

Prevent falls, injuries with simple precautions

Knowledge of residents will enhance safety

There are many factors that need to be evaluated when assessing a resident's risk for falls. The good news is that the potential for falls can be looked at before they happen and preventive measures can be taken to reduce the risk and prevent injury.

There are two major factors that determine the likelihood of a fall occurring. One is the resident's condition; the other is the environment at your facility. (Please see story at right.)

The sixth leading cause of death in the United States of people age 65 and older is accidents. And most of the accidents involve falling. About 5 percent of falls in older people result in a fracture. One percent of all falls results in a hip fracture. Many falls result in bruises, hematomas, joint dislocations, sprains and strains that will further limit an older person's mobility and activity.

Anyone can fall. As a person ages, there are changes to multiple body systems. Sensory, neurological, integumentary (relating to the skin), gastrointestinal, respiratory, cardiovascular and psychosocial changes and impairments become more noticeable. Eyesight, hearing and feelings diminish and skin becomes less elastic and often bruises easily. There might be incontinence of bowel and/or bladder. Some have difficulty breathing and are unable to walk without oxygen. Bone density

decreases and becomes brittle. Muscle strength and heart function also can decrease leaving one weak and with limited function. Often, an older person also must deal with the management of chronic diseases like diabetes and hypertension. An often overlooked risk factor is fear of falling and the fear of injury.



Resident fall assessments should be done on admission, when there has been a fall or when there is a change in the resident's condition. It is imperative that the risk be communicated to the staff and family and documented in the resident's plan of care.

Anticipating the resident's needs can prevent falls. A recent international study determined that as many as one-third of all hip fractures might be caused by poor vision. Some prevention measures include properly prescribed glasses, encourage the use of the restroom before going to bed, improve physical disabilities through education, physical therapy and assistive

Maintaining safe environment will reduce accidents

Many of the injuries sustained each year when residents of long-term care facilities fall could be prevented by implementing a fall management program.

Long-term care facilities must adopt a philosophy that is safety and fall prevention oriented. There must be a commitment from administration, staff, residents, resident families, vendors and visitors to prevent falls and to eliminate fall hazards.

Details of the fall management safety program should be posted where everyone can see them at your facility and a mission statement addressing the program should be created.

A key ingredient for a successful program is proper management. All employees of the facility should do hazard surveillance on a daily basis. The intent is to identify, evaluate and correct safety hazards that could contribute to slipping, tripping and falling.

In addition, a formal inspection concentrating on fall management should be performed weekly by your safety team. This team should involve maintenance, nursing and administration. Special attention should be given to resident and visitor areas. When an accident does occur, investigate and review the incident, and trending of all events should be analyzed.

Training of all staff, volunteers, residents and families should be performed so everyone is aware of

Guide to dealing with food poisoning

Test your knowledge

During the last several years, there have been numerous stories about food poisonings. Many people have been hospitalized due to *Escherichia coli*, more commonly known as *E. coli*. In one case, it was determined to be due to contaminated California strawberries. Another story involved multiple hospitalizations due to tainted hamburger sold to a major fast-food chain.

Let's bring this closer to home. Within hours following a noon meal, several of your residents and staff members begin to experience gastrointestinal symptoms—loss of appetite, vomiting, diarrhea and abdominal cramping. You begin to suspect it may be food poisoning.

What is the best way to handle this?

If you think you or others are ill from a food product, seek medical attention. Persistent vomiting and diarrhea can produce severe dehydration and electrolyte imbalance. Although it may be inconvenient to a healthy adult, it can be devastating to the elderly. Dehydration and electrolyte imbalance can lead to shock, vascular collapse, kidney failure and death.

You also should notify the local health department or contact the United States Department of Agriculture (USDA) or the Food and Drug Administration (FDA). Taking some steps before making the call to a health organization will simplify the reporting process.

First, be sure to call the right health agency. The local health department will assist you in

identifying the potential products causing the illness.

Second, if you suspect a problem with food, keep the original container or packaging and refrigerate or freeze any uneaten portion of the food for future testing by the health agency. If there is a foreign object in the food, such as a plastic strip or metal washer, save the object.

