Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

TITLE: Guidance for the Prevention of Slips, Trips and Falls in the Workplace

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Lead Division:	Director of People		
Lead Specialty:	Human Resources		
Author:	Health and Safety Manager		
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Name the documents here or record not applicable	
Associated Policy	Slips Trips and Falls Prevention Policy 2026 Incident Reporting Policy Risk Management and Assurance Policy
Associated Procedure(s)	
Associated Pathway(s)	
Associated Standard Operating Procedure(s)	
Other associated documents e.g. documentation/ forms	

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1 Introduction / Background / Definitions

1.1 This Guidance applies to all activities and all areas of Sherwood Forest Hospitals NHS Foundation Trust, with the exception to access footpath and walkways outside of the perimeter of the Trusts facilities.

1.2 The purpose of this Guidance is to establish an overall framework for the prevention of Slips, Trips and Falls with regard to activities carried out at all Sherwood Forest Hospitals NHS Foundation Trust locations and to provide information and guidance on the required methods to achieve this

1.3 This Guidance is approved by Sherwood Forest Hospitals NHS Foundation Trust referred to hereafter as the **Trust** and forms an integral part of the arrangements appended to the Trust Health and Safety Policy.

1.4 Slips, trips and falls are the most common cause of major injuries in the workplace in Great Britain. Slips, trips and falls are not an inevitable part of the healthcare industry – they can and should be prevented

1.5 This Guidance is intended to cover staff, volunteers, contractors, patients and all other visitors to the Trust. Falls are amongst the most reported incidents at the Trust

1.6 Patient and Staff safety is a key priority within the Trust. Falls can affect individuals of all ages with older people being especially vulnerable. Falls are a particular clinical concern because of the frequency at which they can occur and also because of the physical, psychological and social consequences.

1.7 Falls are a major cause of disability and nationally a leading cause of mortality. A fall can precipitate the need for long-term care; fear of falling can provide a significant limitation on daily activities and long-term psychological difficulties for the older person.

1.9 Slips, trips and falls can be minimised through planning and positive management with good housekeeping being an essential part of the prevention of slips, trips and falls.

Definitions

There are many definitions of falls within the healthcare setting. However, it is important to identify a practical definition that is workable in the clinical setting, as the current lack of conformity has led to vast differences in auditing and researching the numbers of falls. We feel that these definitions, can also apply to staff, visitors, voluntary workers and contractors:

1.10 FALL – A fall is an event which results in the person or a body part of the person coming to rest inadvertently on the ground or other surface lower than the person, whether or not an injury is sustained.

1.11 SLIP – A slip is to slide accidentally causing the person to lose their balance, this is either corrected or causes a person to fall.

1.12 TRIP - A trip is to stumble accidentally often over an obstacle causing the person to lose their balance, this is either corrected or causes a person to fall

2 Aims / Objectives / Purpose (including Related Trust Documents)

2.1 This document is intended to provide guidance for managers and staff on how to prevent slips, trips and falls at Sherwood Forest Hospitals NHS Foundation Trust.

2.2 Nothing in this Guidance imposes on the Trusts or its staff any duties in excess of those set out within the Health and Safety at Work Act 1974 or common law.

2.3 Related Trust Documents

Slips, Trips and Falls Prevention Policy
Falls Policy
Incident Reporting Policy
Risk Management and Assurance Policy

3 Roles and Responsibilities

3.1 Chief Executive

3.1.1 The overall responsibility for ensuring the Trust has systems in place for dealing with Health and Safety including slips, trips and falls risks rests with the Chief Executive. However, the Chief Executive delegates the authority for the development of this policy to the Executive Director of Human Resources and for the implementation of the policy to Divisional General Managers and Departmental and Ward Leaders.

3.2 Divisional General Managers

3.2.1 Co-ordinate the delivery of risk assessments and ensure that they include necessary control measures to eliminate or minimise the risks of slips, trips and falls in that area.

3.2.2 Implement this policy and to ensure that all workplaces provided for the use of their staff is done so in accordance with this policy and to take all reasonable steps to ensure that these areas are maintained and where necessary improved.

3.2.3 Ensure systems are in place to review all incident forms prior to approval to ensure that the forms are completed in full and that immediate actions are identified and implemented to prevent recurrence.

3.2.4 Ensure that any damaged / broken surfaces that pose a risk and/or require repair are reported immediately to the help desk by email or telephone (Ext 3005).

3.2.5 Significant slip and trip incidents are investigated to identify the underlying causes and learn lessons, in accordance with the Trust's Incident Reporting Policy.

3.3 Ward and Department Managers

3.3.1 Undertake suitable and sufficient risk assessments for the management of slips, trips

and falls, seeking the assistance of the Trust's Health and Safety Manager if necessary.

3.3.2 Ensure that all staff are fully aware of local health and safety issues and safe systems of work. That regular safety inspections / audits of health and safety standards are undertaken and that the audits cover common slip and trip hazards.

