

SLIPS, TRIPS AND FALLS PREVENTION POLICY

POLICY

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Slips Trips and Falls Guidance			23.11.2023

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	4
4.0	ROLES AND RESPONSIBILITIES	5
5.0	APPROVAL	7
6.0	DOCUMENT REQUIREMENTS	8
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	9
8.0	TRAINING AND IMPLEMENTATION	10
9.0	IMPACT ASSESSMENTS	13
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	13
11.0	KEYWORDS	14
12.0	APPENDICES	14

APPENDICIES

Appendix 1	Slips And Trips Risk Controls Table	15
Appendix 2	Prevention of Staff Slips, Trips and Fall Staff Information Sheet	21
Appendix 3	Risk Assessment Template	25
Appendix 4	Equality Impact Assessment	33
Appendix 5	Environmental Impact Assessment	36

1.0 INTRODUCTION

- 1.1 Slips and trips resulting in falls are the most common cause of major injuries in the workplace in the UK. They are also the commonest cause of hospital attendances and the commonest precipitating events for care home admission. They are the biggest cause of both injury and litigation within the Trust. Patient falls account for almost two-fifths of the patient safety incidents and over 40% of all Staff accidents at the Trust are Slip, Trip Fall related.
- 1.2 Slips, trips and fall accidents can be reduced dramatically through planning and positive management together with good housekeeping. This policy document also provides guidance on the management of floor surfaces to minimise risks associated with exposure to slip and trip hazards as far as reasonably practicable.
- 1.3 The Management of Health and Safety at Work Regulations 1999, in accordance with the Health and Safety at Work Act 1974, include duties for people in control of workplaces to assess the risks (including slips, trips and falls) associated with workplace environments. The Health and Safety Executive (HSE) has issued guidance and recommendations on the prevention and management of slips trips and falls, specific to health care providers. This guidance has been referred to in the development of this policy.
- 1.4 The Workplace (Health, Safety and Welfare) Regulations 1992 also require that floors and surfaces are, so far as is reasonably practicable, suitable for purpose and do not expose persons to risk.
- 1.5 The Health and Safety Executive (HSE) has issued guidance and recommendations on the prevention and management of slips trips and falls, specific to health care providers. This guidance has been referred to in the development of this policy.
- 1.6 The important area of managing the need for staff employed by the Trust who work at height should be addressed and must be avoided where it can. All work at heights will be risk assessed with provision for training as necessary.
- 1.7 A risk assessment is also a requirement under the Work at Height Regulations 2005, where there is a potential risk of falls from height. They require appropriate arrangements for effective planning, organisation, control, monitoring and review of any measures to safeguard health and safety. All contractors who are required to work at height will provide copies of risk assessments as part of their contract.

2.0 POLICY STATEMENT

- 2.1 The purpose of this policy is to describe the process for managing the risks associated with slips, trips and falls involving staff, visitors and any other persons who might come onto hospital or Trust premises. This includes falls from heights which can include falls from ground level into an opening or where ground level drops away for example where there are retaining walls.

