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| <p>Section 5: Health and Safety</p> | |
| <p>Policy Title: Falls Prevention Management</p> | <p>Policy Number: 5.00 Effective Date: January 2022 Revision Date: Approved By: Management Page Number: 1 of 20</p> |

POLICY AND PROCEDURE FALLS PREVENTION AND MANAGEMENT

POLICY:

Each resident must be assessed on admission, quarterly and any change in condition for potential risk for falls in order to take preventative approach. Discussions regarding the acceptable level of risk must be based on individual assessment with input from the resident and/or Substitute Decision Maker (SDM) and interdisciplinary team.


PURPOSE:

The purpose of the falls prevention and management program is to:

1. Identify residents at risk for falls.
2. Initiate preventative approaches.
3. Provide appropriate strategies and interventions directed to resident, environmental factors and staff.
4. Provide learning opportunities.
5. Monitor and evaluate resident outcome


PREAMBLE:

The interdisciplinary team plays a significant role in falls prevention and management, promotes open communication and monitors the outcome of the program.


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| Team Members | Roles and Responsibilities |
|-------------------------------|--|
| Director of Care or Designate | <ul style="list-style-type: none"> • Ensures that fall and fall-related injury prevention is a standard of care. • Enforces the responsibilities of the staff to comply with interventions. • Coordinates with facility equipment experts to ensure that equipment on the unit is working properly and receiving scheduled maintenance. • Ensures that all staff receive education about the falls prevention program at the facility and understands the importance of complying with the interventions. • Collects data, analyzes statistics, identifies trends, evaluates outcomes and presents quarterly statistics to an interdisciplinary committee. • Conducts reviews for falls to including medications review and recommend prevention measures. • Seeks advice from experts such as the Ethics Committee/Falls Committee for ethical issues. |
| Nursing (RN and RPN) | <ul style="list-style-type: none"> • Completes a fall-risk assessment on admission such as the Morse Fall Scale. |

| Team Members | Roles and Responsibilities |
|--|--|
| Nursing (RN and RPN) | <ul style="list-style-type: none"> • Initiates plan of care to address residents identified as high risk and implements high risk strategies such as specific colour armband, bed assigned is close to the nursing station if possible, high fall-risk magnet/signage by bed. • Makes referral to interdisciplinary team members. • Completes fall-risk assessments on transfers, following a change in status, following a fall and quarterly. • Ensures procedures for high fall-risk residents are in use. • Provides education to family/resident about falls prevention strategies. • Evaluates the plan of care. |
| Health Care Aide/Personal Support Worker | <ul style="list-style-type: none"> • Follows procedure and care plan for high fall-risk admissions. • Monitors residents. • Assists residents when transferring, ambulating or walking. • Recognizes and reports resident verbalizations and behaviours indicative of discomfort which may potentially lead to falls. • Reports any risk factors identified. |

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| Occupational Therapist (OT)/ Physiotherapist (PT) | <ul style="list-style-type: none"> • Conducts balance and mobility assessments for high fall-risk resident referrals. • Assesses, develops a treatment plan and implements rehabilitative/restorative/maintenance balance and mobility interventions; communicates treatment plan to interdisciplinary team. • Advises staff on transferring techniques. • Assesses and recommends assistive equipment, such as wheelchairs, walkers, and canes. • Educates residents, family and staff on how to use equipment safely. • Evaluates and reassesses resident status. |
| OT Assistant /PT Assistant/Rehabilitation Assistant | <ul style="list-style-type: none"> • Carries out the rehabilitative/restorative/maintenance balance and mobility treatment plan. • Monitors resident responses and reports responses to OT/PT & interdisciplinary team. • Monitors/inspects assistive equipment, such as wheelchairs, walkers, and canes on a regular basis. |
| Registered Dietitian | <ul style="list-style-type: none"> • Completes nutritional risk assessment within 7 days. • Orders appropriate diet and supplements as described by the LTC Homes policy. A Physician co-signature is required. • Makes recommendations to Physicians. |
| Recreation Therapist/Restorative | <ul style="list-style-type: none"> • Involves the resident in group or one to one exercise, range of motion, social programs. • Recognizes and reports resident verbalizations and behaviours indicative of discomfort. • Reports resident changes to RN. |
| Physician | <ul style="list-style-type: none"> • Identifies and implements medical interventions to reduce fall and fallrelated injury risk. • Takes into consideration the recommendations of Pharmacists. • Screens for risk factors for osteoporosis and follow-up as necessary. |
| Social Work | <ul style="list-style-type: none"> • Provides support to resident's psychosocial needs. • Counsels and supports families. |
| Pharmacist | <ul style="list-style-type: none"> • Reviews medications and supplements. • Makes recommendations to Physicians if a drug interaction or medication level increases the likelihood of falls. • Provides consultation services. • Provides education. |

