All children have some level of risk for a fall, the consequences of which can be serious. These incidents occur across a range of ages and are due to a number of causes/mechanisms. Falls often occur when a parent or health care worker are present.

Falls prevention strategies should encompass prevention for children in all settings. If a child is identified as a fall risk additional strategies are to be implemented to keep that child safe.

**Inclusions**

All children within the hospital setting including emergency departments, inpatient and ambulatory care settings should be considered at risk of falling. Falls prevention should be a part of routine care for all children admitted to the ward.

**Risk**

Risk factors for children may include:
- pre-school age
- disabilities or limited mobility
- neurological diagnosis
- psychological and/or behavioural disorders
- use of assistive devices
- following anaesthesia or sedation
- multiple medications or strong analgesics e.g. morphine
- lack of supervision
- need for frequent/assisted toileting in ambulant children

**Scope**

All staff members working in hospitals have a responsibility in reducing risk of falls.

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**Paediatric Falls Risk Assessment**

The NSW Paediatric Fall Risk Assessment has been adapted under licence for NSW from the Miami Children’s Hospital *Humpty Dumpty Falls Tool*.

When to do an assessment:
- At first point of contact or pre-admission
- On admission to a ward or unit – within 24 hours and every 3 days.
- Whenever the child’s condition changes
- Following a fall.

The paediatric fall risk assessment tool is available on eMR or can be ordered from Stream Solutions.

**Routine Care**

Routine care includes:
- Educating the child, parents/carers about the potential risk of a fall, the interventions to reduce the risk and how they can assist
- Ensuring the bed or cot rails are up. Assess for any gaps where a child could be injured or trapped, and consider the use of additional safety precautions, such as bolster
- Placing the child in a bed or cot that is appropriate for the child’s size and development (may require low bed), with the brakes on
- Ensuring bed heads and foot ends are in place on all beds, as per hospital protocol
- Ensuring the child has appropriate footwear (non-slip) and clothing to prevent tripping
- Assessing toileting needs and assist as needed
- Where a child mobilises with IV pole, ensuring equipment is placed close to the centre of the pole, and IV lines are secure
- Ensuring the environment is clear of clutter and the bed area is clear of trip hazards

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**Acknowledgement**

NSW Falls Prevention Program, Clinical Excellence Commission; NSW Paediatric Falls Committee; Miami Children’s Hospital *Humpty Dumpty Falls Prevention Program*
- Making sure that curtains are pulled back to enable full view of child, unless otherwise indicated
- Ensuring there is adequate lighting and leaving a nightlight on where appropriate
- Keeping the room door open at all times unless specified isolation precautions are in use

Posters raising awareness of potential risk of falls in the hospital setting are available to be displayed in all settings children are cared for and can be located on the Paediatric Falls Prevention page on the Clinical Excellence Commission website.

Staff
All staff need to be aware of strategies and education that are available in reducing the risk of a fall. These resources are available on the Paediatric Falls Prevention page on the Clinical Excellence Commission website.

Falls prevention management strategies individualised to the child must be communicated at clinical handover and documented in their healthcare record.

Families
At admission, parents should receive the parent/carer Information Brochure, which is available from the Paediatric Falls Prevention page on the Clinical Excellence Commission website. There are multiple languages available.

This should be a point of engagement around a falls risk management plan and the strategies that are in place to minimise the risk of a fall occurring.

Involve parents/carers in developing, implementing and the regular review of prevention and risk management strategies.

Also discuss the importance of supervision for their child. It is important that the parent or carer understands that they should inform a nurse if they need to leave the child’s bedside.

Interventions for high falls-risk patients
Any patient scoring 12 or above on the paediatric fall risk assessment tool are at a high risk of falling and must have a Falls Injury Prevention and Management Plan documented in the patients’ medical record. This includes:

- Developing, communicating and documenting strategies for individual patients
- Engaging the child and their parents/carers in falls prevention interventions and in the development of the care plan
- Communicating at clinical handover any children identified as a high fall-risk status, the interventions in place and documenting in the child’s health care record
- Accompanying the child when mobilising for the first time, or if assistance has been specified in the care plan

When a child falls
For guidance following a fall refer to the CEC Post Fall Guide - Paediatrics, which is available on the Paediatric Falls Prevention page on the Clinical Excellence Commission website.

About the Paediatric Patient Safety Program
The Paediatric patient Safety Program works across a range of areas to improve the quality and safety of health care for children and young people in NSW.

For further information, please visit http://www.cec.health.nsw.gov.au