- 2.2 It will examine the contributory factors that lead to slips, trips and falls and will outline the duties and responsibilities of all staff.
- 2.3 This policy covers staff, volunteers, contractors, patients and all other visitors to Sherwood Forest Hospitals NHS Foundation Trust, referred to hereafter as the Trust
- 2.4 The Trust recognises that slips and trip accidents are a very significant cause of harm to patients, staff and visitors and are currently known to be the cause of over 54% of all accidents involving staff in the NHS nationally. The Trust is committed to the reduction of slips, trips and falls. The Trust will ensure that it seeks to raise awareness about the need to reduce slips, trips and falls amongst staff, patients and visitors, through the provision of guidance, risk assessments, staff information sheets, staff workbooks and displayed posters in prominent locations
- 2.5 There will always be a risk of falls in hospitals given the age of the patients that are admitted and the age and medical conditions of people visiting and walking around the estate. However, there is much that can be done to reduce the risk of falls and minimise harm whilst at the same time allowing people to visit and move around our sites.
- 2.6 Please note that patient falls prevention is dealt with in the Trust's Prevention of Patient Falls Policy.
- 2.7 The Trust will also ensure that the risk of staff falling from height whilst at work is controlled in accordance with the Work at Height Regulations 2005. The Trust will also have systems in place to protect vulnerable patients who may access areas of the Trust's buildings in places where they could fall or jump from height. To this end an annual access to height risk assessment is undertaken and actioned accordingly to try to mitigate any risk.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust':	means the Sherwood Forest Hospitals NHS Foundation Trust.
'Staff ':	means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.
'Work at height'	Working at height is defined in the Work at Height Regulations 2005 (WAH) as work in any place, including a place at or below ground level, from which a person could fall a distance liable to cause personal injury if the precautions required by the regulations were not in place
Slip	A slip is to slide accidentally causing the person to lose their balance; this is either corrected or causes a person to fall.
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
Fall	A fall is a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force, whether or not an injury is sustained.

It can also be defined as an event which results in an individual or a body part of an individual coming to rest inadvertently on the ground or other surface lower than the individual, whether or not an injury is sustained.

4.0 ROLES AND RESPONSIBILITIES

4.1 Chief Executive

- 4.1.1 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 People and for the implementation of the policy to Divisional General Managers and Departmental and Ward Leaders.

4.2 Divisional General Managers

- 4.2.1 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.
- 4.2.2 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.
- 4.2.3 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.
- 4.2.4 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).
- 4.2.5 Significant slip and trip incidents are investigated to identify the underlying causes and learn lessons, in accordance with the Trust's Incident Reporting Policy.

4.3 Ward and Department Managers

- 4.3.1 Undertake suitable and sufficient risk assessments for the management of slips, trips and falls, seeking the assistance of the Trust's Health and Safety Department if necessary.
- 4.3.2 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.
- 4.3.3 Ensure that any damaged / broken surfaces that pose a risk and/or require repair are reported immediately via the Medirest help desk (Ext 3005).

- 4.3.4 Ensure procedures are in place to deal with any spills or leaks that pose a risk of slips.
- 4.3.5 Report RIDDOR incidents to the Health and Safety Executive.
- 4.3.6 Ensure that access to height by vulnerable patients who may fall or jump and injure themselves is prevented so far as is reasonably practicable.
- 4.3.7 Investigate the causes of all incidents and ensure actions / recommendations are acted upon to prevent recurrence.
- 4.3.8 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

4.4 Head of Health and Safety

- 4.4.1 To work with staff and managers to raise the awareness of all staff to the importance of slips, trips and falls prevention.
- 4.4.2 To update the Slips, Trips and Falls Prevention Policy
- 4.4.3 To promote the training available to staff on the prevention of slips, trips and falls
- 4.4.4 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.

4.5 Estates and Facilities

- 4.5.1 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.
- 4.5.2 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.
- 4.5.3 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.
- 4.5.4 Ensuring that walk rounds are held by the Trust and its facilities contractors to identify slip and trip hazards around the Trust's estates.
- 4.5.5 Ensuring that the hard facilities management contractors have systems in place for identifying potential trip hazards around the Trust's estates.

- 4.5.6 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.
- 4.5.7 Ensuring that the hard facilities management contractors have systems in place for responding to reports of leaks that may result in slippery surfaces.
- 4.5.8 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.
- 4.5.9 Ensuring that the hard and soft facilities management contractors have systems in place safely working at height.
- 4.5.10 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.
- 4.5.11 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.