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| Team Members | Roles and Responsibilities |
|-----------------------------|--|
| Audiologist and Optometrist | <ul style="list-style-type: none"> Assesses resident's vision and hearing to reduce the risk of falls. |
| Podiatrist/Chiropracist | <ul style="list-style-type: none"> Assesses for nail care and advices for the prescription of appropriate footwear for the resident's individual needs. |
| Chaplain | <ul style="list-style-type: none"> Provides support to resident's spiritual/cultural needs. Counsels and supports families. |
| Maintenance/Housekeeping | <ul style="list-style-type: none"> Supports a safe environment of care, e.g., preventative maintenance, environmental checks. |
| Family | <ul style="list-style-type: none"> Attends the multidisciplinary conference. Works with staff and resident to support plan of care. |

PROCEDURE:

A. Fall Risk Assessment

The interdisciplinary team will:

1. Conduct the Morse Fall Risk Assessment, • Within 24 hours of admission.
 - Following any sudden change of status.
 - With quarterly documentation.
2. Develop interventions to address residents identified as at risk for falling and implement interdisciplinary plan of care. Interventions should be based on level of risk.
3. Initiate a written plan of care within 24 hours of admission and update as necessary.
4. Complete interdisciplinary team assessments including cognitive status, e.g., Mini-Mental Status Examination (MMSE). Document and update quarterly.
5. Evaluate and document resident outcome.

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B. Interventions/Strategies to Reduce Risks for Falls

B.1 Resident/Family Strategies


The interdisciplinary team will:

1. Familiarize the new resident with the surroundings on admission especially the location for the bathroom/washroom.
2. Assign the resident to a bed that enables the resident to exit towards his/her stronger side whenever possible.
3. Provide education on the following:
 - Teach resident proper ambulation and use of assistive devices: Do not turn on the heel of the foot; use handrails in hallways, bathrooms and tub rooms; wheelchair safety (brakes, pedals); and do not pull down on walkers when rising to a standing position.
 - Teach resident to sit on the edge of the bed for several minutes before rising. Other techniques for orthostatic hypotension may include: elastic stockings, ankle pumping in the sitting position; and elevating the head of the bed on blocks.
 - Caution resident to avoid bending his/her head sharply backwards.
 - Instruct resident to refrain from working with his/her arm above their head.
 - Instruct resident and family members regarding appropriate footwear such as the use of treaded socks and/or non-skid footwear.
 - Instruct the resident to request assistance with ambulation. Repeat instructions to call for help on each shift
4. Actively engage resident and family in all aspects of prevention program.
5. Consider holding safety education classes for residents.

B.2 Exercise and Tai Chi

The interdisciplinary team will:

6. Assess the resident’s coordination and balance before assisting with transfer and mobility activities.
7. Engage the resident in Tai Chi and/or physical activities and exercise to improve strength, flexibility coordination and endurance as appropriate.

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B.3 Medication Review

The interdisciplinary team will:

8. Conduct periodic medication reviews and assess resident's medication such as dosage, side effects and interactions with food or other medications. Notify the Physician for medication adjustments to reduce medication-related fall risk factors.

Note: Residents taking benzodiazepines, tricyclic antidepressants, selective serotonin-reuptake inhibitors, trazodone, or more than 5 medications should be identified as high risk. Residents on anticoagulants such as heparin, coumadin and aspirin should be monitored after a fall for possible hematoma.

