



# RESOURCE GUIDE ON FALLS PREVENTION - FOR HOME CARE SERVICE PROVIDERS



THE CHANGE  
FOUNDATION



Canadian Foundation for  
**Healthcare  
Improvement**

Fondation canadienne pour  
**l'amélioration des  
services de santé**



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# INTRODUCTION

Falls are an important safety issues for seniors. Injuries from falls are one of the most common adverse events in home care, and are often associated with hospital admission, increased odds of a Long-Term Care (LTC) placement and increased odds of death.<sup>1-6</sup> A scan of Canadian grey literature shows that much work and many resources have been undertaken and created across Canada; however, there is a lack of infrastructure to enable sharing and uptake of these resources, and no nationally administered strategy for fall reduction in home care. The resources included in this toolkit, drawn from national, provincial and regional sources, are an attempt to fill this gap.

This “toolkit” is the result of the previously mentioned scan of the grey literature. While it was not feasible to undertake a true critical appraisal of these resources, materials were assessed using the following criteria from the Medical Library Association for evaluating health information from the web.<sup>7</sup>

- 1 **Sponsorship.** The website sponsor is clearly labeled, a recognized organization and known for producing dependable information.
- 2 **Currency.** In most instances, materials reviewed are less than 5 years old. In rare cases, seminal works or population specific information are included if it they are the most current information that could be found. Tools should have a clear publication/revision date.
- 3 **Clearly Written.** Information presented is based on current research or best practices, based on identified primary sources and presented in a clear manner. For client and family resources, the term “clearly written” is used as they rarely contain references to primary sources. For health care provider and administrator resources, the term “evidence-based’ is used.
- 4 **Audience.** The target audience for the material included is either clearly stated or presented in a way that makes it very clear to the user.

Toolkits that have been included here are marked with an \*. Toolkits could be assessed on a general basis only as in some cases there were too many resources to feasibly assess each individually. In other cases, it was hard to separate one resource from it’s companion pieces and individual assessment would not have been useful or practical.

Resources and toolkits marked with a § contain material that would be appropriate for unregulated workers, either for their own knowledge or to share with clients and families. Organizations may wish to adapt some of these resources for continuing education purposes for their staff.

The clinical practice guidelines included in this toolkit were measured against the above criteria **in addition to** the following:

- 5 **Demonstration of rigour in the development process.** The guideline is evidence based. It is built upon a systematic review of the literature and the recommendations are grounded in supporting evidence.
- 6 **Multidisciplinary stakeholder involvement.** The guideline shows evidence of multidisciplinary stakeholders' involvement in the development process.
- 7 **National interest.** The guideline has national applicability and appeal.
- 8 **Freely available on web.** There is no cost for the included guidelines.

It should be recognized that the assessment of these materials should not be confused with a grading system. For example, being outdated does not necessarily mean that a resource is ineffective. Likewise, being current or evidence-based, does not necessarily mean that the materials are effective. The purpose of the assessment criteria is to make users of this toolkit aware of the strengths and limitations of the various resources.

This toolkit is organized by themes that emerged in the **Safety at Home Study**<sup>1-6</sup> and by various audiences; however it should be noted that categories are not mutually exclusive. For example, in some cases, clients may find information targeting health care providers useful, while some of the material identified for clients may be useful for care providers, especially home support workers/PSWs. Additionally some of the material for healthcare providers is actually designed to be used and shared with clients for education purposes. Context and purpose must be taken into account.

Some of the included material is copyrighted and requires permission from the developing organization before reproducing. Users of this toolkit should check the copyright information or the web sites of the sponsoring organization.

# GENERAL FALL PREVENTION BEST PRACTICE GUIDELINES

The **Safety at Home Study**<sup>1-6</sup> demonstrated that poor standardization of care processes often put clients at risk of an adverse event such as a fall. Incident analysis revealed that the most frequent cause of adverse events in the home was inconsistent planning and delivery of care. There can be confusion about who has the authority to act under what circumstances and what their options are. Practice guidelines can help provide a consistent approach to fall prevention.