3.3.3 Ensure that any damaged / broken surfaces that pose a risk and/or require repair are reported immediately via the Medirest help desk (Ext 3005).

3.3.4 Ensure procedures are in place to deal with any spills or leaks that pose a risk of slips.

3.3.5 Report RIDDOR incidents to the Health and Safety Executive.

3.3.6 Ensure that access to height by vulnerable patients who may fall or jump and injure themselves is prevented so far as is reasonably practicable.

3.3.7 Investigate the causes of all incidents and ensure actions / recommendations are acted upon to prevent recurrence.

3.3.8 Considering the needs of the patients/visitors to their clinical non clinical area and how slips and trips need to be prevented e.g. red wet floor warning cones for wards/departments seeing people with poor vision

3.4 Health and Safety Manager

3.4.1 To work with staff and managers to raise the awareness of all staff to the importance of slips, trips and falls prevention.

3.4.2 To update the Slips, Trips and Falls Prevention Policy

3.4.3 To promote the training available to staff on the prevention of slips, trips and falls

3.4.4 Is a member of the Mobility and Falls committee who's role is to ensure that the environmental aspects of falls prevention are considered in the forums that monitor patient falls from a clinical perspective.

3.4.5 Carry out an annual general slips trips and falls risk assessment of the entire hospital complex and an access to height risk assessment risk assessment with actions raised passed onto the appropriate department for close out.

3.5

3.5.1 Provide support at the design stage of service developments including new buildings and refurbishments to ensure that all floor surfaces are safe and designed to keep the risk of slips and trips as low as is reasonably practicable.

3.5.2 Provide support at the design stage of service developments including new buildings and refurbishments to ensure that future working at height is properly considered at the design stage and avoided if possible. The design should ensure that falls from height are properly guarded.

3.5.3 Ensuring that the Trust's hard and soft facilities management contractors have systems in place for the safe maintenance of all the internal and external surfaces within the Trust's estates.

3.5.4 Ensuring that walk rounds are held by the Trust and its facilities contractors to identify slip and trip hazards around the Trust's estates.

3.5.5 Ensuring that the hard facilities management contractors have systems in place for identifying potential trip hazards around the Trust's estates.

3.5.6 Ensuring that the hard facilities management contractors have systems in place for

responding to reports of trip hazards from staff or visitors and rectifying them within agreed timescales.

3.5.7 Ensuring that the hard facilities management contractors have systems in place for responding to reports of leaks that may result in slippery surfaces.

3.5.8 Ensuring that the hard facilities management contractors have systems in place for dealing with the winter maintenance of the external estate to minimise slip risks.

3.5.9 Ensuring that the hard and soft facilities management contractors have systems in place safely working at height.

3.5.10 Ensuring that the soft facilities management contractors have systems in place for safely cleaning the internal surfaces of the Trust's estates and for responding to reports of surface contamination resulting in a risk of slips

3.5.11 Auditing the above systems to ensure that the risk of slips, trips and falls on the Trust's estates is kept as low as is reasonably practicable.

3.6 All Staff

3.6.1 Ensure that tripping risks are not created – for example, locating wires and cables safely, not blocking designated walkways.

3.6.2 Ensure that any damaged / broken surfaces that pose a risk and/or require repair are reported immediately via the help desk (Ext 3005).

3.6.3 Ensure that slipping risks are not created – for example cleaning spillages of liquids and powder promptly, reporting leaks, cleaning according to the methods approved for use within the Trust.

3.6.4 Ensuring that any point where visitors or vulnerable patients could gain access to high points of the Trust's buildings is promptly reported.

3.6.5 Reporting incidents of slips, trips or falls (or near misses) in accordance with the Trust's incident reporting policy.

4 Guideline Details (including Flowcharts)

The Health and Safety Executive outline 6 main contributory factors for slips, trip and falls, one or more may play a part in any situation or accident:

- Flooring
- Cleaning
- People
- Environment
- Footwear
- Contamination and Obstacles

The following provides general guidance on reducing the potential risk of slips, trips and falls.

4.1 Flooring

- The floors in the hospital must be suitable for the type of work activity that will be taking place on it.
- Where a floor cannot be kept dry, people should be able to walk on the floor without fear of a slip despite any contamination that may be on it, so it should have sufficient roughness.
- The floor must be cleaned correctly to ensure that it does not become slippery or keeps its slip resistance properties (if a non-slip floor).
- The floor must be fitted correctly to ensure that there are no trip hazards and to ensure that non slip coatings are correctly applied.
- The floor must be maintained in good order to ensure that there are no trip hazards e.g. holes, uneven surfaces, curled up carpet edges.
- Ramps, raised platforms and other changes of level should be avoided, if they can't they must be highlighted.