4.6 All Staff

- 4.6.1 Ensure that tripping risks are not created – for example, locating wires and cables safely, not blocking designated walkways.
- 4.6.2 Ensure that any damaged / broken surfaces that pose a risk and/or require repair are reported immediately via the help desk (Ext 3005).
- 4.6.3 Reporting any defective or missing lights that pose a risk of slips, trips or falls are reported immediately via the helpdesk (Ext 3005)
- 4.6.4 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.
- 4.6.5 Ensuring that any point where visitors or vulnerable patients could gain access to high points of the Trust's buildings is promptly reported.
- 4.6.6 Reporting incidents of slips, trips or falls (or near misses) in accordance with the Trust's incident reporting policy.

5.0 APPROVAL

- 5.1 Approved by the Health and Safety Committee
- 5.2 Date of approval: 14 December 2023

6.0 DOCUMENT REQUIREMENTS

- 6.1 This policy is aimed at reducing the risk of slip, trip and fall accidents to patients, staff and visitors. It should be read in conjunction with the following:
- Prevention of Patient Falls Policy
 - Incident Reporting Policy
 - Risk Management and Assurance Policy
- 6.2 The safe maintenance of the Trust's working environment will be a partnership exercise between all areas of the Trust and the Trust's hard and soft facilities management contractors.
- 6.3 To effectively identify and manage hazards in clinical and non-clinical environments in Trust occupied premises to minimise slips, trips and falls as far as reasonably practicable to all employees, service users, contractors and visitors.
- 6.4 To comply with legal requirements imposed by the general provisions of the Health and Safety at Work Act 1974 and its subordinate legislation for conducting and recording risk assessments and implementing appropriate risk reduction methods.
- 6.5 Enable the Trust to ensure that it provides a safe working environment free from slips and trip hazards so far as is reasonably practicable.
- 6.6 Ensure any risk to a person's safety is adequately controlled, and reduced to the lowest level which is reasonably practicable.
- 6.7 Ensure where necessary the appropriate risk assessments and risk reduction methods are in place.
- 6.8 If any slips, trips and falls risk cannot be readily removed then the risk should be included on the Trust's Risk Register in accordance with the latest version of the Risk Management and Assurance Policy
- 6.9 To aim for best practice in the management of slip trip and fall risks as recommended by Health & Safety Executive and National Patient Safety Association with a view to ensuring staff take action to prevent falls in elderly and any vulnerable younger patients
- 6.10 This policy will not exclude any service user groups.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

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))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Head of Health and Safety	Reported on Datix	Quarterly	Trust Health and Safety Committee
Legal Actions Cases	Head of Health and Safety	Report following Legal action	As required	Trust Health and Safety Committee
RIDDOR Reports	Head of Health and Safety	Review RIDDOR reports for slip, trip and fall incidents	Six monthly	H&S Committee?

8.0 TRAINING AND IMPLEMENTATION

8.1 Training Requirements

- 8.1.1 The risk of slips, trips and falls is covered during every new member of staff's Orientation programme.
- 8.1.2 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.
- 8.1.3 The health and safety e-learning package has a section devoted to the importance of preventing slips, trips and falls.
- 8.1.4 Information sheet on awareness and prevention of slips trips and falls available to all members of staff.

8.2 Implementation and Risk Assessment

- 8.2.1 Slip and trip accidents have comic or cartoon character images and may not previously have been taken seriously. But in reality slip and trip accidents are responsible for many serious injuries including deaths, particularly in older and vulnerable people. Although experience shows that most patient falls do not result in serious injury, the consequences for an individual can include more subtle effects such as a loss of confidence and a resultant increased social isolation, increased dependence and depression.
- 8.2.2 The prevention of slips and trips features in an employer's duties under current health and safety legislation and is very high on the Health and Safety Executive's enforcement agenda. All healthcare employers are required to consider how the risk may be identified / assessed and how significant risks may be eliminated or reduced.
- 8.2.3 Incident investigations and research undertaken by the Health and Safety Executive has identified the following as the four main causes of slip and trip accidents in healthcare:
- Slippery and wet surfaces – caused by water and other fluids (particularly when floor cleaning takes place).
 - Slippery surfaces caused by dry or dusty floor contamination, such as plastic, lint, or talcum powder.
 - Obstructions, both temporary and permanent. One risk that needs to be managed and not overlooked is the removal of wet floor warning cones and signs once the floor surface is no longer wet. Warning cones that are left out become a tripping hazard themselves and also lose their effectiveness as a warning about slippery surfaces.

