

Contents

Before you begin	vii
Topic 1 Prepare to implement falls prevention strategies	1
1A Determine identified strategies which can be implemented within role and responsibilities and discuss with supervisor or relevant health professional	2
1B Interpret assessment findings and explain relevant information to the older person and their carer, clarifying any requirements	8
1C Seek the older person's permission, cooperation and commitment by communicating in a supportive, encouraging and respectful manner	12
Summary	18
Learning checkpoint 1: Prepare to implement falls prevention strategies	19
Topic 2 Identify potential risk of falls	23
2A Discuss the older person's concerns about falling and how they have coped with previous falls	24
2B Discuss the support of carers where appropriate	32
2C Identify and explore lifestyle, health and mobility factors with the older person	36
2D Determine the older person's physical indicators of risk of falls using appropriate tools and methodologies	40
2E Determine the older person's risk factors based on findings in collaboration with supervisor and/or relevant health professional	47
2F Identify the older person's needs, issues and concerns outside scope of practice and refer to appropriate person	49
Summary	53
Learning checkpoint 2: Identify potential risk of falls	54
Topic 3 Implement falls prevention strategies	57
3A Identify and explain options to minimise the risk of falls	58
3B Work with the older person and their carer to identify and implement strategies	63
3C Implement strategies in a safe and effective manner that minimises the older person's discomfort	67
3D Decide how strategies can be tested and how success will be measured and communicated	73
Summary	76
Learning checkpoint 3: Implement falls prevention strategies	77

the older person's answer indicates there is a problem, it is not appropriate for the coordinator to undertake further assessment. They do not have the training or the authority to undertake a sight test. Instead they should refer the older person to their general practitioner or an optometrist.

You can find out about the limitations of your job role by:

- ▶ reading your position description
- ▶ reading your organisation's policies and procedures
- ▶ asking your immediate supervisor or more experienced co-workers.

Understand your role

You can find out more about your role by accessing your position description. A position description explains who you are responsible to and what you are responsible for. It also outlines your key duties.

Your role in preventing falls includes:

- ▶ assessing the likelihood of falls
- ▶ developing a plan to minimise the risk of falls
- ▶ making sure the older person has access to and uses appropriate services to reduce the risk of falling.

Your organisation will also have policies and procedures that outline your role in falls prevention. These documents may be stored on a computer or made available in print form. If you are unclear about any aspect of your job role you should speak to your supervisor.

Communicate with the older person

Older people use aged care services to help deal with some of the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

When communicating with older people and their family members, allow plenty of time for discussion. Explain in plain language what you can and can't do when implementing falls prevention strategies. Consider writing notes for the older person about your role and the role of others. This can help remind them of your role and the process of falls prevention implementation.



Discuss strategies with supervisors and health professionals

Consult your supervisor to ensure you have the resources to assess and implement falls prevention strategies, or to confirm the scope of your role.

If the falls assessment or prevention strategy is outside your scope of practice, you will need to consult a health professional.

The roles of relevant health professionals you may discuss strategies with are outlined here.

- ▶ The type of information needed to allow the older person to prepare for the assessment
- ▶ Any specific assessment tools that will be used (use plain language and refer to tools as checklists or questionnaires)
- ▶ The role of others in the assessment process, such as health professionals
- ▶ What will happen after assessment, including referrals to other services
- ▶ The role of the older person's GP

Provide information to older people

Your organisation will have policies and procedures that explain how the assessment process is conducted. In addition, other services and agencies involved in carrying out assessments have resources, such as brochures and fact sheets, that provide information for older people and other service providers. It is worthwhile to develop a portfolio of these sorts of resources so you can readily access and provide information about other service providers to older people when required.

Your organisation should also have information on its privacy policies and procedures for older people to access. You must make sure you have this information when discussing assessments with older people to assure them the information they provide will be kept confidential.

Provide assessment information to others

It is generally accepted in residential care settings, and by community services providers, that no one service provider or health professional can meet all of an older person's needs. Because of this, you will often have to provide assessment information to others.

There are two key points when providing assessment information to others:

- ▶ The choice of health professional must be appropriate to the older person's needs.
- ▶ The older person must be given a choice about who they are referred to.