9. Examine medication dosing schedules. For example, laxatives should be given in the morning and early afternoon to promote bowel evacuation prior to bedtime.

B.4 Nutrition, Vitamins and Supplements

The interdisciplinary team will:

10. Provide information to resident, family members and/or SDM on the benefits of Vitamin D supplementation in relation to reducing fall risk.
11. Provide information to resident, family members and/or SDM on dietary, lifestyle, and treatment choice for the prevention of osteoporosis to reduce risk of fracture.

B.5 Hip Protectors/Helmet


The interdisciplinary team will:

12. Consider the use of hip protectors/helmet to reduce fractures.

B.6 Environmental Considerations

The interdisciplinary team will:

13. Place an "at risk" indicator on the chart, outside the room and at the bedside.
14. Perform environmental rounds to promote safe environment:
 - Hallways and resident areas are well lit.
 - Hallways and resident areas are uncluttered and free of spills.

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- Ensure lighting is adequate, especially for residents who get up at night.
 - Locked doors are kept locked when unattended.
 - Handrails are secure and unobstructed.
 - Tables and chairs are sturdy.
 - All assistive devices such as canes, crutches, and walkers are working properly by inspecting them on a regular basis.
 - Ensure that brakes/bedrails on beds and equipment are used as required.
 - Provide raised toilet seats and arm rests if appropriate.
 - Resident rooms are set up in a way that minimizes the risk of falling (e.g., resident's care articles, walker are placed within reach.)
 - Ensure that call bells are accessible.
 - Level of stimulation is controlled especially for the cognitively impaired (e.g., reduce group size, control noise levels, minimize traffic through group areas, disguise doors, ensure a moderate colour scheme is used).
- Note: Consider that excessive lowering of stimuli can lead to sensory deprivation, boredom and subsequent increase in self-stimulating activities such as unsafe walking and wandering.
- Adequate walking areas are provided (safe walking areas indoors and outdoors, floor coverings non-slip and in good condition, minimize door thresholds).

Note: See Appendix E for the Environmental Hazards Checklist.

B.7 Contenance Management

The interdisciplinary team will:

15. Assess the resident for a bowel and bladder program to decrease urgency and incontinence.
16. Assist with toileting as needed and record signs for possible urinary tract infection or constipation.


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B.8 Alternative Strategies to Restraints The

interdisciplinary team will:

17. Implement alternative strategies to restraints such as:

- Individualizing daily routine: sleep patterns; time spent in bed; activity patterns; toileting programs; observation and regular rounds; meeting physical needs.
- Rehabilitation and exercise programs (including safe transfer techniques).
- Teaching of behavioural compensatory strategies for physical and cognitive impairments. Use of distractive devices for resident (e.g., distraction box, rocking chair).
- Education of the resident, family and SDM on alternative strategies.
- Companionship.
- Bedside commode.
- Positioning cushions as boundary markers for bed edge.
- Mats on floor (protects residents if they roll out), mattress placed on the floor.
- Lower bed, place bed against the wall – provides a one-sided barrier.
- Monitoring devices (e.g., bed alarms).
- Use night light – assists with orientation and prevents unsafe transfers at night.
- Trapeze/bed poles – assists with bed mobility (side-to-side turning, transfers).
- Chair or table at bedside – can be used to assist with transferring/turning.
- Therapies: water, reminiscence groups, validation, de-exalation techniques. Verbal de-exalation is a complex interactive process in which the resident is redirected toward a calmer personal space. Aims include reduction of anxiety, maintenance of control and avoidance of acting out.

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Note: Refer to the LTC Homes' own policy and procedure that addresses physical restraint reduction.

C. Post Fall Management

The interdisciplinary team will:

1. Initiate Head Injury Routine and assess the resident's level of consciousness and any potential injury associated with the fall.
2. Notify the attending Physician and ensure immediate treatment after the fall.
3. Complete incident report and detailed progress note.
4. Investigate the contributing factors associated with the fall including location, time and related activity.
5. Review fall prevention interventions and modify plan of care as indicated.
6. Communicate to all shifts that resident has fallen and is at risk to fall.
7. Monitor the resident for 48 hours after a fall if they are on anticoagulants such as heparin, coumadin and aspirin.


