

Slide 1 - Preventing Childhood Falls

This presentation was developed by the Child Injury Prevention Program at the Saskatchewan Prevention Institute.

The Saskatchewan Prevention Institute is a provincial non-profit organization that strives to reduce the occurrence of disabling conditions in children. The Saskatchewan Prevention Institute provides information, training, and resources based on current best evidence. Their slogan, "Our Goal is Healthy Children", guides the Prevention Institute's work. The Prevention Institute believes that children of all abilities have the right to the best physical, social, and emotional health possible.

One of the areas the Prevention Institute works in is child injury prevention. The Child Injury Prevention Program works to raise awareness of injury risks and best practices to reduce the number of injury-related hospitalizations and deaths in children and to decrease the risk of life-altering injury. Injuries remain a leading cause of death and disability for children in Canada. Saskatchewan has a particularly high rate of child injury. Taking preventative action is important for the health and well-being of all children.

The focus of this presentation is on falls, which are the leading cause of injury-related hospitalizations in Saskatchewan children and youth. Information about where and why falls happen is included, as well as tips for preventing falls and the serious injuries that can result from them.

Slide 2 – Child Injury in Saskatchewan

A lot of children in Saskatchewan get injured every year. Some of these children have to go to the hospital. Some even die.

Between 2004 and 2013, there were an average of 69 injury-related deaths of Saskatchewan children and youth under the age of 20 each year. For every Saskatchewan child that died due to injury, approximately 24 children were hospitalized. This means that there were 1,657 injury-related hospitalizations on average each year. This number does not include the children that were seen in minor emergency, doctors' offices, or treated at home for injuries. These numbers only reflect those that were admitted to the hospital, which means the number of children injured each year is actually much larger.

It is important to remember that the vast majority of injuries are predictable and preventable. Focusing on the prevention of injuries is an important way to reduce childhood hospitalizations and deaths.

** For more information on child and youth injury in Saskatchewan, view the Child and Youth Injury in Saskatchewan 2004-2013 summary at <https://skprevention.ca>. Type 4-009 in the search bar. For the full report, type 4-007 into the search bar.*

Slide 3 – Facts About Falls

As mentioned previously, falls are the leading cause of injury-related hospitalizations in Saskatchewan children and youth. A total of 3,335* Saskatchewan children and youth were hospitalized due to falls from 2004 to 2013. 45 per cent of these fall-related hospitalizations were in children under the age of 10. The children most likely to be hospitalized due to a fall during this time were males between the ages of 1 and 4 years.

Playground falls are a separate category of falls. Information about these and related prevention tips will be highlighted at the end of this presentation.

**These numbers only include the children who were hospitalized due to falls. Children who were seen in emergency rooms or medical clinics, and those who did not receive medical treatment, are not included in these numbers. These numbers also do not include sports-related falls or playground-related falls.*

Slide 4 – Facts about Falls: Why are children falling?

Falls from one level to another were responsible for almost half of all fall-related hospitalizations. These included falls from beds, chairs, and other furniture; falls from trees; and falls from diving or jumping into water.

Other falls that result in hospitalization for children include falls on stairs, slips and trips, and falls while being carried.

**For more details on fall-related hospitalizations in children under the age of 10, visit www.skprevention.ca and type 4-402 in the search bar.*

Slide 5 – Reasons Why Children are More at Risk for Fall-Related Injuries

Children's curiosity, physical development, and problem-solving skills, as well as caregivers' readiness for developmental milestones and supervision are all linked to the risk of falls.

Curiosity - Children are naturally curious and learn by hearing, touching, and tasting the things around them. Children may not understand that they can be seriously injured by something in their environment. For example, children can fall if they climb onto furniture to get to something that interests them. They can also fall if they try to climb out of their crib or over a gate on the stairs.

Physical development - Children's physical development must be considered when discussing fall-related injuries. Children are not just "small adults". They differ from adults in many ways, which can put them at an increased risk for injury. An example of a physical difference is that children's heads are large and heavy compared to the rest of their bodies (and compared to adults). This larger head size can affect small children's balance and can put them at an increased risk of a fall. It also makes serious injuries from falls more possible, such as head and neck injuries.

Problem-solving skills - Problem-solving skills, such as recognizing hazards, can be difficult for young children because their brains have not developed to the point of being able to do so. Children need adults to help them problem-solve to stay safe. For example, a child who is four years old may not be able to recognize that leaving toys on the stairs is a tripping hazard.