Always ask for the older person's consent before sharing their personal information with others. Use appropriate forms and templates, and be professional in all correspondence with the older person and others involved in the assessment. Maintain all relevant documentation in the older person's file.

Clarify who should have access to information

Your organisation will have policies and procedures for sharing information with other service providers. It is important to clarify who has access to the information before releasing it.

Consult older people in a quiet and private space, such as an office or meeting room. If a family member or advocate is present at the meeting, ensure the older person has given permission for their personal information to be shared.

Visit the Office of the Australian Information Commissioner to read more about Australian Privacy Principles at: www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles

Communicate information in a supportive and encouraging way

In the past, one-way communication was the dominant model of communication used in aged care and health services. Medical staff, health professionals and support workers were seen as the experts. They expected that they would speak and the older person would listen and follow their instructions.

Now, there is increasing recognition that not only are older people experts who can provide valuable information about their health and wellbeing, but also that older people have a right to actively participate in their own care.



Two-way communication, which involves both parties listening and being listened to, can help older people and carers feel supported and encouraged. It also helps you demonstrate your respect for the older person, which can help enhance their feelings of self-worth.

Demonstrate respect

Make sure you demonstrate respect through all aspects of your communication. Communication involves language (the words we use) and paralanguage, which refers to:

- ▶ the volume of our voice
- ▶ our rate of speech
- ▶ our tone of voice
- ▶ the gestures we use as we speak
- ▶ our facial expressions
- ▶ the personal space between us and the other person.

Respect and acknowledge cultural differences

Be aware that people from different cultures may have different communication practices. What is respectful in one culture may be seen as impolite and offensive in other cultures, as described below. Be aware of these cultural differences when communicating with the older person about their assessment results or seeking permission for a falls prevention strategy.

3. How can you maintain confidentiality and privacy when seeking the older person's permission, cooperation and commitment for a falls prevention strategy?

Summary

1. Falls assessments can be carried out:
 - during triage
 - in response to changes in a person's medical condition
 - when a person moves from one residence to another
 - after a person has been injured as a result of a fall
 - after a person has experienced a near miss
 - as an initial assessment.
2. Workers can conduct initial assessments, but health providers must be involved in complex assessments.
3. Person-centred care means that older people should be involved in assessments. They can provide information about their thoughts, feelings, changes to their health and their ability to move about in their environment and the wider community.
4. Involving the older person in their assessment can ease their worry, give them a sense of control and help them take responsibility for implementing treatments.
5. You must provide older people with information about your role and responsibilities.
6. Older people have a right to understand what will happen during the assessment process.
7. You must respect the older person's right to privacy.
8. You must obtain the older person's consent to the assessment process.
9. With the older person's permission, the assessment results should be forwarded to other people involved in the care of the older person.

Find out how the older person has responded to previous falls

The older person may respond in a variety of ways after a fall, including avoiding the place where the fall took place, making changes and getting help, or making no changes at all. These responses depend on several factors, which are outlined below.

Type of fall

- ▶ Falls can be intentional or unintentional. Intentional falls occur because the older person wishes to harm themselves. This could be a cry for help and a sign the older person is suicidal. Unintentional falls can be caused by any number of factors, such as lifestyle changes or medical conditions.

Cause of fall

Falls can be caused by:

- ▶ intrinsic factors such as the older person's behaviour, lifestyle and medical conditions
- ▶ extrinsic factors such as the environment and the older person's choice of footwear.

Impact of fall

- ▶ Falling can affect the older person physically and emotionally. Falls can damage the older person's soft tissue, muscles and ligature, internal organs and bones. Falls or near falls can make a person anxious, withdrawn, worried, distressed or depressed.

Ways of coping with falls

Older people cope with falling in a variety of ways. Some methods lead to better outcomes, while other methods can actually increase the older person's risk of falling again. The older person's response to falling also varies depending on their personality.

Here are four ways the older person may cope with falling, and their potential consequences.

No changes

This means there is still the same level of risk of falling again as there was prior to the fall. The consequences of falling again could also be higher if the older person was injured as a result of the fall.