Most jurisdictions in Canada have developed resources and teaching tools related to falls prevention. Many of these resources and tools are available in multiple languages. Some specific examples of resources for home care clients and home care client teaching from jurisdictions across Canada are provided in this toolkit. The toolkit begins with an introduction to the Canadian Patient Safety Institute ***Reducing Falls and Injuries from Falls Getting Started Kit***.

## CANADA

### ***Canadian Patient Safety Institute - Safer Healthcare Now!***

***Safer Healthcare Now!*** is a national program supporting Canadian healthcare organizations to improve safety through the use of quality improvement methods and the integration of evidence in practice. The ***Safer Healthcare Now! Reducing Falls and Injuries from Falls Getting Started Kit*** provides the most current evidence, knowledge and practice related to falls prevention, as of the date of publication. It offers examples of risk assessment tools, implementation and intervention strategies and standard measurements to monitor improvement, as well as various fall prevention educational resources along with links to other electronic tools and resources. Comprehensive examples are provided for each component.

### ***Reducing Falls and Injuries from Falls Getting Started Kit -***

***<http://www.saferhealthcarenow.ca/EN/Interventions/Falls/Documents/Falls%20Getting%20Started%20Kit.pdf>***

	MET	UNMET	UNKNOWN
Currency	2013		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web	x		
Sponsor: CPSI; RNAO			

***Finding Balance (Coordinated by Alberta Center for Injury Control and Research)***

*The following guideline from the Alberta Center for Injury Control and Research is directed to individual practitioners and provides guidance for fall related interventions in an easy to follow sequential fashion.*

***Practitioner algorithms - [www.findingbalancealberta.ca](http://www.findingbalancealberta.ca)***

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process			x
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web	x		
Sponsor: The Alberta Center for Injury Control and Prevention			

***Government of Quebec***

*This comprehensive French language home care guideline has been developed by the Ministry of Health and Social Services as part of their continuum of fall prevention services. It contains three sections: clinical preventive practices, customized multi-factorial intervention and integrated dynamic equilibrium.*



*Prévenir les Chutes chez les Aînés Vivant À Domicile [Preventing Falls in the Elderly Living at Home] - [www.inspq.qc.ca](http://www.inspq.qc.ca) (includes medical and home support strands as well as an exercise component)*

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement		x	
National interest	x		
Available on web	x		
Sponsor: Institut national de santé publique			

***Registered Nurses' Association of Ontario (RNAO)***

*The nursing best practice guideline, “Prevention of Falls and Fall Injuries in the Older Adult” is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. While the guideline does not include specific interventions for prevention of falls and fall injuries in older adults living in community settings, its recommendations and accompanying toolkit are useful and could easily be adapted to the home care context.*

**Prevention of Falls and Fall Injuries in the Older Adult -**

[www.rnao.ca](http://www.rnao.ca)

**Long Term Care Toolkit (includes French version of fall prevention guideline) -**

[www.rnao.ca](http://www.rnao.ca)

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement		x	
National interest	x		
Available on web	x		
Sponsor: Ontario Ministry of Health; RNAO			

## *Winnipeg Regional Health Authority*

*Winnipeg Regional Health Authority has developed a regional guideline for care. It is a good example of an evidence-based, consistent, integrated approach to falls prevention across the continuum of care.*

### **Falls Prevention and Management - Regional Clinical Practice Guidelines -**

[www.wrha.mb.ca](http://www.wrha.mb.ca)

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process		x	
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web	x		
Sponsor: Winnipeg Regional Health Authority			

## INTERNATIONAL

### *American Geriatrics Society*

*The American Geriatrics Society guideline is often referenced in the literature. It is directed to physicians or advanced practice nurses. It is easy to follow because of the algorithm page, which when clicked takes you to the corresponding intervention section.*

### **Prevention of Falls in Older Persons, AGS/BGS Clinical Practice Guidelines -**

[www.medcats.com/FALLS/frameset.htm](http://www.medcats.com/FALLS/frameset.htm)

	MET	UNMET	UNKNOWN
Currency	2008		
Evidence based	x		
Audience: Health care practitioners			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web	x		
Sponsor: American And British Geriatrics Society			

