

Clinical Task Instruction

SKILL SHARED TASK

CTI S-MT08: Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com

Scope and objectives of clinical task

This CTI will enable the health professional to:

- assess the client's risk of falls using a systematic approach of subjective information gathering, objective measure/tools, including use of the Falls Risk for Older People Community setting (FROP-Com),

VERSION CONTROL

Version: 1.0

Approved (document custodian): Chief Allied Health Officer, Allied Health Professions' Office of Queensland, Clinical Excellence Division.

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This Clinical Task Instruction (CTI) has been developed by the Allied Health Professions' Office of Queensland (AHPOQ) using information from locally developed clinical procedures, practicing clinicians, and published evidence where available and applicable.

This CTI should be used under a skill sharing framework implemented at the work unit level. The framework is available at:

<https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Skill sharing can only be implemented in a health service that possesses robust clinical governance processes including an approved and documented scope of skill sharing within the service model, work-based training and competency assessment, ongoing supervision and collaborative practice between skill share-trained practitioners and health professional/s with expertise in the task. A health professional must complete work-based training including a supervised practice period and demonstrate competence prior to providing the task as part of his/her scope of practice. When trained, the skill share-trained health professional is independently responsible for implementing the CTI including determining when to deliver the task, safely and effectively performing task activities, interpreting outcomes and integrating information into the care plan. Competency in this skill shared task does not alter health professionals' responsibility to work within their scope of practice at all times, and to collaborate with or refer to other health professionals if the client's needs extend beyond that scope. Consequently, in a service model skill sharing can augment but not completely replace delivery of the task by profession/s with task expertise.

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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- review and evaluate risk reduction strategies including their implementation and the need for any further review or intervention
- develop and implement a plan to address any identified risks for falling including; providing education to clients and caregivers to increase awareness of hazards; potential mitigation strategies ; referral to other health professionals for assessment/review to modifiable client risk factors,

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health / HHS clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements, complete patient manual handling techniques, including the use of walk belts, and sit to stand transfers.
- Completion of the following CTIs or equivalent professional competence:
 - CTI S-MT05: Standing balance assessment.

Clinical knowledge

To deliver this clinical task a health professional is required to possess the following theoretical knowledge:

- the risk factors associated with older people falling in the community,
- understand and identify, from medical records and client observation, common conditions that potentially increase the risk of falling,
- standardised processes/tools to assess falls for older people living in the community, indications for their use and interpretation of outputs/scores i.e. the FROP-Com and any other tools used by the local service,
- common observations and descriptors for balance and walking problems,
- common interventions to reduce the risk of falling in the community, including the rationale, limitations and risks associated with each intervention,
- evaluation processes to determine the effectiveness of strategies implemented to reduce falls risk in the community,
- local falls mitigation strategies, programs and/or processes,
- local policies, procedures and processes for undertaking work in a community setting.

The knowledge requirements will be met by the following activities:

- review of the Learning Resource,
- receive instruction from the lead health professional in training phase,
- read and discuss the following references/resources with the lead health professional at the commencement of the training phase:
 - local recording forms/templates for assessing falls risk in the community, including FROP-Com,
 - local falls risk screening tools, mitigation strategies, programs and processes, and
 - local policies, procedures and processes for undertaking work in a community setting.

Skills or experience

The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:

- **required** by a health professional in order to deliver this task:
 - experience or ability to acquire skills in undertaking a walking aid basic maintenance/safety check according to the manufacturer's guidelines. This may include: rubber stoppers present with tread, wheels in working order, brakes in working order, hand grips present and stable.
- relevant but not mandatory for a health professional to possess in order to deliver this task:
 - experience testing cognitive status using the abbreviated mental test score (AMTS).
 - experience working with older people in the community setting, particularly in their homes,
 - experience in assessment of functional walking and/or the prescription, training and review of walking aids e.g. S-MT01: Functional walking assessment, S-MT02: Prescribe, train and review of walking aids,
 - experience in environmental assessment and prescription of equipment to maximise independence.
 - experience undertaking falls risk assessment in the hospital setting including completion of a relevant training program e.g. Patient safety and quality preventing falls and harm from falls 2017¹.

