: handrails, curb ramps, rest areas, grab bars
- poor lighting or sharp contrasts
- recent visual aid change
- obstacles and tripping hazards (i.e. clutter, excitable animals)



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APPENDIX IV: FALLS IN HOME AND COMMUNITY SETTINGS

Most falls occur in and around the home. Screening for specific risk factors is appropriate in home and community health care based on the individual needs of the client. Unfortunately, in home care and community settings, falls are harder to detect, prevent and respond to.

This is because risk factors (i.e. appropriate use of medications, mobility or nutritional deficits, environmental and chronic health issues, etc.) are more difficult to monitor. Also, falls (and near falls) are often not reported by those involved. Clients and/or their families may not recognize the fall-risk potential of inappropriate use of medications, poor mobility or diet/nutrition, environmental risks such as icy driveways, cluttered or poorly-lighted areas in the home, unsafe stairways or entrances, and ongoing health issues such frequent loss of balance (near falling), limited mobility and gait disturbances, etc. Clients may also be embarrassed to admit to falls and/or near falls. They may fear not being able to stay at home.

Falls hazards within the home and surrounding area (i.e. poor lighting, clutter and uneven grounds, etc.) should be the object of a Home Risk Assessment. For each client with a high risk for falls and visual impairments, modifications to the home environment should be carried out in collaboration with the Stoney Housing Authorities to enhance accessibility, safety and performance of daily living activities. Public/community fall hazards (i.e. uneven walking surfaces, crowded public entranceways, etc.), should also be addressed where possible.



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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX V: HOME SAFETY RISK ASSESSMENT, p. 1 & 2 Revised: July 3, 2018

Stoney Health Services
Box. 8 Morley, Alberta TOLLINO
Phone: (403) 881-2712
Fax: (403) 881-2174

HOME SAFETY RISK ASSESSMENT
(CODE: F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

A. OUTSIDE THE HOME

	YES	NO	Comment
1. Pathways, stairs and decks are in good repair, are free of clutter, snow and have good traction.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Entrances have functional outdoor lights.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Animals are tied up.	<input type="checkbox"/>	<input type="checkbox"/>	

B. INSIDE THE HOME

Stairways and Hallways

4. If required, the client uses walking aids.	<input type="checkbox"/>	<input type="checkbox"/>	
5. If required, the client wears solid shoes.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Stairways and hallways are in good repair, are free of clutter and have good traction.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Stairways & hallways are well lit with accessible switches.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Stairways have solid handrails.	<input type="checkbox"/>	<input type="checkbox"/>	

Kitchen

9. Cooking pots, utensils, foods and heat-resistant oven mitts are easy to reach (between shoulder and knees).	<input type="checkbox"/>	<input type="checkbox"/>	
10. Pots have large handles for good grip.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Heavy items are stored on lower shelves.	<input type="checkbox"/>	<input type="checkbox"/>	
12. 'On' / 'off' positions on oven /stove dials are easy to reach.	<input type="checkbox"/>	<input type="checkbox"/>	
13. A solid step-stool / ladder is used to reach high places.	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom

14. There is a light switch near bedroom door.	<input type="checkbox"/>	<input type="checkbox"/>	
15. There is a lamp near bed.	<input type="checkbox"/>	<input type="checkbox"/>	
16. There is a phone & key emergency numbers near bed.	<input type="checkbox"/>	<input type="checkbox"/>	
17. There is a night light in bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	
18. The bed is easy to get in and out of.	<input type="checkbox"/>	<input type="checkbox"/>	
19. The path from the bed to the bathroom is clear.	<input type="checkbox"/>	<input type="checkbox"/>	

Revised: July 3, 2018 1

Stoney Health Services
Box. 8 Morley, Alberta TOLLINO
Phone: (403) 881-2712
Fax: (403) 881-2174

HOME SAFETY RISK ASSESSMENT
(CODE: F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

INSIDE THE HOME, CONT'D

Bathroom

20. There is a light switch near bathroom door.	<input type="checkbox"/>	<input type="checkbox"/>	
21. There is a night light in bathroom.	<input type="checkbox"/>	<input type="checkbox"/>	
22. The toilet, tub and shower are easy to get in/out of.	<input type="checkbox"/>	<input type="checkbox"/>	
23. The tub and shower have non-slip surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	
24. Mats outside tub and shower have non-slip backing.	<input type="checkbox"/>	<input type="checkbox"/>	
25. Grab bars are properly installed grab bars where needed.	<input type="checkbox"/>	<input type="checkbox"/>	
26. Hot water temperature is within normal range.	<input type="checkbox"/>	<input type="checkbox"/>	