4.2 Obstacles

- 50% of all trip accidents are caused by bad housekeeping. So improving housekeeping would eliminate a large number of accidents.
- Ensure there are a suitable walkway through the hospital
- Keep it clear, no trailing wires, and no obstructions. Look at people's workstations; are the floors tidy, do they have enough storage space?
- What about other rooms? Are they tidy, are goods suitably stored, are there enough bins?
- Good housekeeping doesn't cost money; it just takes a little personal effort.
- A positive attitude towards Health and Safety can reduce the risk of slip and trips accidents e.g. dealing with a spillage, instead of waiting for someone else to deal with it.
- What footwear is worn can also make a difference e.g. wearing high heels at work will make you more vulnerable to a slip.
- All staff should take responsibility for their own safety at work.

4.3 Contamination

- Most floors only become slippery once they become contaminated. Prevent contamination to reduce or eliminate the slip risk. Contamination can be classed as anything that ends up on a floor, e.g. body fluids, oil from door closures, grease from maintenance, cardboard, product wrapping, food, rainwater etc. the list is endless. It can be a by-product of hospital processes or be due to adverse weather conditions.
- First think about whether the problem can be eliminated, e.g.
- Ensure bodily fluids are collected correctly.

- Drip trays for leaks.
- Do not walk around the hospital with uncovered drinks; put lids on cups and containers.
- Good sized mats at building entrances to dry feet as provided at the hospital reception area
- Fit effective canopies to external entranceways to stop rainwater from entering a building.
- Report leaking machines, taps, pipes, etc.

4.4 People and Human Factors

How people act and behave in their work environments can affect slips and trips.

Individual behaviour:

- A positive attitude towards health and safety can reduce the risk of slip and trips accidents e.g. dealing with a spillage, instead of waiting for someone else to deal with it.
- Things that prevent you from seeing or thinking about where you are going, can also increase the risk of an accident e.g. rushing about, carrying large objects, becoming distracted whilst walking, e.g. using a mobile phone.

Physical attributes:

- If individuals have a physical problem that stop them from seeing, hearing, or walking in a regular manner it can increase the likelihood of an accident e.g. vision, balance, age, disability that effects gait and ability to walk.

Work Factors:

Factors in work, or created by the work activity, can help stop or increase the risk of slips and trips. Look at:

- What tasks are taking place? Can they be improved? e.g. fewer/smaller boxes to carry so worker can clearly see route ahead.
- Maintenance of equipment.
- Housekeeping systems.
- Provision of appropriate personal protective equipment.
- Safe systems of working.

4.5 Environment

Environmental issues can increase the risk of, or prevent slips and trips, so it is important to take them into consideration, e.g. lighting (natural or otherwise), loud or unfamiliar noises, the weather, humidity, condensation etc.

The following gives an indication of how they can affect slips and trips:

- Too much light on a shiny floor can cause glare and stop people from seeing hazards on the floor and stairs.
- Too little light will also prevent people from seeing hazards on the floor and stairs.
- Unfamiliar and loud noises may be distracting.
- If rainwater gets onto a smooth surface inside or outside of a building, it may create a slip hazard. Good entrance design (e.g. canopies) can help.
- Cold weather can cause frost and ice to form, which may create slippery surfaces especially at entrances.
- It is vitally important to ensure that smooth floors are kept clean and dry.

4.6 Footwear

- Footwear can play an important part in preventing slips and trips.
- Where you can’t control footwear e.g. visitors accessing through the hospital to attend appointments or visit patients. It is vitally important to ensure that smooth floors are kept clean and dry.

- For work situations where you have some control over footwear, but where floors are mainly clean and dry, a sensible footwear policy can help reduce risks (see the hospitals uniform policy). For slips and trips sensible means: - flat, with a sensible heel, with the sole and heel made in a softer material that provides some grip.

4.7 Problems and Solutions:

a) The Slip

A slip occurs when your foot loses traction and slides forward, sideways or backwards. The slip could be caused by a number of hazards. Here are some major sources of slipping accidents:

- Incorrect footwear
- Spilt liquids
- Ice
- Granules
- Uneven floors
- Poor lighting
- Untidy workplace
- Haste
- Greasy floors
- Dust
- Loose objects
- Loose, worn floor covering
- Trailing wires

The consequences of any of these hazards could be serous and could lead to serious injury.

Preventative steps

All of these slip hazards can easily (and cheaply) be avoided in very simply ways.

- Keep the workplace tidy. A tidy workplace is a safer workplace
- Clean as you go. If you spill anything, clean it up immediately. Don't leave your mess for other people.
- Report any potential hazards. If you think something is dangerous or a hazard, report it. It's better to be safe than sorry.
- Wear the correct Footwear. Wear the correct footwear to protect yourself and reduce the risk of slipping and falling.
- Restrict access to high-risk areas. Don't go into a risk area unless you are trained, aware and authorised to do so.
- Regular and systematic cleaning. Poor cleaning and build up of dirt will lead to accidents
- Maintain the floor surfaces. All parts of your workplace should be kept in a state of good repair
- Post warning signs in areas of risk. Safety signs are there for a reason. Obey them

4.8 Trips:

Here are some of the things that cause trips;

- Incorrect footwear
- Haste
- Uneven floors
- Loose or worn floor covering
- Low lighting
- Bright or dim lights
- Gullies and drain covers

- Build-up of waste
- Trailing wires
- Untidy workplace

Preventative steps: The causes of trips in the workplace can be easily (and cheaply) avoided in very simple ways.

