

CAPTURE Falls: Managing Fall Risk during the COVID-19 Pandemic

How might COVID-19 affect your process for fall risk reduction for a given patient? There may be tension between keeping a patient at risk for falls safe, while keeping yourself, your co-workers, and other patients safe from exposure to the virus. Here are some suggestions for you to consider as you think about your fall risk reduction practices in the midst of this pandemic.

Fall Risk Assessment	<p>If a patient is a poor historian and your facility is restricting visitors, use phone or video conference with family members to collect information about the patient's fall history and other risk factors.</p> <p>Consider physiological risk factors for falls given the respiratory (e.g. low oxygenation, prolonged immobility) and possible gastrointestinal (e.g. nausea, diarrhea) symptoms of COVID-19.</p>
Patient Mobility Assistance	<p>To conserve PPE, consider having PT/OT initially interview/screen patients for rehabilitation services via video conference. Further, consider if some patients may be appropriate for instruction and monitoring of simple bed and/or chair exercises via video conference to help prevent deconditioning.</p> <p>Dedicate mobility equipment to each patient (e.g. assistive devices, gait belt).</p> <p>Consider having PT/OT staff review safe mobility practices with staff who are regularly entering patient rooms and have need to mobilize patients.</p> <p>When staff is already in the room providing other care, engage appropriate patients in simple mobility tasks (e.g. bed to chair transfers) to help prevent deconditioning. See https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/education_training/amp/everybodymoves/index.html for resources.</p>
Patients with Cognitive Impairment	<p>Consider all available fall risk reduction interventions that, when tailored to the patient's unique risk factors, may help to minimize the risk of falls and injury from falls (e.g. alarms, video monitoring, integration of purposeful rounding into care bundles).</p> <p>Carefully consider the pros and cons of a dedicated sitter in the absence of family/visitors in the room. (Is it safe to have staff remain in the room, even with PPE? Could a staff member be stationed outside the patient room?)</p>
Patient Education and Teach Back	<p>Temper expectations. Let patients know it may take longer for staff to respond to a call light due to the number of staff dedicated to care for patients with COVID-19 and/or the need for staff to don PPE. Encourage patients to call proactively. Potential script: <i>"Staff needs to put on special protective equipment before entering your room. Help us keep you, us, and our other patients safe by giving us more time to respond to your call light."</i></p> <p>Consider that younger patients with COVID-19 may underestimate their impairments (and fall risk).</p> <p>For patients capable of engaging in a teach back process, teach back, teach back, teach back! Ensure that patients fully understand why they are at risk for falls, and what you and they can do to be safe.</p>
Post-Fall Huddles	<p>To conserve PPE, consider limiting the number of staff who discuss the fall with the patient at the bedside, and/or use phone or video conference to engage the patient and/or other team members in the huddle.</p> <p>If your facility is restricting visitors, consider engaging the patient's family in the huddle via phone or video conference.</p>