



Health and Safety Policy (Appendix E) Slips, Trips and Falls Policy

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1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, such as the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Workplace Health and Safety Regulations 1992. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and will do all that is reasonably practicable to protect staff and patients within its care from slips, trips and falls hazards.

2. Scope

- 2.1 This policy applies to all who work for or carry out work for the Trust, including volunteers and work experience students. It also applies to all patients within the care and control of the Trust and any visitors to the Trust.

3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

4. Aim

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the hazards and risks to staff and patients (within its care and control) and visitors to the Trust from slips, trips and falls and to provide and maintain a safe working environment.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the identification of slips, trips and falls hazards



- the carrying out of suitable and sufficient risk assessments on slips, trips and falls hazards
- the regular review of these risk assessments
- the management and control of the risks from slips, trips and falls hazards.

5. Roles and Responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and patients (within its care) and visitors to the Trust from slips, trips and falls hazards.

5.2 Chief Executive

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for identification, assessment and management and control of the risks to staff and patients (within its care) and visitors to the Trust from slips, trips and falls hazards.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements to provide and maintain a safe working environment and prevent slips, trips and falls
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Directors

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Director of Patient Care and Service Transformation

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.



5.5 Managers and Supervisors

5.5.1 Managers and supervisors' responsibilities include:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- carrying out or arranging for the carrying out of suitable and sufficient risk assessments on preventing slips, trips and falls; and any revisions to these assessments
- making arrangements to ensure, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with the work they carry out for the Trust; and how to avoid such problems and what to do if problems occur
- bringing all relevant safe systems of work or safe operational procedures to prevent slips, trips and falls to the attention of their staff
- arranging for the investigation of any matters raised by the staff within their area of responsibility; including arranging for the carrying out any revisions to the risk assessments
- notifying the Risk Department immediately of any staff within their area of responsibility who inform them that they are any experiencing health related problems associated with the work that they carry out for the Trust
- where necessary, referring any staff to Occupational Health for assessment.

5.6 All staff

5.6.1 Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to co-operate with the Trust in relation to the completion of any risk assessment on the work they carry out for the Trust
- to notify their manager of any work-related problems they are experiencing whilst carrying out their work for the Trust; and if it cannot easily be resolved to report any health and safety related concerns using the Trust's incident reporting system, Datix
- to report any incidents arising from the carrying out of their work using the Trust's incident reporting system, Datix. This includes reporting any slips, trips and falls incidents involving either themselves or patients. It also includes reporting any damage or defects to flooring in Trust premises or vehicles; and any damage or defects to equipment or vehicles or their clothing that could potentially result in a slip, trip or a fall
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- where possible to keep their areas of work tidy and free from any items that could cause a slip, trip of fall such as trailing cables



- to attend the Occupational Health department, if referred by their manager because of possible work-related problems associated with the work they carry out for the Trust.

5.7 Head of Risk and Security

- 5.7.1 The Head of Risk and Security will be responsible to the Director of Patient Care and Service Transformation for the development of effective policies and procedures to assist the Trust in providing a safe environment for staff and patients and thereby help to prevent slips, trips and falls. This should also help to reduce the numbers of slip, trip and fall incidents reported and the number of potential claims.
- 5.7.2 The Head of Risk and Security will also carry out or assist with the carrying out of risk assessments on preventing slips, trips and falls. They will also advise managers and staff on the types of slips, trips and falls hazards associated with their work and what should be considered in any associated risk assessment.
- 5.7.3 The Head of Risk and Security will ensure that there are arrangements in place to report all notifiable slips, trips and falls incidents to the Health and Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

5.8 Non-Clinical Risk Manager

- 5.8.1 The Non-Clinical Risk Manager will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on preventing slips, trips and falls; and by reporting notifiable incidents to the Health and Safety Executive (HSE) in accordance with RIDDOR 2013.
- 5.8.2 The Non-Clinical Risk Manager will provide specialist advice to line managers and teams by:
- Supporting investigations, safety audits and inspections. Developing a comprehensive risk assessment register and associated safe systems of work
 - Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
 - Analysing slips, trips and falls related incidents for reporting to the Health, Safety and Risk Group
 - Raising awareness of the risks associated with slips, trips and falls through campaigns, articles in Staff Matters and possible Hot News bulletins.

5.9 Occupational Health

- 5.8.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:
- a) To advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements.



- b) To assess any young persons at work who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken.