Workroom, Laundry Room, Basement, Garage and Storage Areas

27. Work/laundry rooms, basement & garage are well lit.	<input type="checkbox"/>	<input type="checkbox"/>	
28. There is access to a phone and key emergency numbers.	<input type="checkbox"/>	<input type="checkbox"/>	
29. Workspaces / floors are good repair, free of clutter & have good traction.	<input type="checkbox"/>	<input type="checkbox"/>	
30. Heavy items are stored on lower shelves.	<input type="checkbox"/>	<input type="checkbox"/>	
31. A solid step-stool / ladder is used to reach high places.	<input type="checkbox"/>	<input type="checkbox"/>	
32. All products used for cleaning, mechanical work & repairs are well labeled.	<input type="checkbox"/>	<input type="checkbox"/>	
33. Flammable materials are well-labeled & away from hot sources	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Prevention

34. There are smoke detectors on each floor that are tested every 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	
35. There is an escape plan in case of fire.	<input type="checkbox"/>	<input type="checkbox"/>	
36. Space heaters, if used, are kept clear of curtains, rugs & flammable materials.	<input type="checkbox"/>	<input type="checkbox"/>	
37. Power bars are used to prevent electric outlets from overloading.	<input type="checkbox"/>	<input type="checkbox"/>	
38. There is a fire extinguisher near kitchen away from stove; fire extinguisher is checked regularly.	<input type="checkbox"/>	<input type="checkbox"/>	

Revised: July 3, 2018 2



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FALL PREVENTION MASTER POLICY

Effective: June 27,2018

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Approval: ED


**Applies
To:**

- ✓ Leadership & Operations
- ✓ Programs & Services
- ✓ Client, Family & Community

Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX V: HOME SAFETY RISK ASSESSMENT, p. 3

Revised: July 3, 2018

Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174				HOME SAFETY RISK ASSESSMENT (CODE: F + TITLE)	
Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):		
Date:	Band #:	Initial or Repeat Assessment (Circle one)			
Date Referral Received:	Date(s) Client Contacted:				
Medication Safety					
39. Client's medications are safely & correctly stored.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
40. Client understands how, when and why he/she is to take his / her medications, including any special precautions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
41. Client understands what therapeutic and adverse effects to look for from his /her medications.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
42. Client's medications are within the appropriate 'Best Before' dates.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
43. There is a current list of medications client is taking located in freezer; family is aware of this.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
44. Client wears an allergy bracelet if necessary.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Childproofing					
45. Dangerous (i.e. small objects that could choke a child, matches, candles or lighters) or toxic items (i.e. cleaning fluids, alcohol, sharp objects, nail polish remover, mouthwash, etc.) as well as medications and traditional medicines are removed from lower surfaces & stored out of reach of children .	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
46. Cupboards and medicine cabinets as well as the stove, dishwasher, dryer and other rooms which may contain dangerous objects for children (i.e. garage, storage cupboards, etc.) have safety catches or locks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
47. Electrical outlets have childproof plugs.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
48. Cords from curtains, phones, extension cords, etc. are out of the reach of children.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
General Comments:					
Signature of Evaluator: _____					



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX VI: MULTIFACTORIAL FOCUSED HISTORY Revised June 27, 2018

Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174		MULTIFACTORIAL FOCUSED HISTORY (CODE: F + TITLE)	
Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat History (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

INSTRUCTIONS: This Focused History shall be completed by Nursing Personnel before the next available SHS Fall Clinic for all clients suspected of being at moderate to high risk for falls (Risk Level 2-4) based on the results of the SHS Client Fall-Risk Screen. It is part of a broader MFA (Multifactorial Assessment); a comprehensive assessment including exploration of factors contributing to falls. In addition to this Focused History, the full MFA also includes a physical assessment by Nursing and/or Physiotherapy personnel as well as functional and environmental assessments by the Occupational Therapist. All of this enables us to determine the likelihood that a person will have a fall, to implement an individualized care plan with the client and his/her family and to make additional referrals, as appropriate. Complete each section for review by the Fall Prevention Team.

A. HISTORY OF FALLS (Check all that apply)

1. Circumstances (Check all that apply)	<input type="checkbox"/> In home	<input type="checkbox"/> Outside	<input type="checkbox"/> Stairway	<input type="checkbox"/> Uneven surface	<input type="checkbox"/> Clutter /Pets
	<input type="checkbox"/> Not wearing glasses	<input type="checkbox"/> Not using cane/walker	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Unsafe footwear	
	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Nighttime	<input type="checkbox"/> Alone	<input type="checkbox"/> Accompanied
2. Frequency	<input type="checkbox"/> I fall in last 12 months	<input type="checkbox"/> More than 1 fall in last 12 months	Date of last fall:		
3. Symptoms at time of fall	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Weak	<input type="checkbox"/> Worried about falling	<input type="checkbox"/> Felt Unwell	<input type="checkbox"/> Felt Tired
4. Injuries and/or consequences of previous falls:	<input type="checkbox"/> Pain	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Hospitalisation	<input type="checkbox"/> Limited/Stopped Activity	