- Keep the workplace tidy. A tidy workplace is a safer workplace
- Clean as you go, If you spill anything, clean it up immediately. Don't leave your mess for other people.
- Report any potential hazards, If you thing something is dangers, or a hazard, report. It's better to be safe than sorry.
- Wear the correct Personal Protective Equipment (PPE). Wear the correct footwear to protect yourself
- Restrict access to high-risk areas. Don't go into high risk areas unless you are trained, aware and authorised to do so.
- Regular and systematic cleaning. Poor cleaning and build up of dirt will lead to accidents
- Maintain the floor surfaces. All parts of your workplace should be kept in a state of good repair.
- Post warning signs in areas of risk. Safety signs are there for a reason. Obey them!
- Adjust the lighting to suit the task performed. Correcting poor lighting can have many more benefits than just preventing tripping accidents
- Remove all possible floor obstructions. Get rid of any objects that could cause a trip. Put up a warning sign if the risk is high.

4.9 Falls

Falls are one of the biggest killers in the workplace. Falls can be split into two very clear categories:

- A fall from the same level
- A fall from a height

Both kinds of falls are equally dangerous and can cause serious injury or even death.

A fall from the same level

- A slip or trip and subsequent fall. A fall from the same height is usually a result of a slip or trip. A key factor in turning a minor slip or trip into a serious fall is rushing around the workplace. Slow down, take care and be constantly alert for slip and trip hazards.
- Extra injuries can result from a slip or trip – hitting your head on the corner of the table or falling into a moving or hot machine, can be serious. A 'simple' fall could fracture your pelvis, back or arm. Never under-estimate the damage you could sustain from a fall from the same height.

A fall from a height

- A fall from a ladder, steps, down stairs, etc. There are many reasons for people falling from a height. Unfortunately, most falls can be avoided. A height is anything above floor level. We have all worked at a height at some time, even standing on a step stool to get a file from a high shelf.
- Care must be taken in all of those operations.

Safe conditions include:

- Good, sound equipment
- No obstructions
- Good non-slip footwear

- Good lighting
- A safe floor surface

If you feel confident that the conditions are safe, go ahead and do the job with care and without rushing. It would be advisable to have a colleague with you to steady the ladder or stool, and also to hand any load to, before you come down.

4.10 Slip trip and fall accidents are one of the most common types of accidents people have. A simple slip can cause very serious injuries such as back injuries, paralysis, broken bones and head injuries. Many slips and trips happen in the hospital environment due to poor application of basic health and safety requirements, poor housekeeping and a lack of awareness.

4.11 Slips are very common in hospitals where staff, visitors or patients may have walked on wet surfaces, bodily fluids or other slippery material on the floor. Ice and snow is another very common cause of slipping. In the hospital someone may half spilt some liquid and not cleaned it up properly, a simple error like this could end up in someone else slipping and causing serious harm to themselves.

4.12 Tripping is very common as many people get their feet caught on an object which causes them to fall. Tripping over electrical cords around the offices or wards is very common. Again in a hospital environment tripping is a very common cause of accidents. Staff may accidentally leave objects in open access areas where other staff, visitors or patients might not notice them and then trip over them.

4.13 In almost all slip accidents there is some form of contamination between the floor surface and foot. The control of contamination and the use of appropriate effective cleaning is key to reducing slips. Fluid contaminants are implicated in the vast majority of slip accidents. A fluid contaminant will reduce the amount of available friction between foot and floor. This usually happens when the heel strikes the floor. It forms a fluid film between the foot and the floor, stopping the foot from making contact with the floor.

4.14 For a floor to have a low slip potential it will need to have sufficient micro-roughness to break through the fluid and make solid to solid contact with the pedestrian’s heel.

4.15 Dry contaminants can also cause slips. Fine powders clump together, stick to the shoe and slide with the person’s foot. Only a small amount of contaminant is needed for this to happen. Sliding is the highest risk mechanism, especially on smooth floors. A rougher floor can lower the risk of a slip. Slightly larger grained powders such as flour, fall away as the slide progresses. Shearing is a lower slip risk mechanism than sliding, but it can reduce friction enough to cause a slip. Sandy, gritty, large grain particles that tend to roll or tumble underfoot. Rolling may be enough to make someone slip. Particles can be easier to see and remove.

4.16 Some contaminants on flooring may be semi-solid, e.g. food, bodily waste etc. For semi-solid contaminants, footwear and flooring alone are unlikely to be sufficient to control slip risks. So it is vital to prevent them getting on the floor in the first place and clean up as soon as possible if they do.

