The Caregivers' Guide to Fall Prevention

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PREVENTING INJURIES. SAVING LIVES.

The Caregivers' Guide to Fall Prevention has been a true collaboration and collective effort among the fantastic team at Parachute – Claire Westmacott and Stephanie Cowle – and our dedicated advisors from Family Caregivers of British Columbia, Caregiving Matters, the Ontario Caregiver Organization, and caregivers Kathy Ford and Veronica Salvati, who have generously shared their experiences of caring for a loved one.

Often, fall prevention efforts focus on the person at risk of a fall, or healthcare professionals. Caregivers are not always given the attention they deserve as an essential part of helping the people they care for prevent falls. Caregivers wear many hats – you are advocates, helpers with daily activities and personal care, financial planners and more. This guide has been designed to allow you to take from it what you need – whether it's understanding how a fall can change a person's life, the factors that can point to an increased risk of falling, tangible actions that can be taken to prevent a fall and what to do should a fall happen. This guide includes tools to help you and the person you care for make plans toward preventing falls and track progress. You can use these tools separate from the guide: for example, we provide a fall risk assessment checklist and step-by-step instructions on what to do if a fall happens.

This guide has been important to me as an injury prevention professional because I see the devastating effects of falls and I know how falls can be prevented. I am also a caregiver, and I know the complex relationship that comes along with being a caregiver and a daughter. I have experienced the very real gap between what I know works and what my parent is willing to do. Respecting their right to make choices in their life, even if it is not what I would choose, has been an important lesson and one that this guide tries to address in some measure.

I hope this resource provides caregivers with information you find helpful and useful, supports you in your journey and gives you a sense that you are not alone in helping to make your loved ones' lives the best they can be.

Please note that many caregivers generously shared their experiences with us to be included in this guide. Given the personal nature of the stories shared, some have asked for their stories to be anonymous. In these cases, names have been changed.

Pamela Fuselli, MSc
President and CEO, Parachute

I was a caregiver until the death of my beloved partner, Norm, in December 2022. We were together for 40 years, 25 of those years from the time of his diagnosis with Parkinson's Disease.

Kathy and Norm

I watched Norm's mobility decline from one cane to two canes to a walker to a power wheelchair, and finally to a manual wheelchair when he required my power to mobilize. He took all the changes with courage and grace, but for me, my sweetheart became my patient.

The beginning of falls for Norm coincided with the move to a wheelchair. It began with little falls, from the chair to the floor, then gradually bigger falls as he challenged his increasingly limited mobility. There were many bruises, for both of us, and some cuts.

At first, it was shocking and frightening, but I learned not to rush so it was easier to stay calm and focused. And I learned that there were times where I had to just watch and guide, to avoid injuring myself.

Caregivers definitely have to be resourceful and you never know where your best information will come from. I was looking for answers to my questions about falling from everyone I could think of, including physiotherapists, occupational therapists, doctors and specialists, not to mention friends and family.

But the falls happened so quickly – as quickly as turning your head away just for a moment – that their answers were not the help I needed at that time. Ultimately, I had to depend on my own ingenuity and physical strength.

I made the decision to invest in a floor lift that would help to get him up from a fall while saving my back. Once the falls became daily, sometimes more, I needed that help right away. He hated it, but I credit that lift for the strong body and active life that I have now.

Would I do it all again? Of course – when someone you love needs you, that's what you do. Could I have used more guidance, especially during the early falls? Absolutely!

There was nothing like this guide available to me, and I would have been so grateful to have it. I hope you will avail yourself of it at every opportunity. I can promise it will not only be practical, but it will be comforting – just a little voice saying I'm here with you.

Kathy Ford
Caregiver

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CHAPTER 1:

About this guide

Falls are the No.1 cause of injury for seniors in Canada. Falls can lead to hospital stays and make it harder for seniors to live independently.

As people get older, falls are more likely to happen. A fall can cause injury, chronic pain and make everyday life harder. Even without an injury, a fall can shake a person's confidence and cause them to be less active.

This guide provides simple and practical information for caregivers about fall prevention.

In Canada, millions of people like you provide care to someone 65 years of age or older. Caregivers are commonly family members, friends and community members who provide physical and/or emotional support to someone needing care. Many caregivers are also facing their own challenges related to their caregiver role, their own aging and can also be at risk of falls.

The information in this guide can help you learn how to prevent falls, both for yourself and the person you care for. It includes:

- How to understand someone's risk of falling
- Strategies for preventing falls and injuries from falls
- How to safely help someone if they fall
- Tips for talking with the person you care for about fall prevention

Let's be real. Not every fall can be prevented.

But many falls are preventable. There are ways you can help the person you care for **reduce** the number of falls. And if a fall happens, there are ways to help **prevent injuries**. You can use this guide to learn how.

As a caregiver, you provide important and essential support, promoting independence and improving the quality of life of the person you care for. Caregiving can also be complex and demanding. Remember: taking care of your own needs is just as important as the care you provide to others. Caregiver supports are available and can help you feel more informed, connected and empowered.

Caregiving is unique to everyone, and this guide does not address every possible situation or specific medical condition.

This guide is for information purposes only and is not medical advice. Consult your primary healthcare team to help make decisions that are best for you and the person you care for.

CHAPTER 2:

Understanding the risk of falls

Taking the first step

Where do falls happen?

Most falls happen at home. Falls can also happen outside – such as on front doorsteps or an icy driveway – or while out and about in the community. The top types of falls that lead to serious injury in seniors include:

- Slipping, tripping or stumbling (e.g., tripping on a loose rug, stumbling trying to step up on a curb)
- Falls from furniture, such as falling out of bed or while getting in or out of a chair
- Falls on stairs
- Falls in the bathroom, especially in the shower or bathtub

Why do falls happen?

The reasons that make someone more likely to fall are known as "risk factors". Risk factors for falls can include things such as:

- Older age
- Mobility, balance and strength issues
- Certain health conditions (e.g., arthritis, cognitive impairment, Parkinson's)
- Taking multiple medications
- Hazards in the home, such as uneven steps or rugs that can be tripped on

The more risk factors someone has, the more likely they are to fall.

Can a person's risk change?

Some risk factors can be changed and some can't. For example, you or the person you care for might be able to make the home safer. But other things, such as age or long-term health conditions, can't be changed. You will learn more about strategies in Chapter 3: Preventing Falls.