B. HISTORY OF ACUTE/CHRONIC HEALTH/MEDICAL ISSUES (Check all that apply)

1. Arthritis	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. Diabetes	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. Cardiovascular Disease	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. Incontinence	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. Osteoporosis	<input type="checkbox"/> NO	<input type="checkbox"/> YES
6. Neurological Disorders	<input type="checkbox"/> NO	<input type="checkbox"/> YES
7. Cerebrovascular Disease (Stroke)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
8. Cancer	<input type="checkbox"/> NO	<input type="checkbox"/> YES
9. Foot Disorders	<input type="checkbox"/> NO	<input type="checkbox"/> YES
10. Cognitive Impairments (Dementia, Delirium, Depression)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
11. Hypotension (orthostatic/post-prandial?)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
12. Other:		

Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174		MULTIFACTORIAL FOCUSED HISTORY (CODE: F + TITLE)	
Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial or Repeat History (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

C. MEDICATION REVIEW	COMMENTS
High Risk Medications	
13. Sedatives, Hypnotics, Anxiolytics	<input type="checkbox"/> NO <input type="checkbox"/> YES
14. Antidepressants	<input type="checkbox"/> NO <input type="checkbox"/> YES
15. Psychotropics/ Neuroleptics	<input type="checkbox"/> NO <input type="checkbox"/> YES
Moderate Risk Medications	
16. Cardiac Medications	<input type="checkbox"/> NO <input type="checkbox"/> YES
17. Alpha-blockers (for benign prostatic hyperplasia)	<input type="checkbox"/> NO <input type="checkbox"/> YES
18. Anticholinergics	<input type="checkbox"/> NO <input type="checkbox"/> YES
19. Antihistamines/ Antinauseants	<input type="checkbox"/> NO <input type="checkbox"/> YES
20. Anticonvulsants	<input type="checkbox"/> NO <input type="checkbox"/> YES
21. Muscle Relaxants	<input type="checkbox"/> NO <input type="checkbox"/> YES
22. Parkinson Treatments	<input type="checkbox"/> NO <input type="checkbox"/> YES
Risk in Some Clients	
23. Opioids, Narcotic	<input type="checkbox"/> NO <input type="checkbox"/> YES
24. Analgesics	<input type="checkbox"/> NO <input type="checkbox"/> YES
25. Non-steroidal anti-inflammatory agents (NSAIDs)	<input type="checkbox"/> NO <input type="checkbox"/> YES
26. Stimulants	<input type="checkbox"/> NO <input type="checkbox"/> YES
27. Insulin / Oral hypoglycemics	<input type="checkbox"/> NO <input type="checkbox"/> YES
Other:	

Sources:

- Safer Healthcare Now, 2013: Reducing Falls and Injuries *Ergo, Falls - Getting Started Toolkit*

Signature of Evaluator: _____



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

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Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

APPENDIX VII: BERG BALANCE SCALE, page 1 & 2 of 9 (Revised June 27,2018)

Stoney Health Services
Box. 8 Morley, Alberta T0L1N0
Phone: (403) 881-2712
Fax: (403) 881-2174

BERG BALANCE SCALE
(CODE : F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial Assessment or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

A. DESCRIPTION: 14-item scale designed to measure balance of the older adult in a clinical setting

B. EQUIPMENT NEEDED:

1. Yardstick or other indicator of 2, 5, and 10 inches.
2. 2 Standard Chairs (One with arm rests, one without): Chairs used during testing should be a reasonable height
3. Footstool or step of average step height
4. Stopwatch or wristwatch with second hand
5. 15 Ft Walkway

C. SCORING:

1. A five-point ordinal scale, ranging from 0-4.
2. "0" indicates the lowest level of function and "4" the highest level of function.
3. score the lowest performance.
4. Total score = 56

D. INTERPRETATION: (Berg K, Wood-Dauphinee S, Williams JJ, Maki, B, 1992).

1. 41-56 = independent
2. 21-40 = walking with assistance
3. 0-20 = wheelchair bound

E. CUT OFF SCORES:

1. Score of < 45 indicates individuals may be at greater risk of falling (Berg, 1992)
2. History of falls and BBS < 51, or no history of falls and BBS < 42, is predictive of falls (91% sensitivity, 82% specificity) (Shumway-Cook, 1997)
3. Score of < 40 on BBS associated with almost 100% fall risk; Shumway-Cook, 1997) (n = 44, mean age = 74.6 (5.4) years for non-fallers, 77.6 (7.8) for faller