6. Definitions

- 6.1.1 A fall is defined as an event which results in a person or a part of their body inadvertently coming to rest inadvertently on the ground or there surface lower than the person, irrespective of whether or not an injury is sustained.
- 6.1.2 A slip is to slide accidentally /inadvertently causing the person to lose their balance, this is either corrected or causes a person to fall.
- 6.1.3 A trip is to stumble accidently/inadvertently over an obstacle (on something) causing a person to lose their balance, this is either corrected of causes the person to fall.

7. Suitable and sufficient risk assessments to prevent slips, trips and falls

- 7.1 All risk assessments on preventing slips, trips and falls should be carried out using the Trust's generic risk assessment form.
- 7.2 The suitable and sufficient risk assessment should identify hazards and the existing controls in place (if any) to protect staff and patients from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.
- 7.3 When carrying out and reviewing the suitable and sufficient risk assessment the following should be considered:
- the potential for slipping hazards such as spills or splashes of liquids on floors; poorly drained floors, wet leaves, ice, rain, sleet or snow; sloping surfaces; loose mats on polished floors; damaged or defective floors; worn or damaged foot wear
 - the potential for tripping hazards such as loose or worn carpets; trailing cables; abrupt changes in floor levels; damaged or defective floors; miscellaneous items causing obstructions
 - the potential for falling hazards such as unguarded high to low levels; unguarded openings in road surfaces, floor surfaces.

For further details and examples please see appendix 2 and 3.

- 7.4 The risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.
- 7.5 The risk assessment should be reviewed and revised following any significant changes to any aspect of the risk assessment. For instance, if there is a change in working practices or changes in the work place/working environment. All revisions and changes to the risk assessment should be recorded.



8. Dynamic risk assessments

- 8.1 Due to the nature of the work carried out by the Trust, staff can often work in working environments where the Trust has little or no control over the existence of potential slips, trips and falls hazards. In these circumstances, it is imperative that staff carry out a dynamic risk assessment and take measures to avoid such hazards or remove them.

9. Preventing patients slipping, tripping or falling

- 9.1 Staff conveying patients should carry out dynamic risk assessments on preventing patients slipping, tripping and falling whilst in their care. When carrying out these dynamic risk assessments, staff should consider the patient's condition and medical history and their potential to be unable to weight bear or slip, trip or fall; they should also consider the environment (including the vehicle and lighting levels) and the potential for the patient to be exposed to slips, trips and falls hazards, together with any existing controls. For further details, please see appendix 2 and 3.
- 9.2 All incidents involving a patient experiencing a slip, trip or fall whilst in the care of Trust staff must be reported using the Trust's Incident reporting system, Datix.
- 9.3 The incident should also be included in the patient's clinical record/health record; and communicated at 'hand-over' to the receiving clinicians/health care workers.
- 9.4 The incident should also be reported to the patient's relatives.
- 9.5 Provided the incident is reported by staff to the Trust then the incident will, where applicable, be reported to the National Reporting and Learning System (NRLS).

10. Working at Height

- 10.1 Any work carried out by Trust staff which involves working at height must be supported by a suitable and sufficient risk assessment (dynamic or otherwise) and appropriate control measures must be put in place before the work is carried out. For further details of what should be considered, please see appendix 2.
- 10.2 All work at height must be properly planned and organised; and those involved in working at height must be competent. A suitable and sufficient risk assessment must be carried out and appropriate work equipment is selected and used. The risk of anyone falling through fragile surfaces is properly controlled.

11. Raising awareness to prevent slips, trips and falls

- 11.1 The Trust will raise awareness and try to prevent slips, trips and falls by:
- Displaying posters to support the prevention of slips, trips and falls
 - Publicising articles in Staff Matters about the prevention of slips, trips and falls
 - Providing reports on reported incidents of slips, trips and falls to the Health, Safety and Risk Group.



12. Training

- 12.1 Managers and Supervisors who have to carry out risk assessments on young persons at work, including any display screen risk assessments, must obtain training in how to carry out a risk assessment and a display screen equipment workstation risk assessment from the Risk Team prior to undertaking any risk assessments as per this policy.
- 12.2 Young persons at work will receive information on:
- The existence of this policy
 - The hazards and risks associated with the work they carry out and the control measures in place to protect them.

13. Equality and Diversity

- 13.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 5.

14. Monitoring

- 14.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of slips, trips and falls risk assessments completed as per legislation and policy in a financial year.	a) Report from the Risk Team on the number of slips, trips and falls risk assessments completed in a financial year.	a) Risk Team.	Health, Safety and Risk Group.	Annually, as a minimum.
b) Actions taken as a result of the risk assessments.	b) Audit on 10% of the slips, trips and falls risk assessments completed in a financial year.	b) Risk Team.		