### *National Institute for Health and Care Excellence*

*The falls guideline developed by the National Institute for Health and Care Excellence is another evidence-based, comprehensive international fall guideline from the United Kingdom with a community specific branch. It is available as a PDF document or an interactive algorithm which can be navigated by clicking through the guideline. Organizational assessment and auditing tools are also provided.*

### **Clinical Practice Guideline for the Assessment and Prevention of Falls in Older People - [www.nice.org.uk](http://www.nice.org.uk)**

	MET	UNMET	UNKNOWN
Currency	2013		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web	x		
Sponsor: National Institute for Health and Care Excellence			

## *interRAI*

*The interRAI Home Care Assessment System (HC) and its associated clinical assessment protocols (CAPs) is designed to be a user-friendly, reliable, person-centered assessment system that informs and guides comprehensive care and service planning in community-based settings around the world.*

### **Home Care Clinical Assessment Protocols - [www.interrai.org/home-care.html](http://www.interrai.org/home-care.html)**

	MET	UNMET	UNKNOWN
Currency	2013		
Evidence based	x		
Audience: Health care practitioners and administrators			
Rigour in the development process	x		
Multidisciplinary stakeholder Involvement	x		
National interest	x		
Available on web		x	
Sponsor: interRAI			

## GENERAL FALL PREVENTION EDUCATION

The **Safety at Home Study**<sup>1-6</sup> found that a fall resulting in injury was the most frequent adverse event among Canadian home care clients. In fact, according to the Alberta Center for Injury Control and Research (2013)<sup>8</sup>, 1 in 3 older adults will fall and 40% of people in long term care are there because they have suffered a serious fall. The consequences of a fall can be serious and costly.

Canadian home health care practice is only beginning to be recognized as a unique clinical area. Nurses and rehabilitation staff transferring from hospital settings may be unaware of the risk of falls for home care clients. It is important that home care providers are aware of home care falls statistics when planning care and use appropriate risk assessment tools for high risk clients. Risk assessments need to be repeated when indicated and concrete actions must be taken to address identified falls risk. Below are some tools and guides that home care providers may find helpful when considering planning fall intervention strategies.

Injurious falls are the most frequent adverse event that home care clients experience. The **Safety at Home Study**<sup>1-6</sup> found that in 2009, over 5% of Ontario home care clients experienced an injurious fall. Unintentional falls account for 84% of all hospitalization of HC clients due to injury<sup>9</sup>, and 23.7% to 36.8% of falls result in death<sup>10</sup>. The cost to the health system from seniors' falls is \$2 billion<sup>11</sup>. Effective policies and strategies to target falls prevention must be a priority in HC planning.

### *Finding Balance (Coordinated by Alberta Center for Injury Control and Research)*

*The Alberta Center for Injury Control and Research has developed a whole series of materials designed for care providers to use and share with clients or use for fall prevention program development. These include fact sheets, posters, prevention information, screening tests, puzzles etc., some in various languages (Russian, Croatian, Chinese, Polish etc.)*

**\*Tools and Resources -** [www.findingbalancealberta.ca](http://www.findingbalancealberta.ca) (Alberta)  
[www.findingbalanceontario.ca](http://www.findingbalanceontario.ca) (Ontario)

Currency	Generally current
Evidence based	Clearly written for client use, some graphics, generally not referenced
Audience: health care providers to educate patients/clients	
Sponsor: Alberta: Alberta Center for Injury Control and Research; Alberta Government; Physiotherapy Alberta; College and Association of Registered Nurses of Alberta; Alberta Therapeutic Recreation Association; Professional Association of Resident Physicians of Alberta; Alberta Blue Cross; Global Media. Ontario: Elgin St. Thomas Public Health	

### ***Project Upright: NL Falls Prevention***

*While this resource was not created for home care, it is one of the few resources in this toolkit that could address the needs of unregulated workers. It contains an overview of what can cause falls and several checklists which could be easily adapted to the home setting.*

**Personal Care Home Resource Manual<sup>S</sup> - [www.seniorsresource.ca](http://www.seniorsresource.ca)**

	MET	UNMET	UNKNOWN
Currency			x
Evidence based		x	
Audience: Care providers who orient or train PSWs, home support workers or volunteers			
Sponsor: The Seniors Resource Centre of Newfoundland & Labrador			