Indications and limitations for use of skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client presents with recent history of fall/s or near-falls. This may be identified through direct observation, the medical record, client/carer report, observation of trauma consistent with previous falls e.g. bruising and confirmed on further questioning, etc. This may also include an expressed concern of falling without actual incident.
- Client is reported or observed to have gait and balance problems. This may include observation of unsteady walking, shuffling, lurching, freezing, uncontrolled movement patterns, reaching for furniture, etc. or through formal assessment/screening results e.g. Berg Balance score, Timed up and go test, etc.
- The client is reported or observed to behave or interact with their environment in way that places them at risk of falling e.g. impulsive, climbing on furniture to access items in cupboards, etc.

¹ Queensland Health (2017). (PSQIS-C) Preventing falls and from from falls 2017. iLearn. Queensland Government. Accessed 5/7/2017. Available at: <https://ilearncatalogue.health.qld.gov.au/course/511/psqis-c-preventing-falls-and-harm-from-falls-2017>

- The client presents requesting assessment for falls risk, is referred for falls risk assessment or meets criteria to participate in a local service screening program. For example, the client is elderly (>65 years old), living in the community and is not acutely unwell/has not experienced recent trauma, etc.
- The client's home environment is observed to contain a number of environmental hazards that would increase the risk of falls e.g. uneven floor surfaces, loose floor coverings (loose lino/tiles, mats/rugs), outside toilet, poor lighting at transition points, etc.
- The client requires carer support for walking, activities of daily living or to access the community and the client and/or carer express concern regarding falls or near-fall occurrences. Where the client's carer/family makes a referral the client must consent to being assessed.
- The client has been previously identified at risk of falls and is due for periodic review or has had a change in circumstances e.g. new health condition, moved house or has not been reviewed for >12 months.

Limitations

- The client requires more than light assistance with transfers or walking. Complete the subjective components of the FROP-COM and respond to any risks. Refer to a health professional with expertise in mobility and transfers for further assessment.
- The client uses a wheelchair for mobility and/or hoist for transfers. Confirm the client's weight bearing status and usual transfer method. Complete the subjective components of the FROP-COM and respond to any risks. Refer to a health professional with expertise in mobility and transfers for further assessment.
- The client has a significant visual impairment i.e. they are legally blind and use a cane, they are unable to see the ground in standing with/without glasses, they report difficulties with depth perception or in poorly lit areas, etc. Complete the subjective components of the FROP-COM and respond to any risks. Refer to a health professional with expertise in falls risk assessment.
- The client has moderate to severe cognitive impairment including confusion, distractedness, aggression, etc. resulting in safety concerns for the health professional, potentially inaccurate and/or unreliable information. If a carer is available and able to provide the required information complete the FROP-COM, noting information source and incomplete items e.g. carer unsure, non-compliance for observation, etc. If there is no carer, cease the task. Develop a plan e.g. contact the clients medical practitioners with observations, conduct the review at a more appropriate time i.e. when the usual carer is available, timing of appointment to coincide with symptoms/medication regime, etc.
- Client refuses or is unable to participate in a direct observation of balance or walking due to pain, poor timing with a medication regime (analgesia, Parkinson's, asthma), missing/broken equipment (prosthesis, walking aid, glasses), etc. Complete the history taking and subjective examination if the client consents, and make recommendations for hazard reductions, noting the limitation to assessment and reason for non-completion. If appropriate schedule the observation assessment to be coincide with medication regimes, when equipment is available etc.

Safety & quality

Client

The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:

- as this task is being used to assess a client's risk of falling close supervision of the client is required at all times.

Equipment, aids and appliances

- The client should be assessed using their usual walking aid and any other required devices e.g. ankle foot orthoses (AFO), knee brace etc. The equipment should be checked for maintenance and safety using the manufacturer's guidelines. The skill share-trained health professional should also confirm the equipment was prescribed, reviewed and fitted by a health professional with expertise in the area. e.g. SMT02: prescribe, review and train in walking aids.

Environment

- As this task assesses risk of falls in a community setting it is important to ensure the safety of self and the client. This will include:
 - adherence to local policies, procedures and processes for client manual handling and undertaking work in a community setting,
 - scanning the environment for any obstacles or hazards that need to be mitigated before undertaking the observational assessment including trips (changes in floor surfaces, clothes on floor, cords), slips (loose floor coverings/mats) or obstacles (static and dynamic e.g. pets). As this task assesses the client's functional capacity in a relevant setting, including risk taking behaviour, observation may be necessary to demonstrate the client's capacity, awareness and management of risk however the task should be ceased if the risk of harm is beyond minor.

