Falls Prevention Policy and Procedures

Application

Effective Date	Programme application
July 2013	Allowah Presbyterian Children's Hospital including Allowah Disability Support Services

Approved / Reviewed

Key Policy Writer	M Hanney

Policy Review group members	ALT

Approved by	Date	Review date
LMC LM17.08.40	August 2017	August 2020
LMC LM19.05.15	May 2019	August 2020
ALT ALT21.0103.23	Oct 2020	Oct 2023

Document Control

Issue	Date	Author	Change Description
1	July 2013	S Hurren	
2	August 2017	S Hurren	Scheduled review
3	Feb 2019	M Hanney	Reviewed to reflect changes in practice
4	Aug 2020	R Wong	Scheduled review

Other relevant policies

Risk Management Framework
Risk Management Policy
Manual Handling Policy and Procedures
Admission Policy and Procedures
Discharge Policy and Procedures
Bed Allocation and Sleeptime Policy and Procedures

Document Summary / Key Points:

- Outlines Allowah's policy and procedures for preventing falls including screening and assessment of falls and reporting of fall incidents.

Change Summary:

- Changed to include updated procedures, standards and assessment tools
- References to new NDIS and Hospital Standards updated

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1 REFERS TO

All staff.

2 PURPOSE

To ensure that the incidence of falls and fall injuries is minimised through safe practices and appropriate prevention strategies as part of the risk management and quality improvement programmes.

3 POLICY STATEMENT

Allowah is committed to ensuring that falls and injuries from falls are minimised during admissions. Children with disabilities have low bone mineral density because of lack of weight bearing, movement and sometime nutritional issues. They are at greater risk of fractures.

At Allowah appropriate falls reduction strategies are implemented on admission. Staff are also provided with ongoing education and information handouts on manual handling procedures to minimise falls and injuries to both patients and staff. Correct manual handling techniques are applied when transferring patients from chairs, baths, shower trolleys and beds.

At Allowah appropriate risk management strategies are employed to minimise identified risks. WH&S procedures are in place to protect staff from injury when they may be required to lift a patient who has fallen. There are also strategies to deal with staff who have fallen.

4 RESPONSIBILITIES

4.1 Chief Executive Officer

Reporting to governance committee. Ensuring this policy is implemented and regularly reviewed and updated.

4.2 Director of Nursing and Director of Disability Support Services

Monitoring reports and incidents of falls, reporting falls to Executive Leadership Team (ELT) / Allowah Leadership Team (ALT) and the Medical Advisory Committee.

Ensuring staff are complying with this policy and procedures

4.3 All employees

All Nursing and Allied Health employees involved in the care of children at Allowah must comply with this policy and procedures regarding falls prevention.

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

http://www.cec.health.nsw.gov.au/patient-safety-programs/paediatric-patient-safety/pqp-falls-prevention

5 INFORMATION AND STANDARDS

A fall is an unintentional event which results in a person coming to rest on the ground or floor or other lower level.

Fall related injury is one of the leading causes of morbidity and mortality in older Australians and children and adults with profound physical disabilities. The risk of patients having a fall and therefore requiring assistance post-fall occurs in every

health care organisation. Fall injuries in hospitals have steadily increased. While the majority of falls are associated with minor injury, more serious events such as fractures, head injury or death do occur. Fractures are the most commonly reported serious event with femoral neck fractures being the most prevalent. The impact of falls on individuals is far reaching. The social impact of reduced independence through fear, the potential for loss of independence and the increased burden on families can be significant.

Many hospital falls are largely predictable and may be preventable. Growing evidence demonstrates that the number of falls occurring can be reduced through the introduction of a multi-factorial prevention programme. 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 is 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.

Risk factors for children may include:

- preschool 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

5.1 2nd Edition NSQHS Standards - Standard 5 - Comprehensive Care

The National Safety and Quality Health Service Standards (NSQHS) 2nd Edition, were introduced nationally from 1 January 2019. Standard 5 aims to:

- ensure that patients receive comprehensive care - co-ordinated delivery of the total healthcare required or requested by a patient.
- ensure that risks for harm for patients during healthcare are prevented and managed.

The risk of falls is one of the areas covered in the minimising patient harm criteria of this standard.

Standard 5 states:

- Action 5.24:The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for:

a. Falls prevention
b. Minimising harm from falls
c. Post-fall management

- Action 5.25: The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls.
- Action 5.26: Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies.

