

SLIPS, TRIPS AND FALLS POLICY

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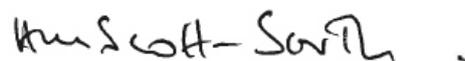
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Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

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REVIEW AND AMENDMENT LOG

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SLIPS, TRIPS AND FALLS POLICY

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Burton Hospitals NHS Foundation Trust

SLIPS, TRIPS AND FALLS POLICY

1. INTRODUCTION

- 1.1 The Trust recognises its responsibilities under the Health and Safety at Work Act 1974, the duty to provide as far as is reasonably practicable working environments that are safe for all employees, patients, contractors, visitors, voluntary workers and members of the public.

Definitions

Slip: To lose one's footing and slide unintentionally for a short distance, may result in a fall. Caused by too little friction or traction between floor surface and foot/footwear.

Trip: To catch one's foot on something and stumble or fall

Fall: To lose balance and collapse resulting in the person coming to rest on the ground or floor or other lower level.

Slips and trips resulting in falls are the most common cause of major/ specified injuries in Great Britain. ~~and within this Trust they are the biggest cause of 'over 7 day' injuries.~~ Over a third of all accidents involving employees that were reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) were as a result of slips, trips and falls. These make up more than half of all specified injuries and account for almost a third of reported over seven days injury. ~~Nationally over 2000 of these incidents are reported by the NHS every year.~~ Nationally slips, trips falls are in the top four highest number of reported incidents by the NHS. These accidents can be cut dramatically through planning and pro-active management, together with good housekeeping. These accidents are not an inevitable part of the healthcare industry – they can and should be prevented.

There will always be a risk of patient falls within the hospital due to the nature of the patients admitted and any subsequent injuries may not necessarily be trivial. However, there is much that can be done to reduce the risk of falls and minimise harm, whilst at the same time allowing patients freedom and mobilisation during their stay in hospital. Patient falls account for almost two-fifths of all the patient safety incidents reported to the National Patient Safety Agency (NPSA 2007). The NPSA estimates that a thousand patients sustain a fracture as a result of falls in hospitals in England and Wales each year, and some falls can result in the death of a patient.

2. POLICY STATEMENT

- 2.1 The Trust will take all reasonably practicable measures to ensure that workplaces and care environments under their control are safe and without unnecessary risks of slips, trips and falls to all persons needing to access them (including patients, staff, contractors, voluntary workers, members of the public and visitors).

3. SCOPE OF POLICY

- 3.1 This Policy intends to address and mitigate the risks of any slips, trips, falls. It describes the procedures that should be followed and the factors which should be taken into account by all employees when dealing with aspects of slips, trips and falls in the workplace. The Policy also addresses the Trust's legal obligations.
- 3.2 All employees are required by their contract of employment to co-operate with the Trust on health & safety matters. This includes compliance with this Policy. Any action to the contrary may result in Trust disciplinary action or legal action under the Health and Safety at Work Act 1974.

4. AIMS AND OBJECTIVES

- 4.1 The purpose of this document is to enable the Trust to ensure that it provides a safe working environment free from slip, trip and fall hazards to all persons by: -
- ensuring all potential slip, trip and fall hazards in the workplace are identified;
 - adequately controlling any risk to a person's safety and, in any case, reducing it to the lowest level reasonably practicable; and
 - where necessary, undertaking and implementing appropriate risk assessments and risk reduction methods.

5. LEGAL RESPONSIBILITIES

- 5.1 The legally enforceable framework comprises:
- The Health and Safety at Work etc. Act 1974
 - The Workplace (Health, Safety and Welfare) Regulations 1992
 - The Management of Health and Safety at Work Regulations 1999
 - The Work at Height Regulations 2005

The Health and Safety at Work Act requires employers to ensure the health and safety of all employees and anyone who may be affected by their work. This includes taking steps to control slip, trip and fall risks. Employees must not

endanger themselves or others and must use safety equipment provided and adhere to safety information and instruction.

