



## Post-Fall Review Information and Instructions

### General Information

- The purpose of this review is to help identify possible causes of a fall and create a plan to prevent future falls.
- This form is designed to be completed after every fall occurrence.
- Many people with intellectual and developmental disabilities (IDD) are at risk for falling.
  - If an individual falls once, then there is an increased risk of falling again in the near future.
- All falls are important.
- Many falls are preventable.
- Communication is critical.
  - Report all falls, per agency policy, no matter how minor.
  - If the individual is supported by multiple providers, all providers involved should be informed of the results of the Post-Fall Review (e.g., factors that might cross environments, such as a change in an individual's ability to navigate stairs).
- The information gathered can be used by the supervisor to consult with management and clinicians, to help prevent future fall occurrences.
- The provider who observed the fall, or who was providing services at the time of the fall, should participate in the post-fall assessment process.
  - The staff member completing the form should be someone who works closely with the individual.
- The individual who fell should be included in the review process.
  - Inclusion in the process allows the individual to learn, to the best of his/her abilities, the things the individual can change, that will make him/her less likely to fall again. This should be done with the individual, not for the individual.
- Follow agency policy for reporting falls to the Registered Nurse.

## General Instructions

### **Part 1 – Basic information**

- Date and Time of Fall
  - Use “unknown” if unsure of information.
- Date Incident Reported
  - Document the date the individual’s fall was reported to a supervisor.

### **Part 2 – Post-Fall Review**

- For each section, check all boxes that apply.
- Whenever possible, ask the individual about the incident.
- If the appropriate response is not one of the choices listed, then fill in the information next to “Other”.
  - E.g., Location of Fall: Other (list): Entryway, just inside of front door
- Indications Before the Fall
  - Ask the individual (e.g., “How were you feeling before the fall?”, “Why do you think you fell?”)
  - For ‘Other’: consider other falls risk factors the person had, such as low vision, current acute illness, muscle weakness, dementia, low blood pressure, etc.
  - See OPWDD 2019 ‘Preventing Falls’ Health & Safety Alert on the OPWDD website.
- Location of the Fall
  - Outdoor area: includes the outdoor portions of the provider’s site (e.g., porch, yard, walkway).
  - Community area: includes public or private areas not located on the provider’s site.
- Activity at the Time of Fall
  - Ask the individual (e.g., “What were you doing when you fell?”)
  - Transportation: includes wheelchair lifts and getting in, getting out, or riding in vehicles.
- Environmental Factors Contributing to the Fall
  - Use the information from the OPWDD Fall Prevention Environmental Review Form.
- Was a Fall Prevention Device in Use at the Time of Fall?
  - If yes, then list specifically which device(s) (e.g., gait belt, alarm).

### **Part 3 – Supervisory Review, Follow-up Action(s) Plan and Verification**

- The supervisor must review and document all plans for follow-up actions to be taken.
- The supervisor later verifies that the action plan was implemented.
- Share this form with the appropriate clinician(s) and care manager.
- After implementation of the follow-up action plan to address personal fall prevention measures, responsible supervisor confirms verification that the planned changes have been made.

### **Part 4 – Incident Reporting**

- Check the box that indicates how the fall was reported.