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Policy & Guideline for the Assessment, Prevention & Management of Slips, Trips & Falls among Staff & Others in Community Hospitals & Other PCT Premises

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1. Policy Statement

Slips and trips resulting in falls are the most common cause of major injuries in all workplaces in the country and the second biggest cause of over-three-day injuries. Over 2000 injuries to employees in health care are reported to the HSE every year. Many patients and visitors also receive injuries⁽¹⁾. This policy sets out guidelines for the assessment, prevention and management of staff and others who have slipped, tripped or fallen. This policy applies to all staff, patients, contractors and other visitors on site. This Policy and associated Guidance sets out a framework for the identification, evaluation and controlling of known risks and – hazards from slips, trips & falls among staff and others. It outlines responsibilities and the process Managers should follow to reduce the risk of injury to persons from a slip, trip or fall.

2. Definitions

Fall

A fall may be defined as an event whereby an individual comes to rest on the ground or another lower level with or without consciousness⁽²⁾

Work at height

This is defined as where “a person could fall a distance liable to cause personal injury”.

The policy reflects;

The Health and Safety at Work etc Act 1974,⁽³⁾ which requires the employer to ensure the safety of all who are affected by their work. This includes taking steps to control slip and trip risks.

The Management of Health and Safety at Work Regulations 1999 build on HSWA and include duties on employers to assess risks (*including slip & trip risks*) and where necessary take action to safeguard health and safety.

The Work at Height Regulations 2005 will apply when using step stools or stepladders. Assessments must be made for the risk of falling and injuries from falling objects.

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The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

The Workplace (Health, Safety and Welfare) Regulations 1992, ⁽⁴⁾ require the floor surface to be suitable by not being 'slippery so as to expose any person to a risk to their safety', to be in good condition and free from obstruction. The workplace must have suitable and sufficient lighting. People must be able to walk around safely. The regulations also require the floor construction to:

1. Have no holes, slope or be uneven so as to expose a person to a risk.
2. So far as reasonably practicable keep floors free of obstructions and from any article which may cause a person to trip.
3. Not have accumulated waste materials, except in suitable containers.

The four main causes of slip & trip accidents in a hospital are:

1. Slippery/wet surfaces – caused by water and other fluids.
2. Slippery surfaces caused by dry or dusty floor contamination such as plastic, lint or talcum powder.
3. Obstructions, both temporary and permanent
4. Uneven surfaces and changes of level, such as unmarked ramps ⁽¹⁾

***Ellis v Bristol City Council (2007, CA)* concerning the strict duty of the WHSWR on slips. See Appendix.**

The Construction (Design and Management) Regulations 2007 put a duty on *designers* to identify suitable flooring materials to meet WHSWR.

3. Accountability & Responsibility

Chief Executive

The Chief Executive is ultimately responsible for the PCT's health and safety arrangements.

Director of Community Health Oxfordshire

The Director of Community Health Services as the nominated director responsible for health & safety has particular responsibilities for the management and review of this policy.

Ward Managers

Ward/Unit Managers should review the environment and organisation of their area to reduce the risk of falls to the lowest possible level every 12 months (Health and Safety audit) or unless there has been a significant change to the area or a major incident has occurred. This will include regular inspections of work areas and traffic routes, which cover slip, trip and falls risk: house keeping, trailing leads, lighting levels and conditions of floors and the building fabric. Managers assessing risks concerning work at height must ensure that risks are managed in the following sequence: avoiding working at height; applying measures to prevent falling and minimising distance and consequence of a fall. Stepladders and similar equipment may be used where the risk is low and duration of work is limited, nevertheless specific instruction and training should be provided.

Staff

- Staff must attend training sessions as determined
- Staff must report immediately any hazards and/or health & safety issues

Estates

The OBMH Estates and Facilities contractors, hold duties under health and safety legislation, however the PCT remains responsible for the management of the policy and ensuring that the Estates department and other contractors are competent in their activities on behalf of the PCT.

