

Attachment 1

Fall Risk Factors

Fall risk factors are characteristics or situations that increase a person's chance of falling. Risk factors can generally be grouped into three categories: biological, behavioral, and environmental. Examples are as follows:

Biological risk factors

- Age (over 65 and especially over 80)
- Confusion, dementia, depression, anxiety
- Muscle weakness, unsteady gait, or balance problems
- Dizziness when changing positions
- Medication side effects and/or interactions
- 4+ medications daily
- Chronic health conditions such as Parkinson's, MS, arthritis, heart failure, history of stroke, vitamin D deficiency
- Poor vision or hearing
- Loss of sensation in feet (neuropathy), leg swelling, foot problems or pain
- Any recent illness such as fever, dehydration, infection, acute neurological event (stroke); recent hospitalization
- History of at least one fall
- Urge incontinence (having to hurry to get to the bathroom)
- Problems with blood pressure (high or low)

Behavioral risk factors

- Inactivity
- Risky behaviors such as standing on a chair in place of a step stool
- Alcohol or substance use
- Behavioral manifestations of distress that lead to the use of psychoactive medications
- Poor judgment (ie. going outside in ice or snow)
- Furniture crawling/grabbing onto furniture when walking

Environmental risk factors

- Clutter and unclear pathways or uneven floors
- Oxygen tubing
- Broken steps or floors in poor repair
- Poor lighting
- Loose rugs
- Broken handrails
- Electrical cords or other hazards
- Lack of adaptive equipment (grab bars)
- Wet surfaces
- Unsafe or ill-fitting footwear- wearing socks instead of shoes
- Pets or small children

Attachment 2

The *Stay Independent* fall risk screening tool is available online from the CDC and can be accessed by the links below:

- <https://www.cdc.gov/steady/pdf/STEADI-Brochure-StayIndependent-508.pdf> (English)
- <https://www.cdc.gov/steady/pdf/StayIndependent-Esp-508.pdf> (Spanish)

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	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.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	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.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

Attachment 3

Strategies and Interventions for Fall Prevention

Examples of additional strategies/interventions to consider:

- Referral to primary care physician for multifactorial falls risk assessment
- Encourage appropriate use of assistive device for ambulation
- Encourage consumer to get up from a sitting or lying position slowly
- Encourage consumer to take medications as prescribed and report concerns or side effects to their physician
- Encourage clear pathways
- Encourage use of grab bars while bathing, toileting, showering and on stairs
- Encourage adequate hydration
- Encourage use of prescribed eyewear
- Refer to exercise/physical therapy programs aimed at improving balance, gait, and strength
- Refer to Healthy Living Center of Excellence www.healthyliving4me.org to learn about evidence-based fall prevention programs (e.g. Matter of Balance, Tai Chi)
- Refer to toolkits such as STEADI www.cdc.gov/steady
- Encourage medication review with pharmacist or primary care provider
- Encourage management of chronic health problems such as heart failure & diabetes
- Encourage management of foot problems and foot pain
- Discuss proper and properly fitting footwear
- Modify home environment
- Recommend Personal Emergency Response Systems (PERS)
- Encourage regular eye exams
- Referral for additional Home Care services (Homemaker, Personal Care, Chore, etc.)

EOEA PI 22-06

Fall Risk Identification, Prevention, Education and Revised Falls Protocol

- Referral for the Goal Engagement Program
- Referral for Complex Care Training and Oversight
- Referral for Environmental Accessibility Adaptation (Handheld shower faucet, tub seat, transfer bench, etc.)
- Referral for Home Safety/ Independence Evaluations
- Referral for Orientation & Mobility
- Referral for Transitional Assistance
- Referral for Vision Rehabilitation