5.2 NDIS (Quality Indicators) Guidelines 2018 and NDIS (Provider Registration and Practice Standards) Rules 2018

The NDIS Quality and Safeguards Commission was established in 2018 to improve the quality and safety of NDIS supports and services. Part 2, Division 2, number 12 of the Guidelines covers risk management, including management of risks associated with provision of supports. The risk of falls is one of these risks which must be minimised during service provision.

6 GOVERNANCE & SYSTEMS

6.1 Governance

Ensuring patient safety in relation to falls requires sound governance structures and falls preventions systems. Robust clinical governance frameworks and processes for evaluation, audit and feedback are also important for the establishment and improvement of falls prevention systems. At Allowah the Medical Advisory Committee (MAC) is the committee with governance oversight of the falls prevention system.

6.2 Reporting Falls

All falls at Allowah are entered as incidents into the Tickit on Demand system.

6.3 Quality Improvement and Risk Management Activities

All fall related incidents at Allowah are entered into the Tickit on Demand system. Incident reports are presented to and analysed by the Incident Review Team (IRT) and Executive Leadership Team (ELT) / Allowah Leadership Team (ALT) and recommendations made for safety and quality improvements in falls prevention.

Risk of falls is listed on the risk register and policies, procedures and systems are in place to minimise risks associated with falls at Allowah.

Regular audits of the falls prevention system, including screening and assessments, are undertaken to monitor compliance with the system. Audit

reports are presented to the LMC and recommendations for changes/ improvements are made.

7 FALLS PREVENTION

7.1 Screening and Assessment

7.1.1 Screening on admission / intake

All children are assessed at the time of consultation and pre-admission / initial assessment for their risk of falls. Risk of falls will be added onto the Childcare Management Plan and the child's Care Pathway.

At each admission/intake the nurse doing the admission will complete a Falls Risk Assessment using the Paediatric Fall Risk Assessment (see Appendix 1). If the score for the assessment is 12 or more, a risk minimisation plan is to be completed.

At pre-admission or intake, each child will have a Bed Allocation Screen (BAS) completed to minimise the risk of fall from a bed.

7.1.2 Risk Assessment and Prevention Plan

If a score of 12 or more is obtained from the Paediatric Fall Risk Assessment, a referral is to be made to the Physiotherapist using the Allied Health Referral book. The Physiotherapist will use the Falls Risk Management Plan. The Physiotherapist will then prepare a Fall Risk Management Plan, which is to be placed in the child's medical records, and update the Childcare Management Plan and Care Pathway accordingly. The child will be identified at handover as being at a high risk of falls. Information will be discussed at handover.

7.2 Prevention Strategies

Wheelchairs and other mobility aids are initially assessed and regularly monitored for safety issues. Staff are trained on individual patient walking and mobility aids.

All staff must be aware that fall prevention is standard practice and recognise fall risk identifiers. Staff are advised of mobility issues and risk prevention by the Physiotherapist and this is noted in their medical records. Staff must be aware of the child's mobility status (level of assistance required) prior to providing care.

Allowah has a comprehensive risk management programme that recognises the importance of identifying, preventing and managing the incidence of falls and fall injuries. The risk programme includes the screening, assessment and reporting of incidents using the Tickit on Demand system for all patient and staff falls. All incidents are documented in the system and reported immediately to the Registered Nurse in Charge and appropriate actions taken.

All staff are required to attend orientation at the start of employment and mandatory training annually which includes training in safe manual handling and falls prevention.

7.3 Environmental Considerations

For optimal reduction of environmental risk of falls, all staff need to ensure:

- the environment is clear of clutter and the bed area is clear of trip hazards.
- floor surfaces are kept dry and wet floor signage is used where appropriate.
- all clinical areas have appropriate lighting including the use of night lights.
- furniture is positioned and adjusted to allow ease of access and safe use.
- all brakes are applied on equipment when stationary.
- the bed or cot rails are up, they have assessed whether there are any gaps where a child could be injured or trapped and they have considered the use of additional safety precautions, such as a bolster.
- the child is placed in a bed or cot that is appropriate for the child's size and development (may require a low bed), with the brakes on.
- the bed head and foot end are in place on all beds, as per Allowah's protocol.
- the child has appropriate footwear (non-slip) and clothing to prevent tripping.
- toileting needs have been assessed and assistance is given as needed.
- curtains are pulled back to enable full view of the child unless staff attending to changing or otherwise indicated.
- room doors are kept 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 found on the Paediatric Falls Prevention page of the Clinical Excellence Commission website.