15. Consultation and Review

- 15.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.
- 15.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.



Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and staff	18/12/15 to 9/1/2016	Y
Health, Safety and Risk Group	18/12/15 to 9/1/2016	Y

16. Implementation (including raising awareness)

16.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

17. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Workplace Health and Safety Regulations 1992
- Manual Handling Regulations 1992 (Amended 2015)
- The Working at Height Regulations 2005 (Amended 2007)
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

18. Associated documentation

- Health and safety policy
- New or expectant mothers policy
- Adverse incident reporting policy
- Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR) policy
- Minimal Lifting Policy
- Bariatric Lifting Policy
- Risk management strategy



19. Appendix 1: Review Table

Version	Reason for change	Overview of change
V4	Review of policy.	Adoption of new policy template. Policy completely rewritten and changes to all sections.
V5	Review of policy	<p>All references to Director of Quality and Patient Care in sections 4.4, 4.4.1, 4.7.1 and throughout the policy have been changed to Director of Patient Care and Service Transformation.</p> <p>Insertion of 5.7.3 about Head of Risk and Security ensuring notifiable incidents are reported to the Health and Safety Executive (HSE) in accordance with RIDDOR 2013.</p> <p>Amendment of section 5.8.1 about reporting notifiable incidents to the HSE in accordance with RIDDOR 2013.</p> <p>Section 8.5, insertion of 'where applicable' to sentence.</p> <p>Section 17, insertion of RIDDOR 2013 to the last bullet point.</p> <p>Section 22: Appendix 4, All references to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation.</p> <p>Also, reference to Director of Clinical Services changed to Director of Patient Care and Service Transformation.</p> <p>Reference to Clinical Review Group changed to Patient Safety Group.</p> <p>Section 23: Appendix 5: Change of phone number; and removal of reference to Transpeople and insertion of reference to Sexual Orientation and also Religion/Belief.</p> <p>Section 24: Appendix 6: Change of phone number; and reference to Sexuality/Transgender to Sexual Orientation.</p> <p>Reference to Sexuality/Transexuality to Sexual Orientation.</p> <p>Insertion of EQIA Action Plan.</p>



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20. Appendix 2: Slipping Tripping and Falling Hazards

Slipping Hazards

- a. The mechanism of slipping can be broadly categorised as follows:
 - The heel of the moving foot contacts the surface and slips forward, or
 - The heel of the rear foot lifts as the force moves towards the front of the foot, the sole slips backwards and the person falls forwards.
- b. Accidents statistics show that slipping injuries are especially linked with wet floors – slips occur when foot and floor surface cannot make effective contact or grip. This hazard is generally controlled and minimised by good housekeeping, maintenance and staff wearing suitable footwear.
- c. Hazards Causing Slipping
 - Accidental spills or splashes of liquids (or solids)
 - Poorly drained or wet floors (e.g. following cleaning, or trailing in mud from outdoors)
 - Wet leaves, ice, rain, sleet or snow
 - Dusty floors
 - Sloping surfaces
 - Loose mats on polished floors
 - Change from wet to dry surface (footwear still wet)
 - Unsuitable or worn floor surface/covering
 - Unsuitable footwear, including worn shoes
 - Distracting adverse conditions – glare, shadows or excess noise.
- d. Typical Control Measures
 - Make arrangements to deal with spills quickly – especially where members of the public are present. Make it clear via training that it is everyone's responsibility to report and act on spills as soon as practicable
 - After wet cleaning use appropriate signs/barriers or arrange alternative bypass routes
 - Ensure that carpets are securely fixed and do not have curling edges
 - Ensure adequate draining of floor surfaces; in cold conditions (frost, snow or sleet) grit or salt exterior surfaces where appropriate
 - Arrangements should be made before the morning rush
 - Provide doormats and signs of risk on coming from wet to dry areas
 - Make sure that the mats are big enough to deal with the traffic
 - Ensure that floor surfaces are suitable for the traffic use
 - Ensure that staff wear suitable footwear. If a risk assessment indicates slip resistant footwear is required this must be provided free of charge.
- e. All of these hazards should be assessed when treating patients in their home, work place or other locations.

Tripping Hazards

- a. Accident statistics show that entrance matting and the condition of non-slip mats are especially linked to tripping accidents.