The Management Regulations specify the five steps required for effective risk control arrangements and employee duties, as well as training and consultation with safety representatives.

The Workplace Regulations , required flooring , or surface of the traffic route to be in a condition to prevent any risk of slips, trips, falls:

- 'have no holes or slope, or be uneven or slippery so as to expose any person to a risk to health and safety'; and
- 'so far as reasonably practicable, free of obstructions and from any article which may cause a person to slip, trip or fall'; and
- 'waste materials should not be allowed to accumulated in a workplace, except in suitable receptacles'.

Preventing contamination, rather than increasing the slip resistance to counteract it, is preferable. However, very small levels of contamination (a single drop of a substance in many circumstances) can lead to a drastic increase in the risk of slipping. Prevention of contamination must therefore be very thorough.

The Work at Height Regulations should be adhered by all those who manage or undertake work at height and should do so in accordance with the Trust Work at Height Policy. This would include any Burton Hospital NHS Foundation Trust employee who authorises work or contracts on behalf of the Trust.

Employees ordering equipment such as floor covering, floor treatment/ cleaning substances and slip resistant footwear should ensure these are sourced from suppliers and contractors meeting the legal requirements.

Employees are responsible for ensuring that any fault or defect, which they are aware of, is reported to their manager immediately. Faults and defects to flooring should also be reported to the Estates department and if required signage erected to warn of any hazards or area restricted.

6. DUTIES

6.1 Board of Directors

The Board of Directors has overall responsibility for the monitoring of compliance with, and effectiveness of, all Trust Policies and will ensure that effective management systems are in place to achieve high standards of health, safety and welfare.

6.2 Chief Executive

Under Standing Orders of the Trust, the Chief Executive, as Accountable Officer, has overall responsibility for health and safety matters and will ensure that this Policy is implemented in all directorates and reviewed on a regular basis.

6.3 Associate Director of Estates and Facilities

The Head of Estates has responsibility for ensuring that premises owned or leased by the Trust are safe and do not present a hazard to employees and others using Trust premises for approved uses. The Head of Estates will also ensure that where requested, in accordance with this Policy, any premises used by the Trust are provided and maintained in accordance with this Policy.

The Head of Estates will ensure that where requested, in accordance with this Policy, all necessary repairs and maintenance are carried out and in particular:

- regular maintenance and cleaning (including inspection) is carried out at suitable intervals,
- any potentially dangerous defects are remedied,
- maintenance and remedial work is carried out properly; and
- a suitable record is kept to ensure that the system is properly implemented.

6.4 Head of Health and Safety

The Head of Health and Safety has responsibility for helping to ensure that this Policy allows the Trust to comply with their legal responsibilities and produce written reports showing the effectiveness of this Policy and is responsible for RIDDOR reporting.

The Head of Health and Safety will provide slips, trips and falls awareness within the Health and Safety training at corporate induction.

6.5 Head of Governance

The Head of Governance will report on patient slips, trips and falls accidents to the monthly Falls Group meeting. The Head of Governance reports all patient accidents to the National Patient Safety Agency (NPSA) to their national reporting and learning system (NRLS), and liaises with the Head of Health and Safety regarding RIDDOR reporting requirements.

6.6 General Manager/ Managers / Supervisors

Managers and supervisors have a responsibility to implement this Policy and to ensure that all workplaces provided are in accordance with this Policy and that all reasonable steps are taken to maintain and, where necessary, improve health and safety standards. Where employees work in premises not owned by the Trust, the manager will liaise with the landlord to ensure the premises are maintained in accordance with this Policy. Managers will also bring this Policy to the attention of all employees.

It is a manager's responsibility to ensure that every workplace under their control is adequately maintained and repairs carried out.

It is also the manager's responsibility to ensure that the necessary risk assessments are carried out for the workplace under their control and that appropriate action is taken to resolve the issues identified and/or reduce risks to an acceptable level (see section 8).

