

Slips, Trips and Falls Policy

(non patient)

Type of document

Please tick the relevant box:

- Policy (must do)
- Guidance (should do)
- Protocol/procedure (must do)

Directorate Responsible for Policy:	Human Resources
Name of responsible board/committee:	Health & Safety Committee
Post Holder Responsible for Policy:	Health & Safety Adviser
Contact Details:	Health & Safety Department 2411
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1.0	Health & Safety Advisor	September 2007	
2.0	Health & Safety Advisor	February 2011	Wording changes to 4 sections
3.0	Health & Safety Advisor	May 2014	Minor Re-write of wording and Root Cause Analysis tool added

4.0	Health & Safety	March 2017	Addition of falls chart comparable to patient falls policy
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Appendix A: This contains supplementary information and guidance regarding minimising slips and falls as well as examples of incidents / issues within the Trust.

Appendix B: This contains the root cause analysis tool

Appendix C: Falls Flow chart

Note

[For patient fall prevention \(see section 2\) go to the Patient falls prevention policy](#)

1. Introduction

The Health and Safety at Work etc Act 1974 requires employers to ensure the health safety and welfare of all their employees and all those who may be affected by their work.

The Workplace (Health Safety and Welfare) Regulations 1999 require every floor in a workplace and the traffic route in every workplace to be kept free from obstructions and from any article or substance which may cause a person to slip trip or fall.

The Management of Health and Safety at Work regulations 1999 place a duty on employers to carry out suitable sufficient risk assessments to ensure persons are not being put at risk.

Salisbury NHS Foundation Trust understands and accepts its responsibilities under health and safety law and will do whatever is necessary to reduce the risk of slips trips and falls to all persons under its duty of care to the lowest possible level.

All staff should be made familiar with these guidelines and managers should be effectively ensuring that staff comply with them.

Both employers and employees have a legal duty to ensure there is a minimal risk of injuries caused by slips, trips and falls.

Proactive surveys and inspections of departmental areas should be undertaken at regular intervals and risk assessments completed using appropriate Trust risk assessment forms. Control measures need to be recognised, improvements identified and an identified risks escalated upwards in the management system. This can also be through union representatives and/or through the safety committee system. Any hazard which can not be removed or the risk reduced, must be reported.

2. Purpose

A clear message from the Health and Safety Executive (HSE) is that; *'People rarely slip on clean dry floors'* and *'Most trip injuries at work are caused by poor floor condition and bad housekeeping'*

According to a recent HSE report, Slips and Trips resulting in falls are the most common cause of major injuries in all workplaces in Great Britain and the second biggest cause of over 7-day injuries. The aim of this Policy is to give guidance on how reduce the number of slips and trips within Salisbury NHS Foundation Trust to the lowest possible level.

This policy is mainly designed to apply to all non patient care areas where there may be slips, trips and falls. However, it should be read in conjunction with the patient Falls Prevention Policy which places greater emphasis on the assessment and management of in-patient falls.

3. Roles and Responsibilities

3.1 Managers

Managers have the duty of care to ensure that their work premises are safe and without risk to health. They must ensure all staff have attended a Trust induction session where slips/trips/falls are covered in the programme under health and safety.

Where an incident is reported on the Trusts incident reporting system, all managers will conduct a root cause analysis, by filling in Appendix B, of any reported slip, trip and fall and append this to the incident.

It is the manager's responsibility to Plan, Monitor and Review. Regular inspections of pathways, corridors, workplaces and rooms should be part of that plan to ensure that the maintenance, including good housekeeping, is of the highest standard. Staff should be encouraged to discuss any issue of potential slips and trips with their manager at any time.

Each manager is responsible for ensuring that a robust and effective program is developed to ensure that risk of injuries from a slip or trip is reduced to the lowest possible level. In order to carry out this responsibility effectively, managers should, where appropriate, devise and implement a good risk management system which should include;

- **Planning;** Identify key areas of risk and set goals for improvement. Managers should work with employees to identify areas on site that they think are a slipping and tripping risk. Careful selection of materials, equipment and work practices can prevent or contain slip hazards such as liquids, fine powders and objects.
- **Organisation;** Employees need to be involved and committed to reducing risks. Supervisors, key workers and Ward Sisters etc should ensure the ward or work area is kept safe e.g. getting spillages cleaned up quickly, keeping access routes clear and ensuring lighting is maintained. The organisational details should include contractors.
- **Control;** Check to ensure that working practices and processes are being carried out properly e.g. floors are not left wet after cleaning, housekeeping is good, leaks or spills from equipment are dealt with quickly and that floor access is free from obstruction.
- **Reporting;** In spite of best efforts, there will occasionally be accidents resulting from a slip or trip. All incidents and near misses should be reported immediately on the Trust incident reporting system. If the hazard still remains, a risk assessment should be carried out, control measures identified and plan for improvement made. Please refer to the Risk Assessment Guidance which can also be found on ICID.
- **Investigation;** As with any accident or untoward incident, the event should be investigated without delay. Preventative measures should be put into place to prevent a recurrence.
- **Record;** Investigate and record all incidents involving slips and trips – including near misses, as per the reporting policy. Record in particular significant risks and undertake a Risk Assessment using the Trust Risk Assessment Forms and guidance (available on ICID).
- **Monitor and review;** Monitor accident or near miss investigation and inspection reports and regularly review completed risk assessments. Involve the safety representatives. Employees should be encouraged to be involved in reviewing existing control measures.

Employees are best placed to assess the effectiveness of the measures implemented to reduce the risks of slipping and tripping.

3.2 Health & Safety Advisor

They will investigate all incident that result from a slip, trip or a fall, where they do not have a manager assigned to the report, and conduct a root cause analysis (see Appendix B). Common areas and the outside estate would be such categories.