F. COMMENTS:

1. Potential ceiling effect with higher level patients. Scale does not include gait items
2. Minimal Detectable Change: "A change of **4 points** is needed to be 95% confident that true change has occurred if a patient scores within 45-56 initially, **5 points** if they score within 35-44, **7 points** if they score within 25-34 and, finally, **5 points** if their initial score is within 0-24 on the Berg Balance Scale." (Donoghue D., 2009)

Stoney Health Services
Box. 8 Morley, Alberta T0L1N0
Phone: (403) 881-2712
Fax: (403) 881-2174

BERG BALANCE SCALE
(CODE : F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial Assessment or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

G. NORMS:

Table 4. Berg Balance Scale Scores: Means, Standard Deviations, and Confidence Intervals by Age, Gender, and Use of Assistive Device

Age (y)	Group	N	Mean	SD	CI
60-69	Male	1	51.0	—	35.3 – 66.7
	Female	5	54.6	0.5	47.6 – 61.6
	Overall	6	54.0	1.5	52.4 – 55.6
70-79	Male	9	53.9	1.5	48.7 – 59.1
	Female	10	51.6	2.6	46.6 – 56.6
	Overall	19	52.7	2.4	51.5 – 53.8
80-89	Male	10	41.8	12.2	36.8 – 46.8
	Female	24	42.1	8.0	38.9 – 45.3
	No Device	24	46.3	4.2	44.1 – 48.5
	Device	10	31.7	10.0	28.3 – 35.1
	Overall	34	42.0	9.2	38.8 – 45.3
90-101	Male	2	40.0	1.4	28.9 – 51.1
	Female	15	36.9	9.7	32.8 – 40.9
	No Device	7	45	4.2	40.9 – 49.1
	Device	10	31.8	7.6	28.4 – 35.2
	Overall	17	37.2	9.1	32.5 – 41.9

Lusardi, M.M. (2004). Functional Performance in Community Living Older Adults. *Journal of Geriatric Physical Therapy*, 26(3), 14-22.

Name: _____ Date: _____

Location: _____ Rater: _____



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FALL PREVENTION MASTER POLICY

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APPENDIX VIII: TIMED UP-AND-GO (TUG) TEST (Revised June 27,2018)

Stoney Health Services
Box. 8 Morley, Alberta T0L1N0
Phone: (403) 881-2712
Fax: (403) 881-2174

TIMED UP-AND-GO TEST
(CODE: F + TITLE)

Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial Assessment or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

Instructions:

1. Prepare Equipment: arm chair, tape measure, tape, stop watch
2. Begin the test with the subject sitting correctly (hips all of the way to the back of the seat) in a chair with arm rests. The chair should be stable and positioned such that it will not move when the subject moves from sit to stand. The subject is allowed to use the arm rests during the sit – stand and stand – sit movements.
3. Place a piece of tape or other marker on the floor 3 meters away from the chair so that it is easily seen by the subject.
4. Instructions: “On the word GO you will stand up, walk to the line on the floor, turn around and walk back to the chair and sit down. Walk at your regular pace.
5. Start timing on the word “GO” and stop timing when the subject is seated again correctly in the chair with their back resting on the back of the chair.
6. The subject wears their regular footwear, may use any gait aid that they normally use during ambulation, but may not be assisted by another person. There is no time limit. They may stop and rest (but not sit down) if they need to.
7. Normal healthy elderly usually completes the task in ten seconds or less. Very frail or weak elderly with poor mobility may take 2 minutes or more.
8. The subject should be given a practice trial that is not timed before testing.
9. Results correlate with gait speed, balance, functional level, the ability to go out, and can change over time.

10. **Normative Reference Values by Age**

Age Group	Time in Seconds	(95% Confidence Interval)
60 – 69 years	8.1	(7.1 – 9.0)
70 – 79 years	9.2	(8.2 – 10.2)
80 – 99 years	11.3	(10.0 – 12.7)

11. **Cut-off Values Predictive of Falls by**

Group	Time in Seconds
Community Dwelling Frail Older Adults	> 14 associated with high fall risk
Post-op hip fracture patents (2) at time of discharge (3)	> 24 predictive of falls within 6 months after hip fracture
Frail older adults	≥ 30 predictive of requiring assistive device for ambulation and being dependent in ADLs

12. **TUG Scores**

Date	Time	Date	Time	Date	Time	Date	Time

JUNE 27,2018 1



STONEY HEALTH SERVICES POLICY AND PROCEDURES

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APPENDIX IX: LOWER EXTREMITY ASSESSMENT (Revised July 3,2018)

Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174		LOWER EXTREMITY ASSESSMENT (CODE: F + TITLE)	
Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial Assessment or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		