- b. Trips occur due to obstructions on the floor surface (clutter and debris), fixed or otherwise, or when a person's view of obstructions is impeded or obscured. These hazards are generally controlled and minimised by good, planning, housekeeping and maintenance.
- c. Hazards Causing Tripping Accidents
- Loose floorboards and tiles
 - Loose or worn carpets and mats
 - Uneven floor surfaces, holes and cracks, bumps, ridges, protruding drain covers or nails, etc.,
 - Changes in surface level: ramps, steps and stairs
 - Cables across walking areas
 - Obstructions: materials, rubbish etc. (poor housekeeping)
 - Low wall and floor fixtures: door stops, catches etc.,
 - Cables running from electrical and telephone socket outlets
 - Poor visibility or lighting – shadows and glare.
- d. Typical Control Measures
- Ensure that all floor surfaces suitably secured and well maintained: repair damaged surfaces, fill holes and cracks, etc.,
 - Ensure adequate lighting around changes in level
 - Ensure that steps and access ramps are fitted with secure, robust handrails
 - Position equipment to avoid cables crossing pedestrian routes, use cable covers to securely fix to surfaces and restrict access to prevent contact
 - Keep access areas free from obstructions (housekeeping): clean regularly, do not allow rubbish to build up, store goods and materials in suitable receptacles. Ensure that waste materials are regularly disposed of, especially flammable and combustible materials.
- e. All of these hazards should be assessed when treating patients in their home, work place or other locations.

Falling Hazards

- a. These include falling down stairways, through unprotected windows, into open manholes, through weak barriers and fencing protecting a drop. The control measures typically include:
- Place barriers around temporary openings such as cellar entrances, open manholes etc.,
 - Fit secure fencing and guard rails, at least 1100mm high, around any place where a person could fall two metres or more
 - Where it is not possible to use a staircase, fixed ladders must have fall arrest systems or safety hoops fitted
 - Prevent unauthorised access to lift rooms, lift ways and shafts
 - If fencing has to be removed for maintenance purposes use a permit to work system and suitably trained persons
 - Managers carrying out regular visual inspections of pathways, drain covers and other potential hazards as part of their external planned preventative maintenance programme.



- b. All of these hazards should be assessed when treating patients in their home, work place or other locations.

Working in vehicles (Staff and patients)

- a. Good visibility, handrails and where necessary staff assistance must be provided for patients accessing and alighting from Trust vehicles.
- b. Hazards
- Tripping or falling into the vehicle
 - Sustaining minor injuries from knocking legs against steps getting into or out of the vehicle
 - Leaving the patient to get themselves into and out of the vehicle
 - Patients being allowed to walk to and from the vehicle unaided
 - Not utilising safety straps on stretcher and chairs
 - Patient experiencing a fall due to underlying medical condition
- c. Typical Control Measures
- Ensure that the patient has been appropriately assessed for mobility
 - Ensure that staff are aware of any underlying medical conditions that may make the patient more susceptible to fall
 - Ensure correct equipment or support mode is utilised
 - Ensure that the floor of the vehicle is free from hazards
 - Ensure the steps leading to the vehicle deploy appropriately and are clean, especially during hazardous weather so far as is reasonably practicable
 - Ensure steps and ramps are well illuminated
 - Ensure awareness for particularly vulnerable patients (especially Patient Transport Service patients)
 - Ensure safety belts are used at all times.

Working at Height Hazards

- b. Hazards
- Workers falling from heights or falling through fragile roof materials
 - Falling objects and people striking those working below, passing pedestrians or traffic
 - Slipping or collapsing access equipment such as ladders, trestles, scaffolds etc.,
 - Slips, trips and falls on elevated access ways
- c. Typical Control Measures

The Working at Height Regulations 2005 (Amended 2007) specify a general hierarchy for managing and selecting equipment for work at height, namely:

- Avoiding working at height wherever possible
- Using equipment or other measures to prevent falls where they cannot avoid working at height
- Using equipment or other measures to minimise the distance and



consequences of a fall should one occur, in places where the risk of fall cannot be eliminated

- Preventing unauthorised access to roofs, roof spaces, chimney stacks, etc.,
 - Ensure that all workers are trained in the safe use of access and safety equipment
 - Ladders should be used only for light work of short duration, where there is no safer alternative
 - In particular train and supervise staff not to over-reach on ladders and platforms
 - Ensure that ladders are inclined at 75 degrees (ratio of 1:4); and that they are secured at the top and bottom
 - Use purpose built roof ladders or crawling boards for roof work
 - Maintain a log of ladders, steps, trestles etc. Inspect and remove from service any damaged or broken ladders
 - Ensure that the ground and weather conditions are suitable for the type of access equipment being used.
- d. Where appropriate all of these hazards should be considered and assessed when treating patients in their home, work place or other locations.
- e. Other Causes
- Other causes include factors such as:
 - a poor level of lighting and external glare
 - human factors such as rushing, running or carrying heavy or awkward loads
 - wearing unsuitable footwear.