You will want to have the following information available when making a report:

- Your name, address and phone number.
- If an injury or illness is suspected to have occurred due to use of the product, know the names of the individuals affected, symptoms, time of illness and the name and phone number of any attending physician.

If a product can be identified, the health department will ask for the following information:

- The brand name, product name and manufacturer of the product.
- The size and package type.
- The can or package codes and dates that are usually stamped somewhere on the label or the bottom of a can. *Note—this is not the UPC bar code.*
- If the product is a USDA product, there will be an establishment number (EST) that is usually found in the circle or shield near the “USDA passed and inspected” phrase.
- The name and location of the store where the product was purchased and the date of purchase.



Here is a short quiz to test yourself on the subject of food safety.

- ___ 1. Botulism
- ___ 2. FDA
- ___ 3. Listeria
- ___ 4. 4 C's of food safety
- ___ 5. 40-140 degrees Fahrenheit
- ___ 6. *Campylobacter jejuni*
- ___ 7. Salmonella
- ___ 8. *Giardia lamblia*
- ___ 9. USDA
- ___ 10. Staphylococcal

- A. Bacterium that is the leading cause of diarrhea
- B. Contaminated pastries, custards, salads and salad dressing
- C. United States Department of Agriculture
- D. Parasitic protozoa
- E. Raw eggs
- F. Food and Drug Administration
- G. Improper canning, producing toxins
- H. Food temperature danger zone
- I. Clean, cook, chill and don't cross contaminate
- J. Foodborne pathogen at refrigerator temperatures

Answers

1. G; 2. F; 3. J; 4. I; 5. H; 6. A; 7. E; 8. D; 9. C; 10. B

Who to call

Meat, Poultry and Egg Products:

Call the USDA Meat and Poultry Hotline at 1-800-535-4555.

Restaurant Food Problems:

Call your local health department.

Seafood Products:

Call the FDA's Seafood Hotline at 1-800-332-4010.

All Other Food Products:

Call the FDA Emergency Hotline, 24 hours a day, at 301-443-1240 or 1-800-723-3366.

If you experience a non-emergency, one that does not require immediate action, check your local phone book under U.S. Government, Health and Human Services to find an FDA office in your area.

Resident falls assessment survey

Knowledge, from page 1

Category	Points	Score
1. History of falls	12	
2. Diuretics/antipsychotics/antidepressant Hypnotics/laxatives/cardiac meds	10	
3. Blood sugar variations	2	
4. Confusion/delirium/dementia	5	
5. Incontinent/urgency	5	
6. Behaviors/anxiety/agitation/depression	5	
7. Visual/hearing impaired	5	
8. Attached tubing (O2 or other)	2	
9. Instability rising from chair Difficulty returning to sitting	5	
10. Improper fit of brace, prosthesis, etc.	2	
11. Inappropriate footwear	5	
12. Shuffled or unsteady gait	7	
13. Postural hypotension	7	
14. Syncope/dizziness	7	
15. Recent surgery	2	
16. Arrhythmia/CHF/fibrillation	2	
17. CVA/Parkinson's/Alzheimer's/seizures	5	
18. Severe arthritis/prosthesis/splint	2	
19. Decreased body awareness	2	
20. Leans in chair	5	
21. Improper use of assistive device	2	
22. Anticoagulant therapy	1	

A score of 47 or more indicates resident to be at high risk for falls.

devices (like canes, walkers, wheelchairs and mechanical lifts), wearing proper fitting shoes and good foot care. Allow residents to walk at their own rate—never rush them. Also, have a pharmacist or nurse evaluate drug treatments on a regular basis as many medications or combinations of medications may contribute to falls or disorientation. Decreasing medications to the lowest effective dose can be beneficial in reducing the risk.

The risk of falling gets greater with the addition of the need for assistive devices, medications and changes in mental attitude. The plan of care should identify those risk factors and provide prevention measures.

After a fall occurs, provide an assessment and give prompt medical treatment as needed. Investigate the fall immediately and complete an incident report. The report should include: what the condition of the resident was at the time before the fall; medications that could have contributed to the fall; any physician's orders concerning activity; the position of the bed or chair (if involved); what the resident was attempting to do when the fall occurred; the environmental conditions (location, date, time, lighting); if there were safety alarms in place and if restraints were being used.