Avoidance

Avoidance can include the older person avoiding the environment where the fall took place, avoiding the activities they performed prior to the fall, or avoiding moving in general. Reduced participation in the community can impact the older person's psychological health by limiting their enjoyment of life and the size of their support network. A sedentary lifestyle means the older person's muscles weaken and bone mass decreases, which places them at greater risk of harm from falling.

Example

Discuss concerns about falling

Zoe works in an aged care residence. She has to conduct a falls assessment for Mary, who is 89 years old.

Zoe wants to learn how Mary is coping after two previous falls. She uses the Tinetti Falls Efficacy Scale to gauge Mary's confidence.

**Tinetti Falls Efficacy Scale**

How confident are you climbing stairs?

Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
			✓						

How confident are you on flat surfaces?

Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
							✓		

How confident are you walking on grass?

Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
					✓				

How confident are you walking on carpet?

Not at all concerned					Very concerned				
1	2	3	4	5	6	7	8	9	10
				✓					

Zoe also interviews Mary about her previous falls. She asks her to describe what happened, and discuss how she felt physically and psychologically after the falls.

With this information, Zoe is able to start preparing a falls prevention strategy with Mary.

Steps and curbs

- ▶ Steps that are steep, damaged or uneven place the older person at greater risk of falling. Even steps in good condition can be hazardous for older people. They may misjudge depth due to cognitive or sensory impairment or may not have the muscle strength to support their body weight as they move up and down the steps.

Handrails

- ▶ Friends and family members may install handrails in an attempt to help the older person move through their home and use facilities independently and safely. If handrails are not placed at the correct height for the older person they are ineffective as a fall prevention measure and may even contribute to falls.

Physical activity

Many falls are preventable. One factor that is within the older person's control is physical activity.

By the time people have reached old age they may spend very little time exercising. They may not exercise because they don't have the energy. They may be worried about falling or they believe exercising places them at increased risk of falling. Sometimes family members and others discourage older people from participating in sporting activities and everyday recreation in a misguided attempt to protect them from harm.



Many older people enjoy a range of exercises. Exercising, whether it is as informal as gardening or walking, or an organised activity such as bowling, helps older people maintain their muscle strength and reduce the loss of bone mass. Older people who don't exercise are likely to have lower bone mass and less muscle strength than those who do. A strong musculoskeletal system reduces an older person's risk of falling in two ways: firstly, they are less likely to fall as their body can support its own weight when moving and transferring, and secondly, if they do fall, they are less likely to suffer a break or a fracture.

Diet

Good diet helps build up bone mass and reduce the consequences of falling. Calcium and vitamin D play an essential role in maintaining healthy bones and muscles.

Calcium can be found in dairy products such as milk, yoghurt and cheese, as well as green leafy vegetables, Brazil nuts, shellfish, salmon and sardines.

Vitamin D helps the body use calcium. Vitamin D can be found in oily fish such as salmon, sardines and fresh tuna.

The best source of vitamin D is sunlight. People with physical impairments or who live in residential settings may not spend sufficient time outdoors to meet their vitamin D needs.



Blood pressure

Blood pressure is the measurement of pressure in the arteries. Healthy blood pressure is lower than 120/80 mm Hg, and low blood pressure is 90/60 mmHg. A sudden fall in blood pressure can cause dizziness and falls. High blood pressure (known as hypertension) can cause stroke.

Low blood pressure may be caused by endocrine issues, dehydration, heart problems or poor diet. High blood pressure can be caused by diet, alcohol, medication, illness, fever or drug use.

Musculoskeletal

Muscular dystrophy: this condition causes a person's muscles to waste away (known as atrophy).

Osteoporosis: this condition causes the bones to become brittle and fragile, which means the older person is more likely to suffer a break or fracture.

Osteoarthritis: this condition affects cartilage, breaking it down and causing pain, swelling and problems with joint movement.

Nervous system

Parkinson's disease: this disease causes tremors and muscular rigidity. It can lead to low blood pressure and dizziness, and can make it harder for a person to walk and maintain postural balance.

Dementia and brain damage: this causes memory disorders, changes in personality and impaired reasoning. Dementia and brain damage can impair a person's ability to judge depth and distance, meaning they are more likely to stumble or fall.

Stroke: this is caused by an interruption of blood flow to the brain, and can affect a person's balance and consciousness. Symptoms of a stroke include:

- ▶ weakness or numbness
- ▶ difficulty speaking
- ▶ dizziness
- ▶ loss of vision
- ▶ headache
- ▶ difficulty swallowing.