21. Appendix 3: Slips, Trips and Risk Controls

CAUSATIVE FACTORS	PRACTICAL MEASURES 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, e.g. dusts, powders polythene bags • left on floors, product spillages or card board 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 • Clean and dry incoming footwear, by use of suitable entrance matting <p>If not reasonably practicable:</p> <p>Limit the effects of contamination</p> <ul style="list-style-type: none"> • By immediate clearing 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><i>If there is still a risk, follow the next steps</i></p>
<p>Inherent slip resistance of the floor not maintained adequately,</p> <p>e.g. from incorrect or inadequate cleaning, maintenance or wear</p>	<p>Maximize 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 manufactures 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 minimize the risk due to wet cleaning:</p> <ul style="list-style-type: none"> • Thoroughly dry the wet floor after cleaning • Exclude people from wet areas until dry • Clean by dry methods where 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



CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
<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 	<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 maximize 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>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 through differential wear. Jointing and expansion joints may be 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</p> <p>The use of stick-on anti-slip 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 <p>Check to see the specification has been met</p>



CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
<p>Steps and slopes: Do they cause sudden changes in step or not offer adequate foot hold 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 a 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 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> <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>
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 <p>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> <ul style="list-style-type: none"> • Mechanized to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface <p>Moved to safer areas.</p>



CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
<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 slips risks can be controlled. This is 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> <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. Replace them before they have worn smooth</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 • Maintain footwear • Walk appropriately to circumstances <p>Set procedures for visitors</p>



CAUSATIVE FACTORS	PRACTICAL MEASURES FOR SLIPS RISK CONTROL
ENVIRONMENTAL FACTORS	
<p>Uneven surfaces For example gulley's, holes, steps</p> <p>Obstructions For example accumulation of articles such as trolleys, wheelchairs, medical equipment, waste, trailing cables, floor sockets etc</p> <p>Adverse environment For example inadequate illumination to see floor properly, or glare</p>	<p>Eliminate holes, slopes or uneven surfaces which could cause trips risks</p> <p>To do this: inspect and 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;</p> <p>and:</p> <p>Good housekeeping</p> <p>Eliminate materials likely to obstruct walkways and therefore lead to trips</p> <p>For example analyze work flows and design process so waste and equipment does not accumulate on walkways</p> <p>or if this is not reasonably practicable:</p> <p>Prevent material obstructing walkways For example provide sufficient suitable receptacles for 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> <p>and:</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 minimize obstructions</p> <p>and:</p> <p>Establish a positive attitude that trips can be prevented</p> <p>and:</p>
INDIVIDUAL FACTORS	
<p>Safe practices not followed</p>	<p>Train, inform and supervise employees</p>



22. Appendix 4: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision



Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision



23. Appendix 5: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Slips, Trips and Falls Policy

Officer completing assessment: John Dunn, Head of Risk and Security

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
The aim of the policy is to set out the arrangements for the identification, assessment and management of the hazards and risks to staff and patients (within its care and control) and visitors to the Trust from slips, trips and falls and to provide and maintain a safe working environment.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The objectives are to ensure that the Trust has clear and defined arrangements for: <ul style="list-style-type: none">• the identification of slips, trips and falls hazards• the carrying out of suitable and sufficient risk assessments on slips, trips and falls hazards• the regular review of these risk assessments• the management and control of the risks from slips, trips and falls hazards.
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff, patients (within the care and control of the Trust) and visitors to the Trust.
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none">a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact	Negative Impact	Reasons
GENDER	Women	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
RACE	Asian or Asian British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
DISABILITY	Disabled People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
AGE	Older People (60+)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



RELIGION/BELIEF	Faith Groups	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn.		
Date: 18/12/2015; and 15/1/2018.		



24. Appendix 6: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Slips, Trips and Falls Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?



Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	



Sexuality Orientation	
Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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.....

8. Will the changes planned ensure that negative impact is:



Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



25. Appendix 7: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Slips, Trips and Falls Policy.
Author's Name and Job Title	John Dunn, Head of Risk and Security.
Review Deadline	
Consultation From – To (dates)	18/12/15 to 9/1/16.
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	N/A
Equality Impact Assessment completed (date)	18/12/2015; and 15/1/2018.
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	16/1/2018.

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	24/1/2018
Date Policy is Active	24/1/2018
Date Next Review Due	January 2021.
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle, Chief Operations Officer.