But the first important step is to understand a person's individual fall risk.

Tip: Sometimes, starting a conversation around a person's risk of falling can be challenging. Using the **Personal Fall Risk Assessment questionnaire** can help identify risk factors in a neutral way.

TOOL:

How to know someone's risk of falling

Personal fall risk assessment

Use this questionnaire to start understanding a person's risk of falling.
You can complete this questionnaire with the person you care for or on their behalf, as needed. Each year, re-take the questionnaire to see if there are any changes.

✓ (score)	Check your risk of falling	Why it matters
☐ (2)	I have fallen in the past year.	People who have fallen once are likely to fall again.
☐ (2)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
☐ (1)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
☐ (1)	I steady myself by holding onto furniture when walking at home.	This is a sign of poor balance.
☐ (1)	I am worried about falling.	People who are worried about falling are more likely to fall.
☐ (1)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
☐ (1)	I have some trouble stepping up onto a curb.	This is a sign of weak leg muscles.
☐ (1)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
☐ (1)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
☐ (1)	I take medication that sometimes makes me feel light-headed or more tired than usual.	Side effects from medications can sometimes increase your chance of falling.
☐ (1)	I take medication to help me sleep or improve my mood.	These medications can sometimes increase your chance of falling.
☐ (1)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
☐ (1)	I have difficulty avoiding hazards in my path because I don't see well.	Vision impairment can increase your risk of falling.
0	**Total Score** (Add up the number of points from each answer)	

How to interpret the results

If the score is 4 or more: High risk

You have high personal risk factors of a fall. Talk to your primary healthcare provider (doctor or nuse practitioner), occupational therapist or physiotherapist about these results. They will be able to provide recommendations specific to you and your home.

If the score is 3 or less: Low risk

You have low personal risk factors. However, there may be other possible risk factors specific to you that are not captured by this questionnaire (such as hearing loss). Consult your primary healthcare provider (doctor or nurse practitioner), occupational therapist or physiotherapist if you have any concerns.

Tip: There are a variety of professionals who can be a part of your care team and can help prevent falls. For more information on professionals and how to access them, see Chapter 6: Building your care team.

Checklist adapted from: Finding Balance Alberta, Injury Prevention Centre and University of Alberta.
This checklist is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499).

CHAPTER 3:

Preventing falls

Taking the next steps together

In this chapter, you'll find practical tips and strategies for preventing falls. Click on the links below to find out why certain things can increase the risk of falls and what you can do to address them:

- Blood pressure management
- Eye health and vision
- Footwear
- Hearing health
- Home modifications, equipment and devices
- Medications
- Mental and emotional health
- Movement and physical activity
- Moving safely
- Staying hydrated and drinking water

At the end of the chapter, you will find reminder tools you and the person you care for can use to track your fall prevention activities and progress.

Blood pressure management

Why this matters: Changes in blood pressure can cause feelings of dizziness or light-headedness, which can lead to falls. Sometimes, moving from lying down or rising from a seated position can cause a sudden drop in blood pressure.

What you can do	Who can help
☐ Encourage the person you care for to have their blood pressure checked regularly. You or they can consider purchasing an at-home blood pressure monitor.	
☐ Consult the person's healthcare provider (medical doctor or nurse practitioner) if they report feeling dizzy or lightheaded or have fainted.	
☐ Encourage the person you care for to take their time when getting up or changing positions. When getting out of bed, they should first sit up, sit on the side of the bed and then stand up.	
☐ Consider home modifications and devices that can help the person steady themselves if they begin to feel dizzy, such as a bed rail, grab bars and a shower chair.	
☐ Ensure the person you care for eats regularly and stays hydrated.	

Eye health and vision

Why this matters: Changes in vision can increase a person's risk of falling as it makes it more challenging for them to safely move around.

What you can do	Who can help
☐ Encourage the person you care for to visit an optometrist once a year to check their eye health and any prescriptions.	
☐ Encourage the person you care for to talk to their optometrist about multifocal lens use and consider switching to single lenses (if appropriate). Multifocal or progressive lenses can make it challenging to move around safely, especially in unfamiliar environments. Since the bottom part of the lens is meant to help you see things close up, they can actually make the lower part of your vision blurry. For example, you may not clearly see the ground below you while walking.	
☐ Watch for changes in vision, such as: • Squinting and/or increased sensitivity to light • Taking a long time to adjust from light to dark • Dry eyes or excessively watery eyes • Becoming clumsy or misjudging where objects are • Uncontrolled eye movements • Difficulty moving around spaces at night • If the person is driving, you may notice driving mistakes (e.g., missing stop signs) or difficulty driving at night	
☐ Improve lighting in their home. For example, increase the lightbulb wattage to increase brightness, use nightlights in hallways, bathrooms and bedrooms, or consider motion-activated lighting.	

Caregiver to caregiver: "Think about having several different pairs of glasses instead of progressive lenses. Yes, it's a nuisance having to change glasses all the time, but progressive lenses/bifocals significantly increase the risk of tripping and falling." – Donna, caregiver

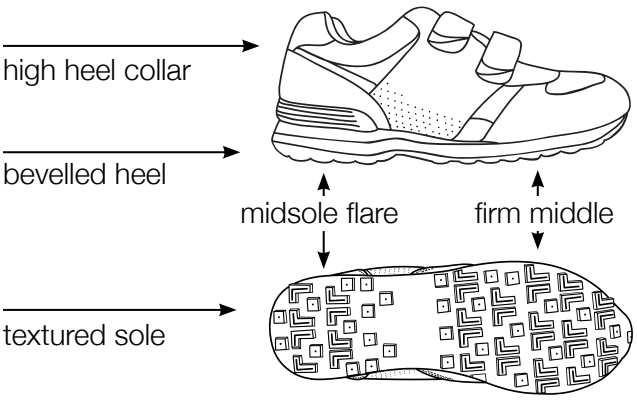
Footwear

Why this matters: Proper footwear helps prevent slips, trips and falls. In winter, it's important to wear proper footwear that will grip snow and ice.