If you recognise symptoms of a stroke, contact emergency services immediately.

Epilepsy: there is no clear cause of epilepsy, but some common causes include head injuries, brain tumours and stroke. Epilepsy causes seizures, which can be generalised or partial. Seizures can be caused by different triggers, including flashing lights, low blood sugar, certain medications or fevers. People with epilepsy should have a seizure plan, which outlines the type of seizure that occurs; what happens; how long it lasts for; what the trigger was or is likely to be; and the correct medication to manage seizures. If caring for an older person with epilepsy, you need to consult a health professional when developing their seizure plan and falls prevention strategies.

Write a referral

6

Write a referral letter to the health professional or service provider, or fill out a referral form. When writing a referral letter, focus only on the facts. Include the older person's date of birth as it makes it easier to identify the older person. Clearly explain the reason for your referral as well as what you hope the other service can do for the older person.

Keep copy

7

Keep a copy of the referral letter and form in the older person's file.

Transmit

8

Transmit the letter and the form to the health professional by their preferred method. This may be by mail, fax or the older person bringing the letter on their first visit.

Appointment

9

Help the older person make the appointment.

Example

Identify the older person's needs, issues and concerns and refer appropriately

Tamara is an aged car worker. She supports Roderick, an 80-year-old man who lives independently. Recently Tamara has noticed changes in Roderick's behaviour. Roderick has been forgetting to turn off the bathroom taps, and has been leaving the stove on. One morning, a neighbour tells Tamara that Roderick left his house at night in his pyjamas and wandered up the street. The neighbour brought Roderick home.

Tamara talks to her supervisor, then refers Roderick for an aged care assessment. The team find that Roderick has dementia, which means his in-home support needs to be increased if he is to continue to live independently.





Topic 3

In this topic you will learn how to:

- 3A Identify and explain options to minimise the risk of falls**
- 3B Work with the older person and their carer to identify and implement strategies**
- 3C Implement strategies in a safe and effective manner that minimises the older person's discomfort**
- 3D Decide how strategies can be tested and how success will be measured and communicated**

Implement falls prevention strategies

You have a duty of care to follow up the results of fall assessments. It is your role to help identify and implement appropriate activities to reduce the risk of falling. You should also encourage and support the older person to participate in falls prevention strategies. As the risk factors for falls vary between people, each older person should have a falls prevention strategy that best meets their specific needs.

Provide opportunities for involvement:

- ▶ Ask the older person or their carer open-ended questions like, 'How do you feel about this?'
- ▶ Ask the older person or their carer to identify risks
- ▶ Ask the older person or their carer to identify a range of possible solutions
- ▶ Present possible options, and ask the older person and their carer how they feel about the options
- ▶ Ask the older person and their carer to choose options, and nominate goals and a realistic timeline
- ▶ Ask the older person or their carer for feedback about the range of options

Example

Identify and explain options

Craig is an aged care coordinator. He works with Angelo, an older person with no living friends or family members. Angelo has fallen over a number of times at home. He is now faced with two options.

Craig: 'Angelo, I am worried about the fact that you have fallen over a number of times and have been hospitalised. We have looked at your home and it is not safe for you or for your workers. One option is to remodel the inside of your home to make it safe. The other option is for you to move into an aged care facility.'

Angelo: 'I really don't know what to do. I don't want to fall again. What do you think I should do?'

Craig: 'I don't want to tell you what to do. I don't have to live with the consequences of your decision, but you do. Let's draw up a table, then we can look at the good and bad points of each option.'

Craig draws up a table and writes two headings: 'Renovation' and 'Moving to an aged care facility'. He then writes up the pros and cons of each option. A con of renovation is the cost, but a pro is staying at home; a con of moving is the big change it will bring, but a pro is that it will be cheaper than renovating. Craig and Angelo continue to brainstorm until they have exhausted all possible strengths and weaknesses for each option.

3C Implement strategies in a safe and effective manner that minimises the older person's discomfort

All employees have obligations under state and federal work health and safety legislation to maintain a safe workplace for all people.