4.17 The likelihood of a slip will depend on the floor surface finish and the type of contaminant on it.

4.18 Human factors are the way people relate to their environment and human aspects can affect the risk of a slip or trip, for example:

- Communication: Being able to understand safety instructions, signs and labels.
- Fatigue: How tiredness can affect the ability to carry out a task.
- Personality: How people react to instructions, e.g. ignore them, take risks.
- Capability: Asking someone to do something beyond their capability, e.g. lack of training.
- Behaviour: How people act, e.g. rushing around, taking short cuts.
- Perception: Ability to take in information about your environment, e.g. being distracted.

Human factors are not always controllable, but many can be predictable.

Note: Young workers, new starters and workers with little understanding of English may be more likely to have an accident at work as they may not understand what they have been asked to do. Good instruction and supervision is vital if accidents are to be avoided.

4.19 Some activities can have a higher friction demand and may increase the likelihood of a slip or trip:

4.20 Carrying/lifting: You may not see a hazard on the floor and if you lose your balance you will be more likely to fall.

4.21 Pushing/pulling: You will need more grip and you may not see a hazard on the floor.

4.22 Rushing: When you move faster you need more grip and have less time to react.

4.23 Distraction: If your attention is drawn to an object or person around you, you may be less likely to see a hazard on the floor.

4.24 Some people may be more likely to slip or trip than others, for example:

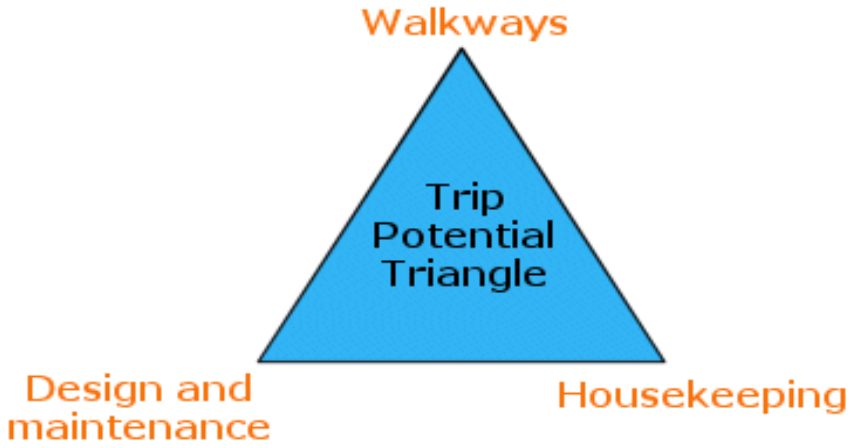
- The elderly: They are not as strong, have slower reaction times and have a smaller toe clearance.
- Children: They are more likely to rush around, may have poorer balance and are less aware of risks.
- People with disabilities: The issues will vary depending on their disability. They may be less able to recover their balance if they slip or trip.

Vulnerable people use our establishments all the time so all staff need to be aware of slips and trips risks and suitable control measures for preventing slips and trips,

4.25 Trips are also an important source of falls within healthcare. Most trips occur when there is insufficient toe clearance. Toe clearance is the distance between the toe and the ground when the foot swings forward during normal walking. If there is a change in level or obstacle roughly the size of someone's toe clearance in the way, it could cause them to trip. Research suggests average toe clearance to be between 8.7 mm and 21.9 mm for a healthy, working age person.

Tip: A reasonable rule of thumb is that any obstruction 10mm or higher can be considered a potential trip hazard. Certain people may have a lower average toe clearance than others. This includes the elderly and people with mobility difficulties.

4.26 To prevent trips consider walkways, their design and maintenance and housekeeping issues. Objects introduced into the work environment, perhaps to reduce a different risk, can also create a trip hazard. Examples in the Trust's work environment include items such as mats, wet floor warning signs and trailing cables.



4.27 Regular maintenance is important in preventing and fixing trip hazards, such as:

- uneven paving;
- peeling or damaged carpeting;
- potholes;
- overgrown paths.

4.28 Where repairs cannot be carried out immediately, highlight and barrier off the hazard. The Trust will conduct six monthly walk rounds of the external estate with its PFI partners to check for trip hazards such as potholes, uneven paving etc. All staff are encouraged to report such hazards via the helpdesk for repair.

4.29 Falls from height are the most common cause of fatal injury and the second most common cause of major injury to employees, accounting for 15% of all such injuries. According to HSE statistics, in 2009/10 35 people died and nearly 4000 suffered a serious injury as a result of a fall from height in the workplace. All industry sectors are exposed to the risks and therefore all employers need to give priority to the reduction of risks arising from working at height.

4.30 It is a statutory duty to consider whether a task could be undertaken without working at height. This should be undertaken at the earliest opportunity in the process, e.g. a manager might increase storage capacity by selecting mobile shelving instead of higher storage units. Where work at height cannot be avoided, use work equipment to prevent falls where the risk of falls cannot be eliminated, take measures to minimise the distance and consequence of any falls.