What you can do	Who can help
☐ Encourage the person you care for to wear practical, supportive and well-fitted footwear inside and outside the house. Inside, avoid wearing floppy, open-back slippers and socks.	
☐ Make sure the person you care for has indoor and outdoor shoes that fit correctly and have the following features: • Non-slip rubber sole and heel • An elevated collar to support the ankle • Top closures (e.g. laces or Velcro®) to ensure a snug fit • A low heel height • A closed heel – i.e., not a sandal strap • A comfortable insole	
☐ In winter, consider using traction devices over outdoor footwear in icy conditions such as shoe spikes or crampons. Remember to remove the devices anytime you go indoors.	
☐ Encourage the person you care for to have their feet checked by their healthcare provider (doctor, nurse practitioner or podiatrist) at least once a year.	

Caregiver to caregiver: "My wife and I have discussed other issues around fall prevention, such as more stable types of footwear. We found that slip-on winter boots for example became what they're called; we were stumbling and tripping in them."
– Brad, caregiver

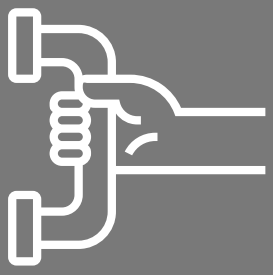
What to look for in a shoe



Hearing health

Why this matters: Hearing and balance are closely linked. Hearing loss can change a person's ability to process what's around them, which can make falls more likely.

What you can do	Who can help
☐ Encourage the person you care for to get their hearing checked at least once a year by an audiologist. Many people are unaware they have hearing loss as it happens gradually over time.	
☐ Look out for signs of hearing loss in the person you care for, such as: • Speaking loudly or louder than necessary • Often asking for words to be repeated • Thinking that people are mumbling • Misunderstanding conversations or difficulty following conversations, particularly in loud environments • Straining to hear or leaning forward in conversation • Favouring one ear • Having volume settings very high on the TV, radio or their phone	
☐ If the person you care for uses a hearing aid, encourage them to use it consistently. Consistent hearing aid use can lower the risk of falls in seniors with hearing loss.	



Home modifications, equipment and devices

Why this matters: Modifications, devices and equipment can help you and the person you care for stay independent, move safely and live longer at home. Home modifications can be big or small and can range in price. Whatever the size or cost of the modification, it should be tailored to the individual and their needs.

What you can do	Who can help
☐ Reach out for professional support. Contact your local public health unit to learn about resources available in your community. You can also reach out to an occupational therapist directly for a professional, customized home assessment.	
☐ Have modifications done and equipment installed by an experienced contractor.	
☐ Look into funding opportunities for costs related to modifications, equipment and devices. Find information about federal, provincial and territorial funding opportunities as well as tenant rights related to home modifications (resource will download as a Word document).	

Caregiver to caregiver: "When my parents started having difficulties with mobility, we had help from [our local] Falls Prevention program. They came and checked out our home and gave us helpful suggestions on how to make our home safe. Both my parents also use walkers now, which really gives me peace of mind." – Judy, caregiver

Some modifications to consider:

☐ **Bathroom**
- Grab bars in the tub and shower and near the toilet
- Shower seat and handheld showerhead
- Non-slip mats inside and outside the tub and/or shower
- Keep everyday items within easy reach
- Increase light bulb wattage. Consider motion-sensor lights
- Have a cordless phone or cell phone close by. Consider installing emergency pull cords

☐ **Stairs *(inside and outside the home)***
- Handrails on both sides of stairways. Handrails should extend **past** the last step
- Improve lighting. Consider motion-sensor nightlights
- Light switches available at the top and bottom of stairways
- Put anti-skid strips on steps or consider painting the edges of stairs to make them more visible

☐ **Bedroom**
- Bed assist rail to make transfers in and out of bed easier
- Lights nearby the bed
- Nightlights
- Clear the space around the bed and the path to the bathroom
- Keep assistive devices nearby

☐ **Kitchen**
- Keep regularly used items at waist level or within easy reach
- Ask for help reaching items up high. If you use a step stool, make sure it's steady and has a handrail on top. Do not stand on chairs or tables
- Improve lighting
- Clean up spills immediately

☐ **Other rooms**
- Improve lighting: consider motion-sensor lights in hallways
- Keep electrical cords near walls and away from walking paths
- Non-skid rugs or mats
- Know where your pet is whenever you're standing, walking or using stairs

Caregiver to caregiver: "… we encouraged my mom to get motion detection lights in her bathroom. There are lots of lighting solutions and the technology has improved so you can see your environment!" – Sherry, caregiver

Some modifications to consider:

Bedroom

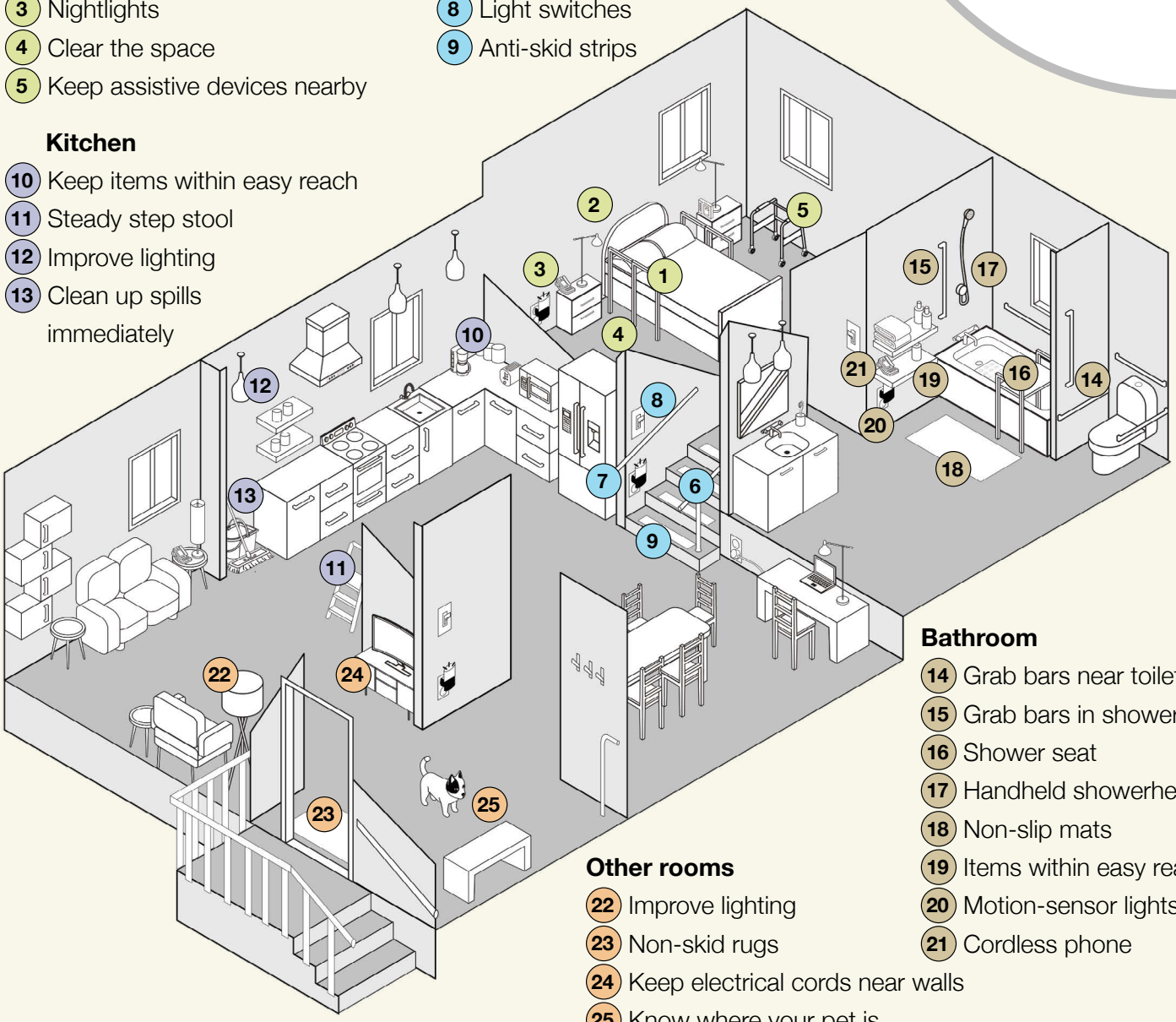
1. Bed assist rail
2. Lights nearby the bed
3. Nightlights
4. Clear the space
5. Keep assistive devices nearby

Stairs

6. Handrails
7. Improve lighting
8. Light switches
9. Anti-skid strips

Kitchen

10. Keep items within easy reach
11. Steady step stool
12. Improve lighting
13. Clean up spills immediately



Bathroom

14. Grab bars near toilet
15. Grab bars in shower
16. Shower seat
17. Handheld showerhead
18. Non-slip mats
19. Items within easy reach
20. Motion-sensor lights
21. Cordless phone

Other rooms

22. Improve lighting
23. Non-skid rugs
24. Keep electrical cords near walls
25. Know where your pet is

Caregiver to caregiver: "One simple modification that has been invaluable in my role as a live-in caregiver for my 93-year-old mother is installing wireless doorbells wherever she might suddenly need help - by her bed, her favorite chair, the toilet, and the bathtub… It brings both of us so much peace of mind knowing she can alert me with a single button press. This setup is what allowed her to reach me right away when she was unable to get up from the bathroom floor after a hip dislocation." – Veronica, caregiver

Medications

Why this matters: Taking certain medications and taking more than four medications can increase the risk of falling.

What you can do	Who can help
☐ Keep an up-to-date list of all medications, including prescriptions, over-the-counter medications, supplements and vitamins.	
☐ Discuss any medication side effects with the persons healthcare provider and pharmacist, such as: • Dizziness • Changes in sleep • Changes in thinking or new confusion	
☐ Encourage the person you care for to review their medications at least once a year with their pharmacist.	
☐ Encourage the person you care for to take medications as prescribed. If they have difficulty taking medications correctly, talk to the pharmacist for support. For example, they can organize medications into pre-filled daily/weekly pill packs.	

Tip: Be aware that alcohol and cannabis can increase the risk of falling by impairing co-ordination, balance and cognition. Combing alcohol and cannabis or using cannabis or alcohol with prescription or over-the-counter medications can also heighten the risk of falling.

Mental and emotional health

Why this matters: Mental health conditions such as depression and anxiety can increase the risk of falling. A common anxiety experienced by many seniors is a concern of falling. Whether someone has fallen before or not, concern of falling can lead someone to avoid activities and restrict their movements. This can become a negative cycle: being less active causes a person's strength and flexibility to decline, which increases their risk of falling.

What you can do	Who can help
☐ Watch out for signs someone is becoming anxious or concerned about falling, such as: • Having frequent worrying thoughts or fears about falling • Avoiding or limiting activities • Having consistent negative thoughts and thinking the worst will happen	
☐ Watch out for any signs or symptoms of depression, such as: • Persistent sadness or anxiety • Loss of interest in activities • Feeling more tired than usual • Changes in appetite or weight • Sleep problems (sleeping too much or not enough) • Generally feeling unwell or more irritable than usual • Thoughts of suicide or death	
☐ Encourage the person you care for to share their feelings with their care team. They will be able to refer to other healthcare professionals who can provide support.	
☐ Provide support and encouragement through tasks or activities that cause anxiety. Together, you can practise tasks to build up their confidence.	

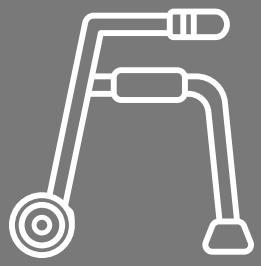
Tip: Navigating all of this can also affect your mental and emotional health as a caregiver. Reach out for support, even if you don't know what kind of support you need. There are caregiving organizations that can provide support and resources to help protect your mental health throughout your caregiving journey. See Chapter 6: Building your care team for more information.

Movement and physical activity

Why this matters: Regular, safe and appropriate physical movement and activity that challenges strength and balance can help prevent falls. Participating in physical activity can also be a great opportunity to socialize and connect with others, which is beneficial for mental and emotional well-being.