These considerations are monitored in the WHS walk around which is carried out monthly.

7.4 Interventions for high-risk patients

Any child scoring 12 or above on the paediatric fall risk assessment tool is at a high risk of falling and must have a Falls Injury Prevention and Management Plan documented in their 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 having a high fall risk status, the interventions in place and documenting in the child's medical record
- accompanying the child when mobilising for the first time, or is assistance has been specified in the care plan

8 POST FALL PROTOCOL

Any fall (or near miss) must be seen as a clinical priority. Unseen damage can be sustained during a fall. 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 and in Appendix 3 of this policy.

8.1 Nursing Assessment

The following procedure is to be followed immediately following a fall:

- Ensure the child is safe from further danger
- Ask for assistance
- Baseline vital signs assessed immediately
- Neurological observations are mandatory for unwitnessed falls or falls with head trauma
- Full body assessment to identify potential injuries e.g. fracture, soft tissue, skin tears
- Establish the details of the fall (witnessed or unwitnessed)
- Inform the Visiting Medical Officer on call immediately following patient assessment
- The child's family / carers must be informed of the incident with 24 hours and this communication documented
- Refer to the Allied Health team as appropriate
- Details are to be documented in progress notes
- Tickit on Demand report to be made

8.2 Reporting

All falls are to be recorded in the Tickit on Demand system and reported to the RN in Charge. Tickit incidents are reviewed by the DON/DDS/WH&S Co-ordinator and any immediate action taken. Incidents are reviewed fortnightly at the Incident Review Team (IRT) and the Allowah Leadership Team (ALT) any recommendations for changes or improvement are made.

9 REFERENCES

http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0004/392908/Paediatric-Falls-Prevention-Statewide-Guidance-Procedure.pdf

Towards enhancing capacity for evidence informed policy and practice in falls management: a role for a "Translation Task Group"? Roslyn G. Poulus, Anthony B. Zwi and Stephen R. Lord

National Public Health Partnership: The National Falls Prevention for Older People: 2004 Onwards

A randomized Controlled trial of standing program on BMD in non-ambulant children with cerebral palsy – J.M. Caulton et al Arch. Dis child 2004

Australian Council for Safety and Quality 2005. Preventing falls and harm from falls in older people; best practice guidelines for Australian Hospitals and aged care facilities;