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APPENDIX A: Morse Fall Scale

Fall Risk is based upon Fall Risk Factors and it is more than a Total Score. Determine Fall Risk Factors and Target Interventions to Reduce Risks. Complete on admission, at change of condition, transfer to a new unit, and after a fall.

| Variables | | Score | Admission Date | Review Date | Review Date |
|---------------------|---------------------------|-------|----------------|-------------|-------------|
| History of Falling | No | 0 | | | |
| | Yes | 25 | | | |
| Secondary Diagnosis | No | 0 | | | |
| | Yes | 15 | | | |
| Ambulatory Aid | None/bedrest/nurse assist | 0 | | | |
| | Crutches/cane/walker | 15 | | | |
| | Furniture | 30 | | | |
| IV or IV access | No | 0 | | | |
| | Yes | 20 | | | |
| Gait | Normal/bedrest/wheelchair | 0 | | | |
| | Weak | 10 | | | |
| | Impaired | 20 | | | |
| Mental Status | Knows own limits | 0 | | | |


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|--|---------------------------------|--------------------|--|--|--|
| | Overestimates or forgets limits | 15 | | | |
| | | Total | | | |
| | | Signature & Status | | | |

To obtain the Morse Fall Score add the score from each category.


| Morse Fall Score | |
|-------------------------|---------------|
| High Risk | 45 and higher |
| Moderate Risk | 25-44 |
| Low Risk | 0-24 |

Note: Complete checklist for resident assessed based on level of risk (See Appendix B).

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APPENDIX B: Checklist for Residents Assessed Based on Level of Risk

| | | *Care Plan Initiated/ Updated | | Indicate Referrals Made to an Interdisciplinary Team Member |
|------------------------------------|--|-------------------------------------|----|--|
| | | Yes | No | |
| Low/Moderate Falls Rate | Has the resident been oriented to the unit/ward, room and mechanisms for assistance, e.g., call bell? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Is the resident using visual and/or hearing aides? Do they need reviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Is the resident's environment uncluttered? Is the resident's bed at the correct height? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Have the resident and family/visitors been given basic information on safety and risks (verbal/written)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Are the resident's medications appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Is the resident's footwear safe? (Refer to Appendix C for footwear guidelines.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Are mobility aids appropriate and accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Is there appropriate supervision of resident when transferring/walking? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Are regular toilet times scheduled for the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | |
| High Falls Rate | Communicate falls risk to all staff (verbal and written) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Staff education conducted <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Conduct environmental rounds <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Has the resident been oriented to unit/ward, room and mechanisms for assistance, e.g., call bell? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Is the resident using visual and/or hearing aides? Do they need reviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| Have the resident and family/visitors been given basic information on safety and risks (verbal/written)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is the resident's footwear safe? (Refer to Appendix C for footwear guidelines.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is the resident's dietary intake appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Review the need for hip protector and application. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Review the need for bedrail use. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are the resident's mobility aids appropriate and accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the resident require assistance or supervision when transferring/walking? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is the resident involved in an exercise program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the resident have incontinence problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |


***Follow Interventions/Strategies to Reduce Risks for Falls and including the following:**

Safety Factors

- Maintain bed in low position, bed alarm when needed
- Call bell, urinal and water within reach. Offer assistance with elimination routinely.
- Buddy system
- Wrist band identification
- Ambulate with assistance
- Do not leave unattended for transfers/toileting
- Encourage resident to wear non-skid slippers or own shoes
- Lock bed, wheelchairs, stretchers, and commodes

Assessment

- Assess resident's ability to comprehend and follow instructions
- Assess resident's knowledge for proper use of adaptive devices
- Need for siderails: up or down
- Hydration: monitor for orthostatic changes
- Review meds for potential fall risk

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- Evaluate treatment of pain

Family/Resident Education

- PT consult for gait techniques
- Family involvement with confused residents
- Sitters
- Instruct residents/families for assistance with out-of-bed activities
- Exercise, nutrition


Environment

- Room close to nurses' station
- Orient surroundings, reinforce as needed
- Room clear of clutter
- Adequate lighting
- Consider the use of technology (non-skid floor mats, raised edge mattresses)

APPENDIX C: Footwear Guidelines

The features outlined may assist in the selection of an appropriate shoe.