What you can do	Who can help
☐ Start by having a conversation with the person you care for about physical activity. If they are just starting out, acknowledge any of their concerns and reassure them that they can start slowly, for example, with daily movements/activities.	
☐ Encourage the person you care for to consult with a healthcare professional to ensure they are doing appropriate exercises. A physiotherapist and/or an occupational therapist can help.	
☐ Look for local fall-prevention exercise programs or classes in your community that focus on building balance, strength and flexibility. You can find classes through your local community centre, fitness facility, public health and physiotherapist. Web and virtual programs may also available.	
☐ Help the person you care for incorporate appropriate movement and exercises into their regular routine. Depending on their mobility level, this can include bed exercises, chair exercises or going on a walk together.	

Caregiver to caregiver: "I am old, close to 80, with arthritis. What works for me to help me walk safe is using a walker outside, good exercise and fresh air… Nothing better than an arm of a loved one or a good friend for a good walk." – Janet (pseudonym)



Moving safely

Why this matters: As a person's health changes, they may need to adjust how they do daily activities and move to stay safe and reduce their risk of falling.

What you can do	Who can help
☐ Watch for changes in how the person you care for moves and discuss any concerns with them and their care team. For example, these can be early signs of balance or strength issues that increase fall risk: • Reaching for furniture, walls or people for stability when walking • Having difficulty rising from a bed or chair • Walking slowly, shuffling or taking small steps • Walking hunched over or looking at the ground • Having poor balance • Tripping or stumbling more often • Avoiding movement	
☐ Encourage the person you care for to be mindful in how they move, and to avoid rushing or multitasking.	
☐ If the person you care for uses an assistive device, such as a cane or walker, encourage them to use it consistently and correctly.	
☐ Reach out for support. Contact your local public health unit to learn about resources available in your community. Professionals, such as an occupational therapist, can help with mobility challenges, assistive devices and making the home safer and more accessible.	

Caregiver to caregiver: "When walking outside of the home, [I] encourage the use of a cane to provide a third balance point. Further, I generally hold my wife's hand while walking, which provides further stability and provides me, as caregiver, with immediate feedback as to her well-being … I keep a cane at the primary exit point from our townhouse and another inside our vehicle immediately beside her seat. If she exits without grabbing a cane I will ask if she wants to use one and place it in the appropriate hand. Thankfully she doesn't recognize any stigma attached to its use and has yet to refuse." – Greg, caregiver

Staying hydrated and drinking water

Why this matters: Drinking enough water and staying hydrated is important for fall prevention, as dehydration can cause a person to feel lightheaded, dizzy, tired and affect their co-ordination.

What you can do	Who can help
☐ Encourage the person you care for to drink water and fluids throughout the day. Aim for six to eight cups of water or fluid every day unless otherwise directed by their healthcare provider.	
☐ Be aware that beverages that contain alcohol, caffeine or sugar (e.g., wine, beer, coffee, soda) can be dehydrating.	
☐ Set reminders for drinking water or fluids using a phone or watch.	
☐ Watch for signs of dehydration: • Dry mouth and extreme thirst • Light-headedness or dizziness • Confusion or delirium • Headaches • Lack of co-ordination and difficulty walking • Fatigue or feeling more tired than usual • Dark-coloured urine and urinating less	

Tip: Sometimes people drink less because they don't want to go to the bathroom often. But not drinking enough can cause dehydration.

Try talking openly with the person you care for. Try to understand their concerns and work together to find ways to help. Some ideas might include:

- Wearing clothes that are easy to take off to use the bathroom
- Using a bedside commode
- Wearing incontinence briefs or protective underwear
- Adding grab bars or other bathroom aids to make them feel safer and more independent

TOOL:

Week-at-a-glance

Daily reminders to help prevent falls

Week of: _____

Reminders (check ✓)	**Mon**	**Tues**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**
Move your body							
Take medications							
Drink water							
Wear well-fitting and supportive footwear							
Check for and remove tripping hazards							
Use assistive devices (e.g. hearing aid, walker)							

Appointments for this week:

TOOL:

Month-at-a-glance

Monthly reminders to help prevent falls

Year: _____

Monthly Reminders	**Jan**		**Feb**		**Mar**		**Apr**		**May**		**Jun**		**Jul**		**Aug**		**Sep**		**Oct**		**Nov**		**Dec**	
(check ✓ Y= Yes, N=No)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Any changes in mobility or balance?																								
Any changes in comfort with daily tasks (e.g., bathing, toileting and moving around)?																								
Any difficulties taking medications correctly? Any new side effects?																								
Any changes in vision or hearing (e.g., squinting, struggling to hear)?																								
Are assistive devices comfortable to use? Working well?																								

Notes/observations:

Check in with your mental health. If you find yourself having more bad days than good days, reach out for support or call 9-8-8.

TOOL:

Year-at-a-glance

Annual reminders to help prevent falls

Annual Reminders	Year 20 _____	Year 20_____
Take the Personal Fall Risk Assessment Questionnaire	Score: Date completed: Notes:	Score: Date completed: Notes:
Review all medications with your pharmacist or family doctor; Include over-the-counter medications, supplements and vitamins	Date completed: Notes:	Date completed: Notes:
Visit an audiologist to get your hearing checked	Date completed: Notes:	Date completed: Notes:
Visit an optometrist to get your eyesight checked	Date completed: Notes:	Date completed: Notes:
Visit your family doctor or podiatrist to have your feet checked and check the fit and condition of footwear; replace any worn shoes	Date completed: Notes:	Date completed: Notes:

CHAPTER 4:

What to do if a fall happens

How to help safely

Knowing how to safely help the person you care for if they fall is important for their safety and yours.

How to help someone if they start to fall

If the person you care for starts to fall, it's natural to want to catch them – but trying to stop the fall completely can put both of you at risk for injury. Once the person's momentum takes over, it can be very hard to intervene safely. Where possible, focus on gently guiding them down rather than trying to hold up their full weight. **Every situation is different, so it's important to talk with a physiotherapist or occupational therapist to learn how to do this safely.**

If the person cannot get up on their own, is injured or unconscious, call 9-1-1. Even if the person isn't injured, first responders may be able to provide a lift assist if the person cannot get up.

If the person can get up on their own, you can coach and support the person as they get up. You should NOT try to lift them. The person getting up should do most of the work.

How to help someone after a fall

Our first instinct is to rush over and help the person up – but trying to lift them can put both of you at risk for injury. The best thing to do is to check their condition first, reassure them and then see how you can help.

Tip: Have the person you care for practise getting up off the floor safely and independently. This will build their confidence. When possible, practise in different areas of the home so that they can work through getting up in different scenarios.