Performance of Clinical Task

1. Preparation

- Use information collected from the medical chart (if available) to assist in determining the client's risk of falling and to guide subjective assessment. This may include age, usual living arrangements, number of previous hospital admissions for falls and injuries sustained, co-morbidities, medications, previous falls assessments/interventions undertaken etc.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth plus one of the following: hospital UR number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision Making in Healthcare (2012).

3. Positioning

The client's position during the task should be:

- sitting comfortably in a supportive chair during subjective assessment and standing/walking during the objective assessment.

If a carer is present during the task they should be:

- sitting comfortably beside the client in a supportive chair or positioned so that they are able to provide support to the client during the task.

The health professional's position during the task should be:

- sitting opposite or beside the client during subjective history taking, standing beside the client close enough to provide support during observational tasks.

4. Task procedure

- The task comprises the following steps:
 1. Determine the client's suitability to undertake an assessment for falls risk (refer to indications and limitations section) using the information from the medical chart, referral, as part of an individual assessment process, local screening protocol, etc. using a local recording template.
 2. Administer the FROP-Com as per the guidelines and any additional falls screening that the local service has identified as in scope of this skill share task.
 3. Determine the risk of falls using the FROP-Com rating system of mild, moderate or high.
 4. Implement actions to mitigate identified risks including actions recommended by FROP-Com, e.g. health promotion behaviours to minimise future ongoing risks and/or referral to health professionals with expertise in falls management, referral for further assessment including any additional observations/ objective measurements required by the local service and that the health professional is competent to deliver e.g. berg balance scale, timed up and go test, etc.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - Client/carers reports no issues/problems but observation reveals significant risk. Check understanding of task i.e. to assess and manage risks, provide examples to client of simple risk management strategies that could be easily implemented e.g. commode chair beside bed to reduce night time falls in the toilet, removal of rugs/mats to reduce trip hazards. Seek additional information from alternative sources to assist in determining risk and developing management strategies e.g. other family members, client's general practitioner, neighbours etc. NB: client consent and confidentiality processes must be adhered to.
 - Carer compensates or anticipates risk during the assessment. Determine if the carer is always available to perform this function. If yes, note the strategies/support provided as part of the assessment, including appropriateness. If not, assess the client without carer support to determine risk level and plan management strategies.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in "Safety and quality" section above.

6. Progression

- Task progression strategies include:
 - Further assessment being undertaken through implementing skill share CTIs or referring to a relevant health professional/s:

- walking including need for walking aid/s (CTI S-MT01: Functional walking assessment, SMT02: Prescribe, train and review of mobility aids, CTI S-MT03: Timed Up and Go Test)
- walking in outdoor environments (CTI S-MT06: Outdoor walking assessment)
- stairs (CTI S-MT04: Stair walking assessment)
- foot care
- nutrition

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with documentation standards and local procedures.

This should include reference to:

- level of risk of falls i.e. mild, moderate or high
- types of risks
- mitigation strategies implemented including recommendations, changes made, type and purpose of any referrals, etc.
- process and timeframe for review.
- The skill shared task should be identified in the documentation as “delivered by skill shared-trained (insert profession) implementing CTI: S-MT08: Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com” (or similar wording)

References and supporting documents

- Queensland Health. (2012). Guide to Informed Decision Making in Healthcare.
<http://www.health.qld.gov.au/consent/default.asp>

Example recording form

- Falls risk for older people – Community setting (FROP-Com). MR 168. Cairns and Hinterland Hospital and Health Service. Available at: <http://qheps.health.qld.gov.au/cairns/docs/form/mr168.pdf>

Assessment: Performance Criteria Checklist

CTI S-MT08: Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of Lead HP	Date and initials of Lead HP	Date and initials of Lead HP
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for task and makes appropriate decision to implement task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for task including determining the need for a falls risk assessment, checking any walking aids planned for use.			
Describes task and seeks informed consent.			
Prepares environment and positions self and client appropriately to ensure safety and effectiveness of task, including reflecting on risks and improvements in clinical reasoning record where relevant.			
Delivers task effectively and safely as per CTI procedure, in accordance with the learning resource. a) Clearly explains and demonstrates task, checking client's understanding. b) Determines the client's suitability to undertake an assessment for falls risk. c) Appropriately administers the FROP-Com d) Determines the risk of falls using a rating system. e) Implements actions to mitigate for identified risks including any additional local service assessment requirements. During task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and / or adapts task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in clinical notes including reference to task being delivered by skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from task into intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
Demonstrates appropriate clinical reasoning throughout task, in accordance with the learning resource.			

Comments:

Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review

Review date	/	/	/
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Clinical Reasoning Record

The clinical reasoning record can be used:

- as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting,
- after training is completed for the purposes of periodic audit of competence,
- after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.

The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific / allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none, omit.

3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement / not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Lead health professional (trainer)

Name:

Name:

Position:

Position:

Date this case was discussed in supervision: / /

Outcome of supervision discussion e.g. further training, progress to final competency assessment

Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com: Learning Resource

General information

A fall is defined as an unexpected event in which the participants come to rest on the ground, floor or other lower level². As people grow older they are more at risk of falling and consequent injuries. Falls have a range of contributing factors. Intrinsic factors identified in the literature include a history of falls, age, living alone, medication use, certain medical conditions, functional decline, fear of falling, nutritional deficiencies, impaired vision and/or cognition. Extrinsic factors include environmental hazards, footwear and clothing, inappropriate walking aids or assistive devices³. For this reason a comprehensive assessment that considers a range of risk factors for falls is required in most clinical circumstances.

Required viewing

Understanding falls risk

- Falls prevention in rural and remote settings. Fundamentals of Falls Prevention. Berrigan NSW July 2015. Available at: <http://www.nari.net.au/resources/health-professionals/falls-and-balance>
 - Falls facts and figures
 - What causes a fall
 - Falls risk screening and assessment
 - Interventions that work
 - Strategies that work
- Freda's Fall. ALIGN - Allied Health Professions Innovative Learning Network for Falls Management. Part 1. Available at: <http://cepn-align.org/node/23> NB: some services may request that all parts are completed.

Risk factors

- Waldron N, Hill AM, Barker A (2012). Falls prevention in older adults: assessment and management. Australian Family Physician 41(12):930-935. Available at: <http://www.racgp.org.au/afp/2012/december/falls-prevention/>
- Salzman B (2010). Gait and balance disorders in older adults. American Family Physician 82(1):61-68. Available at: <http://www.aafp.org/afp/2010/0701/p61.html>
- Waldron N, Hill AM, Barker A (2012). Falls prevention in older adults: assessment and management. Australian Family Physician 41(12):930-935. Available at: <http://www.racgp.org.au/afp/2012/december/falls-prevention/>

² Lamb SE, Jorstad-Stein EC, Hauer K et al. (2005). Development of a common outcome data set for fall injury prevention trials: The prevention of falls network. Europe consensus. Journal of the American Geriatric Society: 53:1618–1622.

³ Todd C, Skelton D (2004). What are the main risk factors for falls among older people and what are the most effective interventions to prevent falls? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report http://www.euro.who.int/_data/assets/pdf_file/0018/74700/E82552.pdf). Accessed 5/7/2017.

- III Use of the International Classification of Functioning Model to guide identification of primary factors resulting in particular gait problem, the selection of appropriate walking ability-related outcome measures that are reliable, valid and sensitive to changes, and the identification of potential environmental or personal factors that facilitate or impede an individual's goal to improve walking ability. In, Eng JJ, Pei FT (2007). Gait training strategies to optimize walking ability in people with stroke: a synthesis of the evidence. Expert Review of Neurotherapeutics 7(10): 14147-1436. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3196659/>

Assessment of falls risk

- Falls Risk for Older People – Community setting (FROP-Com): Tool and Guidelines. National Ageing Research Institute (NARI). Available at: <http://www.nari.net.au/resources/health-professionals/falls-and-balance>
- Russell MA, Hill KD, Blackberry I, Day LM, Dharmage SC (2008). The reliability and predictive accuracy of the falls risk of older people in the community assessment (FROP-Com) tool. Age and Ageing 37(6): 634-639. DOI: <https://doi.org/10.1093/ageing/afn129>
- Figure 1: Algorithm and annotations. (2011) Special article: Summary of the updated American geriatrics society/British geriatrics society clinical practice guidelines for prevention of falls in older persons. Journal of American Society 59 (1):148–157. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2010.03234.x/epdf>
- Figure 1.1.p6. Using the guidelines to prevent falls in Australia. In Guidebook for preventing falls and harm from falls in older people: Australian community care (2009). Commonwealth of Australia. ASQHC. Available at: http://www.activeandhealthy.nsw.gov.au/assets/pdf/Community_Care_Guidebook.pdf

Risk reduction strategies

The assessment of falls risk will likely identify a range of contributing factors, needing a number of risk reduction strategies. Recommended risk reduction strategies include:

- environmental adaptation,
- balance, transfer, strength and gait training,
- reduction in medications,
- management of visual deficits, postural hypotension, cardiovascular and medical problems including nutritional deficits, and footwear assessment .
- Assessments should be conducted by health professionals with expertise in the relevant area.

Environmental risk reduction strategies

Falls at home are often due to hazards that are overlooked but easy to fix⁴. Health professionals should provide education on environmental hazards as part of a multi-faceted approach to falls risk reduction. Home hazard reduction environmental checklists are available to assist with identifying hazards and

⁴ Check for safety. A home fall prevention checklist for older adults. (2015). Centres for Disease Control and Prevention. Available at: https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf

reducing risks. The health professional should assess the client's home for hazards as part of the risk reduction strategies.

Example home environment checklists

- A fall prevention checklist and guide. Compassion Home Care, LCC. Available at: <http://www.compassion-homecare.com/include/CHC-FallPreventionGuide.pdf>
- Check for safety. A home fall prevention checklist for older adults. (2015). Centres for Disease Control and Prevention. Available at: https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf
- Home safety self-assessment tool (HSSAT). (2010). Occupational Therapy Geriatric Group. Department of Rehabilitation Science. University of Buffalo. Falls Prevention™. Available at: <https://aging.ny.gov/News/2012/FallsHomeSafetySelfAssessmentTool.pdf>
- Rebuilding together - Safe at home checklist. Accessed 31/8/2017. Available at: <https://www.aota.org/~media/Corporate/Files/Practice/Aging/rebuilding-together/RT-Aging-in-Place-Safe-at-Home-Checklist.pdf>
- Stevens JA, Olson SJ (1999). Check for safety: A home fall prevention checklist for older adults. National Centre for Injury Prevention and Control of the Centres for Disease, Control and Prevention. Atlanta, GA. Available at: <https://www.ncoa.org/resources/check-for-safety-a-home-fall-prevention-checklist-for-older-adults/>

Other required reading

- Local policies, procedures and processes for undertaking work in a community setting, including local services available and access process e.g. podiatrist, optometrist, physiotherapist, occupational therapist, falls and balance class, dietitian, continence services, etc.
- Local falls risk screening tools, mitigation strategies, programs and processes.

Optional reading

- Clemson L, Swann M (2008). Stepping on: building confidence and reducing falls, a community-based program for older people. 2nd Ed. Sydney University Press: ISBN: 9781920898755. Available for purchase.
- Cumming, R. G., Thomas, M., Szonyi, G., Frampton, G., Salkeld, G., & Clemson, L. (2001). Adherence to occupational therapist recommendations for home modifications for falls prevention. *American Journal of Occupational Therapy*, 55(6), 641-648. Available at: <http://ajot.aota.org/article.aspx?articleid=1851571>
- Gillespie LD, Robertson MC, Gillespie WJ, Sherrington JG, Gates S, Clemson LM, Lamb SE (2012). Interventions for preventing falls in older people living in the community. *Cochrane Database of Systemic Reviews*. DOI: [10.1002/14651858.CD007146.pub3](https://doi.org/10.1002/14651858.CD007146.pub3)
- Pighills, A., Ballinger, C., Pickering, R., & Chari, S. (2015). A critical review of the effectiveness of environmental assessment and modification in the prevention of falls amongst community dwelling older people. *British Journal of Occupational Therapy*. doi:10.1177/0308022615600181
- Pighills AC, Torgerson DJ, Sheldon TA, Drummond AE, Bland M (2011). Environmental assessment and modification to prevent falls in older adults. *Journal of the American Geriatrics Society* 59(1): 26-33. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2010.03221.x/epdf>
- Queensland Stay on Your Feet® toolkit and resources. Available at: <https://www.health.qld.gov.au/stayonyourfeet>

- Sherrington C, Lord SR, Close JCT (2008). Best-practice recommendations for physical activity to prevent falls in older adults: An Evidence Check a rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) for the Centre for Health Advancement, NSW Department of Health; 2008. Available at: <http://www.health.nsw.gov.au/research/Documents/13-best-practice-recommendations-falls-prevention.pdf>
- Stapleton T, Swanton T (2007). Occupational therapy submission for falls and fractures prevention. Dublin. Available at: <http://www.aoti.ie/attachments/4a452b10-6f8a-4c14-9d33-aa35dbe99612.PDF>