### ***University of Ottawa***

*Lockett, Patterson & Dixon, at the Community Health Research Unit, University of Ottawa, have developed a guide that is intended for use with Aboriginal communities and individuals. It requires a very high literacy level. Some of the content would be most appropriate to be shared between care providers and their clients.*

**First Nations Fall Prevention. A guide for Aboriginal Communities -**  
<http://aix1.uottawa.ca/~nedwards/chru/english/pdf/AbGuideForEmling.pdf>

	MET	UNMET	UNKNOWN
Currency		2004	
Evidence based	x		
Audience: Health care professionals for First Nations communities			
Sponsor: Community Health Research Unit, University of Ottawa			

***Champ (Collaboration for Home Care Advances in Management and Practice),  
Center for Home Care Policy & Research, Visiting Nurse Service of New York***

*The Center for Home Care Policy & Research from the United States developed a comprehensive toolkit which includes materials for professionals, paraprofessionals (unregulated workers) and clients and families. It includes tools for clients in English, Chinese and Spanish, as well as some other languages.*

**\*Geriatric Falls Prevention Toolkit<sup>§</sup> - [www.champ-program.org](http://www.champ-program.org)**

Currency	Some resources outdated
Evidence based	Generally well referenced
Audience: Home health care professionals and home support workers to educate clients. Some resources for clients/caregivers as well.	
Sponsor: CHAMP (Collaboration for Home Care Advances in Management and Practice), Center for Home Care Policy & Research, Visiting Nurse Service of New York	

## IDENTIFYING FALLS RISK

Falls prevention requires the development of a comprehensive strategy incorporating risk screening, primary prevention, and secondary prevention for clients with a history of falling. The **Safety at Home Study**<sup>1-6</sup> found inconsistencies in the process of falls risk assessment. Failure to institute a re-assessment following a client fall, and inconsistencies in the implementation of falls prevention interventions were two of the factors that contributed to falls related adverse events. There are a number of tools that can support risk assessment of home care clients.

The next set of resources for care providers addresses the topic of falls risk assessment. Examples of guidelines and assessment tools are provided below.

### *British Columbia Ministry of Health*

*This series of fact sheets from BC is designed to identify, in a step wise fashion, risks of falling in older adults and also plan interventions. Some of the fact sheets cover the functional assessments identified in a multifactorial falls assessment.*

#### **Fact Sheet 2 – Risk factors**

[www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency			x
Evidence based		x	
Audience: Health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

#### **Fact Sheet 3 – Incorporating Fall Assessment and Interventions**

[www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency			x
Evidence based		x	
Audience: Health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			



## Fact Sheet 5 – ABGS Algorithm -

[www.gpsc.bc.ca](http://www.gpsc.bc.ca)

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Primary care providers and other health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

### *Centers for Disease Control and Prevention*

*The US Centers for Disease Control and Prevention developed a toolkit that contains a wide variety of falls-related resources based on best practices. There are assessment tools for clients and their care providers, discussion guides, case studies and some instructional videos.*

#### **\*STEADI (Stopping Elderly Accidents, Deaths & Injuries) Toolkit<sup>S</sup>-**

[www.cdc.gov](http://www.cdc.gov)

Currency	Current
Evidence based	Materials not always well referenced although users are directed back to the home page to access additional articles related to falls
Audience: Health care providers to educate patients/clients. Some patient resources as well.	
Sponsor: Centers for Disease Control and Prevention National Center for Injury Prevention and Control	

### *Saskatoon Health Region*

*This toolkit from Saskatchewan contains best practice information and guides on identifying falls risk, functional assessments, and also contains some instructional videos.*

#### **\*Programs & Services Falls Prevention, Screening and Referral Tools**

[www.saskatoonhealthregion.ca](http://www.saskatoonhealthregion.ca)

Currency	Generally current provider tools & resources (some reports outdated)
Evidence based	Material generally referenced
Audience: Health care professionals	
Sponsor: Saskatoon Health Region	

## GAIT AND BALANCE ASSESSMENTS

There are a variety of assessments care providers can use to assess gait and balance as a component of the physical assessment component of their multifactorial risk assessment for falls.