After a fall, always tell someone (such as a doctor, nurse practitioner, family member or friend) about it. It's recommended to discuss falls with a doctor or nurse practitioner. Even if the fall appeared to result in no injuries, it may be linked to certain medications or a change in the person's health condition.

As a caregiver, you can watch for any changes in the person's physical or emotional health in the days and weeks following a fall. Take note of any changes in how the person typically thinks, feels or acts and discuss them with a medical doctor or nurse practitioner. If the person does not get better as expected, contact their doctor or nurse practitioner to follow up.

To help you prevent and manage future falls, talk with a physiotherapist and occupational therapist for support.

Tip: Use the **Documenting a Fall** tool to capture the details of a fall. Even if the fall only resulted in minor injuries or no injuries at all, capturing the details and circumstances of the fall can help support conversations with your care team. It can also help identify changes that can reduce the likelihood of falling again.

TOOL:

How to help if a fall happens

If a fall happens, follow these steps:

1. Resist the urge to get the person up right away.
2. Check if they are conscious and for any injuries.
3. Stay calm and reassure them.
4. Determine if they can get up by themself. Don't try to lift them up.

NO, they can't get up on their own.

Call 9-1-1 for help if the person is injured or unconscious or for a lift assist.

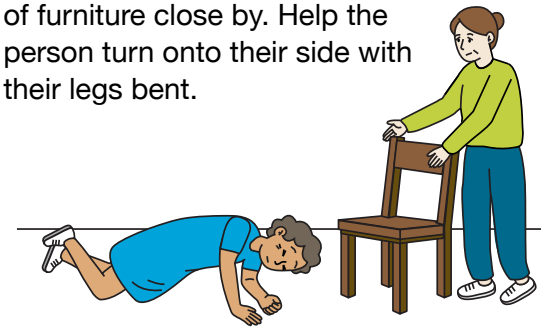
Offer support:

- Tend to any minor injuries if you can
- Help the person into a comfortable position if it is safe to do so
- Use blankets and pillows to keep them warm until help arrives

YES, they can get up on their own.

Coach and support the person through the process of getting up.
Remember, don't try to lift them. They should do most of the work.

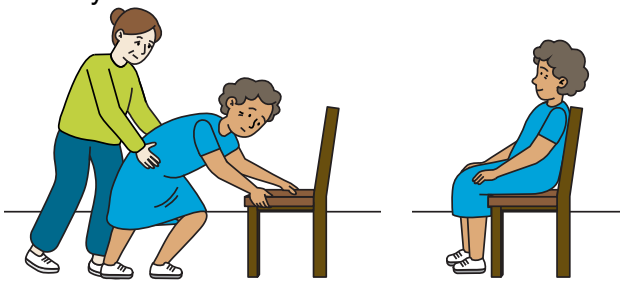
1. **Bring a chair** or sturdy piece of furniture close by. Help the person turn onto their side with their legs bent.



2. **Placing yourself behind the person** and getting a firm grip on the hips, help the person to a kneeling position with both hands on the chair.

3. **With their hands still holding on to the chair,** the person should then bring one leg in front of them. It should be their stronger leg. You may help by guiding the person's leg.

4. **With a firm grip on the hips,** help the person to push themselves up to standing. Once up they should turn and sit on the chair.



TOOL:
How to help if a fall happens

When to get help after a fall:

Call 9-1-1 if you suspect the person needs emergency care.

For example, call if they:

- Are unconscious, unresponsive or briefly lost consciousness before or after the fall
- Cannot get up after a fall
- Have severe pain or an obvious injury (such as significant bleeding)
- Are showing signs of a stroke (face drooping, arm weakness or speech difficulty)
- Have difficulty breathing or chest pain

Call the person's medical doctor, telehealth (8-1-1) or seek immediate medical care if the person:

- Has hit their head
- Is dizzy or light-headed
- Has new or worsening pain

Important note: While a bump to the head may seem like nothing, seniors are at higher risk of bleeding in the brain than other age groups. If a person is taking blood thinners, they may have more bleeding. After any hit to the head, it is important to get checked out.

TOOL:

Fall Action Plan:
For the person you care for

The Fall Action Plan is a tool for the person you care for. It includes information on what steps to take if they fall while alone, a customizable list of emergency contacts and tips for staying safe at home.

Instructions:

- Review and complete the Fall Action Plan with the person you care for
- Share a copy of the completed plan with others who might be involved in their care
- Encourage the person you care for to keep copies in accessible and visible locations of their home, such as on the fridge or in their nightstand

TOOL:
Fall Action Plan | What to do if I fall when I'm alone

If a fall occurs while you are alone:

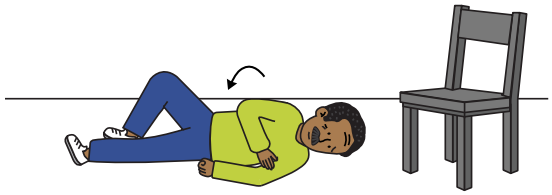
1. Stay calm and take a moment to catch your breath.
2. Check yourself for any injuries.
3. Take time to decide if you can get up safely.

NO, I can't get up safely.

- **Call for help.** Use your phone or emergency call device if you have them at hand
- **If you don't have a call device at hand, you can:**
  - Slide yourself toward a phone or a place where you will be heard
  - Use nearby objects to make noise to attract attention
- Try to conserve your energy while you wait for help. If you can, use pillows or blankets within reach to stay comfortable and warm
- If you are able, move your joints to ease circulation and prevent stiffness while you wait

YES, I can get up safely.

1. **Lie on your side,** bend the leg that is on top and roll onto your side. Slowly lift yourself onto your elbows or hands.

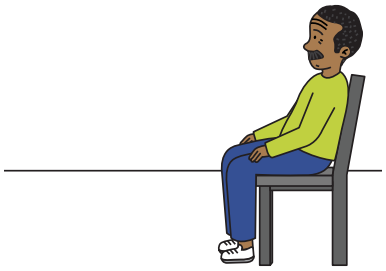


2. **Pull yourself toward a sturdy chair** or other piece of furniture, then kneel while placing both hands on the furniture.

3. **Place your stronger leg in front,** holding on to the chair or object.