HIP	Range of Motion		Strength (Manual Muscle Testing)		Observations: <i>(Pain, crepitus, joint deformity, position tested, etc.)</i>
	Right	Left	Right	Left	
Flexion (0-125°)					
Extension (0-15°)					
Abduction (0-45°)					
Adduction (0-30°)					
KNEE	Range of Motion		Strength (Manual Muscle Testing)		Observations <i>(Pain, crepitus, joint deformity, position tested etc.)</i>
	Right	Left	Right	Left	
Flexion (0-130°)					
Extension (0°)					
ANKLE	Range of Motion		Strength (Manual Muscle Testing) <i>*25 rep heel raises is considered normal</i>		Observations <i>(Pain, crepitus, joint deformity, position tested etc.)</i>
	Right	Left	Right	Left	
Plantar Flexion (0-50°)					
Dorsiflexion (0-20°)					



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

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APPENDIX X: ENVIRONMENTAL AND HOME IMPROVEMENT REQUEST FORM (Revised Aug. 17,2018)

<p>Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174</p>	 ENVIRONMENTAL & HOME IMPROVEMENT REQUEST (CODE: F + TITLE)	<p>Stoney Health Services Box. 8 Morley, Alberta T0L1N0 Phone: (403) 881-2712 Fax: (403) 881-2174</p>	 ENVIRONMENTAL & HOME IMPROVEMENT REQUEST (CODE: F + TITLE)
Client Name:	Alarm #:	Phone #:	DOB (Day/Month/Year):
Date:	Band #:	Initial Assessment or Repeat Assessment (Circle one)	
Date Referral Received:	Date(s) Client Contacted:		
<p>INSTRUCTIONS: The Environmental and Home Improvement Request Form (EHIRF) shall be completed within two weeks and submitted to the proper Stoney Housing Authority by an Occupational Therapist in collaboration with the client/family. The EDIRF is part of the Multifactorial Risk Assessment for all clients at risk of falls for whom environmental and home improvements will likely reduce that risk.</p>			
OUTSIDE THE HOME		COMMENT	
1. Pathways, stairs and decks are in good repair and have good traction.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Entrances have functional outdoor lights.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Clients have safe access into home (ramp if needed? handrails on stairs?)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Doorway is wide enough for medical equipment if necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
INSIDE THE HOME		COMMENT	
1. Stairways and Hallways			
a) Entrances have functional outdoor lights.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) Clients have safe access into home (ramp if needed? handrails on stairs?)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Doorway is wide enough for medical equipment if necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d) Stairways & hallways are in good repair and have good traction.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Doors and Windows			
a) Front and back doors are in good repair.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) Front and back doors provide appropriate weather protection.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Windows are free of cracks and breaks.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d) Windows are sealed and provide protection against wind, rain and snow.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Kitchen			
a) Faucets are easy to use (rounded vs lever)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) Flooring is safe and level (no raised seams)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Appliances are in good working order.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Bedroom			
a) Flooring is safe and level (no raised seams)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) There is a light switch near the bedroom door.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Doors are wide enough for medical equipment if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Bathroom			
a) There is a light switch near the bathroom door.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) The toilet height is appropriate for client.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) The tub is safe and easy to get into.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d) The tiles in the tub area are secure and in good shape.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
e) There are properly installed wall grab bars in the tub area.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
f) The bathroom vent is in working condition.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
g) Flooring is safe and level (no raised seams).	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Laundry Room and Basement			
a) Laundry room/basement are well lit.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) There is access to a phone in case of emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Solid handrails on basement staircase	<input type="checkbox"/> YES <input type="checkbox"/> NO		
d) Stairways are in good repair & have good traction	<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Fire Prevention			
a) There are smoke detectors on each floor.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
b) Carbon monoxide detectors on each floor	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> The client has been advised to advise the Evaluator within 4-6 weeks from this date if no follow-up has been received from the Housing Authority,			
General Comments:			
Signature of Evaluator: _____			



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APPENDIX XI: SAFETY PAMPHLET (Revised Feb. 15,2018)

PREVENT FALLS

Falling can result in serious injury, but most falls are preventable. You are at greater risk of falling when you are feeling unwell or are in unfamiliar surroundings. Reducing falls is everyone's responsibility: clients, family, friends and all health care staff.

To Reduce Your Risk of Falling:

- Stand up slowly to give your body time to adjust to the new position.
- Look around, slow down, hold onto something, ask for assistance, and be cautious.
- Keep pathways, hallways and stairways well-lit and free of clutter.
- Watch out for ice, cracks and uneven surfaces while walking.
- Wear shoes that fit well and have good traction.
- Have your doctor or pharmacist review your medications at least once a year because as you age, the way some medications affect you can change and increase your risk of falling.
- Consider using a walking stick, cane, ice cleats and other supports if you feel unsteady.
- Advise your healthcare providers if you have dizzy spells or if you have fallen since the last time you were seen.

