

Breaking the Fall Cycle
Test
Certified Nursing Assistants

1. The majority of hip fractures in long term care facilities occur as a result of a fall.
 - a. True
 - b. False
2. Caregivers have an increased 'fear of injury' when residents at fall risk are wearing hip protectors.
 - a. True
 - b. False
3. Resident most suitable for a hip protector includes those who are unsteady and have a history of osteoporosis or brittle bones.
 - a. True
 - b. False
4. In those residents with repeated falls, cushioned floor mats may be used to prevent injurious falls (i.e., high density foam in the mat absorbs the impact if a resident falls).
 - a. True
 - b. False
5. Fall alarms prevent falls.
 - a. True
 - b. False
6. Fall mats are used in areas where a resident could be injured from a fall on a hard floor such as the side of a bed, by a toilet or in front of a chair.
 - a. True
 - b. False
7. Fall alarms are designed to warn nursing caregivers that residents, who shouldn't be leaving the bed, chair or wheelchair, or toilet unassisted, are doing so.
 - a. True
 - b. False
8. Residents requiring toileting assistance are especially at high fall risk and may benefit from a fall alarm.
 - a. True
 - b. False
9. All residents at fall risk should be given a fall alarm.
 - a. True
 - b. False
10. Alarms may serve as an alternative to nurse call bells in residents who are unable to use their call bell because of cognitive and/or physical impairments.
 - a. True
 - b. False

Breaking the Fall Cycle Evaluation

As a result of this program I am able to:	5 Totally without difficulty	4 More so than not	3 Somewhat	2 Barely	1 Not at all
<ul style="list-style-type: none"> • Identify specific criteria and resident risk factors for the use of fall alarms. • Describe the different types of fall alarms available. • Describe those residents most likely to benefit from wearing a hip protector. 					

Evaluation of Overall Program

	Yes	No
I learned new facts from this program		
I can apply what I learned to my work		
This was a well-taught program		
I would like more programs like this one		

Name: _____ **Facility Name:** _____

Mailing Address: _____

Email Address: _____ **Phone #:** _____

Comments:

When form is complete you may save it to your computer & email it as an attachment to: accounting@psc.nu. You may also print out the completed form and either fax it to: 319-378-1311, or mail it to:
Personal Safety Corporation, 1655 Progress Drive, Hiawatha, IA 52233

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