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| Heel | <ul style="list-style-type: none"> • Have a low heel (e.g., less than 2.5 cm) to ensure stability and better pressure distribution on the foot. A straight through sole is also recommended. • Have a broad heel with good round contact. • Have a firm heel counter to provide support for the shoe. |
| Sole | <ul style="list-style-type: none"> • Have a cushioned, flexible, non-slip sole. Rubber soles provide better stability and shock absorption than leather soles. However, rubber soles do have a tendency to stick on some surfaces. |
| Weight | <ul style="list-style-type: none"> • Be lightweight. |
| Toebox | <ul style="list-style-type: none"> • Have adequate width, depth, and height in the toebox to allow for natural spread of the toes. |

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| Fastenings | <ul style="list-style-type: none"> • Have buckles, elastic or Velcro to hold the shoe securely onto the foot. |
| Uppers | <ul style="list-style-type: none"> • Be made from accommodating material. Leather holds its shape and breathes well however many people find walking shoes with soft material uppers are more comfortable. • Have smooth and seam free interiors. |
| Safety | <ul style="list-style-type: none"> • Protect feet from injury. |
| Shape | <ul style="list-style-type: none"> • Be the same shape as the feet, without causing pressure or friction on the foot. |
| Purpose | <ul style="list-style-type: none"> • Be appropriate for the activity being undertaken during their use. Sports or walking shoes may be ideal for daily wear. Slippers generally provide poor foot support and may only be appropriate when sitting. |
| Orthoses | <ul style="list-style-type: none"> • Comfortably accommodating orthoses such as ankle foot orthoses or other supports if required. The podiatrist/orthotist or physiotherapist can advise the best style of shoe if orthoses are used. |


This is a general guide only. Some people may require the specialist advice of a podiatrist for the prescription of appropriate footwear for their individual needs.

APPENDIX D: Information on Falls

Definition of a Fall

A **fall** is defined as a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions.

A **near fall** is a sudden loss of balance that does not result in a fall or other injury. This can include a person who slips, stumbles or trips that does not result in a fall or other injury. This can include a person who slips, stumbles or trips but is able to regain control prior to falling.

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An **un-witnessed fall** occurs when a resident is found on the floor and neither the resident nor anyone else knows how he or she got there.

Consequences of Falls

- Fractures of the hip, femur, humerus, wrist and rib
- Soft tissue injuries
- Hematoma (subdural or other areas of the body)
- Transient confusion
- Social/psychological consequences, e.g., loss of courage, independence, confidence and family reaction
- Sudden aging sometimes occurs post-fall
- Hospitalization and immobilization resulting in complications such as joint contracture, pressure sores, pneumonia, infection, thrombosis, muscle atrophy and bone demineralization
- Disability
- Death

Categories and Causes of Falls

Categories

Pathological falls: result of an underlying disease process of dysfunction
Accidental falls: result when an environmental hazard can be identified
Premonitory falls: occurs suddenly and often precede a sudden or fatal illness such as myocardial or cerebral infarction

Predisposing Factors


The following factors have been associated with falls in the elderly:

- Secondary diagnosis (especially cardiovascular disease)
- Advancing age
- Recent admission
- History of falls
- Changes in mental status
- Transferring activities or the use of assistive devices

Environmental/Extrinsic Falls

The following environmental or extrinsic factors may be related to falls:

- Inadequate lighting or lighting that produces glare
- Lack of eyeglasses or failure to wear eyeglasses when getting up, especially at night
- Slippery rugs or floors
- Obstacles/inconvenient arrangement of objects
- Equipment in poor repair or improperly fitted
- Uneven floor or ground surface

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- Improper hand rails
- Use of restraints or side rails
- Improper footwear

Note: Every effort must be made to ensure that no resident is exposed to the risk of a fall due to environmental factors.

