



*Developing Top-Notch CNAs, One Inservice at a Time*

*A Risk Management Module:*  
**Preventing Employee Falls in the Healthcare Workplace**

***Are you "In the Know" about Preventing Falls in the Workplace? Circle the best choice or fill in your answer. Then check your answers with your supervisor!***

1. **Compared to other industries, employee falls in the healthcare field are:**
  - A. Much more likely.
  - C. About the same.
  - B. Much less likely.
  - D. Not really a problem.
2. **Which of the following is a common fall hazard in healthcare?**
  - A. Spills.
  - C. Stairs.
  - B. Clutter.
  - D. All of these.
3. **You work the night shift and often have to check on clients while they sleep. How can you keep yourself safe from falls in dark rooms?**
  - A. Wear night vision goggles.
  - B. Make clients sleep with a light on.
  - C. Install nightlights and carry a flashlight.
  - D. Avoid checking on clients while they sleep.
4. **The "perfect storm" of fall risk factors in healthcare employees is the increasing age of many workers combined with:**
  - A. Sedentary lifestyles.
  - C. Obesity.
  - B. Drug addition.
  - D. Smoking.
5. **True or False**  
 A freshly mopped floor is safe to walk on as long as you are wearing non-slip, rubber-soled shoes.
6. **True or False**  
 There are no laws in place to protect healthcare workers from fatigue.
7. **True or False**  
 If a client begins to fall during a transfer, you should catch her and stop the fall.
8. **True or False**  
 People who do Tai Chi exercises have stronger knee and ankle muscles, and better balance.
9. **True or False**  
 It's best to take big steps and walk quickly across snowy or icy walkways.
10. **True or False**  
 If you fall at work, it's best to just keep it a secret so you don't lose your job.

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

**Inservice Credit:**

|                                      |        |
|--------------------------------------|--------|
| <input type="checkbox"/> Self Study  | 1 hour |
| <input type="checkbox"/> Group Study | 1 hour |

***File completed test in employee's personnel file.***