- Uneven surfaces and changes in levels, such as unmarked ramps

8.2.4 Other causes of slip and trip accidents include, poor lighting and glare, use of improper cleaning regimes, unsuitable foot wear and human factors such as running, use of mobile phones causing distraction and carrying cumbersome objects. Particular attention needs to be made to ward lighting at night. There is often a difficult balance to be struck between providing enough lighting so that staff do not slip or trip and not disturbing patients. Trailing cables in theatres may be difficult to eliminate but they need to be safely managed and the risk highlighted to staff with warning signs. The use of drip stands with integral sockets can greatly reduce the number of cables trailing along the floor as can the careful placement of equipment.

8.2.5 In addition to the above many patients will be at greater risk due to their age, medical conditions, disability and unfamiliar environment. The aspect of patient falls is dealt with in the related Falls Policy.

8.2.6 The Trust will ensure that all health and safety audits and all relevant risk assessments take into account the risks of slips and trips. The risk of slips and trips can be risk assessed in the standard five steps way and the results recorded in accordance with the Trust's risk management strategy. The factors that should be taken into account in any proactive or reactive assessment include:

- The Environment
- Flooring
- The People using the area
- Footwear
- Contamination
- Obstacles

8.2.7 The Trust will ensure that all slip; trip and fall risks to staff, patients, visitors, volunteers and contractors, including falls from heights are identified, and adequately assessed by managers in cooperation with the Health and Safety Department and recorded on the Trust standard health and safety risk assessment documentation, in accordance with the Trust's Risk Management Strategy. Appropriate action must be taken to reduce the risk so far as is reasonably practicable.

8.2.8 Risk assessment for the risks of slips, trips and falls (including falls from heights) should form part of the general risk assessment process that should be undertaken in all wards and departments of the Trust following the environmental assessment. The risk assessment should identify the following:

- those persons at particular risk from slips and trips
- the locations where slips, trips or falls could occur
- the extent of the risks involved
- the causative factors involved
- whether existing control measures adequately control the risks and whether
- further precautions are necessary

An initial risk assessment should be carried out and reviewed on at least an annual basis or when there have been any significant changes or an incident has occurred.

8.2.9 A Template for assisting with risk assessments for slips trips and falls can be found at [Appendix 3](#) of this policy

8.2.10 Preventing and reducing the number of Slips, Trips And Falls at the Trust

8.2.11 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

8.2.12 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.

8.2.13 The basic requirements for preventing and reducing the number of slips, trips and falls in the workplace are:

- When entering the hospital or Trusts buildings clean and dry incoming footwear using mats provided.
- Immediately clean up spillages as they occur where practical or report on Ext 3005. Use of absorbing and wiping clean method, rather than wet mop to spread the problem.
- Report any leaks or flooding immediately they are discovered on Ext 3005
- Ask cleaning staff to warn others in the immediate area of the cleaning activity and the risks associated with the process
- 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.

8.3 **Monitoring**

Incident reports will be monitored for trends regarding incidents involving slips, trips and falls. Trends will be reported to the Trust Board of Directors in the annual health and safety report. The Trust's Health and Safety Committee will monitor any incidents resulting from falls that are reportable to the Health and Safety Executive under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 on a quarterly basis. Investigations into slips, trips or falls resulting in a major injury will be reported to the Health and Safety Committee as appropriate.