Developmental milestones - Injuries often happen when a child reaches a developmental milestone that caregivers are unaware of and/or unprepared for (e.g., rolling over, standing up, learning to grab). Knowing what to expect at different stages of growth and development can help reduce the risk of injury. Caregivers can adjust the environment and/or their own behaviour to provide a safer environment. An example would be a child who is four months old and not yet crawling. Installing baby gates on stairs before he can crawl is one way to be prepared ahead of time to prevent a fall.

Supervision - Injuries often happen when caregivers are not directly supervising young children. Direct supervision means that a caregiver is within arm's reach and is watching what the child is doing. The younger and/or more impulsive the child, the more important it is to stay within reach of the child so the caregiver can move quickly to stop behaviours that might result in an injury. Caregivers who are attuned to their children's skills and abilities will know when it is safe to give more freedom. A child who is 3 requires very different supervision than a child who is 8. Supervision can change depending on the child's developmental stage and his individual needs. Effective supervision means the right combination of physical closeness to the child and attention to what the child is doing.

Slide 6 – Hazard vs Risk

There is a difference between a hazard and a risk. A hazard is a danger in the environment that could seriously injure a child and **is beyond the child's ability to recognize**. A risk is the challenge or uncertainty in the environment **that the child can recognize and learn to manage by setting her own limits and building her skills**.

When it comes to fall prevention, it is important to think about the differences between hazards and risks. For example, a potential hazard would be a rotted tree branch that the child is unaware of and does not yet know how to identify. This hazard must be managed by the adult supervising. A risk would be climbing a healthy tree. This is a risk that can be managed by the child – she can decide how high to climb and can increase her skills over time to be able to climb higher.

Slide 7 – A Note about Active Play

Active play, sometimes also known as risky play, is play that allows children to test their limits in order to learn new skills. Research shows that active play helps children learn how to make decisions, navigate risks, and avoid injuries. Children need to learn about and test their own limits in order to develop new skills. As shown in this image, these children are learning about balance as they move over the rocks. Each child has differing abilities, and their abilities and perception of risk will change as they develop.

Play should take place in a space where adults manage any hazards, but children manage the risks or challenges. Children need lots of opportunities for active and independent play. Exploring the woods is another example of active play. This type of play includes things like climbing over logs, climbing trees, moving fast and slow, and taking large and small steps around rocks and branches. This type of play allows children to test their boundaries, and learn about what they can and cannot physically do. While there is risk of injury, the risk is small in comparison to what they will learn about making decisions and avoiding hazards.

Slide 8 – Prevention Falls: Accidents?

People often talk about injuries as “accidents”. Accidents are random, occur without warning, and have no cause or explanation. Using the term “accident” when talking about injuries suggests that nothing could have been done to prevent the injury. Injuries are NOT accidents. The majority of injuries are predictable and preventable. In order to understand what caused the injury and how to prevent future injuries, it is important to think about what happened before the event, during the event, and after the event.

Using an example of a young child falling out of a window, we can break down the event.

Before the event – There was no window lock and the caregiver was not supervising the child.

During the event – Child sustains a head/neck injury from the fall.

After the event – Child is taken to the hospital and receives treatment. The chair is removed from that room, more supervision is provided and a lock installed on the window.

Slide 9 – How to Prevent Childhood Falls

To prevent childhood falls there are effective tips that can be helpful.

As with all child-related injuries, active adult supervision is the most important method of prevention. Use safety equipment. This includes safety straps on strollers, high chairs, and activity swings. It also includes window guards, baby gates, and safety latches on drawers to prevent climbing.

Make the area safe. For example, keeping the entrance to the home free of clutter so no child trips on an item and falls. Creating a safe home environment is important to ensure children can explore and

experience the world around them without the risk of serious injury. Another example would be moving a toddler out of her crib and into a low bed before she is tall enough to climb over the rails.

Teach safety skills. Older children can be taught about safety behaviours and how to recognize hazards so that they can play a role in keeping themselves safe from injuries. An example would be teaching a child to turn on the light before going down the basement stairs. Poor lighting in a stairway may lead to a fall.

Set a good example. Children learn from the adults around them. Caregivers can teach children a lot about preventing injuries just by being good role models. Children will imitate the actions of adults.

Slide 10 – ALTER for Child Safety

ALTER is a system that helps parents prevent injuries at home. This website was designed by the University of Guelph in consultation with local health departments as part of an injury research project.

The ALTER letters stand for:

Activities

Location

Timing

Environment

Resources

Changing each of these can help to prevent falls and other injuries.

