

<b>TITLE: Guidance for the Prevention of Slips, Trips and Falls in the Workplace</b>			
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<i>Name the documents here or record not applicable</i>			
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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 Health, Safety and Environment 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.
- 1.8 More falls are reported to the National Patient Safety Agency than any other type of patient safety incident.
- 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 Strategic Planning and Corporate Development**
- 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:**

##### **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 serious and could lead to serious injury.

##### Preventative steps

All of these slip hazards can easily (and cheaply) be 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 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 think something is dangerous, 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:

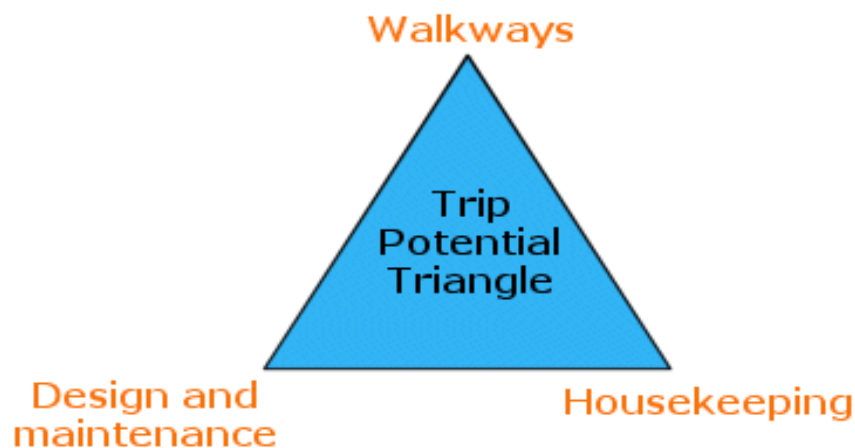
- The elderly: They are not as strong, have slower reaction times and have a smaller toe clearance.
- Children: They are more likely to rush around, may have poorer balance and are less aware of risks.
- People with disabilities: The issues will vary depending on their disability. They may be less able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

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

5.2 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.

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

5.4 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.

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

## **6 Monitoring**

See Table Below

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Health and Safety Manager	Reported on Datix	Quarterly	Trust Health and Safety Committee
Legal Actions Cases	Health and Safety Manager	Report following Legal action	As required	Trust Health and Safety Committee
Staff Survey	Health and Safety Manager	Review findings of Survey	Annually	Trust Health and Safety Committee

**7 Equality, Diversity and Inclusivity and Impact Assessments**

<b>Name of service/policy/procedure being reviewed:</b> Slips, Trips & Falls Prevention Policy			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 01.10.2021			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
<b>Gender</b>	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None



<b>Age</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
<b>Religion</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
<b>Disability</b>	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
<b>Sexuality</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
<b>Pregnancy and Maternity</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
<b>Gender Reassignment</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents.	None
<b>Marriage and Civil Partnership</b>	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None

<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.			
<b>What data or information did you use in support of this EqIA?</b>  Trust policy approach to availability of alternative versions			
<b>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?</b>  None			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  <b>High Level of Impact</b>  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment:</b>  Robert Dabbs			
<b>Signature:</b>			
<b>Date:</b> 23.11.23			

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**8 Appendices**

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**See Appendices 1, 2, 3 in the Slips Trips and Falls Prevention Policy 2023**