9.0 **IMPACT ASSESSMENTS**

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 4
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 5

10.0 **EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS**

Evidence Base:

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees.
- The Management of Health and Safety at Work Regulations 1999 Employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this.
- The Workplace (Health, Safety and Welfare) Regulations 1992 require floors to be suitable, in good condition and free from obstructions. People should be able to move around safely
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury, on incapacity for normal work for seven or more days. This includes any act of non-consensual physical violence done to a person at work.
- The Personal Protective Equipment at Work Regulations 1992 The Trust has duties concerning the provision and use of personal protective equipment (PPE) at work. PPE is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing and safety footwear including non-slip footwear

- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b) Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

Related SFHT Documents:

See SFHT Intranet

11.0 KEYWORDS

Work at height
Workplace
Slippery floor
Slippery Surface
Falls from windows
Steps and Slopes

12.0 APPENDICES

APPENDIX 1

SLIPS AND TRIPS RISK CONTROLS TABLE

CAUSATIVE FACTORS	PRACTICAL MEASURE FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
<p>Contamination of the floor from:</p> <ul style="list-style-type: none"> • 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 	<p>Eliminate contamination in the first place</p> <ul style="list-style-type: none"> • 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 <p>If not reasonable practicable:</p> <p>Prevent contamination becoming deposited on walking surfaces</p> <ul style="list-style-type: none"> • Use dry methods for cleaning floors • Cleaning and dry incoming footwear, by use of suitable entrance matting • If not reasonable practicable: <p>Limit the effects of contamination</p> <ul style="list-style-type: none"> • 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 <p>If there is still a risk, follow the next steps</p>

<p>Inherent slip resistance of the floor not maintained adequately, e.g.:- from incorrect or inadequate cleaning, maintenance or wear</p>	<p>Maximise the surface roughness and therefore slip resistance of the existing floor surface</p> <p>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.</p> <p>Take the following measures minimise the risks due to wet cleaning:</p> <ul style="list-style-type: none"> • 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 <p>If this is not enough, take the following steps:</p>
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<p>The Slip resistance of the floor is too low</p> <p>This is influenced by:</p> <ul style="list-style-type: none"> 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 	<p>Increase the surface roughness of the existing floor</p> <p>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</p> <p>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.</p> <p>If this is not enough: Lay a more slip-resistant floor with higher surface roughness and higher coefficient of friction</p> <p>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</p>
<p>Steps and slopes: Do they cause sudden changes in step or not offer adequate foothold and/or handhold?</p>	<p>Check that steps give adequate foot and handhold, and that slopes have no sudden changes</p> <ul style="list-style-type: none"> Is the lighting adequate? Are handrails in place? Are stairs clearly demarked visually? Remove all sudden changes in level Ensure stairs have clearly visible nosings, 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
<p>Adverse environmental and other conditions hiding the condition of the floor and distracting attention</p>	<p>See that the prevailing conditions allow good visibility of and concentration on floor conditions</p>

<p>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</p>	<p>For example provide adequate lighting, and see environmental demands do not distract attention from the floor condition.</p> <p>Consider is the lighting adequate at all times that the area is in use e.g. the ward at night.</p>
<p>ORGANISATIONAL FACTORS</p>	
<p>The nature of the task being carried out such as:</p> <p>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 Encumbrance or restricted vision</p>	<p>Analyse the tasks in any slip risk area to see that only careful walking is required</p> <p>Tasks should not compromise ability to walk safely. Tasks should be:</p> <p>Mechanised to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface Moved to safer areas</p>
<p>ENVIRONMENTAL FACTORS</p>	
<p>Individual capability</p> <p>Poor knowledge of risks and measures Poor health and safety Poor eyesight Fatigue Physical frailty/disability Inadequate supervision</p> <p>Safety culture which is not supportive. For example where the risks are accepted as part of the job</p>	<p>Allocate tasks in high slip risks areas only to those competent to follow slips precautions</p> <p>And:</p> <p>Supervise and monitor physical controls to see safe practices are followed</p> <p>And:</p> <p>Establish a positive attitude that slips risks can be controlled.</p> <p>This achieved through clear line management responsibilities and consultation with workers</p>