Activities – changing what the caregiver is doing or what the child is doing as a way to increase a caregiver’s ability to supervise. For example, a caregiver can set up a drawing space or fun activity at the kitchen table for the child to do while the caregiver is preparing a meal.

Location – moving to a better location to see the child or moving the child to where the caregiver is. For example, a caregiver can fold the laundry on the floor in the living room while the child is playing.

Timing – changing the timing of the activity. For example, doing tasks that require a lot of focus such as paying bills while the child is sleeping, so the caregiver can be present while the child is playing in the backyard.

Environment – adapting the space around the child to keep her safe. For example, the caregiver can rearrange the furniture to give a better view of the child’s activities. Safety equipment can also be used (e.g., baby gates on stairs, wall anchors on dressers and shelving units).

Resources – ask for help and use what you have learned. Caregivers can arrange for another person to provide care for the child while she does tasks that require a lot of attention (e.g., painting the house). Between 2004 and 2013, 879 children under the age of 10 were hospitalized due to a playground-related fall. Almost 80% of these falls were in children between the ages of 5 and 9 years. When the type of playground equipment was reported, the most common type of playground equipment that children fell on or from was trampolines (42%), followed by monkey bars (30%) and slides (10%).

Slide 11 – What to Say to Kids Instead of “Be Careful!”

Children can learn to reduce their risk of injuries from falls as they develop and learn to set their own limits. Caregivers can help with this by helping children increase their own awareness and their ability to problem solve.

When a child is playing outside, have you heard an adult say, “be careful”, “get down”, “that’s too high”, or “don’t do that”? Although the caregiver wants to keep the child safe, these phrases do not help children to identify hazards or to problem solve for themselves.

This slide has examples of what can be said instead of “be careful” to help prevent a fall. For example, if children are outside and wanting to climb a tree, the caregiver can ask “is that branch strong enough to hold you?” As they are moving over a rocky area, the caregiver can tell them to move their feet carefully or can ask them if the rocks feel stable. If they climb on a rock climbing wall, the caregiver can ask if they are feeling scared or excited to help them identify their limits.

The perception of the risk of falling will be different for each child and will change as the child develops and grows. Caregivers need to learn their child’s level of ability and support the child to take on increasing challenges to help him master skills.

Slide 12 – Playground Falls

Between 2004 and 2013, 1,071 children and youth were hospitalized due to a playground-related fall in Saskatchewan. 65% of these falls were in children between the ages of 5 and 9 years. When the type of playground equipment was reported, the most common type of playground equipment that children fell on or from was trampolines (42%), followed by monkey bars (30%) and slides (10%).

For more information about trampoline safety, please visit <https://skprevention.ca/safety/trampoline-safety/>.

Slide 13 – Preventing Playground Falls

The following tips can help prevent fall-related injuries at the playground or in your backyard. Again, active adult supervision is the most important method of injury prevention. Caregivers should stay beside their child as he learns to climb and play on a structure until the caregiver is sure of the child’s abilities.

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It is also important that caregivers check that the equipment is the right size for the child to play on. If the child cannot climb on to the structure herself, it is a sign that the equipment is not the right size. As mentioned in a previous slide, this is about altering the environment or choosing a space that is more appropriate for the child’s developmental stage.

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Many of the same tips discussed for general falls also apply to playgrounds.

Make the area safe – surfaces around playgrounds should be soft. For example, pea gravel, sand, wood chips, or shredded rubber should be used.

Use safety equipment– equipment above the ground should have handrails and guardrails.

Teach safety skills – teach your child to use safe play habits including taking turns, not pushing other children, and looking before jumping.

Slide 16 – Websites

Here is a list of websites with more information on preventing fall-related injuries and other types of injuries.

Saskatchewan Prevention Institute – a non-profit organization with a focus on reducing the occurrence of disabling conditions in children using primary prevention methods.

Prevent Child Injury – a combined effort of Ontario Public Health Services that shares the most up-to-date child safety information.

Parachute Canada – a leading national injury prevention organization.

ALTER for Child Safety – a system that helps parents prevent injuries at home. This website was designed by the University of Guelph in consultation with local health departments as part of an injury research project.

Safe Kids Worldwide – a nonprofit organization working to help families and communities keep kids safe from injuries.

Slide 17 – Saskatchewan Prevention Institute

For more information, contact the Saskatchewan Prevention Institute at www.skprevention.ca or 306-651-4300.