

Working Together to Prevent Falls and Related Injuries Strategy

Saskatoon Health Region defines a “fall”

as:

“An unexpected event that results in a person coming to rest on the ground or floor or lower level with or without injury.” (Lamb 2005)

This includes:

- An unwitnessed fall where the person is unable to explain the event and there is evidence to support a fall occurred;
- Where a person is eased to the floor by a staff or family member.



There may be additional definitions in various tools that you may need to adhere to in your assessments.

All patients, residents and clients have risks for falls. The goal is to reduce them. Everyone should be involved in learning about and preventing falls.

Ask these three questions before leaving the care setting:

- ? Do you need to use the toilet?
- ? Do you have any pain or discomfort?
- ? Do you need anything before I leave?

Asking these three simple questions will:

- Reduce the risk of falls
- Decrease call bell use
- Increase client satisfaction

There are 5 main components to Fall Prevention and Injury Reduction in Saskatoon Health Region.

1. Universal Falls Prevention (S.A. F. E) (Applies to all clients, patients and residents)

Safe environment

- Bottom bed rails down when appropriate
- Clear pathways of clutter
- Brakes “on”
- Lighting appropriate

Assist with mobility

- Mobilize two - three times per day
- Regular toileting
- TLR documentation
- Mobility aides within reach
- Reinforcement of safe transferring behaviours

Falls risk reduction

- Call bell and personal items within reach
- Bed lowered to appropriate height
- Proper footwear available and in use
- Safe and regular toileting
- Frequent room checks

Engage patient, resident, client and family

- Discuss risk factors with all
- Mutual prevention plan developed
- Orientate to surroundings, bathroom and call bell
- Continued teaching on falls prevention

Fall Prevention/Injury Reduction Intervention Model