The Business Unit General Managers will be responsible for ensuring that departments that are persistently non-compliant are monitored to ensure compliance with Trust procedures.

6.7 Patient Handling Practitioners

The Patient Handling Practitioners will provide slips, trips and fall training to staff as part of manual handling education.

The Patient Handling Practitioners will provide training on falls prevention and the management of a falling/fallen patient as part of Manual Handling education.

6.8 Physiotherapy Department

Following a referral from the ward staff, the Physiotherapy Department can provide slips, trips and falls education to inpatients that have a known history of falls, or were admitted resulting from a fall at home, or any patient subjected to a fall during their admission.

6.9 Employees

All employees have a responsibility to abide by this Policy and any decisions arising from the implementation of it. Any slip, trip or fall hazards, faults or defects that they become aware of should be reported to their manager immediately, reported to Estates and made safe as necessary. Employees should also take steps to reduce the risks, such as keeping all areas tidy and removing any obvious trip hazards.

Where required, appropriate non-slip footwear is to be worn at all times reducing the risks of slips, trips or falls.

All employees must attend the applicable mandatory patient/load handling courses provided by the Patient Handling Practitioners, which includes slips, trips and falls awareness.

7. TRAINING AND EDUCATION

Staff

- 7.1 All employees will complete the Trust's Induction, which includes slips, trips and falls awareness.

- 7.2 The Patient Handling Practitioners will provide staff with update training, dealing with slips, trips and falls during manual handling workshops.

The Patient Handling Practitioners will offer training workshops to update staff on falls prevention and the management of a falling/fallen patient.

- 7.3 Additional Slips, Trips and Falls awareness is provided in an e-learning package and in the guidance in appendices 1 and 2 of this Policy.
- 7.4 All employees MUST read all health and safety related policies and the appropriate health and safety risk assessments applicable to an individual's role then sign a compliance record.

Patients

- 7.5 There is an opportunity for any patient that is subjected to a fall during their admission period, to be referred via a consultant to the Falls Assessment Clinic, where they will be fully investigated regarding their falls history and provided with education on slips, trips and falls.

Should a patient sustain a specified injury as a result of a fall, staff should complete a 'Patient fall – RIDDOR form' (available on the intranet) to ascertain whether the incident is RIDDOR reportable.

8. MANAGING THE RISKS

8.1 Understanding How Risks Can Be Controlled

The main causes of slips, trips and falls in the workplace:

- Uneven floor surfaces
- Unsuitable floor coverings
- Wet floors
- Changes in floor levels
- Trailing cables
- Poor lighting
- Poor housekeeping.

There are many other factors that may cause slips, trips and falls, including unsuitable: methods of cleaning, floor covering type, footwear, contrast between floors, walls and doors, and obstructions or other trip hazards. Other human factors such as rushing, running or carrying heavy/cumbersome items, unfamiliar environments etc.

With regard to in-patients, most falls are the result of a combination of factors. Poor mobility and confusion are often contributing factors and environmental hazards such as wet floors or steps are identified in only a small proportion of patient falls (NPSA 2007).

Most falls occur whilst patients are walking. Patients are particularly likely to fall whilst using the toilet or commode. Falls from trolleys/ beds may be more likely to lead to serious injury and litigation. Only a minority of falls are witnessed by staff and even when a member of staff witnesses a fall, they are unlikely to be able to stop the patient from falling.

Appendix 1 gives examples of how to control the risks of slipping and falling, and advises you how to keep floors dry and Appendix 2 gives examples of how to control the risks of tripping and falling.

8.2 Managing the Control of Slips, Trips and Falls

Each situation will need to be assessed to identify what factors cause slips, trips and falls and match practical control measures to these factors.