CONFIDENTIALITY

- We are committed to respecting your privacy at all times.
- Your personal information will be kept securely in your health file. This will be available only to those care providers who need to help with your care.
- Should you wish to see your file, please ask us and we will respond in timely manner.

CLINIC HOURS

Contact: 403-881-3920
Open: Monday to Friday - 8:30 a.m. - 4:00 p.m.
Closed: Weekends, Band Holidays and Statutory Holidays.

For health concerns outside these hours, please call:

- Health Link-
 - 811 –toll free (anywhere in Alberta)
 - Takes calls all day, everyday
- Emergency Medical Service/ Nakoda Ambulance: (403) 932 2222
 Fire Services: (403) 932 2222

When calling, know your alarm number

SAFER HEALTHCARE TOGETHER

A SAFETY GUIDE FOR CLIENTS, FAMILIES, AND FRIENDS

Stoney Health Services

Healthier People in a Healthier Stoney Nation

PREVENT INFECTIONS

- Washing your hands well with soap and water is the best way to prevent the spread of germs, colds and infections. Please also use the hand sanitizer dispenser at the Health Center when you are there. If you need help, please ask us.
- It is good to remind others to wash their hands, especially your healthcare providers.
- Cough and sneeze into your folded elbow or a tissue; not into your hands.

WORKING TOGETHER FOR SAFER HEALTHCARE

Everyone wants healthcare to be as safe as possible: Clients, Families, Friends, Health Care Providers, Staff. We invite you to partner with us to help ensure that your care is safe.

Patients & families can play a very important role in making care safe. Be a part of your health care team by being aware, informed & actively involved.

COMMUNICATE

Safety starts with good communication. You have a right to understand. Help us keep you safe by being a good communicator.

- ASK** your health care providers about your health care plan. Find out what you can do to feel better and improve your health.
- LISTEN** carefully and ask for more information especially if you don't understand.
- TALK** about your concerns, needs and priorities with your health care providers. Tell us if you or someone you care about does not feel safe.

KNOW YOUR MEDICATIONS

- Have a complete list of all the medications you are taking including supplements, vitamins and traditional medicines
- If your medication has changed, ask why. Know what your medications are for and how to take them (e.g. with food).
- Tell your health care provider if you have any allergies.
- Ask your doctor to look at your old medications before prescribing new ones.
- If your medications are outdated, stop taking them and bring them to the pharmacy for disposal.
- Store your used needles in containers from the Health Center and return them to us

BE SAFE AT HOME

- Keep entrances, stairways and hallways well-lit and uncluttered.
- Have smoke detectors on each floor; test 2 times a year when you change your clocks.
- Keep a fire extinguisher in an easy-to-reach place and check that it works regularly.
- Have a night light and non-slip surfaces in your bedroom and bathroom.

Bears paw Housing: (403) 881-4209
Chiniki Housing: (403) 881-3780
Wesley Housing: (403) 881-4768

IDENTIFY YOURSELF

- Proper patient identification is important for the safe delivery of health care. So, as a safety precaution, we routinely check your date of birth, Alberta Health Number, and status card.
- We haven't forgotten who you are. We do this to be sure that we deliver the right care to the right person.

GET VACCINATED

- Vaccines help prevent illness and even death. Get vaccinated during flu season.
- Babies, children and adults all need to be immunized. Ask us for information.
- Please call your Community Health Nurse at 403-881-3920 to find out if your immunizations are up to date

Revised, Feb. 15, 2018 CODE: F + TITLE)



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APPENDIX XII: HOW TO GET UP FROM A FALL (CODE: F + TITLE)

How to get up from a fall

1 PREPARE



Do NOT get up quickly. If hurt, call for help using Lifeline or a telephone.



Find something sturdy such as a piece of furniture.



Roll onto your side, turning your head, shoulders, hips, then leg.

2 RISE



Push your upper body up. Lift your head, pause, and steady yourself.



Rise slowly onto your hands and knees. Crawl to something sturdy you can hold on to.



Slide one foot forward so it is flat on the floor.

3 SIT



Keep the other leg bent with your knee on the floor.



Rise slowly and turn your body to sit in the chair.



Sit for a few minutes before trying to do anything else.

Talk to your primary care provider about having a fall-risk evaluation. The fact that you have fallen once means you have a high risk of falling again.

Source: Baker, Dorothy, Ph.D., RNCS, Research Scientist, Yale University School of Medicine New Haven, Connecticut; Connecticut Collaboration for Fall Prevention.