4. **Stand up slowly.**

5. **Carefully, turn and sit down.**



TOOL:
Fall Action Plan | What to do if I fall when I'm alone

Smart phone, and watch tips: If you have a smart phone or smart watch and have voice commands turned on, you can use voice commands to call for emergency help or to reach a person in your contact list.

On **iPhone devices**, you can say "Hey Siri, call 9-1-1."
If you have an **Android device**, say "Hey Google, call 9-1-1."

After a fall, always make sure to tell someone. If I fall, I will call:

Name:	Phone number:

Visit a doctor or consult your care team after a fall. Write down the details for relevant health services in your area so you can quickly access them:

Emergency care:	**9-1-1**
Family doctor:	
Nurse practitioner:	
Local paramedic program:	
Telehealth or virtual care:	
Walk-in clinic:	
Hospital:	
Other:	

TOOL:
Fall Action Plan | What to do if I fall when I'm alone

When to get help after a fall

Call 9-1-1 if you feel that you need emergency care.
For example, call if you:

- Lost consciousness before or after the fall
- Cannot get up after a fall
- Have severe pain or an obvious injury (such as significant bleeding)
- Are showing signs of a stroke (face drooping, arm weakness or speech difficulty)
- Have difficulty breathing or chest pain

Call your doctor, telehealth (8-1-1) or seek immediate medical care if you:

- Hit your head
- Feel dizzy or light-headed
- Have new or worsening pain

Important note: While a bump to the head may seem like nothing, seniors are at higher risk of bleeding in the brain than other age groups. If you are taking blood thinners, you may have more bleeding. After any hit to the head, it is important to get checked out.

Tips for staying safe:

- Choose someone you trust to check in with every day at a regular time. Have them know to call for help if they don't hear from you. You can do the same for them.
  - **The Friendly Calls Program from the Canadian Red Cross** can match you with a trained Red Cross professional who will regularly check in.
- Consider investing in a fall call alarm.
- Make sure your emergency contact details are up to date. Pack an emergency bag and keep it near the door.
- Practise getting up from the floor. Ask your physiotherapist for tips and advice on how to check for injuries after a fall and how to get up independently.

TOOL:

Documenting a fall

If a fall does happen, it's helpful to capture details about the fall and any injuries. You can share these details with your care team and use them to identify any changes that can reduce the likelihood of a fall happening again.

After a fall (whether you witnessed it or not), try to capture as much detail as possible.

Person who fell:	
Date of the fall:	
Time of the fall:	
Location of the fall: ☐ Bedroom ☐ Shower/bathtub ☐ Toilet ☐ Stairs ☐ Sidewalk ☐ Other:	

What was happening when the person fell? Describe what the person was doing when the fall happened (e.g., reaching for something, walking outside, getting up from bed or a chair):

TOOL:
Documenting a fall

Are you aware of any specific factors that may have contributed to the fall?

- ☐ Poor or low visibility (e.g. nighttime or limited lighting)
- ☐ Obstacles or clutter (e.g. crowded furniture or loose cables)
- ☐ Uneven flooring (e.g. loose rugs)
- ☐ Unsafe stairs (e.g. no handrails or uneven steps)
- ☐ Footwear issues (e.g. worn slippers, slippery socks)
- ☐ Rushing or moving quickly (e.g. rushing to the bathroom)
- ☐ Avoiding assistive devices (e.g. not using walker)
- ☐ Medication effect (e.g. dizziness)
- ☐ Other:

Before the fall, were there any changes to how the person was feeling physically or emotionally?

- ☐ Tiredness or fatigue
- ☐ Dizzy or lightheaded
- ☐ Difficulty with balance or co-ordination
- ☐ Feeling weak or faint
- ☐ Vision changes
- ☐ Pain
- ☐ Confusion
- ☐ Sadness or depression
- ☐ Other:

Note any medications taken within the previous 24 hours leading up to the fall, including the dosage and the time they were taken:

TOOL:
Documenting a fall

Was the person able to get up from the fall independently, without being lifted by another person?

- [ ] **Yes.**
- [ ] **No.** If no, describe what support was required:

Describe any injuries that resulted from the fall:

After the fall occurred, what medical care was accessed? (Select all that apply)

- [ ] Called paramedics and the person was assessed at home
- [ ] Called paramedics and the person was transported to hospital
- [ ] Went to the emergency department
- [ ] Admitted to hospital
- [ ] Visited the family doctor or walk-in clinic
- [ ] Had an in-home assessment (e.g., nurse)
- [ ] Virtual or phone medical consult
- [ ] None
- [ ] Other:

Additional details/comments:

CHAPTER 5:

A conversation guide for caregivers

Starting a conversation about falls

Starting a conversation with the person you care for about preventing falls isn't easy. Here are a few things to consider:

Plan what you want to say before starting the conversation. Review key information beforehand (such as the tips in this guide) and think about how to convey your concerns.

You know the person you care for best: take an approach you know will resonate with them and what they care about.

Be patient and know that the conversation may have to happen more than once or discussed over multiple conversations.

Don't be afraid to bring in support from your care team such as professionals, family members or friends. You may feel like you've said it a hundred times but sometimes, all it takes is hearing it from someone else.

Caregiver to caregiver stories and advice

"In my experience, some seniors are in denial about their own safety. Some seniors have a pride that says they don't need any help. It can be a very difficult subject to talk about. They have the right to live at risk and I found it hard to let them make their own decision. I found that showing them the statistics of what happens to seniors when they break a hip helped."
– Sophie (pseudonym), caregiver

"I found that having to use a walker was a difficult situation to overcome for some people. Once again, the pride issue came up. I finally would truthfully state that it was too much for me to keep carrying all the bags and purses, holding the person up at the same time while walking with just a cane. Also I would tell the person that it was better for them to keep active, and the walker provides more safety than the cane. Also it helped to point out that they can sit and rest when they need to; not always possible with a cane." – Liam (pseudonym), caregiver

"My advice for others is to be closely aware of the person's needs and risky behaviours and to talk about any corrective action. For example, my wife carries a pack on her back as she goes about her day. It was often overloaded for her, creating a stability issue. It took our creative thinking and reminders to gradually move to a lighter, more compact system for her to carry …
I recommend that caregivers be patient, know their loved one and work closely with them to find solutions together for the best chances of success." – Brad, caregiver

"Our family member sustained a traumatic brain injury when she was very young. She's been partially paralyzed, blind in one eye and has cognitive disabilities. She has always walked with a limp and has fallen many times, sustaining injuries requiring hospitalization twice. I researched 'consequences of falling' and typed up information to remind her how a fall could lead to broken bones, being bedridden, completely paralyzed. We even discussed how many people die from falls. With a great deal of help through the company providing community support to her she's now being much more cautious. She receives wonderful in-home support and always uses a cane for balance. She's now speaking up asking people to go slowly to be safe. She's doing great."
– Jasmine (pseudonym), caregiver

Sometimes these conversations feel impossible…

Caregiving can be complex and for some, having these types of conversations are extremely difficult or even impossible. And that's OK.