Appropriate control measures are required as follows:

- **Plan** your overall arrangements to manage risks. **Assess the risks and identify what more you need to do by looking at the tables in Appendices 1 and 2.** Get the commitment and support of others;
- **Organise** so that staff know what to do; establish systems for inspection, maintenance, training and consultation with safety representatives; keep a record of who is responsible for which arrangements and make these clear to everyone;
- **Control** the risks by taking the measures you identify; check to ensure that working practices and processes are being carried out properly e.g. smooth floors are not left wet. Keep a record of cleaning and maintenance work and encourage good health and safety practice;
- **Record** all incidents involving slips, trips and falls on the Trust Datix System. Injuries will be reported to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) by the Head of Health and Safety.
- **Monitor** your achievements to ensure you are making progress, e.g. from accident information, inspections, quarterly departmental safety check, audits and reports. Review your plan regularly.

8.3 Risk Assessment Procedure

Full details of the Risk Assessment Process can be found in the Risk Management Policy which is available on the Governance Support Unit intranet site.

Assessment of slips, trips and falls risks in patients is based on the patient's condition (permanent and/or transitory) as well as the environment. The risk assessment is documented as part of the patient's nursing record.

Patient assessments must be reviewed and updated whenever there are significant changes in the patient's condition and/or the care environment.

All risk assessments should be reviewed regularly. Work place risk assessments must be reviewed following an incident, and the necessary control measures put in place before commencement/recommencement of the activity.

Reactive risk assessments - these assessments must be completed if any changes occur, or following an untoward occurrence/adverse incident.

Proactive risk assessments – these should be done on admission of a patient and prior to the commencement of an activity and whenever new systems or equipment are introduced to the workplace.

The Trust will ensure that any risk identified is adequately assessed and the appropriate action taken to reduce the risk so far as is reasonably practicable.

A five step approach to risk assessment is required:

- Step 1** **Identify any slips, trips or falls hazards** around the workplace, such as uneven floors, trailing cables, areas that are sometimes slippery due to spillages. Include outdoor areas.
- Step 2** **Decide who might be harmed and how.** Who comes into the workplace? Are they at risk? Do you have any control over them? Remember that the very young, older people and people with disabilities/certain clinical conditions may be at particular risk.
- Step 3** **Consider the risks.** Are the precautions already taken adequate to deal with the risks? If not, are additional measures required? Include additional controls in the action plan of the risk assessment and allocate responsibility for implementation.
- Step 4** **Record your findings** if you have five or more employees.
- Step 5** **Regularly review the assessment.** Review your risk assessment on an annual basis or if any significant changes take place, e.g. new equipment/ process/ following an incident, make sure existing precautions and management arrangements are still adequate to deal with the risks. Ensure standards are maintained and any new or additional hazards that may have been introduced, or become apparent since the previous assessment are included.

It is the departmental manager's responsibility to ensure that the necessary risk assessments are carried out for any workplace under their control and that appropriate action is taken to resolve the issues identified.

What practical measures can be taken will vary in different situations. Each situation needs to be assessed to identify what factors cause slips, trips and falls and then to match practical control measures to these factors.

Additional risk assessments are required for any tasks involving work at height, including any equipment required to carry out work at height.

All work equipment for work at height must be appropriately assessed for the specific task in hand.

8.4 Patient Risk Assessment

The V6 patient risk assessment (incorporating manual handling and falls risk) must be completed as an initial admission assessment to a ward. Patient assessments are used to develop and review care plans and reviews of assessments incorporate an audit trail.

The risk factors that appear to be most significant in hospital patients are:

- walking unsteadily;
- being confused and agitated;
- being incontinent or needing to use the toilet frequently;
- having fallen before;
- taking sedatives or sleeping tablets.

Delirium, brain injury and dementia can cause confusion. Dementia increases the risk of falling because patients find it difficult to recognise environmental hazards, struggle to save themselves when they become off-balance, and may be unaware of any limitations to their own mobility. Dementia is also associated with changes in walking patterns and low blood pressure on standing.

