

**Interventions to Reduce Risk Factors A to Z Activity**

Falls occurs because of **complex interacting risk factors** that cause inability to recover balance. In part 1, hundreds of risk factors were identified. Now **Create** an A to Z wall display identifying interventions to address the risks. Each day will be a new letter of the alphabet for you to explore with your team, and place them on the display for all to see. You can add to it and discuss them at your wall walks. This can also be done as a group activity, a single activity, with care staff in various settings such as LTC or with older adults. You may use small note pages or this template to do this activity.

Examples: **A for Activity** **B for Brakes**  **C for Check Clothing**

A.

B.

C.

D.

(The numbering should continue to Z)E. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. G. H.

Provided by Saskatchewan Health Authority I.

J. K. L.

 **Fall Interventions from A to Z**

**The following are examples of interventions based on the alphabet that can be discussed, posted for display and/or put in place in a care plan based on a person’s individual risk factors. This is not an exhaustive list**

**A -** Activity, assessment, address mood (e.g. anxiety), alarm use, anticipate needs to reduce client doing “unsafe” self –help.

**B -** Brakes on bed and equipment, bed height, busy blanket use, bedding, tucked safely in.

**C -** Clutter free rooms, calcium, communication, clothing (address clothing issues for safety (e.g., too long, difficult), and cueing. Create contrast in environment, call (for help); consider chair safety, chair exercise. Chair placement in environments with long hallways.

**D -** Diversional activities, dental checks, develop a plan of action, décor changes for safety (e.g. consider rug patterns, soft flooring).

**E -** Environmental assessment, education, explore infections/changes, ensure brakes are on.

**F -** Footwear (available and in use), foot care, fear, fall mats, family.

**G -** Glasses easily available, gait aides.

**H-** Hearing aids, hydration, huddles, hip protectors, healthy eating, health promotion activities, hand rails.

**I -** Involve family in care planning.

**J -** Joint relief (address discomfort). Jacuzzi tub for comfort.

**K -** Know your client, keep things in reach.

**L -** Lower bed, language (simple /brief), least restraint, and lighting.

**M -** Medication review, music, movement, motivate, motion sensor lighting.

**N -** Non slip socks, nutrition, night light.

**O -** Observe for changes in patients condition, orthosis, oral care for healthy eating and orientate client to surroundings often.

**P-** Pain control, purposeful interactions, positioning, patience and positive encouragement.

**Q -** Quarterly med reviews, questions before leaving room.

**R -** Regular safety checks, referrals, rounding, routine (know the persons routine), review of meds, review of care plan, reaching tools available, raised toilet seat.

**S -** Scheduling (daily naps, medication timing, sleep, toileting), stretching, support, spills wiped, slippery surfaces considered.

**T -** Toilet regularly, transfer belts, TLR updated, tests for further inquiry, Tai Chi, twiddle muffs, tactile activities, team ( include everyone), trending of falls, time of day recognition (when are the most apt to be disorientated).

**U -** Understand patient’s risk factors, use of call bell, urban poling.

**V -** Vison checks, Visual aids, Vitamin D.

**W -** Walking aids easily available, wheeling/walking (stay active), 5 w’s: why, what, where, when, who. Weighted or warm blankets.

**X -** Xerostomia (dry mouth) - keep water close by and ensure they can access it.

 X-ray (further explore of symptoms).

**Y** – Yoga.

**Z -** Zumba (can do even at wheelchair level) .

*Submitted by Daphne Kemp June 27th, 2018*

*Saskatchewan Health Authority*

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