4.31 The introduction of the Work at Height Regulations 2005 (WAHR) has focused attention on the use of ladders for work activities. The risks associated with using ladders are often seriously underestimated. They account for around 12 fatalities and 1500 major injuries each year. This is not exclusive to the construction industry, many of the injuries occur in other sectors including healthcare. Window cleaners account for a third of falls in the service

sector. If ladders are used a careful risk assessment needs to be made by the line manager responsible for the work. A working platform with a guardrail to prevent falls should be used instead of ladders if at all possible. Wards should only use the steps with integral handrail and working platform provided. If access is required to any height where these steps cannot be used advice should be sought from the Health and Safety Manager.

4.32 The main risk when staff are using kick stools occurs when they are over reaching. This usually happens if the kick stool cannot be positioned correctly due to poor housekeeping standards.

4.33 Falls from height can also occur when patients or visitors gain access to places that allow them to fall from height, for example, access onto roofs or balconies, or access into lift shafts. Any instances in which patients or visitors could gain unrestricted access to high points of any hospital operated by the Trust must be reported. Any damage to locks or window restrictors that would allow vulnerable patients or visitors access to height must be reported immediately to the helpdesk

5 Training Requirements

5.25 The risk of slips, trips and falls is covered during every new member of staff's Orientation Day

5.26 All professional Nurses, Midwives, Allied Health Professionals and Healthcare Assistants will be informed about the risk of slips, trips and falls via the Trust's mandatory health and safety professional update training. The Trust's hard and soft facilities management contractors will also train their staff on the risks associated with slips and trips and the control measures they need to take to minimise the risk to staff, patients and visitors.

5.27 The health and safety e-learning package has a section devoted to the importance of preventing slips, trips and falls.

5.28 The related Prevention of Patient Falls Policy documents the information, training and guidance available for staff on the prevention of patient falls and the completion of risk assessments and care plans.

5.29 Information sheet on awareness and prevention of slips trips and falls available to all members of staff

6 Monitoring

See Table Below

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequenc of Monitorir (WHEN – will element be monitored (frequency/ h often))
Incident Statistics	Health and Safety Manager	Reported on Datix	Quarterly
Legal Actions Cases	Health and Safety Manager	Report following Legal action	As required
Staff Survey	Health and Safety Manager	Review findings of Survey	Annually

7 Equality, Diversity and Inclusivity and Impact Assessments

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Robert Dabbs	**Date of EIA completion: 22/1/26**
Department: Health and Safety	**Division: People Directorate**
Name of service/policy/procedure being reviewed or created: Health and Safety Policy	
Name of person responsible for service/policy/procedure: Robert Dabbs	
Brief summary of policy, procedure or service being assessed: The Trust Health and Policy provides the framework for meeting the employer's duties under the Health and Safety at Work etc. Act 1974 and associated regulations designed to secure the safety of the Trust's workforce. The policy also sets out the consultation processes required to help the Trust secure the safety of it's workforce	
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details)	

(Please delete as appropriate)		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.** **Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	The Health and Safety at Work etc Act 1974 generally applies to employees regardless of protected characteristics. There are specific Regulations made under the Act that provide specific protections for people with protected characteristics. For example, provisions for protecting pregnant workers and new mothers or young people at work.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	

Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)						
Positive			**Negative**			
High	**Medium**	**Low**	**Nil**	**Low**	**Medium**	**High**
If you identified positive impact, please outline the details here:						

Protected Characteristic	**Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.**	**Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.**
Race and Ethnicity		
Gender		
Age		
Religion		

EIA Form Stage Two:

Sexuality		
Signature: Robert Dabbs		
Pregnancy and Maternity	I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form*	
Gender Reassignment	**Date: 22/1/26**	
Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

APPENDIX 1

SLIPS AND TRIPS RISK CONTROLS TABLE

CAUSATIVE FACTORS	PRACTICAL MEASURE FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
Contamination of the floor from: • Spillages of solid, liquid materials • Wet cleaning methods • Shoes/clothing • Natural contamination such as wet, and/or mud in outside areas • Dry contamination, e.g. dusts, powders, polythene bags left on floors, product spillages or cardboard laid over spills • Wind-driven rain, sleet and snow through doorways • Condensation, e.g. from poor ventilation	**Eliminate contamination in the first place** • Maintain equipment to prevent leakage • Install suitable entrance matting systems • Place entrances to suit the prevailing weather (only an option during the initial design of the building) • Put up effective entrance canopies If not reasonable practicable: **Prevent contamination becoming deposited on walking surfaces** • Use dry methods for cleaning floors • Cleaning and dry incoming footwear, by use of suitable entrance matting If not reasonabley practicable: **Limit the effects of contamination** • By immediate clearing up of spillages • By prompt repair of leaks • By limiting the area of contamination • By restricting access to contaminated areas • By using under floor heating, particularly at entrances If there is still a risk, follow the next steps
Inherent slip resistance of the floor not maintained adequately, e.g.:- from incorrect or inadequate cleaning, maintenance or wear	**Maximise the surface roughness and therefore slip resistance of the existing floor surface** Methods of cleaning and cleanliness of flooring is an important factor to consider, in conjunction with slip resistance. The frequency of cleaning will be determined by how many, and the type of pedestrians, who will use the floor. Floor manufacturers are required to provide information on the cleaning regime needed to make their floor safe in the intended environment and this information should be passed to the appropriate employees. Just a tiny amount of contamination, wet or dry, is sufficient to make a smooth floor dangerously slippery.