Call for more information

Philips Lifeline
1-800-LIFELINE
1-800-543-3546





STONEY HEALTH SERVICES POLICY AND PROCEDURES

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APPENDIX XIII: MEDICATIONS AND RISK FOR FALLS - CLASS, IMPACTS AND EXAMPLES

(Reprinted with permission from SHN, 2013: Reducing Falls and Injuries From Falls - Getting Started Toolkit)

CLASS	IMPACTS	EXAMPLES
HIGH RISK		
Sedatives, Hypnotics, Anxiolytics	Tend to cause an altered or diminished level of consciousness impairing cognition and causing confusion	Benzodiazepines (Diazepam, Oxazepam, Lorazepam, Chloral Hydrate, Zopiclone)
Antidepressants	Increase risk of a fall by causing the individual to feel restlessness, drowsiness, sedation, blurred vision	Tricyclic Antidepressants (Amitriptyline, Nortriptyline), SSRI (Citalopram, Fluoxetine, Sertraline), SNRI (Venlafaxine, Mirtazipine)
Psychotropics/ Neuroleptics	Neuroleptics tend to cause agitation, cognitive impairment, dizziness, gait or balance abnormalities, sedation & visual disturbances (e.g., hallucinations)	Neuroleptics (Haloperidol, Risperidone, Olanzapine, Quetiapine, Chlorpromazine, Perphenazine)
MODERATE RISK		
Cardiac Medications	Medications that affect or alter blood pressure can increase the individual's risk to experience a fall. Can be expressed as syncope	<ul style="list-style-type: none"> - <i>Vasodilators:</i> Hydralazine, Minoxodil, Nitroglycerin - <i>Diuretics:</i> Hydrochlorothiazide, Lasix, Spironolactone - <i>Calcium Channel Blockers:</i> Amlodipine, Diltiazem, Nifedipine, Verapamil - <i>Beta Blockers:</i> Metoprolol, Carvedilol, Atenolol - <i>Alpha Blockers:</i> Terazosin - <i>Ace-Inhibitors:</i> Captopril, Enalapril, Fosinopril, Ramipril - <i>Antiarrhythmics:</i> Amiodarone, Digoxin
Alpha-blockers (for benign prostatic hyperplasia)	Medication may cause vasodilation, lowering blood pressure and causing confusion.	Alpha Blockers (e.g., Tamsulosin)
Anticholinergics	Cause altered balance, motor coordination impairment, impaired reflexes, impaired cognition, visual disturbances	Benzotropine, Oxybutynin, Atropine, Hyoscine
Antihistamines/ Antinauseants	Affect balance, impair coordination, can cause sedation, and have anticholinergic properties	<ul style="list-style-type: none"> - <i>Antihistamines:</i> Meclizine, Hydroxyzine, Diphenhydramine (Benadryl), Chlorpheniramine - <i>Anti-Nauseants:</i> Dimenhydrinate (Gravol), Prochlorperazine, Metoclopramide



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

Effective: June 27,2018	Policy Code: PP + TITLE	Applies To:	<ul style="list-style-type: none"> ✓ Leadership & Operations ✓ Programs & Services ✓ Client, Family & Community
Review: Jan. 12,2020	Sheet: 31 of 33		
Next Review: Apr. 12 ,2020	Approval: ED		

Related Documents: SHS Incident Reporting, Analysing, Resolution and Disclosure Policy; SHS Home Safety Risk Assessment, SHS Client Fall – Risk Screen, SHS Environment & Home Improvement Request Form, SHS Fall Prevention Audit Tool, SHS Lower Extremity Assessment Tool, Timed up-and-Go Test , Berg Balance Scale

MODERATE RISK, cont'd

Anticonvulsants	Tendency to decrease level of consciousness or cause disequilibrium (problems with balance)	Gabapentin, Valproic Acid, Phenytoin, Carbamazepine
Muscle Relaxants	Affect balance, motor coordination, reflexes, may impair cognition by causing sedation	Baclofen, Cyclobenzaprine, Methocarbamol, Orphenadrine, Tizanidine
Parkinson treatments	Can lower blood pressure and cause confusion	Levodopa, Pramipexole, Ropinirole

RISK IN SOME CLIENTS

Opioids, Narcotic Analgesics	Primarily cause change in level of consciousness leading to confusion, sedation and potential visual hallucinations	Codeine, Morphine, Hydromorphone, Fentanyl, Oxycodone
Non-steroidal anti-inflammatory agents (NSAIDs)	Can cause sedation, confusion	Naproxen, Ibuprofen
Stimulants	Primarily cause change in level of consciousness leading to confusion, and potential visual hallucinations	Methylphenidate, Ephedra
Insulin and oral hypoglycemics	Duration of action can vary from person to person due to different sources of exogenous insulin or oral medication. Too little or too much insulin can cause a hyperglycemic or hypoglycemic reaction which can result in confusion, possibly orthostatic hypotension, dizziness and change in mental status.	
Over the Counter (OTC), Natural or Herbal Products and Alcohol	Over the counter products may contain anticholinergic agents or may have a sedating or stimulating effect	<ul style="list-style-type: none"> - Cough and cold preparations - Anti-allergy medication - Decongestants - Herbal products (e.g., valerian, Kava, Gotu Kola, Ginseng, St. John's Wort, Ephedra) - Alcoholic beverages
Ophthalmic medications	Medications can affect pupil dilation and night vision, sensitivity to light and glare, and blurring.	Timolol/Latanoprost/Pilocarpine eye drops, natural tears or lubricants