Lighting the way to safety at your facility

Hospitals have it. Medical facilities, high-rise buildings, schools, hotels and theaters have it. Even airplanes have it.

No, it's not the latest trend in construction or interior design; it's emergency lighting.

Emergency lighting provides a way to achieve the first immediate action in the emergency response acronym RACE. **R**: remove others to safety if possible. **A**: activate the emergency

response system. **C**: confine the disaster or fire if possible (if trained). **E**: extinguish the fire or contain the chemical spill if trained to do so.

Without emergency lighting, it might not be possible to move yourself and others to safety. During many emergencies, it is easy to get confused and disoriented. This is compounded when smoke is present or when the normal exit route is blocked and an alternative evacuation or escape route must be used.

The purpose of emergency lighting is to guide people to designated stairs, aisles, corridors, ramps, escalators and passageways leading to an exit. Although not adopted by all states, The National Fire Protection Association's Life Safety Code requires emergency lighting provide at least 1.5 hours of light in the event of a power failure. These lighting systems are made to function automatically.

See *Lighting*, page 4

Maintaining, from page 1

their responsibilities, action needed to prevent falls or injury and who to contact if additional assistance is needed to correct the hazard.

Some of the more basic fall prevention activities include identifying and repairing broken or missing floor tiles, repairing tears in carpet, and replacing sidewalks, ramps and steps at all entrances when needed.

Do not allow items to block or clutter the hallways, landings or stairs. Do not allow pharmacy or medication carts to block hallways. Residents should have easy access to the guardrails and never have to maneuver around large objects that might move when residents reach for something to stabilize themselves.

Spills should be cleaned up immediately, and always make inspections for hazards after meals so that food and fluids are not on the floor. Slip-resistant wax should be used on all tile floors and slip-resistant material should be applied where needed. Do not use throw rugs or mats.

Ensure that chairs are secure and the legs are even. Establish routine maintenance for beds and wheelchairs, including the brakes.

Not so obvious prevention measures include keeping resident possessions

and call buttons within easy reach while the resident is in the restroom, shower area or in bed. Doing this will prevent overreaching or over-extension and falling.

Proper lighting should be available during the day and night. Use light-reflective tape to mark ramps, steps and stairways. Dimensions of all stairways should comply with local building codes.

Know the acuity of the residents so that appropriate staffing is available. Maintain a calm and relaxing environment as anger and resentment contributes to falls. This is critical in Alzheimer's units.

When reviewing your facility, don't forget to look at the exterior. Keep gardens and terraced areas on one level. If there are different levels or slopes, have handrails installed. Keep entrances, sidewalks and parking areas free of debris. If you are in a colder climate, keep walking areas free of snow and ice. Use salt or sand when necessary.

Proper lighting along all walkways, entrances, courtyards and parking areas is extremely important. All potholes in parking areas should be repaired promptly.

Taking these precautions will not eliminate falls at your facility, but it should reduce the number of incidents you experience.

Lighting, from page 3

Manual emergency lights have proven not to be safe, practical or effective in the event of a disaster. People have died while waiting for someone to find candles, matches, flashlights or walk around and touch the pop-on lights that stick anywhere they are placed. It would not be a cost-effective or an efficient use of an employee's time to replace batteries on a frequent basis.

The automatic emergency lighting system can be powered by a generator or by re-chargeable batteries. The batteries must be specifically intended for such use and approved by the National Electrical Code. The lights may be operated from a central lighting system or may function independently. Frequently, the automatic lighting system consists of two large lights attached to a rectangular box that has been installed near the ceiling. However, there also are floor-level lighting systems, similar to airplanes, that are highly visible in smoke and allow a person to crawl to safety. These systems must be installed, tested and maintained in accordance with the NFPA Standard for Emergency and Standby Power Systems.

For more information, call the NFPA at 1-800-344-3555.



Long-Term Care Connection is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

For more information on receiving *Long-Term Care Connection*, or to submit a comment or story idea, please call Karen Osman at 1-800-554-2642, Extension 4459, or send her an e-mail at kosman@churchmutual.com.

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