Carrying out a risk assessment prior to developing and implementing a falls prevention strategy can help you and others to implement the strategy safely and effectively.

Here are some examples of when strategies designed to improve an older person's safety actually cause them to come to harm.

When falls prevention strategies cause harm



Example 1: Handrails

An aged care worker arranges for handrails to be installed. However, the handrails are not installed within the older person's usual range of reach, and the older person slips and falls.



Example 2: Depression

An older person stops taking their antidepressants as they are worried the medication may increase their risk of falling. However, stopping cold turkey badly affects their mental health and physical condition, which causes them to fall.



Example 3: Exercise

An older person exercises in an attempt to build up muscle, but they push themselves too hard and have a heart attack.

Implement strategies in a safe and effective manner

In this example, strategies are identified and implemented for Jason, an older person who has had a knee reconstruction.

The situation

Jason is an older person who recently had a knee reconstruction. Although he has been participating in physiotherapy, his leg muscles have wasted. This places him at an increased risk of falling.

Exercise can be used to help him rebuild Jason's muscles. Jason's aged care worker, physiotherapist and GP consider the potential undesirable outcomes of exercise, including:

- ▶ heart failure
- ▶ respiratory distress
- ▶ joint and muscle damage.

They then review Jason's medical and personal records and find no mention of cardiovascular or respiratory disorders, problems or diseases. Jason's GP assesses Jason and finds that he has above average heart and lung function. This lowers his risk of heart failure and respiratory distress considerably, but joint and muscle damage is highly likely.

The assessment

The following table summarises the risks Jason may face as well as their likelihood and potential consequences.

Risk	Likelihood	Consequence
Heart attack or failure	Low	Extremely high
Respiratory distress or failure	Low	Extremely high
Injury	Extremely high	High

The consequences of injury are far lower than those of heart and respiratory complications. However, injury is far more likely to occur. For this reason, Jason's aged care worker should develop ways of removing or reducing the risk of injury.

The consequence

If Jason does not exercise he is at risk of falling. If he does exercise he is at risk of injury. Jason's aged care worker discusses this dilemma with a diversional therapist as well as a fitness instructor. They both recommend water aerobics. This will give Jason a chance to rebuild his muscle strength in the relative safety of the water, which will cushion and protect his joints.

Once a strategy has been developed, Jason's aged care worker documents the following details in the form of a care plan:

- ▶ The desired outcomes
- ▶ Who is involved in implementing the falls prevention strategy
- ▶ The resources needed
- ▶ The activities that should be part of the strategy

4A Work with the older person and their carer to review and measure the outcomes of falls prevention strategies

There are many different ways to review and measure the outcomes of falls prevention strategies. It is important to involve the older person and their carer as much as possible, and communicate evaluation results to the support team.

How to review and measure outcomes:

- ▶ Review incident and accident reports
- ▶ Review progress notes
- ▶ Ask the older person, their carer and other workers
- ▶ Review falls diaries

Monitor strategies

Sometimes the older person will not provide feedback on a falls prevention strategy unless you actively seek this information. This may be because they do not feel they have the same level of authority or understanding of the strategy as you do.

The older person may not be aware there is a problem, and family members, service providers and other health professionals may forget or not have time to provide feedback on a strategy. This is why it is crucial that you use a variety of monitoring methods to make sure that current falls prevention strategies are effective.

Incident and accident reports

Incident and accident reports are used to identify when an older person has fallen or has nearly fallen.

Incident and accident reports should contain information about:

- ▶ what happened prior to the fall or near fall
- ▶ what the older person was doing at the time of the fall or near fall
- ▶ where the fall occurred
- ▶ the time of day the fall occurred
- ▶ witnesses
- ▶ injuries
- ▶ follow-up action.

Report incidents and hazards

Reporting incidents and hazards is extremely important. An incident is where an event has occurred, like an older person slipping or falling. A hazard is where there is the potential for an event (like a fall) to occur. Incidents and hazards must be reported and documented in order to manage and reduce the risks involved.



Example**Identify when and why strategies are not having the desired result**

Wendy lives in the nursing home. A falls prevention strategy has been implemented for her and she has not fallen in some time. However, she has recently been diagnosed with depression, which puts her at an increased risk of falling. Wendy's GP writes to the director of Wendy's nursing home to inform her of her diagnosis. The director discusses the diagnosis with Robert, the worker who implemented Wendy's falls prevention strategy.



