

Preventing falls in community care

Australian Fall Prevention Guidelines

The *Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Community Care in Australia* (Falls Guidelines) has been updated to incorporate current best practice. It offers a nationally consistent approach to preventing falls and harm from falls in older people.

Why is fall prevention important?

Falls are a significant cause of harm to older people. Successful fall prevention involves using a combination of interventions tailored to the person's needs and based on an individual's falls risk. Engaging multidisciplinary teams, the older person and their carers and family is crucial to fall prevention. Good clinical care can optimise an older person's quality of life.

Recommendations in the Falls Guidelines

Exercise to prevent falls

- 1. Ongoing exercise for all:** Support all older people to undertake 2 to 3 hours of exercise per week on an ongoing basis. Primarily target balance, mobility and strength training. Ensure health professionals (including physiotherapists or exercise physiologists) or appropriately trained instructors design and deliver exercise programs. (Level 1A)
- 2. Cognitive impairment:** Support older people with mild cognitive impairment or mild to moderate dementia to undertake exercise if they choose to. (Level 1B)
- 3. Low risk of falls:** Support older people at low risk of falls (less than one fall a year) to attend community exercise or safely undertake home exercise. (Level 1A)
- 4. Increased risk of falls:** Provide older people at increased risk of falls (1+ falls per year) with tailored exercise programs. Supervision or assistance from an appropriately trained health professional or trained instructor may be required to ensure the older person exercises safely and effectively. (Level 1A)

Home safety interventions

- 5. Home safety:** For older people at increased risk of falls, undertake a home safety assessment and provide tailored home safety interventions delivered by an occupational therapist. People at increased falls risk include those with severe visual impairment, who have fallen in the past year, need help with everyday activities, have mobility impairment or use a mobility aid, or who have recently been discharged from hospital. (Level 1A)

Multi component interventions

- 6. Education and exercise:** Provide older people who have had one or more falls in a year with home and community safety education in addition to exercise. (Level 1A)
- 7. Tailored interventions:** Provide older people at high risk of falls (who have two or more falls per year) with a fall risk assessment from a health professional to inform tailored fall prevention interventions. Interventions include exercise, home safety, assistive devices, medication reviews, interventions to maximise vision, podiatry, and strategies to address concerns about falling, anxiety, depression and cognitive impairments. (Level 1B)

Recommendations in the Falls Guidelines, continued

Single interventions for specific risk factors

Provide single interventions for older people at increased risk of falls with specific risk factors:

8. Podiatry: Provide older people with foot problems or disabling foot pain with access to podiatry interventions. (Level 1A)

9. Cataract surgery: For older people with clinically significant visual impairment primarily due to cataracts, timely referral to a medical practitioner for cataract surgery in both eyes (unless contraindicated). (Level 1A).

10. Medicines Review: Facilitate medication reviews by a general practitioner in collaboration with a credentialed pharmacist, in partnership with the older person to minimise use of psychotropic medicines and other medicines that increase the risk of falls. (Level 2B)

11. Pacemakers: Facilitate access to a medical practitioner to treat older people diagnosed with the cardio-inhibitory form of carotid sinus hypersensitivity with fitting of a dual-chamber cardiac pacemaker. (Level 2B)

12. Eyewear prescription: Advise active older people to use single-lens distance glasses (rather than bifocal, multifocal or progressive lenses) when active outdoors. (Level 2B). When updating the older person's glasses prescription, limit the change in prescription where possible. (Level 2B)















13. Vitamin D supplementation: Support access to recommended doses of daily or weekly vitamin D supplements for older people deficient in vitamin D or with little sunlight exposure (i.e. less than 5-15 min exposure, four to six times per week) unless contraindicated. (Level 1B) Avoid high monthly or yearly mega doses of vitamin D, as these can increase the risk of falls. (Level 1A)

14. Osteoporosis medicines: Facilitate access to prescribed osteoporosis medicines for older people with diagnosed osteoporosis or a history of minimal trauma fractures, unless contraindicated. (Level 1A)

Areas of focus for best practice in fall prevention

The Falls Guidelines provides recommendations and good practice points to address personal and environmental risk factors for falls.

A tailored, multifaceted approach to preventing falls and harm will consider the following risk factors:

 Fall risk assessment	 Balance and mobility	 Cognitive impairment
 Continence	 Feet and footwear	 Syncope
 Dizziness and vertigo	 Vision	 Hearing
 Environmental risks	 Medicine and Medicines Review	 Osteoporosis
 Restrictive practices	 Hip protectors	 Monitoring and observation
 Vitamin D and calcium	 Post-fall management	

What has changed?

The 2025 Falls Guidelines recommends a greater focus on evidence-based fall prevention interventions for an older person's level and type of risk and less emphasis on assigning a numerical fall risk score.

The recommendations and good practice points have been updated, incorporating new research evidence and addressing all aspects of care for older people living in the community.

How were these guidelines developed?

The 2025 Falls Guidelines builds on the previous Falls Guidelines published in 2009 and is informed by evidence from systematic reviews. The strength of evidence for each recommendation is indicated through the use of the modified GRADE approach used by the 2022 World Falls Guidelines.

References

1. Sherrington C, Fairhall NJ, Wallbank GK, et al. Exercise for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2019, Issue 1. DOI: 10.1002/14651858.CD012424.pub2.
2. Hopewell S, Adedire O, Copsey B, et al. Multifactorial and multiple component interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2018, Issue 7. DOI: 10.1002/14651858.CD012221.pub2.
3. Clemson L, Stark S, Pighills A, Lamb S, Fairhall N, Jinnat A, Sherrington C. Environmental interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews. 2023, Issue 3. DOI: 10.1002/14651858.CD013258.pub2.
4. Montero-Odasso M, van der Velde N, Martin FC, et al. World guidelines for falls prevention and management for older adults: a global initiative. Age and Ageing. 2022; 51(9). DOI: 10.1093/ageing/afac205.

Questions?

For more information about the Falls Guidelines, please visit safetyandquality.gov.au.

Further information about the strengthened *Aged Care Quality Standards* is available from the Aged Care Quality and Safety Commission:
www.agedcarequality.gov.au