PERSONAL PROTECTIVE EQUIPMENT:- FOOTWEAR FACTORS	
<p>Shoes offer insufficient slip resistance in combination with the floor surface, because of:</p> <p>Contamination of shoes Sole material Sole pattern Type of shoe Wear Fit Maintenance/renewal</p>	<p>Select suitable shoes for the floor, environment and the individual</p> <p>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</p> <p>Where overshoes are required, use good quality reusable ones where possible, laundering them between uses. Disposable overshoes can be slippery, and are easily split</p>
INDIVIDUAL FACTORS	
<p>Unsafe action by staff, due to:</p> <p>Awareness of risk Knowledge of how slips occur Information and training, or Distraction, carelessness</p>	<p>Train, inform and supervise employees on the risk, the control arrangements and employees' role(s) especially to:</p> <p>Clean as they go Report contamination Maintain footwear Walk appropriately to circumstances</p> <p>Set Procedures for visitors</p>

TRIPS RISKS CONTROLS

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR TRIPS RISK CONTROLS
ENVIRONMENTAL FACTORS	
<p>Uneven Surfaces</p> <p>For example gully'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.</p>	<p>Eliminate holes, slopes or uneven surfaces which could cause trips risks</p> <p>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:</p>

	<p>And: Good housekeeping</p> <p>Eliminate materials likely to obstruct walkways and therefore lead to trips</p> <p>For example analyse work flows and design process so waste and equipment does not accumulate on walkways Or if this is not reasonably practicable:</p> <p>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</p> <p>And:</p> <p>Provide suitable lighting to permit obstructions to be seen</p>
ORGANISATIONAL FACTORS	
<p>The nature of the task creates obstructions</p> <p>Safety culture which is not supportive For example where risks are accepted as part of the job</p>	<p>Analyse the tasks and process flows to see if work can be handled to eliminate or minimise obstructions</p> <p>And:</p> <p>Establish a positive attitude that trips can be prevented</p>
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

APPENDIX 3

HEALTH AND SAFETY RISK ASSESSMENT

Division		Department/Ward		Date	
Work Activity	General assessment of activities with regard to the risk of slipping, tripping and falling and identified areas of where the risk could be realised.				

