	Falls Mitigation Strategies	**Neonatal Nursery** **Policy & Procedures** **Manual**
		Policy Group: Safety/Legal
		Date Approved June, 2012
Approved by: **Gail Cameron** Director, Maternal, Neonatal & Child Health Programs **Dr. Ensenat** Medical Director, Neonatology **Dr. Abe Peliowski** Medical Director, Neonatology		**Date Effective** June 2012
		Next Review June 2015

Purpose

The Covenant Health teams recognize the potential risks of falls for mother and/or infant and have adopted the following strategies to prevent falls within the Intermediate Care Nursery. Aligned with work completed with the Covenant Health Falls Prevention & Risk Reduction Programs.

Policy Statement

In view of the fact that all obstetrical patients in Covenant Health are deemed as High Risk for Falls and may be directly responsible for their infants, all infants in the Intermediate Care Nursery will be categorized as " High Risk for Falls"

Applicability

All Covenant Health Neonatal Nursery Staff and physicians

Procedure

"ALL OUT OF BED ACTIVITES, FALL RISK EVALUATED AND FINAL DECISION PER RN ASSESSMENT"

<u>Infant</u>

Assess for fall risk:
1. Check bed area – i.e. side rail up on overhead warmer or Kanmed bed, port holes closed and doors latched on isolette, bassinet in stable position in base, brakes on and engaged.
2. Preparation for transfer – nurse/parent/child in a stable position, all equipment/ cords secured, resuscitation equipment available if required.
3. Post transfer - babies' airway stable, NTE intact, cords/IV lines secured, mom or significant other aware of help available. Call bell readily assessible.

Transfer of Infant within unit:
1. Check surrounding area – no obstruction in transfer area i.e. cords/IV tubing floors dry, second nurse available if required.
2. Distance of transfer – mode of transfer to be evaluated/assessed by RN
   i.e. transfer of infants outside of pod area – crib to be utilized
   i.e. transfer of infant to weigh scale – (area safe) in mom's arms

Fall
1. Priority is support of the patient.
2. Any patient who does fall must have a post falls assessment. Follow the post fall procedure as specified in the Falls Management Procedure #II-30.

Definitions

A Fall – event that results in a person coming to rest inadvertently on the ground or floor or lower level with or without an injury

Types of Falls

Near Fall: sudden loss of balance that does not result in a fall or injury. Can include a person who slips, stumbles or trips but is able to regain control prior to falling.

Intercepted Fall: Patient is assisted to ground or other surface. This fall is witnessed.

Fall: Patient experiences a fall or is found on the ground or other surface. May be witnessed by staff. Patient may or may not be able to explain how he/she fell.

Other Fall: A witness reports a fall that occurred during the hospitalization or visit. Fall may not have been previously reported to staff or witnessed.

Related Documents

Falls Prevention and Risk Reduction, Edmonton Acute Care Patient care Policy & Procedures Manual, II-30
http://www.intranet2.capitalhealth.ca/GNH-Policies/Patient%20Care%20Draft%20Site/II-30.pdf
Fall Mitigation Strategies, Women's Health Obstetrics
Intrahospital Transfer of Neonatal Patients
Interhospital Transfer of Neonatal Patients
Safety Guidelines - 2010
Skin to Skin Care – Procedure 2012
http://www.intranet.cha.ab.ca/nicu/pages/policiesprocedures/policiesprocedures_new.htm

Revisions

New

Signing

_____   _____
GAIL CAMERON   **DATE**
DIRECTOR
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

_____   _____
DR. SANTIAGO ENSENAT   **DATE**
MEDICAL DIRECTOR
NEONATAL PROGRAM
COVENANT HEALTH
GREY NUNS HOSPITAL

_____   _____
DR. ABE PELIOWSKI   **DATE**
MEDICAL DIRECTOR
NEONATAL PROGRAM
COVENANT HEALTH
MISERICORDIA HOSPITAL