Should a patient sustain a specified injury as a result of a fall, staff should complete a 'Patient fall – RIDDOR form' (available on the intranet) to ascertain whether the incident is RIDDOR reportable.

8.5 Reporting of Defects

Any defects in the workplace requiring repair or corrective action should be reported to the Estates Department and a request made for the corrective action to be taken. Action should be taken to safeguard the area immediately. It is the department manager's responsibility to satisfy themselves that the necessary action is taken and the fault corrected.

9. EFFECTIVE MONITORING

9.1 The effectiveness of this Policy will be monitored by the Head of Health and Safety

- Review adverse incident reports (at least quarterly) relating to any incident that involves slips trips and falls to identify any trends or shortfalls.
- Department Managers will monitor any action plan that has identified gaps in control measures to ensure the incident does not re-occur.
- The completion of a Generic Workplace Risk Assessment including slips trips and falls will be monitored by the department manager to ensure they are still current and up to date following an incident.

- The completion of the required risk assessments, policy compliance and risk assessment signature records will be monitored by the Trust's self assessment process: an annual Departmental Safety Inspection. Any non compliance identified will result in completing outstanding items and carrying out a re-check to achieve compliance.
- Business Unit General Managers will be responsible for ensuring persistent non compliant departments are monitored to ensure compliance with Trust procedures.
- The Health and Safety Group and the Quality Committee (Committee of the Board) will review all quarterly statistics reports submitted to the committee by the Head of Health and Safety.

10. SUPPORT, HELP AND FURTHER ADVICE

Further help and information is available in the first instance from Departmental Managers and also the Head of Health and Safety / Divisional Risk and Patient Safety Managers and Head of Governance. .

Any queries relating to this Policy or its implementation should be referred to the Head of Health and Safety on Ext 5730. Information is also available on the Health and Safety intranet site.

Health and Safety and Incident and Risk information and supporting Policies are available on the Governance Department intranet site.

Further advice can also be obtained from the Health and Safety Executive website at www.hse.gov.uk/slips and the NPSA website at www.npsa.nhs.uk.

SLIPS AND FALL RISK CONTROLS

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS AND FALL 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 reasonably 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 drying incoming footwear, by use of suitable entrance matting. • Cleaning soles of shoes as and when required. <p>If not reasonably practicable:</p> <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 are important factors 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.</p> <p>Just a tiny amount of contamination, wet or dry, is sufficient to make a smooth floor dangerously slippery. Take the following measures to 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.

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS AND FALL RISK CONTROL
ENVIRONMENTAL FACTORS	
	<ul style="list-style-type: none"> • Use warning signs to identify contaminated floors or floors after cleaning. Ensure warning signs do not pose a trip hazard • 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. <p>If this is not enough, take the following steps:</p>
<p>The Slip resistance of the floor is too low</p> <p>This is influenced by:</p> <ul style="list-style-type: none"> • The type of floor covering • 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 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, 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.</p> <p>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.</p> <p>If it is possible to influence staff footwear, then anti-slip footwear may be an option. (See below)</p> <p>If this is not enough:</p> <p>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:</p> <ul style="list-style-type: none"> • 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>Note: This data must always be specified for the 'as installed' condition, and should be based on a 'pendulum-type' test. Experience of how that floor performs in a similar situation may help; and a small sample of the preferred materials will confirm manufacturer's claims and their suitability.</p> <ul style="list-style-type: none"> • See the installation is correctly done. • Check to see the specification has been met