National Disability Insurance Scheme Act 2013

National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018

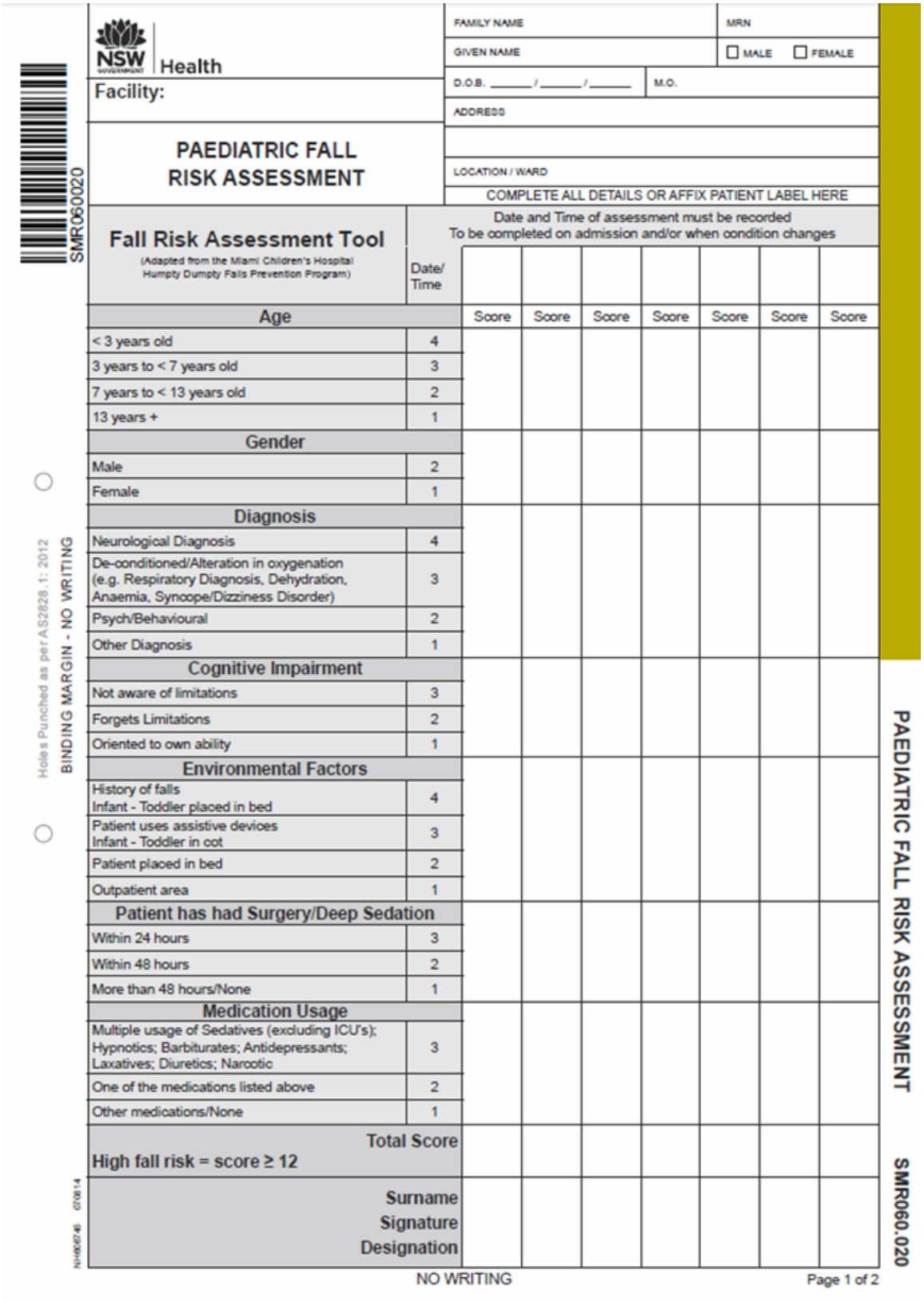
National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

10 KEY PERFORMANCE INDICATORS

Fall risks are minimised and falls prevention strategies are in line with risk prevention programme.

11 APPENDIX 1 – PAEDIATRIC FALL RISK ASSESSMENT



NSW Health

Facility:

PAEDIATRIC FALL RISK ASSESSMENT

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR060020

Fall Risk Assessment Tool

(Adapted from the Miami Children's Hospital Humpty Dumpty Falls Prevention Program)

Date and Time of assessment must be recorded
To be completed on admission and/or when condition changes

		Date/ Time							
Age		Score	Score	Score	Score	Score	Score	Score
< 3 years old	4							
3 years to < 7 years old	3							
7 years to < 13 years old	2							
13 years +	1							
Gender								
Male	2							
Female	1							
Diagnosis								
Neurological Diagnosis	4							
De-conditioned/Alteration in oxygenation (e.g. Respiratory Diagnosis, Dehydration, Anaemia, Syncope/Dizziness Disorder)	3							
Psych/Behavioural	2							
Other Diagnosis	1							
Cognitive Impairment								
Not aware of limitations	3							
Forgets Limitations	2							
Oriented to own ability	1							
Environmental Factors								
History of falls Infant - Toddler placed in bed	4							
Patient uses assistive devices Infant - Toddler in cot	3							
Patient placed in bed	2							
Outpatient area	1							
Patient has had Surgery/Deep Sedation								
Within 24 hours	3							
Within 48 hours	2							
More than 48 hours/None	1							
Medication Usage								
Multiple usage of Sedatives (excluding ICU's); Hypnotics; Barbiturates; Antidepressants; Laxatives; Diuretics; Narcotic	3							
One of the medications listed above	2							
Other medications/None	1							
Total Score								
High fall risk = score ≥ 12								
Surname								
Signature								
Designation								

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PAEDIATRIC FALL RISK ASSESSMENT SMR060.020

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NO WRITING

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NSW Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