STONEY HEALTH SERVICES POLICY AND PROCEDURES

FALL PREVENTION MASTER POLICY

Effective: June 27,2018

Policy Code: PP + TITLE

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Sheet: 32 of 33

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APPENDIX XIV: INCIDENT REPORTING AND ANALYSIS FORM

(Revised Oct. 19,2019)

CODE: F-TITLE		STONEY HEALTH SERVICES: INCIDENT REPORTING & ANALYSIS FORM					
Effective	July 1,2018	Revision	Nov. 20,2019	Next Revision	Nov. 20,2022	Approval	A. Khan

SECTION A: INCIDENT REPORT

Sections A to be completed by the person involved and/or witness as soon as possible after the incident & submitted digitally to the Manager and Safety Officer. The full report & analysis (sections A & B) is to be sent to the Exec. Assistant of the ED & the Safety Officer by the Investigator upon completion.

1. Background Information

Name of Client(s) / Individual(s) Involved: Click or tap here to enter text.	Age: Age	Address & Contact Number of Client(s) / Individual(s) Involved: Click or tap here to enter text.
Date of Incident: Click or tap here to enter text.	Time: Time	Location of Incident: Click or tap here to enter text.
Witness/Author: Click or tap here to enter text.	Relationship: Relationship	Contact Information: Click or tap here to enter text.
Pre-existing Health Conditions/Injuries/Problems: Click or tap here to enter text.		
Medications Currently Used (NB: Attach current medication list): Click or tap here to enter text.		

2. Incident Type (Check One) Adverse Event Near Miss

3. Incident Category (Check One)

<input type="checkbox"/> Client Safety	<input type="checkbox"/> Fall - No Consequences	<input type="checkbox"/> Infection Prevention & Control
	<input type="checkbox"/> Fall - With Consequences	<input type="checkbox"/> Informational Safety
	<input type="checkbox"/> All Other Client Safety Issues	<input type="checkbox"/> Medication Safety
<input type="checkbox"/> Environmental Safety (Add Location)	<input type="checkbox"/> Workplace Safety	
<input type="checkbox"/> Equipment Safety (Add type of equipment)	<input type="checkbox"/> Other (i.e. Client complaint, community issue etc.)	

4. Description of incident and state of person(s) involved. (i.e. what, how, when, where, why and contributing factors). Attach photos as required. If more space needed, continue on reverse side of sheet.

Click or tap here to enter text.

5. Immediate Actions Taken and Results (Describe clearly)

Click or tap here to enter text.

Name (Block Letters) & Signature of Reporter: Click or tap here to enter text.	Date: ?	Time: ?
Name (Block Letters) & Signature of Manager/Supervisor: Click or tap here to enter text.	Date: ?	Time: ?

Copies Sent To Manager Safety Officer Other (Specify): ?

CODE: F-TITLE		STONEY HEALTH SERVICES: INCIDENT REPORTING & ANALYSIS FORM					
Effective	July 1,2018	Revision	Nov. 20,2019	Next Revision	Nov. 20,2022	Approval	A. Khan

SECTION B: INCIDENT ANALYSIS

1. Stabilization of Situation (Describe actions taken to reduce harm and ensure safety of client/ person involved)

Click or tap here to enter text.

2. Investigation (Describe key events & timeline of incident, conduct interviews, consult key documents etc. NB: For Falls/Near Falls, complete Section 3 below and/or refer for Multifactorial Risk Assessment, as required)

Click or tap here to enter text.

3. Specific to Falls (Review & summarise impacts of the following elements likely to increase):

a. Underlying conditions/illness(es) / problems: Click or tap here to enter text.

b. Medications: Click or tap here to enter text.

c. Environmental conditions: Click or tap here to enter text.

d. Functional, sensory, nutritional and/or psychological status: Click or tap here to enter text.

e. Fall-risk factors: Click or tap here to enter text.

4. Analysis & Conclusion (Provide an informed impression of incident as well as of contributing and causal factors)

Click or tap here to enter text.

5. Recommendations (Provide situation-specific and system-wide recommendations, if appropriate to prevent further risk and harm)

Click or tap here to enter text.

Signature of Investigator:	Date:	Time:
Signature of Executive Director:	Date:	Time:

