

## APPENDIX D

### HEALTH PROMOTION AND FALL PREVENTION TOOLKIT

# Weekly Schedule

Week of \_\_\_\_\_

	<b>Endurance</b>	<b>Strength/Balance</b>	<b>Flexibility</b>	<b>Notes</b>
<b>Sunday</b>				
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				

*Falls Journal*

Please complete one form for each fall.

1. Date of fall:      /      /       
                          mont da year  
                          h y

2. Time of the fall: *(please check one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Early morning 5:01am-9:00am | <input type="checkbox"/> Early evening 4:01pm-7:00pm |
| <input type="checkbox"/> Morning 9:01-12:00pm        | <input type="checkbox"/> Evening 7:01pm-10:00pm      |
| <input type="checkbox"/> Afternoon 12:01pm-4:00pm    | <input type="checkbox"/> Over night 10:01pm-5:00am   |

3. Did the fall result in injury?  Yes  No

4. Did the fall require medical attention?

Doctor's Visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital Admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Room Visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. What were you doing when you fell? (explain)

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6. Where did you fall?  Indoors  Outdoors

7. Where were you when you fell: *(please check one)*

- |  |   |
|--|---|
| <input type="checkbox"/> Home:         | <input type="checkbox"/> Parking Lot / Street     |
| <input type="checkbox"/> Bathroom      | <input type="checkbox"/> Relative / Friends house |
| <input type="checkbox"/> Kitchen       | <input type="checkbox"/> Park                     |
| <input type="checkbox"/> Stairway      | <input type="checkbox"/> Dr. Office               |
| <input type="checkbox"/> Entryway      | <input type="checkbox"/> Store / business         |
| <input type="checkbox"/> Bedroom Other | <input type="checkbox"/> Walkway / Pathway        |
| <input type="checkbox"/> Home Other:   | <input type="checkbox"/> Other: (explain) _____   |

8. What was the cause of your fall? *(please check one)*

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Trip      | <input type="checkbox"/> Loss of balance        |
| <input type="checkbox"/> Slip      | <input type="checkbox"/> Fainting / blackout    |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Other: (explain) _____ |

9. What were the reasons for your fall? *(please check all that apply)*

- Uneven ground
- Level ground
- Curb
- Stairs

- Object in path / clutter
- Poor fitting shoes
- Did not use glasses / visual aide
- Did not use necessary equipment such as:  
cane, walker, shower seat and grab bars

**Instructions:** This is your falls journal. The purpose of this journal is to record the circumstances surrounding any falls you may have during the study. Please use one sheet each time you fall. We ask that you try to answer all nine questions to the best of your ability. We will be asking you to provide this information when we call you to follow up on your progress. If you have any questions please do not hesitate to call at 800-525-7279 Ext. XXX.

# *Independent Living and Mobility Program*

*Health and Home Safety  
Information*®

*Notice*

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Every year there are millions of hospital visits needed because of accidents in the home. Falls are the most common home injury, followed by poisoning, fire, inhalation, and suffocation or drowning. Most people have a hard time thinking of things that they could do to prevent unintentional injuries or to make their homes safer. The purpose of this ILAMP Health and Home Safety Information is to give you some safety tips. It is not meant to address every aspect of personal safety, but to focus on health and home safety issues.

### **Health Tips**

- ✓ Use a cane, walker or other walking aid if you are instructed to do so.
- ✓ Have an eye exam every year and wear glasses as prescribed.
- ✓ Always get up slowly. If you feel dizzy sit back down.
- ✓ Take medication only as prescribed;
  - o Look closely at dosages;
  - o Consider using a Pill Box, which is a divided box that you put medicine in, that you can use to remind you to take your medicine;
  - o Talk to your doctor, nurse or pharmacist about the side effects you might expect from your medications;
  - o Medications might make you feel dizzy or drowsy – if these side effects continue, talk to your doctor about changing your medication;
  - o If you see more than one physician, make sure that one of them knows ALL the medications you take, since some interact with others.
- ✓ Talk to your doctor about the type of exercise right for you to improve your strength, flexibility and balance.
- ✓ Take care of your feet;
  - o Have feet checked regularly by a podiatrist;
  - o Wear supportive, rubber-soled shoes;
  - o Do not wear socks, slippers or smooth-soled shoes on stairs, wood or waxed floors.
- ✓ Every year re-think your ability to drive a vehicle. Although no one wants this independence taken away from them, failing eyesight or medications that make you tired or dizzy are reasons to give up driving.
- ✓ Try to speak with a friend or family member every day. If you have no one to speak with or check on you, consider purchasing a Personal Emergency Response System (PERS), which is a device you wear to call someone in case of emergency.
- ✓ Avoid alcohol while taking medications, even over the counter medicines and herbs you can buy in the drug store. Mixing alcohol with medication can lead to serious health problems.
- ✓ If you have problems controlling your bladder or bowels talk to your doctor about what can be done – many people fall while trying to hurry to the bathroom.

## **Home Safety Tips**

- ✓ *Clutter*
  - o Keep stairs, steps, landings and all floors clear;
  - o Remove clutter from pathways in your home so there is a clear walking space in every room.
- ✓ *Handrails* -- Make sure they are installed and secure on every stairway.
- ✓ *Scatter rugs* – Make sure they have a non-stick backing or are taped to the floor.
- ✓ *Windows* -- Repair windows to open easily.
- ✓ *Telephones*
  - o Keep emergency numbers near the phone;
  - o Let the phone ring. Use a cordless phone or answering machine rather than trying to run for the phone;
  - o Keep a phone near your bed.
- ✓ *Appliances*
  - o Keep the stove in good working order, including stove-top controls;
  - o Check water temperature, adjust if too hot or cold;
  - o Repair heating unit if not working properly;
  - o If you must use a space heater, NEVER leave it on unattended, and do not put furniture/curtains near the heating unit;
  - o Obtain a fan for hot weather.
- ✓ *Steps*
  - o Make sure steps are in good repair;
  - o Place bright, colored tape on each step so you can see the edge.
- ✓ *Cabinets and Shelves*
  - o Arrange the things you need often at a height that you can easily reach;
  - o Put food in a separate cabinet from cleaning agents, pesticides or other chemicals. The containers often look similar to food containers.
- ✓ *Reaching for things*
  - o Use a sturdy step stool with a wide base, rubber tips and hand rails when climbing is needed;
  - o Consider a “grabber” device that extends your reach for things;
  - o NEVER reach over the stove with loose-sleeved clothing while cooking.
- ✓ *Indoor Lighting*
  - o Always turn lights on before going into a room;
  - o If you do not have an overhead light in a room, consider buying a device that allows you to turn on lights in a room by clapping your hands;
  - o Use the maximum safe wattage in light fixtures (maximum wattage is typically posted inside light fixtures);
  - o Replace burned-out light bulbs immediately;
  - o Stairways and halls need a bright light;
  - o Night lights should be used to light your path to the bathroom and in hallways;
  - o Keep a light or flashlight within easy reach of your bed.



- ✓ *Electrical Considerations*
  - o Make sure you have Ground Fault Circuit Interrupter (GFCI) outlets installed in the bathroom, kitchen, and any other rooms with water or equipment.
  - o NEVER overload an outlet or extension cord by having too many electrical appliances plugged into one outlet or extension cord, as it can cause a fire;
  - o Use outlet covers to prevent anyone from inserting objects into outlets;
  - o Electric blankets may overheat and cause burns when covered by other bedding or when pets sleep on top.
- ✓ *Extension Cords*
  - o Arrange your furniture so extension cords are out of the way;
  - o Secure cords and wires to the walls rather than leaving them on the floor;
  - o NEVER run an extension cord under a rug, as friction will occur with walking, possibly resulting in a fire;
  - o NEVER drape an extension cord over a hot surface such as a radiator or space heater;
  - o NEVER use an extension cord that is cut or damaged.
- ✓ *Fire Prevention*
  - o If you smoke, NEVER smoke while in bed.
  - o NEVER leave lit candles unattended, and place candles 12 inches from any flammable items (curtains, furniture, bedding, etc.)
  - o Every home should have working smoke detectors and fully charged fire extinguishers placed in the kitchen, garage and workshop;
  - o If you have battery-operated smoke detectors, a good rule of thumb is to change the batteries when you change the clocks for daylight savings time in the spring, and standard time in the fall.
- ✓ *Weapons in the home* -- If you keep a gun or other weapon, lock it up and store ammunition in a locked area.
- ✓ *Carbon Monoxide*
  - o Carbon monoxide poisoning kills more than 300 people every year in the U.S. Know the signs of poisoning: dizziness, fatigue, headache, nausea, irregular breathing or vomiting;
  - o Have your heating appliances (including water heaters and unvented kerosene and gas space heaters) serviced every year by a qualified technician;
  - o Have your chimney and flu checked for blockages;
  - o NEVER use a range or oven to heat your home;
  - o Consider buying a carbon monoxide detector.
- ✓ *Bathroom safety*
  - o Place a non-slip bath mat in your tub or shower;
  - o If you find yourself unsteady on your feet while bathing, consider a shower chair or bench;
  - o If you have trouble getting in or out of the tub or shower, grab bars or a transfer bench can give you support;
  - o A hand-held shower can make it easier to bathe;

- o If you have trouble getting on or off the toilet, then grab bars, a raised toilet seat, or safety frame can provide support.