	Take the following measures minimise the risks due to wet cleaning: • Thoroughly dry the wet floor after cleaning • Exclude people from wet cleaning areas until dry • Clean by dry methods wherever possible • Clean in sections so that there is always a dry path through the area • Clean during quiet hours • Thoroughly rinse wet cleaning areas • Use warning signs to identify contaminated floors or floors after cleaning • Remove the cones once the floor is dry • Use cones that stand out to the patients using the area e.g. red cones for patients with low vision • Spot cleaning and cleaning of spillage will be need between scheduled whole-floor cleaning (and it is equally important to thoroughly dry these areas). Frequent spot cleaning can supplement whole-floor cleaning • Train, supervise and equip those who clean floors to ensure effective and safe cleaning • Maintain floors and drainage to maximise slip resistance. A residual film of water is just as slippery as a puddle, and is more difficult to identify If this is not enough, take the following steps:
The Slip resistance of the floor is too low This is influenced by: The friction between the floor and shoe The presence of suitable surface micro-roughness The hardness of the floor Applications for sealing floors during installation Later modification of the floor surface such as inappropriate varnishing/sealing/polishing	**Increase the surface roughness of the existing floor** Surface micro-roughness may be increased by acid etching, sand blasting, or coarse diamond grinding. However, any of these methods can destroy or permanently alter other desirable characteristics of the floor such as appearance, chemical resistance, durability and ease of cleaning. Flooring treated by some of these methods may develop unacceptable pattern staining affected, compromising the floor construction Note: Any benefits from an increase in the surface roughness (RZ) will be lost if contamination build-up occurs. Therefore any surface modification has implications for the cleaning regime. Changes in cleaning methods must be based on a risk assessment that considers any potential change of slip resistance The use of stick-on anti-strips may offer limited improvement, but strips should be placed very close to one another, and should be maintained carefully If it is possible to influence staff footwear, then anti-slip footwear may be an option. If this is not enough: **Lay a more slip-resistant floor with higher surface roughness and higher coefficient of friction**

	In a few cases a new floor may be needed: Draw up a performance specification for the supplier to meet. Specification should include specialist slip resistance data such as surface micro-roughness and coefficient of friction measurements
Steps and slopes: Do they cause sudden changes in step or not offer adequate foothold and/or handhold?	**Check that steps give adequate foot and handhold, and that slopes have no sudden changes** Is the lighting adequate? Are handrails in place? Are stairs clearly demarked visually? Remove all sudden changes in level Ensure stairs have clearly visible musings, good handrails, and suitable balustrades Ensure that the rise and going of each step in the stair is consistent in size throughout of the flight. Ensure that any applied slip-resistant nosing does not create a tripping or heel-catch hazard Good visual cues for changes in floor level and surface are essential
Adverse environmental and other conditions hiding the condition of the floor and distracting attention Low light levels Shadows Glare Excess noise Extremes of temperature The use of repeating patterns on floor coverings that might be distracting to the eye, for example, by disguising a change in level Bulky/awkward personal protective equipment	**See that the prevailing conditions allow good visibility of and concentration on floor conditions** For example, provide adequate lighting and see environmental demands do not distract attention from the floor condition. Consider is the lighting adequate at all times that the area is in use e.g. the ward at night.
ORGANISATIONAL FACTORS	
The nature of the task being carried out such as: The need to carry, lift, push, lower or pull loads The need to turn, to move quickly or to take long strides Distractions Having no hands free to hold on to handrails to stop a fall	**Analyse the tasks in any slip risk area to see that only careful walking is required** Tasks should not compromise ability to walk safely. Tasks should be: Mechanised to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface Moved to safer areas

Encumbrance or restricted vision	
ENVIRONMENTAL FACTORS	
Individual capability Poor knowledge of risks and measures Poor health and safety Poor eyesight Fatigue Physical frailty/disability Inadequate supervision **Safety culture which is not supportive. For example, where the risks are accepted as part of the job**	**Allocate tasks in high slip risks areas only to those competent to follow slips precautions** And: **Supervise and monitor physical controls to see safe practices are followed** And: **Establish a positive attitude that slips risks can be controlled.** This achieved through clear line management responsibilities and consultation with workers
PERSONAL PROTECTIVE EQUIPMENT:- FOOTWEAR FACTORS	
Shoes offer insufficient slip resistance in combination with the floor surface, because of: Contamination of shoes Sole material Sole pattern Type of shoe Wear Fit Maintenance/renewal	**Select suitable shoes for the floor, environment and the individual** Base this on experience and information/advice from suppliers. Ensure employees maintain the shoe soles in good repair and keep them free from contamination. Replace them before they have worn smooth Where overshoes are required, use good quality reusable ones where possible, laundering them between uses. Disposable overshoes can be slippery, and are easily split
INDIVIDUAL FACTORS	
Unsafe action by staff, due to: Awareness of risk Knowledge of how slips occur Information and training, or Distraction, carelessness	**Train, inform and supervise employees on the risk, the control arrangements and employees' role(s) especially to:** Clean as they go Report contamination Maintain footwear Walk appropriately to circumstances Set Procedures for visitors