PAEDIATRIC FALL RISK ASSESSMENT

Care Actions for all Paediatric Patients

	ON ADMISSION	Date / Time	Signature
ON ADMISSION	Orientate child/parents/carers to room		
	Educate child/parents/carers about the potential fall risk and interventions and provide information		
	Educate child/parents/carers on how to use the call bell - ensure nurse call bell and light is within easy reach		
	Document that a plan of care has been discussed with the child/parents/carer in clinical progress notes		
	Bed/cot rails up. Assess for any gaps where a child could be injured or trapped; consider the use of additional safety precautions, such as bolster		
	Place child in developmentally appropriate sized bed (may require low bed), brakes on		
	Ensure child has non-skid footwear and appropriate clothing to prevent tripping		

Care actions relevant for <u>all children</u> as a component of ongoing clinical care

ROUTINE CARE	Assess toileting needs and assist as needed
	Bed heads and foot ends must be in place on all beds at as per hospital protocol
	If child mobilises with IV pole, ensure equipment is placed close to the centre of the pole, and IV lines are secure
	Ensure environment is clear of clutter and bed area is clear of trip hazards
	Curtains should be pulled back to enable full view of child, unless otherwise indicated
	Ensure adequate lighting and leave nightlight on where appropriate
	Keep room door open at all times unless specified isolation precautions are in use

Additional considerations for <u>high risk (score of 12 or above) patients</u>:

ROUTINE CARE	At clinical handover communicate high fall risk status and interventions in place
	At a minimum check the child every hour if they are unattended
	Accompany the child when they are ambulating
	Consider moving child closer to nurses' station
	Assess need for 1:1 general observation
	Review medication administration times for children
	Engage child's parents/carers in falls prevention interventions

DOCUMENT CARE ACTIONS IN HEALTHCARE RECORD

Acknowledgement to:
Miami Children's Hospital Humpty Dumpty Falls Prevention Program.
NSLHD and CCLHD Falls Prevention Program - Paediatrics Group.
The Children's Hospital at Westmead

For more information scan this with your smart phone ⟶

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au

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SMR060020

12 APPENDIX 2 – FALLS RISK MANAGEMENT PLAN

Patient Sticker

Fall Risks Management Plan

MR 87

Form required for patients identified as high risk from Humpty Dumpty Falls Risk Assessment (≥ 12 score).

Tick the intervention appropriate and applicable:

Environment:

☐ Side rail to be kept up

☐ Side rail to be kept down

☐ Place protective barriers over gaps and spaces in bed (such as end of side rail)

☐ Remove all unused equipment out of patient's room/ corridors

☐ Use of floor-lined bed (provide crash mat on each side of the bed)

☐ Apply brake on bed

☐ Referral for Occupational Therapist to review and ensure safe set up of the ward room, bathroom and toilet. (Recommend techniques and appropriate assistive equipment)

Supervision:

☐ Patient requires directs and constant supervision

☐ Supervise and assistance with transfers

☐ Encourage parents to supervise their child at all times when their child is with them

Nursing Intervention:

☐ Check patient hourly or _____ *(please enter appropriate frequency)*

☐ Assist in and out of bed

☐ Assisting with toileting

☐ Implement use of protective garment *(Must consider restrictive practice)*

Mobilisation support:

☐ Ensure appropriate mobility aids are available for use

☐ Accompany patient with ambulation

☐ Refer to Physiotherapist to advices on safe transfer techniques and prescribe appropriate mobility aid

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Medication:

☐ Review current medication (*Side effect being communicated to parents/ carer*)

Other Individualiced Intervention:

(Intervention can be added by member of the multidisciplinary team when discussed with the RN in charge)

Date	Identified risk factors (*e.g. environmental, mobility*)	Intervention	Initials by whom completed this form

Check points:

☐ Highlight "High Fall Risk" in clinical handover

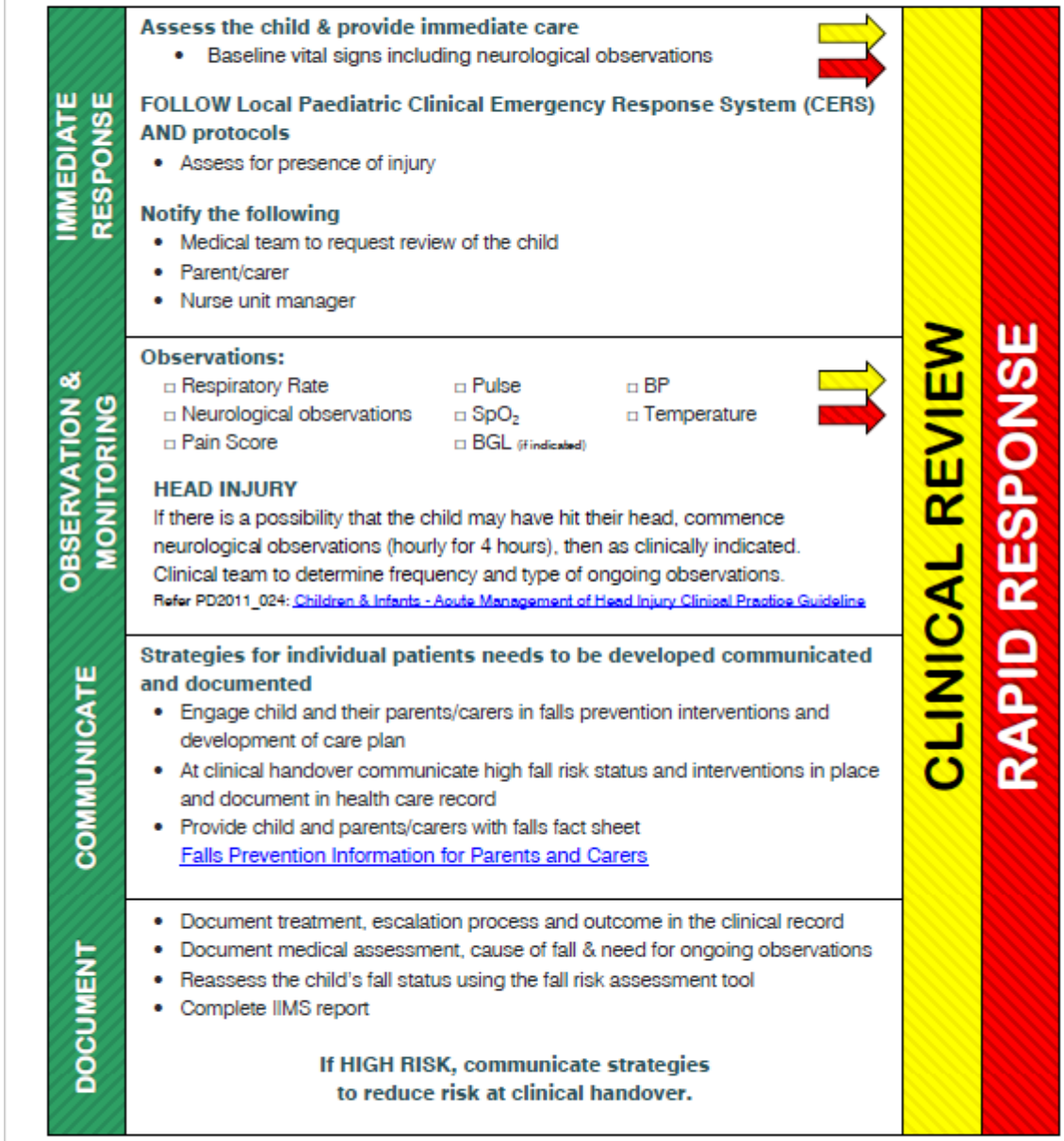
☐ Flag "High Fall Risk" at bed side/ clip board/ folder

☐ A scheduled plan review date (date set by initial assessor) Date: _____

☐ Communicate and provide a copy of the Fall Risk Assessment to the child's parents/carers/guardian

	Date discussed	Staff Member name and signature	Whom Falls Risk was discussed with
Initial Screen			☐ Carer ☐ Unable
Re-screen			☐ Carer ☐ Unable

13 APPENDIX 3 - POST FALL GUIDE PAEDIATRICS



14 APPENDIX 4 - PAEDIATRIC FALLS PREVENTION IN HOSPITAL

PAEDIATRIC FALLS PREVENTION IN HOSPITAL

STATEWIDE GUIDANCE PROCEDURE

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.

Acknowledgement
NSW Falls Prevention Program, Clinical Excellence Commission; NSW Paediatric Falls Committee; Miami Children's Hospital Humpty Dumpty Falls Prevention Program

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.

Note: The Falls Risk Assessment tool is not validated in the neonatal or paediatric intensive care unit. All patients in these environments should have the 'high-risk' care actions implemented.

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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CLINICAL EXCELLENCE COMMISSION

- 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

State-wide Guidance Procedure: Paediatric Falls Prevention in Hospital
Released October 2017, © Clinical Excellence Commission. SHPN (CEC) 170856.

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