

## Queensland Paediatric Emergency Care

## Skill Sheets

# Keeping Infants & Children Safe in Hospital

Emergency Departments are busy environments filled with hazards that are both familiar and unfamiliar to patients and their families. Examples include medical equipment (ie. cords, sharps) chemicals (medicines, cleaning products) and general hazards (trips and slips). These can pose risks to children and their families. Therefore, it is important to maintain vigilance in creating and keeping a safe environment for children and their families whilst they are in the emergency department.

It is essential that at the beginning of each shift and between patients, that a bedside safety check is completed. This includes checking that oxygen and suction equipment is functional and ready to use. It also involves inspecting the area for any risks to the patient.

## Caregiver - a role of great importance

Ensure caregivers always remain with their child during their stay in the emergency department to oversee their safety. Caregivers may have to leave temporarily to go to the toilet or to move or collect belongings from the car. If this is the case, work with the caregiver to ensure someone continues to oversee the safety of the child in the emergency environment. Utilise the appropriate resources that are available in your department (eg. AIN, USIN, hospital volunteer).

## Cots and beds

- Lower the bed close to the ground. This makes it easier for the child to safely get in and out of bed. It also minimises a potential fall from height.
- Ensure bed and cot rails are utilised at all times and teach parents how operate the cot/bed specific to the room that their child is in.
- For infants, ensure Safe Sleeping practices:
  - Place the baby on their back.
  - Ensure the head and face are uncovered.
  - Place their feet at the bottom of the cot.
  - Ensure bedding is tucked in and secure.
  - Remove any bumpers, pillows or soft toys from the cot.

## Choking hazards

Infants and young children will often put objects other than food in their mouth and this can lead to choking. Some examples of potential choking hazards in the emergency department include:

- plastic ampoule tops
- discarded IV bungs
- toys with small pieces
- paediatric pathology tubes or their plastic tops
- small dressings



## Poisoning hazards

Poisoning is another risk of young children putting objects and substances in their mouth. Examples of poisoning hazards include:

- medications
- cleaning solutions and wipes
- chemicals (eg. acetone, potassium permanganate)
- broken hot or cold packs

## Strangulation hazards

When left unsupervised infants and young children can easily become entangled in cords resulting in strangulation. There are a number of cords in the emergency department such as:

- electrical cords
- intravenous lines
- monitoring leads (such as SpO<sub>2</sub> cords & ECG leads)

Ensure all unused cords are stowed away. Cords using during active monitoring or treatment should be well clear from the neck region.

Older children and adolescents may also be at risk of strangulation from equipment at the bedside if suicidal ideation is a component of their presentation. If a patient is assessed to be at risk of suicide, equipment that could be used as a strangulation device should be removed from the room.

## Burning hazards

Burns can result from chemicals, thermal exposure, radiation or electricity. Some examples of potential burn hazards include:

- Hot drinks such as tea and coffee pose a scald risk to infants and young children. Ensure all hot drinks are covered with a lid and out of reach of children.
- Never heat Expressed Breast Milk (EBM) or formula in a microwave. Microwaves have been shown to heat unevenly. This means some of the milk may feel the correct temperature whereas some may be too hot leading to a scald.
- Chemical burns can occur from medications delivered via intravenous cannulas that have become dislodged from the vein and into the surrounding tissue - always ensure cannulas are flushed and working well prior to administering IV medications. Hourly IV cannula site checks are required where medications are being administered.
- SpO<sub>2</sub> probes can cause burns and pressure areas and should be rotated second hourly.
- Topical anaesthetics not removed at the correct time also pose a risk for skin burns.

## Other potential hazards

- Never leave sharp objects such as scissors, scalpels or needles within reach.
- Ensure equipment is secure and IV poles are not over loaded.
- Ensure all doors remain closed e.g. medication room, dirty utilities, treatment room.



## Further information:

[CHQ Fact Sheet: Keeping your child safe from falls \(QH only\)](#)

[CHQ Procedure: Children - Safe Sleeping and Co-sleeping in Hospital \(QH only\)](#)

## References:

Queensland Health State-wide ED Nurse Educator Committee, Lucas, L., Opie, A., Ruff, C., Booker, C., Armit, L, QEDSAP, HIU. (Eds.) (2021). In Queensland Health: Transition Support Program - Emergency. Module 2 - Paediatric Care in the Emergency Department (5th ed.). State of Queensland (Queensland Health).

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## Skill Sheet Disclaimer

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- Providing care within the context of locally available resources, expertise, and scope of practice.
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.

- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

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