TRIPS RISKS CONTROLS

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR TRIPS RISK CONTROLS
ENVIRONMENTAL FACTORS	
Uneven Surfaces For example gulley's, holes, steps Obstructions For example accumulation of articles such as trolleys, wheelchairs, medical equipment, waste, trailing cables, floor sockets etc Adverse environment For example inadequate illumination to see the floor properly, or glare.	**Eliminate holes, slopes or uneven surfaces which could cause trips risks** To do this: inspect the maintain floors so they have a consistent surface finish with no holes to cause a tripping hazards. Highlight any changes in level, particularly at single steps and at the top and bottom of ramps. Make slopes gradual and steps clearly visible, avoid open gulleys and channels: And: **Good housekeeping** **Eliminate materials likely to obstruct walkways and therefore lead to trips** For example analyse work flows and design process so waste and equipment does not accumulate on walkways Or if this is not reasonably practicable: **Prevent material obstructing walkways** For example provide sufficient suitable Receptacles for the items, mark out walkways, working areas and receptacle locations and make sure they are kept free of obstruction And: **Provide suitable lighting to permit obstructions to be seen**
ORGANISATIONAL FACTORS	
The nature of the task creates obstructions Safety culture which is not supportive	**Analyse the tasks and process flows to see if work can be handled to eliminate or minimise obstructions** And:

For example where risks are accepted as part of the job	**Establish a positive attitude that trips can be prevented**
INDIVIDUAL FACTORS	
Safe practices not followed	**Train, inform and supervise employees**

APPENDIX 2

Title: **PREVENTION OF STAFF SLIPS, TRIPS AND FALLS IN THE WORKPLACE, SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST**

INTRODUCTION

Why it is important to tackle slips and trips risks for staff?
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. Slips and trips occasionally lead directly to fatal accidents, e.g. from head injuries. Fortunately, the numbers of such fatal accidents reported to the Health and Safety Executive (HSE) are low, typically four or five per year. **However, over 2000 injuries to employees in healthcare, attributed to slips and trips, are reported each year.**

The cost of accidents could affect the delivery of high quality patient care and viability of the NHS. For example:

- Staff sickness absence due to slips, trips and falls at work, and other associated costs, such as staff replacement costs, will have a detrimental effect on budgets.
- The total estimated cost of civil claims for slips and trips injuries to employees and the public in or on NHS premises in England, reported to the NHS Litigation Authority over the last four years, exceeds £25 million.
- People may experience hardship as a result of loss of wages, as well as pain and suffering.

UNDERSTANDING HOW SLIPS AND TRIPS OCCUR

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

WHAT CAN STAFF DO TO CONTROL AND PREVENT SLIPS AND TRIPS

- Clean and dry incoming footwear using mats provided.
- Immediately clean up spillages as they occur where practical or report on Ext 3005.
- Report any leaks or flooding immediately they are discovered on Ext 3005
- Restricting access to recently cleaned or contaminated areas using warning signs and cones to identify the risk.
- Remember to remove the warning signs and cones once the contamination has been removed or the floor has dried.
- Good housekeeping including; removing materials and items including trailing cables and leads, likely to obstruct walkways and therefore lead to trip hazards.
- Always wear sensible flat shoes in good condition with suitable grip for the kind of surfaces you will be accessing as part of your normal duties.
- Avoid carrying heavy or awkward items where practical, use of trolleys or other mechanised means should be considered.
- Always remain vigilant to the changing levels of floors and surfaces within the hospital both inside and outside on external paths.
- Remember that access ramps are common in the hospital and that these can present differing hazards dependant on the conditions and for external ramps the environment such as wet or icy.
- Remember that electric vehicles, trolleys, beds, mobility scooters and wheelchairs are frequently present in and around the hospital. They can create an additional slip and trip hazard if you need to take evasive action so remain vigilant at all times especially within the corridors.
- Remember if you are concerned that your workplace presents potential risks of slipping or tripping and you cannot eliminate that risk yourself report it to your line manager, consider the layout is the environment safe to move around in without risk of slips or trips, is the lighting sufficient, is the floor slippery even when dry, are there suitable handrails in areas where floor levels or gradients change, if you don't report it who will and remember you could be preventing an accident from happening.

	REMEMBER THE MAJORITY OF ACCIDENTS INVOLVING SLIPS, TRIPS AND FALLS CAN BE PREVENTED AND THE KEY FACTOR IN PREVENTION AT NHS SHERWOOD FOREST HOSPITALS IS THE ATTITUDE AND INVOLVEMENT OF THE STAFF YOU CAN MAKE A DIFFERENCE