### *British Columbia Ministry of Health*

#### **Chair Stand Test** - [www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency			x
Evidence based	x		
Audience: Primary care providers and other health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

#### **Tandem Stance Test** - [www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency			x
Evidence based	x		
Audience: Primary care providers and other health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

#### **Timed Up and Go Test** - [www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency	x		
Evidence based	x		
Audience: Primary care providers and other health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

## HOME AND ENVIRONMENTAL SAFETY

The **Safety at Home Study**<sup>1-6</sup> found clients' homes were often ill-suited for the delivery of health care. Crowded space and clutter can create environmental falls risks. Peoples' homes are sometimes not suited to the provision of safe health care. Homes can become cluttered, and poorly maintained. The Public Health Agency of Canada noted that seniors are injured at home more often than in any other location.

An important step in preventing falls is to identify what risk factors exist in and around the home. These next resources all describe modifications or tips that can be made in and around the home to enhance fall prevention.

### *Canadian Mortgage and Housing Corporation*

*This resource outlines the results of a study evaluating several different grab bar placements.*

#### **Evaluation of Optimal Bath Grab Bar Placement for Seniors -**

[www.cmhc-schl.gc.ca](http://www.cmhc-schl.gc.ca)

	MET	UNMET	UNKNOWN
Currency		2003	
Evidence based	x		
Audience: Health care professionals, contractors			
Sponsor: Canada Mortgage and Housing Corporation			

### *University of Ottawa and Canadian Association of Occupational Therapists*

*This toolkit from Lockett, Edwards, Boudreau, Toal-Sullivan, Sveistrup, and von Zweck, at the University of Ottawa and the Canadian Association of Occupational Therapists is intended for community falls prevention program development but has information about assistive devices and home adaptations that any care provider could use.*

**\*Toolkit – Assistive Devices to Help Prevent Falls - [www.caot.ca](http://www.caot.ca)**

Currency	No obvious publication or revision date
Evidence based	Some material referenced, sample program evaluation templates provided
Audience: Health care professionals	
Sponsor: Community Health Research Unit, University of Ottawa; Canadian Association of Occupational Therapists	

## MEDICATION SAFETY

In the **Safety at Home Study**<sup>1-6</sup>, medications were implicated in many of the adverse events involving falls resulting in injury. Most of the falls-related incidents occurred with clients who had well-established histories of falls, and, in most cases, medication was a contributing factor. In some cases lack of continuity of providers coupled with poor documentation and communication processes in the home contributed to inconsistent and inaccurate messaging – thus placing clients at risk. Tools that promote health literacy, and facilitate communication of medication information and potential adverse effects to monitor can be helpful for clients and care providers.

Home care clients need to understand the relationship between their medication and risk for falls. There are several resources that care providers may find helpful in helping clients understand this relationship.

### *British Columbia Ministry of Health*

*This resource from BC is intended to help you complete a best possible medication history (BPMH) with your clients.*

### **Fact Sheet 4 – Medications and the Risk of Falling**

[www.gpscbc.ca](http://www.gpscbc.ca)

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Physicians and other health care professionals			
Sponsor: Government of British Columbia; General Practice Services Committee; British Columbia Medical Association; BC Injury Research & Prevention Unit; Center of Excellence on Mobility, Fall Prevention and Injury in Aging			

## *Canadian Pharmacists Association*

*These resources from the Canadian Pharmacists Association are useful resources for home support workers.*

### **Medication Problem ACTION Plan – A Resource Guide for Home Support Workers<sup>S</sup>**

[www.pharmacists.ca](http://www.pharmacists.ca)

### **Medication Problem ACTION Plan – A Screening Tool for home Support Workers<sup>S</sup>**

[www.pharmacists.ca](http://www.pharmacists.ca)

	MET	UNMET	UNKNOWN
Currency		2004	
Evidence based	x		
Audience: Home support workers/Supervisors			
Sponsor: Canadian Pharmacists Association; Canadian Association for Community Care; CARP			

## FALL PREVENTION INTERVENTIONS FOR SPECIFIC CLIENT POPULATIONS

The **Safety at Home Study**<sup>1-6</sup> found clients with more co-morbid conditions, dependent IADL and ADLs, unstable disease, peripheral vascular disease, Parkinsons, renal failure, and polypharmacy were at higher risk of adverse events. For example, clients with Parkinsons disease were at up to 26% more likely to have a fall. Clients, families and care providers need to be aware of these increased risks when care is being planned.