Be kind to yourself and recognize your efforts – you are here, reading this guide and you're doing your best.

Reach out for support, even if you don't know what kind of support you need. Connecting with a caregiving organization can be a useful first step – find out how in Chapter 6: Building your care team.

"You will feel guilty sometimes, but don't turn it away. Listen to it, acknowledge it, then step right over it and keep on going. You can't do everything or be everything, and letting yourself walk through that lessens its power over you. Ask for help. Ask for it early, when you are still telling yourself you don't need it. Ask for something specific, which will make it easier to do. If it was hard to ask the first time, do it again. It will eventually get easier and will make such a difference for you." – Kathy, caregiver

CHAPTER 6:

Building your care team

Caregiving can be a lot to handle, especially if only one or two people are doing most of the work. Building a care team can help. Having others - such as family members, friends, neighbours, and professionals - to talk to and problem-solve with can make caregiving more manageable and less overwhelming. When it comes to preventing and managing falls, there are professionals and community services that can help.

Your caregiving core team

Your family doctor and pharmacist are key members of your caregiving team. They can help manage health conditions and medications.

Family doctors:

- Can see you on a regular basis to diagnose, treat and manage illness, injuries and chronic conditions
- Order and interpret tests
- Prescribe medications
- Refer you to specialists and other health professionals

Pharmacists:

- Manage medication and dispense prescriptions
- Provide counselling on safe and effective use of prescription, over-the-counter and natural medications
- Some may offer health services such as blood pressure checks, cholesterol and blood sugar testing and vaccines

Other professionals who can help

There are many other professionals who can help prevent falls and support your caregiving journey as needed.

Note: Always check with your health insurer about referral requirements for coverage. The scope of practice of professionals may differ across provinces and territories.

Audiologists:

- Diagnose and treat hearing, balance and auditory disorders
- A referral is not required
- Find an audiologist

In-home nursing:

- Medical and personal care at home, including managing medication, assisting with daily living activities and care planning
- A referral is generally not required

Nurse practitioners:

- Can see you on a regular basis to diagnose and treat illness or injuries and chronic condition
- Order and interpret tests
- Prescribe medication
- Provide support for managing chronic conditions

Occupational therapists:

- Assesses individual risk factors for falls and evaluates the home environment for fall hazards
- Recommends home modifications to reduce risk and teaches use of assistive devices as needed
- Provides education on safe mobility techniques and develops personalized exercise or activity plans
- A referral may be required depending on your location and the type of practice of the occupational therapist
- Find an occupational therapist

Ophthalmologists:

- Perform eye exams and vision tests
- Diagnose, treat and manage complicated eye problems with surgery or other procedures
- A referral is generally required

Optometrists:

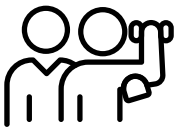
- Perform eye exams and vision tests
- Prescribe eyeglasses and contact lenses
- Diagnose, monitor and manage eye conditions
- A referral is not required
- Find an optometrist

Personal Support Workers:

- Assist with daily living activities such as mobility, personal care and emotional support
- A referral is generally not required

Psychologists:

- Someone with a PhD in psychology
- Diagnose, treat and help people manage mental health conditions by focusing on understanding behaviours, thoughts and emotions
- A referral is not required to see a psychologist working in a private practice
- Find a psychologist



Physiotherapists:

- Diagnose, treat and manage physical conditions, injuries and disabilities
- Use tailored rehabilitating techniques to improve mobility, strength and reduce discomfort
- A referral is not required

Podiatrists:

- Diagnose and treat conditions of the foot, ankle and lower leg
- Perform surgical procedures
- Prescribe medications and orthotics
- Provide general foot care and rehabilitation
- A referral is not required
- Find a podiatrist

Caregiving organizations that can help

There are many caregiving organizations across Canada that provide education, information and support programs and services to caregivers.

Provincial organizations:

Caregivers Alberta: Caregivers Alberta provides resources, support and education to help people provide care to family members or friends. Services include one-on-one coaching and peer support groups and caregiving education program, COMPASS for the caregiver.

Caregivers Nova Scotia: Caregivers Nova Scotia provides free programs and services, support and advocacy to unpaid family and friend caregivers.

Family Caregivers of British Columbia: Family Caregivers of British Columbia provides access to information, education and supports so that caregivers in British Columbia feel more confident and successful in their important role.

L'Appui: L'Appui provides caregivers access to information, education, services and support throughout Quebec.

Ontario Caregiver Organization: Ontario Caregiver Organization (OCO) exists to improve the lives of Ontario's caregivers. OCO provides access to information, services and supports that empower and help caregivers be successful in their role.

National organizations:

Canadian Centre for Caregiving Excellence: The Canadian Centre for Caregiving Excellence is an organization supporting and empowering caregivers and care providers, advancing knowledge and capacity of the caregiving field and advocating for effective and visionary social policy.

Caregiver Solutions: Caregiver Solutions is an online magazine providing access to information and support. It is full of tips and tools to point seniors themselves, their spouses and adult children in the right direction.

Caregiving Matters: Caregiving Matters is an internet-bsed charity offering education and support to family caregivers across Canada.

Carers Canada: Carers Canada is a national coalition dedicated to increasing recognition and support for caregivers. Carers Canada leads federal advocacy initiatives and national awareness campaigns.

Acknowledgements

Working collaboratively on a project is deeply rewarding. This process brings together people from different organizations, with diverse roles and unique experiences. Many caregivers from across Canada shared their input, experiences and stories with us, shaping this guide into what it is.

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