Assessor		Review Date	
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No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C x L)
1.	Contamination of the floor from: <ul style="list-style-type: none"> 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 	Risk: Risk of low to serious injury from slipping and falling onto a hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	Eliminate contamination in the first place <ul style="list-style-type: none"> 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 reasonably practicable:							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
	<ul style="list-style-type: none"> Wind-driven rain, sleet and snow through doorways Condensation, e.g. from poor ventilation		Prevent contamination becoming deposited on walking surfaces <ul style="list-style-type: none"> Use dry methods for cleaning floors Cleaning and dry incoming footwear, by use of suitable entrance matting If not reasonably practicable: Limit the effects of contamination <ul style="list-style-type: none"> 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 							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
2.	Inherent slip resistance of the floor not maintained adequately , e.g.: - from incorrect or inadequate cleaning, maintenance or wear	Risk: Risk of low to serious injury from slipping and falling onto an hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	Maximise the surface roughness and therefore slip resistance of the existing floor surface Take the following measures minimise the risks due to wet cleaning: <ul style="list-style-type: none"> • 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 							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
			<p>cones for patients with low vision</p> <ul style="list-style-type: none"> Spot cleaning and cleaning of spillage will be needed 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 							
3.	Steps and slopes: Do they cause sudden changes in step or not offer adequate foothold and/or handhold?	<p>Risk: Risk of low to serious injury from tripping and falling onto a hard surface</p> <p>Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors</p>	<p>Check that steps give adequate foot and handhold, and that slopes have no sudden changes</p> <p>Is the lighting adequate? Are handrails in place? Are stairs clearly demarked visually? Remove all sudden changes in level</p>							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
			<p>Ensure stairs have clearly visible nosings, good handrails, and suitable balustrades</p> <p>Ensure that the rise and going of each step in the stair is consistent in size throughout of the flight.</p> <p>Ensure that any applied slip-resistant nosing does not create a tripping or heel-catch hazard</p> <p>Good visual cues for changes in floor level and surface are essential especially when stepping down from a kerb onto a lower surface.</p>							
4.	<p>Adverse environmental and other conditions hiding the condition of the floor and distracting attention</p> <p>Low light levels</p> <p>Shadows</p> <p>Glare</p> <p>Excess noise</p> <p>Extremes of temperature</p> <p>The use of repeating patterns on floor coverings that might be distracting to the eye, for</p>	<p>Risk: Risk of low to serious injury from tripping and falling onto an hard surface</p> <p>Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors</p>	<p>See that the prevailing conditions allow good visibility of and concentration on floor conditions</p> <p>For example, provide adequate lighting, and see environmental demands do not distract attention from the floor condition.</p> <p>Consider is the lighting adequate at all times that the area is in use e.g. the ward at night.</p>							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
	example, by disguising a change in level Bulky/awkward personal protective equipment									
5	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 Encumbrance or restricted vision	Risk: Risk of low to serious injury from tripping and falling onto an hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	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							
6.	Individual capability Poor knowledge of risks and measures Poor health and safety Poor eyesight Fatigue Physical frailty/disability Inadequate supervision	Risk: Risk of low to serious injury from tripping and falling onto an hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors (significantly children)	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:							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
	Safety culture which is not supportive. For example, where the risks are accepted as part of the job		Establish a positive attitude that slips risks can be controlled. This achieved through clear line management responsibilities and consultation with workers							
7.	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	Risk: Risk of low to serious injury from tripping and falling onto an hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	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							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
8.	Unsafe action by staff, due to: Lack of awareness of risk Knowledge of how slips occur Information and training, or Distraction, carelessness	Risk: Risk of minor-serious injury from slipping and falling onto hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	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							
9.	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.	Risk: Risk of minor-serious injury from tripping and falling onto hard surface Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	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 hazard. 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 gulley's and channels: And:							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
			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							
10	The nature of the task creates obstructions	Risk: Risk of minor-serious injury from slipping and falling onto hard surfaces	Analyse the tasks and process flows to see if work can be handled to eliminate or minimise obstructions							

No.	Identified Hazard			Initial Risk Rating			Further Controls	Target Risk Rating		
	Hazard (the potential to cause harm)	How harm can occur and who could be harmed	Current Situation and Control Measures or Safeguards in place	Consequence (C)	Likelihood (L)	Risk Rating (C x L)	Observations and recommendations to improve safety	Consequence (C)	Likelihood (L)	Risk Rating (C)
	Safety culture which is not supportive For example, where risks are accepted as part of the job	Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	And: Establish a positive attitude that trips can be prevented							
11.	Safe practices not followed	Risk: Risk of minor-serious injury from slipping, tripping and falling onto hard surfaces Persons at risk: Patients including patients from Millbrook, General public, Staff and Visitors	Train, inform and supervise employees							

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Slips, Trips & Falls Prevention Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 23.11.2023			
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)			
Protected Characteristic	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) 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?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender	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
Age	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Religion	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in	None

		discrimination. There is a need for a clear system for reporting hate incidents	
Disability	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality	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
Pregnancy and Maternity	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Gender Reassignment	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
Marriage and Civil Partnership	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	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

What consultation with protected characteristic groups including patient groups have you carried out? 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.

What data or information did you use in support of this EqIA?
Trust policy approach to availability of alternative versions.

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?

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ([click here](#)), please indicate the perceived level of impact:

High Level of Impact

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.

Name of Responsible Person undertaking this assessment: Robert Dabbs

Signature:

Date: 23rd November 2023

APPENDIX 5 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No	Not Applicable
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No	Not Applicable
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No	Not Applicable
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No	Not Applicable
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	Not Applicable
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	Not Applicable