The director updates Wendy's records to reflect the change in her condition, and holds a care plan meeting with Robert and other workers involved in Wendy's care. Robert identifies that Wendy's diagnosis is an adverse reaction to her falls prevention strategy.

Robert and the director arrange a meeting with Wendy to discuss possible reasons why the current strategy may be adversely affecting her psychological health.

Practice task 16

1. What are signs that a strategy isn't working?

2. Identify four reasons a strategy might not be working.

3. What are three possible means for identifying why a strategy isn't working?

Your role

It is your role to ensure each person receives the best care possible. Be vigilant, observant and encourage communication between workers, health professionals, the older person and their carer so you can promptly report when a strategy is not working.

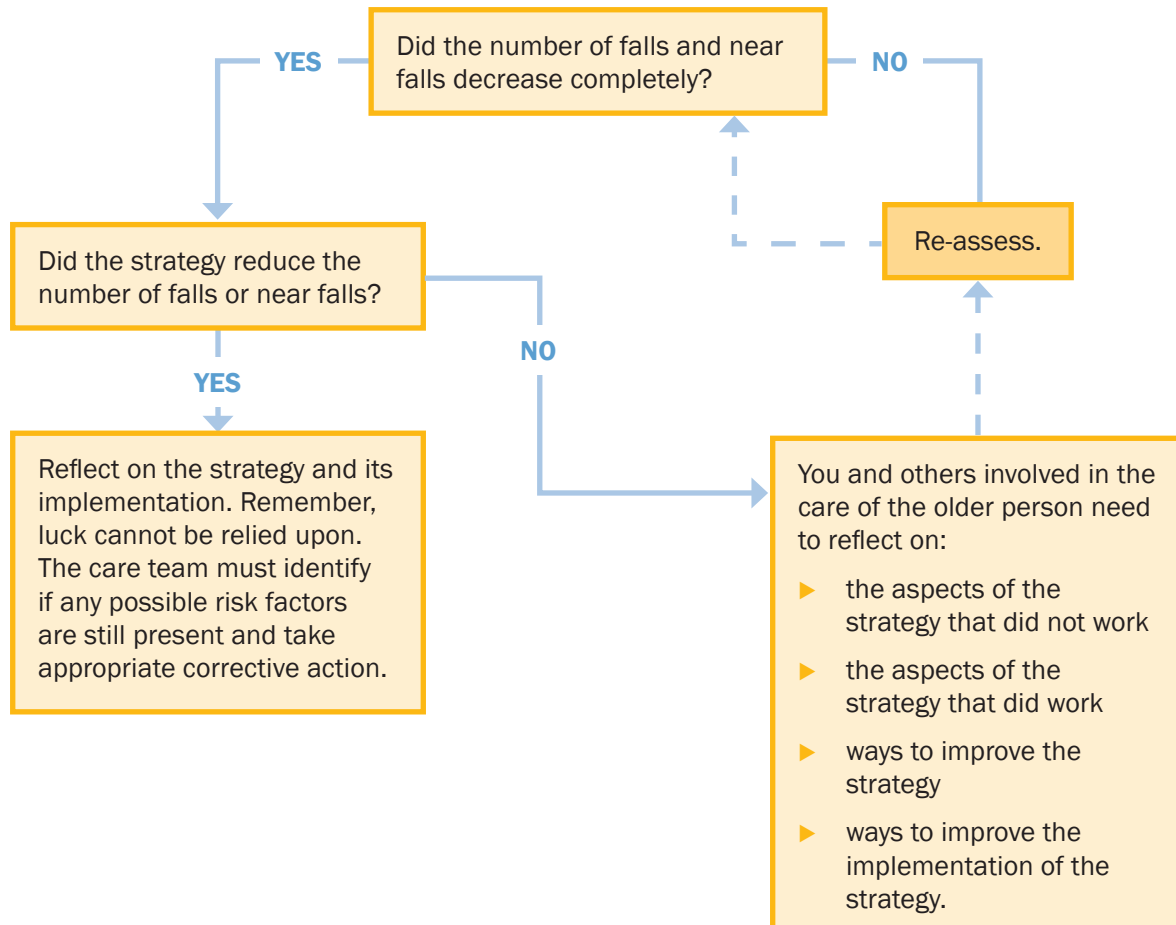
You may not be qualified to suggest different strategies. Your role is to explain the situation clearly to others who will decide what is most appropriate for the older person in order to reduce their risk of falling. However, the more you understand about different strategies and how they work to minimise falling, the better equipped you are to make relevant suggestions. By working closely with the older person and their carer you will also know what the older person prefers and what strategies are more likely to succeed.