Estates Department and Facilities Managers are responsible for ensuring that all premises and external surfaces/areas owned or leased by the Trust are as safe as is reasonably practicable and do not present a hazard to Patients, Staff and Visitors using the Trust. This will include:

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- Giving advice on purchase of suitable flooring surfaces;
- Developing a system that enables a response programme to spillages and incidents which may leave an area at risk of slips, trips & falls and includes maintenance plans and cleaning schedules at safe times;
- Ensuring an effective – maintenance programme for roads & paths in order to reduce slips, trips & falls as part of the annual *planned inspection of buildings* programme.
- Ensuring the provision and maintenance of appropriate lighting, in order to reduce the risk of individuals misjudging flooring or not seeing contaminants.

Document	Process
Incident form – available on site	To Health and safety department and ward manager for analysis and risk score
Warning signs/Hazard signs	Display on notice boards: To be put out when area is at risk
Safe working practices	Risk assessments and policies will determine
Essence of care document	Focus on work place cleanliness and reduced clutter

4. Guidelines for Staff

ACTION
1. Staff should be vigilant and identify any-hazards and where appropriate, move them, or if this is not possible make other staff aware and bring to attention of the Manager.
2. Staff should wear appropriate footwear for the activities that they are carrying out.
3. Ensure work areas are kept clear of clutter or items that may be hazardous or increase the risk of falls. Clear away any materials and equipment not in use.
4. Ensure spills are cleaned up and surfaces dried immediately.
5. Use of appropriate signage to warn people of hazards and/or arrange alternative passage.
6. Position equipment to avoid cables crossing pedestrian routes. Do not rush in traffic routes.
7. Ensure that lighting is appropriate for the environment
8. Adequate training and information is provided to all involved in activities or working in areas with the potential for slip, trip and falls accidents. This will include mandatory training, on induction and domestic staff training.
9. Regular maintenance of buildings, work areas, traffic routes, equipment and lighting takes place and is recorded.

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10. Following a fall, an incident form will be completed in accordance with Trust Guidance. Clearly document the time and circumstances of the fall, including associated symptoms.

11. Falls event reports will be produced for each community hospital on a monthly basis by the Ward Manager. These will be reviewed by the unit managers Hospital Heads of department meetings. Untoward incidents (orange) will have a root cause analysis completed and action plan developed. Learning will be shared across all community hospitals. Trend analysis will be maintained quarterly by governance team.

12. All hospital staff have responsibility for ensuring the environment is safe, this includes the immediate reporting of damaged equipment, spillages, lighting, poorly placed equipment.

5. Procedure following a staff/other fall

Immediate clinical assessment - check for injury

- Carry out clinical assessment-contact medical help if necessary
- Review the environment
- Identify any additional risk factors
- Fill out an incident form
- If the member of staff is absent from work for more than 3 days in relation to the fall, the Risk Management Department should be contacted immediately so that a report can be sent to RIDDOR. The 3 days do not have to be consecutive. This must include a referral to occupational health for staff. If a death occurs this is reportable to the manager on call and possibly HSE. If a member of staff suffers a major injury or over-three-day injury or any other person suffers an injury attributable to work activity or the condition of premises leading to a direct transfer to A&E (or its equivalent at a community hospital), the Health & Safety department must be advised as soon as convenient so that they may inform HSE.
- If faulty equipment the Medical Devices Agency (MDA) need to be informed (and HSE by the Risk Department if a *dangerous occurrence*).

6. Training requirements

Unit and ward managers are responsible for assessing and managing risks of slips and falls in their areas of responsibility. They will also ensure that they and their staff have attended training designed to recognise slip, trip and fall hazards to be able to adopt agreed procedures to avoid their occurrence.

7. Monitoring

- Unit managers must work directly with ward managers to address issues raised falls analysis action plans using a clinical governance framework;
- review incidents at the 2 x annually CHOM meetings and
- review incidents at the SUI debriefing sessions
- Health and Safety Advisers shall monitor incident reports on a regular basis and may seek further information or investigate incidents to ensure that this Policy is upheld. (This may require liaison with OBMH Estates and any Facilities contractors and their managers). Health and Safety Advisers shall, during their annual health and safety audits at community hospitals, examine relevant risk assessments and safe systems of work designed to avoid slips, trips and falls.