3.3 Health & Safety Advisor & Risk Team

The Trust site is inspected by the Safety Advisor and a member of the Risk team at least annually. All walkways of the external estate are assessed, all areas accessible to the general public excluding wards and clinical areas. Hazards relating to slips, trips and falls are identified and reported for remedial action to the head of estates via the Health & Safety Committee.

3.4. Health & Safety Representatives

Health and safety representatives can be a great asset in identifying potential hazards and can be included in root cause analyses generated as a result of an incident.

3.5 Employee responsibilities

Employees have a responsibility under health and safety law to not endanger the health and safety of themselves or others whilst at work.

All employees should be fully conversant with these guidelines. Employees should be made aware and also be appropriately informed or trained by their manager where exceptional circumstances apply such as catering departments or assisting in showers/bathrooms etc.

It is everyone's duty to report any slip or trip hazard if it cannot be immediately rectified.

Should an accident, injury or 'near miss' occur, it must be reported using the Trust's reporting systems. A reactive survey and inspection should then follow, as outlined above, to prevent or minimise the risk of recurrence

Report the hazard to:-

- Department Supervisor / Line Manager
- Health & Safety or Occupational Health
- Risk Management.

In most cases, warning cones or wet floor signs are an acceptable temporary warning until the hazard no longer exists or has been removed. Don't walk away to report it if the hazard remains exposed - summon help. In case of difficulty, contact the Housekeeping department.

Data on slips/trips and falls (excluding inpatients) is reported and reviewed by the Health and Safety Committee. Awareness raising campaigns shall be co-ordinated through the Safety Advisor.

4. Risk Assessments

All employers have to assess the risks to employees and others who may be affected by their work e.g., visitors and members of the public. This helps to find out what needs to be done to control the risk. It is also needed to satisfy the law. Further information and guidance on how to carry out a risk assessment can be found in the Risk Management Policy. The policy is available via ICID.

The Health and Safety Executive (HSE) recommend a five step approach to risk assessment and slips trips and falls should be among the risks examined.

Step 1 Look for the slip and trip hazards around the workplace such as uneven floors, trailing cables, areas that are sometimes slippery due to spillages. Include outdoor areas and falls from height.

Step 2 Decide who might be harmed and how? Who works or comes into the workplace? Are they at risk? Do you have any control over them? Remember that older people and people with disabilities may be at particular risk.

Step 3 Consider whether the current control measures adequate to deal with the risks?

Step 4 Record your findings

Step 5 Regularly review your assessment, every 6 – 12 months. If any significant changes take place, the assessment should be reviewed at that time to make sure existing precautions and management arrangements are still adequate to deal with the risk.

5. Root Cause Analysis Principles

To help you with your risk assessment it would be useful for you to know the principle causes of slips trips and falls, based on accident statistics given by the HSE.

The four main causes of slips and trip accidents in Healthcare are :-

- slippery/wet surfaces – caused by water and other fluids;
- slippery surfaces caused by dry or dusty floor contamination such as plastic, lint or talcum powder;
- obstructions, both temporary and permanent;
- uneven surfaces and changes of level, such as unmarked ramps.

Other causes include factors such as poor level of lighting and external glare; human factors such as employees rushing; running or carrying heavy or cumbersome items; the wearing of unsuitable footwear or the use of improper cleaning regimes.

Studies have shown that carrying even a light load can effect gait patterns and increase the risk of falling, especially among older people.

1. Taking Preventative Action

There are many things that can be done to prevent slips and trips. The main task however is to identify the causes. Here are a few suggestions:-

Start by visiting areas where people walk and work, making observations of possible hazards. Consider all persons such as staff, patients, visitors, children, elderly and the disabled – which should include the poorly sighted and also include environmental changes. Any hazards that are identified should then be risk assessed.

2. Action required following a Risk Assessment

Following your Risk Assessment decide on what action to take and from the hierarchy of control measures consider:-

- 1) Elimination - remove the hazard altogether
- 2) Avoidance – keep persons away from the hazard by physical safeguards
- 3) Control by safe systems of work.
- 4) Control by the use of personal protective equipment

This hierarchy runs from first preference to last resort.

3. Root Cause Analysis

A basic RCA tool is attached in Appendix B

6. Training

General training will be given during the Health and Safety Overview. The sessions are arranged every month for the benefit of the new starter and other interested parties.

However, all managers and employees must be aware of the risks and take a responsible approach to reduce the risks to the lowest practicable level as set out in this document.

Some departments have specific localised training such as Housekeeping, Catering and Estates Services departments which, by the nature of their work, are directly related to the prevention of slips trips and falls Further departmental sessions can be requested via the Safety Advisor ext 2411

7. Consultation, Approval and ratification Process

This policy will be approved by the health & safety Committee in consultation with the health and safety union representatives.

8 Review and Revision Arrangements including Version Control

This will be through the health & safety manager who will co-author the document with the health & safety adviser. The manager will hold an original copy and archived copies will be held by the Department.

9. Dissemination and Implementation

The policy will be made available on the intranet and be broadcast and available through cascade brief. The policy will be found under policies>human resources> collective agreements. It will also be highlighted in health and safety awareness sessions at induction.

10. Monitoring Compliance With and the Effectiveness of Procedural Documents

Compliance with this policy is the responsibility of all staff. The effectiveness will be monitored by the health & safety committee through statistical analysis.

11. References

Health & Safety at Work (etc) Act 1974

Management of Health & Safety at Work Regulations 2003

The Workplace (Health Safety and Welfare) Regulations 1999

12. Appendices

Appendix A: This contains supplementary information and guidance regarding minimising slips and falls as well as examples of incidents / issues within the Trust.

Appendix B: Root cause analysis tool.

Appendix C: Equality Impact Assessment