Physiological/Intrinsic Causes *Age-related changes:*

- Slowed reaction time
- Sensory defects
 - Vision changes (peripheral, acuity, accommodation, depth perception)
 - Hearing (inability to detect background noise, prone to distraction)
- Gait or motor deficits
- Balance (sway) deficits

Debilitating disease/mobility:


- Generalized weakness
- Transfers, use of assistive devices (walker, wheelchair, cane)

Cardiovascular:

- Orthostatic hypotension (decreased vascular tone and pooling of blood in lower extremities results in a fall in blood pressure when a person stands up)
- Syncope (fainting)
- Micturition syncope (rapid emptying of bladder may cause drop in blood pressure and fainting). This is more likely to occur at night.
- Drop attacks (a fall which occurs without warning, without loss of consciousness. Once on the floor, usually unable to get up without assistance).
- Atherosclerosis (degeneration or hardening of the arteries)
- Anemia or low red blood cells (inconclusive)
- Intermittent cardiac arrhythmias (irregular heart rate)
- Concealed hemorrhage

Perceptual:

- Visual and auditory deficits
- Visual spatial sense (ability to perceive the position of objects in relation to each other and oneself)
- Apraxia (inability to perform purposive movements)
- Body movement and awareness of body neglect

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CNS or Metabolic Disease:

- Dizziness
- Seizure/neurological disorders
- Transient ischemic attacks (TIAs)
- Diabetes (hypo- or hyperglycemia)

Cognitive:

- Altered mental status, confusion
- Decreased ability to follow directions or make judgments

Presence of infection/fever:


- Urinary frequency
- Pneumonia
- Antibiotics

Elimination Needs:

- Need for privacy, independence
- Enlarged prostate resulting in frequency of urination
- Diarrhea or urinary urgency/frequency


Medications:

- Medications such as antihypertensives, hypnotics, hypoglycemics, sedatives, alcohol, and Parkinsonian drugs place the resident at increased risk
- Several medications may result in orthostatic hypotension
- Some drugs alter sensorium (sensory function)
- Studies have shown that elderly on medications fall more than those not on medications • Medications that may cause urinary frequency such as diuretics.

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APPENDIX E: Environmental Hazards Checklist

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| <p>Ground Surfaces:</p> <ul style="list-style-type: none"> • Highly polished or wet • Thick pile carpets, area rugs • Curbs, cords, cluttered pathways • Irregular surfaces • Outdoor walks with poor footing or irregularities • Position of waste baskets | <p>Chairs:</p> <ul style="list-style-type: none"> • Low seat height or cushions lacking firmness • No arm rests • Colour distinguishable – e.g., legs blend into carpet • Tipping when back used for support • No back support |
| <p>Lighting:</p> <ul style="list-style-type: none"> • Poor lighting • Location and visibility of switches • Glare • Sudden changes in light intensity | <p>Stairs:</p> <ul style="list-style-type: none"> • Lighting • No handrails • Treads • Overhang |
| <p>Beds:</p> <ul style="list-style-type: none"> • Too high or too low • Sagging mattress, mattress that slides on bed • Polished floor beside bed • Wheels • Space/placement • Bedrails • Handles left out | <p>Doors:</p> <ul style="list-style-type: none"> • Narrow doorway • Round door knobs (greater strength required to open door) • Locks requiring 2 hands to operate • Backroom locks that open from the inside only • Thresholds not visible • Bathroom doors obstructing |
| <p>Bathroom:</p> <ul style="list-style-type: none"> • Space • Lack of rails/grab bars or poorly located • Toilet seat too low, too high • Tub slips • Sharp edges | <p>Assistive Devices:</p> <ul style="list-style-type: none"> • Mechanical fault • Improper utilization • Brakes, foot plates on wheelchairs • Improper length, worn rubber tips on canes |
| <p>Shelves:</p> <ul style="list-style-type: none"> • Too high or too low | <p>Restraints:</p> <ul style="list-style-type: none"> • May actually increase falls • Complications from use |
| <p>Shoes:</p> <ul style="list-style-type: none"> • No slip resistant sole • Heels too high or worn/no backs • Lack of fit or deformity | <p>Elevators:</p> <ul style="list-style-type: none"> • Close too quickly • Poor leveling • Start or stop abruptly |

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