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8. References

1. Slips and Trips in the Health Service (HSE)
2. American Geriatric Society, British Geriatric Society and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (2001). Guidance for the Prevention of Falls in Older persons, *Journal of the American Geriatrics Society*, 49:664 - 672.
3. Health and Safety at Work Act 1974, HMSO London Department of Health (2006) *Standards for Better Health. London*
4. The Workplace (Health, Safety & welfare) regulations 1992

Appendix A. Guidance on Assessing and Managing Risks of Slips

While the Policy is designed to assure the statutory and other demands of slips, trips and falls, the practical business of risk assessment and management is usually fairly simple and consists of identifying hazards, evaluating the risk and managing the risk. This can often be achieved by a commonsense approach in which staff can share the risk assessment and readily *own* the arrangements to manage it. The following notes may help managers manage risks of slipping but they can approach the Health and Safety Advisers for further help.

Floor Surfaces and Slips

Many modern floor surfaces are “reasonably non-slip” when dry but slippery when wet. This will not come as a surprise and it would be easy to specify a completely non-slip replacement. But would the replacement satisfy other considerations, like infection control or aesthetic appeal? The strict regulation concerning slips was raised in a compensation claim at a care home in 2007 resulting in helpful guidance from the Court of Appeal. This directs how an assessment should be made, depending on hazards other than the basic construction of the floor. Consequently a risk assessment for a floor surface should consider several factors.

The ruling of the court listed the following considerations, emphasising that an employer must consider both the construction of the flooring *and* transient hazards posed by *spills*.

1. construction of the floor
2. nature/quality of the surface
3. frequency of spillages
4. purpose of the floor
5. likelihood of slips
6. severity of consequent injuries
7. whether spilt substances are visible
8. accident history

[There is a strict duty imposed by the Construction (Design and Management) Regulations 2007 so that, in any *construction work* as defined by the Regulations, anyone assuming the role of a *designer* will have to specify materials in accordance with the *general principles of prevention* for managing risk]

Analysis of Relevant Factors

1. Construction and Surface & 2. Nature/quality of the surface

Many areas are covered in vinyl materials which are slip-resistant *when dry*. They have incidental beneficial effects, namely: *cushioning*, susceptibility to *easy cleaning* as an aid to infection control and *noise suppression*.

3. Frequency of Spillages

The case referred to above involved infrequent but *foreseeable* slips on urine in a care home. Many Trust floor surfaces suffer *frequent* spillages.

4. Purpose of the Floor

While staff may be expected to wear shoes designed to reduce the likelihood of slipping, it is impossible to expect the same of patients, who may wear inappropriate footwear and go about in stockinged or bare feet.

Vinyl surfaces lend themselves to simple cleaning methods reducing the risk of foot infections. A surface with greater slip resistance may be more difficult to clean, harbouring infections. Any cushioning effect of the surface may reduce injuries. A rougher surface may increase the incidence of grazes and laceration with the greater risk of infection and blood-borne infection for staff as well.

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5. Likelihood of Slips & 8. Accident History

The likelihood of slips on a dry floor is low but because a floor surface is often wet, in small areas where spills have occurred or where mopping has left it wet, the likelihood of slips becomes moderate. There may be a system for mopping areas subsequently protected by warning cones/notices until natural drying is complete.

6. Severity of Slip Injuries

While the injuries occasioned by slips are usually minor, with limited effects, there is a reasonable possibility that *major injuries* may occur.

7. Visibility of Spills

Vinyl floor coverings come in many colours. Spills of liquids are more readily visible with some colours when the lighting is good, although patients and staff may not be sufficiently observant at *all* times to prevent slips occurring.

Possible Benefits of Common Vinyl Flooring

- Is slip resistant when dry.
- Has a cushioning effect to help absorb falls and is comfortable to walk on.
- Easy to clean and thereby reduce risk of infection for those in bare feet.
- Has a deadening effect for noise.

Consistent Drawback of Such Flooring

- Allows slips when wet.

Benefit of Specific Slip-resistant Flooring

- Could significantly reduce risk of slips.

Drawbacks of Specific Slip-resistant Flooring

- Difficult to clean.
- 'Glazing' may occur with consequent risk of slips and invasion by infectious agents.
- Incidence of trips and falls with grazes and fractures may increase with no-slip surface.
- No cushioning effect.
- Limited noise absorption.

On balance, an analysis may suggest that existing floor surfaces are often satisfactory. However, while customary mopping and cleaning in in-patient areas could be continued before the majority of patients and staff are active the need to mop up minor spills should be augmented by a quick drying process using paper towels, rollers or a mechanical device.