Assess outcomes

Falls prevention strategies are designed to reduce the likelihood of an older person falling. It is important to assess the outcomes of these strategies. Sometimes the strategy is responsible for the reduction in the number of falls and near falls; other times sheer luck has prevented an older person from falling. Luck cannot be relied upon. Always assess and re-assess the outcomes of any strategy before judging its success.

Consider the following process.



Organisational policies

Your current or future workplace will have organisational policies that dictate:

- ▶ how information is gathered
- ▶ who receives information about an older person's progress
- ▶ how the information is stored
- ▶ who may access the information.

Legislative requirements

Policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards, including:

- ▶ privacy laws
- ▶ freedom of information legislation
- ▶ regulations and codes of practice
- ▶ aged care, community care and disability services standards and principles.

Collecting information

Here are some examples of common ways information is collected.

Workplace documentation



Personal information forms

A personal information form is completed the first time an older person uses a service. Basic information about the older person may include:

- ▶ first name, middle name and last name
- ▶ address, telephone number and emergency contact details
- ▶ date of birth
- ▶ Medicare number
- ▶ referral and assessment information
- ▶ details of medical conditions, allergies and medication.

Personal details (such as personal plans and goals, and health, social and cultural information) may also be recorded in various documents and reports.



Health assessments

Initial health assessments (including falls assessments) are used to identify physical, psychological, emotional and cultural needs. Health assessments may include:

- ▶ health questionnaires and tools to assess functions
- ▶ cognitive function questionnaires
- ▶ intake interviews.

Your workplace will have procedures and guidelines about maintaining documentation. Here are some general guidelines.

Forms

Standard operating procedures provide information on the types of forms that must be filled out. The forms you require may be stored electronically or available in hard copy. Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. Using superseded forms may result in a failure to collect and record the information required for the older person's support.

Personal records

Personal details can change as people move or change other contact details. If you have not updated records to ensure currency of these details, you risk not being able to contact the older person or an appropriate person when you need to.

It is not only personal details that can change. The older person's conditions can improve or worsen or their circumstances or preferences may change. Unless records are updated regularly decisions may be made based on out-of-date data.

Update operational reports

A number of operational reports need to be maintained to ensure they are current. It may be your job to keep these up-to-date.

If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Operational reports may include:

- ▶ funding reports
- ▶ reports regarding supplies and equipment
- ▶ annual reports
- ▶ business plans
- ▶ staff performance appraisals and complaints
- ▶ financial forms.



The most recent information

In manual filing systems the most recent information is usually towards the front of the file or section with older information stored behind it. Computer-based records also show both current and past information.



Personal files

In personal files, each type of record or document is stored in the same location. For example, personal information may be stored at the front of a file, followed by progress notes, then assessments and payment records. This format will be repeated across all files.



Electronic files

In electronic files, information is also recorded in specific locations. Many organisations use electronic systems that allow users to input all personal details, referrals, assessments and case notes directly into a database. These systems can be password-protected, which limits access to authorised staff only.



Privacy laws

Privacy laws demand that an organisation has valid reasons for collecting, storing and sharing information. Privacy laws must always be followed when storing both paper and electronic documentation and reports.

Keep information secure

Information should always be kept in safe and secure areas. It is common to store hard-copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to workers not involved in the older person's care or members of the general public.

Electronic filing systems are common. In most cases software allows information to be retrieved by using one or many fields, such as a person's last name or file number. Electronic filing systems use a password to protect information. You should avoid logging on for another staff member and always log off when leaving the computer to maintain security.

Finally, you must always follow organisational procedures for filing information to ensure information is not lost and can be readily retrieved by authorised personnel.