

Senior Fall & Injury Prevention



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Seasons of Life

Throughout the “seasons” of your life, you have undoubtedly made lifestyle changes to adapt to babies, mid-life, and empty nests. Similarly, you make adjustments for changing weather like grabbing your umbrella for rainy days or wearing sunscreen on sunny days. Change is an inevitable part of life and *adapting to change* is the key to comfort!

As you age, the consequences of a fall become more serious and a broken bone can often lead to disabilities that can make you dependant upon a caregiver, or at the very least, disrupt a comfortable lifestyle. Even if a fall does not cause physical injury, just the fear of falling again may limit you from participating in your favorite activities. By making a few simple changes around your home, you can help prevent falls, and safely enjoy the next season of your life.

Review the following safety tips, check off any that apply, and commit to making any necessary changes for your optimum safety and comfort.

Seasons of Life

Outdoors

- The areas outside my doors, patios, porches, steps, and walkways are well lit.
- The patios, porches, steps, and walkways around my home are clear of obstacles and in good condition (broken steps, cracks, raised areas, etc., have been repaired).
- The handrails on both sides of all my exterior steps, are secure and in place, and most importantly, I use them!
- I exercise caution when conditions are slippery outside.



Outdoors

Stairways

- The handrails on each side of my stairway are secure and in place for support, and they extend past the last step.
- My stairways and landings are free of obstacles.
- My stairways are properly lit with light switches at both the top and bottom of the stairs - *or* - I have a tap light or night light installed on the stairway.



Stairways

Living Areas

- ❑ My couches and chairs are sturdy, have arms, and are not too deep or too low for me to get out of easily.
- ❑ The pathways in my living/family rooms are clear of clutter and excess or oversized furniture.
- ❑ The pathways in my living/family rooms are clear of cords.

(Tip: An extra phone jack, cordless phone, and/or additional electrical outlets can help eliminate trailing cords.)

- ❑ My area or throw rugs are secured with double-sided tape or non-slip backing.



Living Areas

Bedrooms

- I have sufficient lighting in my bedroom, (preferably, a lamp or light switch within easy reach from your bed).

(Tip: A flashlight is a handy tool to have next to your bed - just in case the power should go out.)

- In addition to having a light source within easy reach from my bed, I have also installed a night light in my bedroom.
- I have a phone in my bedroom with emergency numbers either nearby, or taped directly to it.
- I keep my eyeglasses on my bedside table.



Bedrooms

Bathrooms

- I use rubber-backed bath rugs - *or* - I have secured my throw rugs with non-slip backing.
- I use a tub mat or non-skid strips on the bottom of my tub or shower stall.
- I have grab bars installed by my tub - *or* - I have placed portable bars over the ledge of my tub.
(Tip: Towel racks are not grab bars!)
- I have a grab bar installed next to my toilet - *or* - I use a raised toilet seat - *or* - I use a seat with handles.



Bathrooms

Kitchen

- I store lightweight or rarely-used objects on the top shelves of my cabinets and heavy or frequently-used objects on the lower shelves or countertops.
- I use a sturdy step ladder or step stool with hand railings.
(Tip: Never use a chair as a step stool!)
- I use rubber backed rugs - or - my throw rugs are secured with non-slip backing.
- I do not use wax on my floors.
- I wipe up spills immediately, and keep my floors clean.



Kitchen

Your Health

A crucial part of maintaining a comfortable lifestyle is to manage your health.

- ❑ I get regular medical checkups and talk with my doctor about my medical conditions and the levels and types of medication I am taking.
- ❑ I have my hearing and vision checked twice a year.
- ❑ I fill my prescriptions at the same pharmacy each time so they can check for drug interactions, explain how to take my medications and help me understand how they may affect me.
- ❑ I exercise regularly and eat nutritious meals.
- ❑ I get up slowly from a sitting, laying, or bending position.
- ❑ I have completed the attached Medical Emergency Card and placed it on my refrigerator.



Your Health

Additional Safety Recommendations

- Install smoke alarms on every level of your home and in all sleeping areas.
- Make sure there are phones in the rooms you use most frequently.
- Keep all floors clear of clutter and make sure floor coverings are in good condition, i.e., fix rips or tears in carpets, loose tiles in floors, etc.
- Add a contrasting color strip to the first and last steps of a stairway to identify any changes in levels.
- Use sufficient lighting in each room and consider using night lights that come on automatically in the dark.
- Avoid wearing loose-fitting or open-backed slippers; wear rubber-soled, supportive shoes.
- Develop a “Buddy System” with a friend or neighbor including a communication plan.

Additional Safety Recommendations

Emergencies

CALL 9-1-1

If you should fall, call 9-1-1 and then, if possible, cover yourself with a blanket, rug, towel, whatever you can to keep warm. We *want* to help you, so don't hesitate to call us! Even if you don't think you are seriously hurt, make an appointment to see your personal physician. Falling can often be a sign of illness or of problems with medications.

Our emergency responders are trained to look for TVF&R Medical Emergency Cards when responding to medical emergencies. Help us help you by completing both sides of the card below and posting it on your refrigerator.





MEDICAL EMERGENCY CARD

DATE: _____

NAME: _____

YEAR OF BIRTH: _____

PHYSICIAN & PHONE #: _____

CONTACTS & PHONE #'S: (RELATIONSHIP)

1. _____

2. _____

3. _____

SIGNIFICANT SURGERY(S): _____

LOCATION OF ADVANCED DIRECTIVES (POLST, DNR, etc.): _____

MEDICATION	DOSAGE	FREQUENCY

(OVER)

PE-15 (01/04)

MEDICAL CONDITIONS

Check All That Apply

- No Medical Conditions
- Asthma
- Bleeding Disorder
- Diabetes/Insulin Dependent
- Heart Problems
- Hypertension
- Seizure Disorder
- Stroke

ALLERGIES

- No Known Allergies
- _____
- _____

Please list any other information the Emergency Responders should know: _____