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS AND FALL RISK CONTROL
ENVIRONMENTAL FACTOR	
<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 marked visually? • Remove all sudden changes in level. • Ensure stairs have clearly visible treads and risers, good handrails, and suitable balustrades. • Ensure good visibility of the treads on a flight of stairs e.g. use of different colour. • Ensure that the rise and tread of each step in the stair is consistent in size throughout the flight. • Ensure that any applied slip-resistant nosing does not create a tripping or heel-catch hazard. • Good visual indications for changes in floor level and surface are essential, e.g. use of conspicuous contrasting paint colour.
<p>Adverse environmental and other conditions hiding the condition of the floor and distracting attention</p> <ul style="list-style-type: none"> • 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>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> <ul style="list-style-type: none"> • See points above • Ensure good visibility and movement when carrying items up or down stairs. • Focus on route ahead
ORGANISATIONAL FACTORS	
<p>The nature of the task being carried out such as:</p> <ul style="list-style-type: none"> • 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>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> <ul style="list-style-type: none"> • Mechanised to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface. • Move to safer areas. • Ask for assistance when required. • Breakdown the load. •

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS AND FALL RISK CONTROL
ENVIRONMENTAL FACTOR	
<p>Individual capability</p> <ul style="list-style-type: none"> • Poor knowledge of risks and measures. • Poor health and safety. • Poor eyesight. • Fatigue. • Physical frailty/disability. <p>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 slip risks can be controlled. This is achieved through clear line management responsibilities and consultation with and appropriate training for workers.</p>
PERSONAL PROTECTIVE EQUIPMENT: FOOTWEAR FACTORS	
<p>Shoes offer insufficient slip resistance in combination with the floor surface, because of:</p> <ul style="list-style-type: none"> • Contamination of shoes. • Sole material. • Sole pattern. • Type of shoe. • Wear. • Fit. • Maintenance/renewal. 	<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, e.g. if the sole of the shoes are contaminated with greasy products, clean adequately to remove the grease. 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> <ul style="list-style-type: none"> • Awareness of risk. • Knowledge of how slips occur. • Information and training, or • Distraction, carelessness. 	<p>Train, inform and supervise employees on the risk, the control arrangements and employees' role(s) especially to:</p> <ul style="list-style-type: none"> • Clean as they go. • Report contamination. • Wear suitable footwear • Maintain/clean footwear. • Walk appropriately. • Adhere to good manual handling practices <p>Set Procedures for visitors</p>

TRIPS AND FALL RISK CONTROLS

CAUSATIVE FACTORS	PRACTICAL MEASURES FOR TRIP RISK CONTROL
ENVIRONMENTAL FACTORS	
<p>Uneven Surfaces</p> <p>For example gullies, holes, steps.</p> <p>Obstructions</p> <p>For example accumulation of articles such as trolleys, wheelchairs, medical equipment, waste, trailing cables, floor sockets etc.</p> <p>Adverse environment</p> <p>For example inadequate lighting to see floor/ different level/ step properly, or glare.</p>	<p>Eliminate holes, slopes or uneven surfaces which could cause trip risks</p> <p>To do this:</p> <ul style="list-style-type: none"> • Inspect and maintain floors so they have a consistent surface finish with no holes to cause 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 gullies and channels – provide covers flush with floor surface. <p>Good housekeeping</p> <p>Eliminate materials likely to obstruct walkways and therefore lead to trips</p> <ul style="list-style-type: none"> • Analyse work flows and design process so waste and equipment does not accumulate on walkways. • Provision and use of storage areas for equipment and waste products. <p>Or if this is not reasonably practicable:</p> <p>Prevent material obstructing walkways</p> <ul style="list-style-type: none"> • Provide sufficient suitable receptacles for waste items, • Mark out walkways, working areas and receptacle locations and make sure they are kept free of obstruction. <p>Provide suitable lighting to permit obstructions to be seen.</p>
ORGANISATIONAL FACTORS	
<p>The nature of the task creates Obstructions - Safety culture which is not supportive.</p> <p>For example where risks are accepted as part of the job.</p>	<p>Analyse the tasks and process flows implement measures to allow work to be handled in a manner to eliminate or minimise obstructions as far as is reasonably practicable.</p> <p>and:</p> <p>Establish a positive attitude that trips can be prevented.</p>
INDIVIDUAL FACTORS	
<p>Safe practices not followed.</p>	<p>Train, inform and supervise employees.</p>