A scan of falls prevention resources found examples of resources developed for specific diagnostic groups such as clients with Parkinsons disease or multiple sclerosis.

*Canadian Society for Exercise Physiology –*

### **Physical Activity Guidelines for Adults with Spinal Cord Injury – Information for Health Care Practitioners**

[www.csep.ca](http://www.csep.ca)

	MET	UNMET	UNKNOWN
Currency	2011		
Evidence based	x		
Audience: Health care professionals especially physiotherapists			
Sponsor: Rick Hansen Institute, SCI Action Canada			

*Osteoporosis Canada*

### **Osteoporosis Canada’s 10 year Fracture Risk Assessment Tool (mobile app) -**

[www.osteoporosis.ca](http://www.osteoporosis.ca)

	MET	UNMET	UNKNOWN
Currency	2010		
Evidence based	x		
Audience: Health care professionals, mainly physicians			
Sponsor: Osteoporosis Canada			

## POST FALL CARE

The **Safety at Home Study**<sup>1-6</sup> found that risk assessments were not always repeated after a client fell, and sometimes there was no evidence of client teaching or other secondary prevention strategies.

Home care clients need to know what to do should a fall occur. Several organizations have developed resources for seniors that provide instructions should someone fall, or witness a fall. While clients themselves could be directed to these resources, this is also an area for client teaching that care providers should review with their clients.

### *Finding Balance Alberta/Ontario*

**How to get up After a Fall** - [www.findingbalancealberta.ca](http://www.findingbalancealberta.ca)

	MET	UNMET	UNKNOWN
Currency			x
Clearly written	x		
Audience: Seniors or any adult who has fallen			
Sponsor: Alberta: Finding Balance Alberta; Alberta Center for Injury Control & Prevention; Government of Alberta; Alberta Medical Association. Ontario: Elgin St. Thomas Public Health			

### *Ontario Seniors' Secretariat*

**What to do if you have a Fall** - [www.seniors.gov.on.ca](http://www.seniors.gov.on.ca)

	MET	UNMET	UNKNOWN
Currency			x
Clearly written	x		
Audience: Seniors			
Sponsor: Government of Ontario, the Hastings & Prince Edward Counties Health Unit			

**What to do After a Fall (poster) – [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)**

	MET	UNMET	UNKNOWN
Currency	2012		
Clearly written	x		
Audience: Seniors and their families. Contains pictures			
Sponsor: Public Health Agency of Canada			

**If you fall or witness a fall, do you know what to do?<sup>S</sup> – [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)**

	MET	UNMET	UNKNOWN
Currency	2008		
Clearly written	x		
Audience: Seniors			
Sponsor: Public Health Agency of Canada			



## INDEPENDENT DECISION MAKING

It became evident in the **Safety at Home Study**<sup>1-6</sup> that the ability of clients and their families to act as independent decision makers, often seen as a strength in HC, contributes to risk and is a very difficult element of the HC context to mediate.

Home care clients have the right to choose to live at risk, however they must be knowledgeable about the consequences of their choices. Children, and especially grandchildren, can provide powerful motivation for grandparents to make decisions to reduce their risk of falls. A few organizations have developed unique materials that would be appropriate for grandchildren of older adults.

### *Public Health Agency of Canada*

**Stay Safe poster**<sup>S</sup> – [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

	MET	UNMET	UNKNOWN
Currency	2010		
Clearly written	x		
Audience: Families and grandchildren of seniors			
Sponsor: Public Health Agency of Canada			

### *Fraser Health*

**Safety Superheroes Program** (*an intergenerational approach to fall prevention in English, French & Chinese*) - [www.safetysuperheroes.com](http://www.safetysuperheroes.com)

	MET	UNMET	UNKNOWN
Currency	x		
Clearly written	x		
Audience: grandchildren of older adults, public health personnel, educators			
Sponsor: Fraser Health; Vancouver Coastal Health			

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