

Slips, Trips and Falls Policy for Staff, Visitors and Contractors

Department / Service:	Health & Safety	
Originator:	Paul Graham	Health & Safety Manager
Accountable Director:	Chief Operating Officer	
Approved by:	Trust Leadership Group (TLG)	
Implementation Date:	22 nd May 2013	
Date of Approval:	30 th November 2017	
Review Date:	15 th January 2021	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All areas	
Target staff categories	All	

Purpose of this document:

The purpose of this policy is to provide information and guidance on the management of slip, trip and fall risks within Worcestershire Acute Hospitals NHS Trust. This policy supports the Health and Safety Policy and the Work at Height Policy by detailing particular arrangements for the management of factors leading to slips, trips and falls. Slips and trips resulting in falls are a common cause of injuries to staff, visitors and contractors working or visiting within the Trust. The risk of these types of accidents occurring can be effectively reduced through planning and proactive management together with good housekeeping.

Key amendments to this Document:

Date	Amendment	By:
Apr 13	Biennial review with minor changes made	H&S Manager
Jun 15	Document extended until the 1 st August	Rab McEwan
Aug 15	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
Oct 16	Further extension as per TMC paper approved on 22 nd July 2015	TMC
Aug 17	Biennial review with only minor changes	H&S Manager
Jan 20	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid

Trust Policy

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1. Introduction

Slips and trips resulting in falls are the most common causes of major injuries in all workplaces and the second biggest cause of over three day injuries. The Trust has a responsibility for the health and safety of all its employees, visitors and others who may be affected by workplace hazards. The Management of Health and Safety at Work Regulations 1992 require the Trust to assess risks, including slip and trip risks, and where necessary take action to safeguard health and safety. The Workplace (Health, Safety and Welfare) Regulations 1992 refer specifically to the need to ensure that floor surfaces are suitable for purpose and kept free from hazard or obstruction. Particular attention should be paid to holes and uneven areas, snow and ice on external walkways, drainage systems where appropriate, arrangements for dealing with spillages and entrances to all buildings in the Trust.

2. Scope of this document

This policy is relevant for all staff and contractors working within the Worcestershire Acute Hospitals NHS Trust and individuals visiting the hospital sites.

3. Responsibility and Duties

The responsibilities and duties applying to all managers and staff are detailed in the Trust's **Health & Safety Policy**. Please access the Trust's Health & Safety page on the intranet site and refer to any of the supporting documents for details.

4. Managing the risks of slips, trips & falls

All identified slips, trips and falls hazards that could potentially result in significant risk shall be subject to the risk assessment process in accordance with the Management of Health and Safety at Work Regulations 1999 and in line with the Trust's **Risk Assessment Procedure**. Falls from heights are a particularly significant risk. The process for assessing risks associated with falls from heights is detailed in the Trust's **Working at Height Policy**. The control measures required will be considered as part of the risk assessment process. The Health and Safety Manager must be informed via Datix of any identified hazards and risks associated with falls from height.

Local Managers will

- **Assess** each situation in accordance with the Risk Assessment Policy i.e. identify what factors cause slips, trips and falls, and match practical control measures to these factors.
- **Organise** so that staff know what to do; establish local systems for inspection, maintenance, training and consultation with safety representatives. Evidence (local plans) will be required to demonstrate that these processes are in place.
- **Control** the risks by taking the measures identified from the risk assessment process.
- **Record** all incidents involving slips, trips and falls and ensure appropriate injuries are reported to the HSE as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (Refer to **Incident Reporting Policy**)
- **Monitor** achievements to ensure progress is being made e.g. from accident information, inspections, audits and reports from employees. Local managers

will be expected to develop action plans to address any local risks but where this is not achievable details of the assessment and necessary action plan will be presented to the next meeting of the Trust's H&S Committees.

- **Review** the local plans at yearly intervals.

Please note that all common access areas i.e. pedestrian access routes and car park areas will be proactively monitored by the respective Estates and Facilities Teams so that any slip and trip hazards are identified and corrective action taken in a timely fashion.

5. Implementation

This policy will be included on the Trust's intranet site for electronic access purposes. The Notice board will be used to inform all staff of the publication of the document and managers will ensure implementation at a local level.

6. Training and awareness

Staff will be made aware of this policy and the implications of managing slips, trips and falls during induction. Any training identified by the risk assessment will be carried out by the local manager in accordance with the Trust's Training Needs Analysis. Staff are also given training by their local manual handling instructor.

7. Monitoring and compliance

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Page 2, Section 4	Slip & trip hazards have been risk assessed	H&S Audit to check local records of assessments and that staff have been informed	Annually	H&S Manager	H&S Committees	Annually
Page 2, Section 4	Environmental audits of all wards areas	Records of ward audits	Biannually	Matrons	TIPCC	Biannually
Page 2, Section 4	Local plan of action completed where there are outstanding risks	Records of action plans	As required	Local Manager	H&S Committees	Quarterly

8. Policy review

This policy will be reviewed by the Trust's Health and Safety Committees every two years.

9.

References and key related documents:

Health and Safety Policy

Risk Assessment Policy

Incident Reporting Policy

Working at Height Policy

Health and Safety at Work, etc Act 1974

Management of Health and Safety at Work Regulations 1999

Working at Height Regulations 2005

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Slips & trips: Guidance for employers on identifying hazards and controlling risks HSG 155

Slips and trips in the health service. HSE HSIS2

Preventing slips and trips at work HSE INDG225

10. Consultation

This policy received full consultation by members of the Trust's Health and Safety Committee and Policy Working Group. .

11. Approval process

This policy was approved by the Trust's Leadership Group.

Supporting Document 1

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	Possibly
2.	Does the implementation of this document require additional revenue	Possibly
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	Possibly
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Director of Finance before progressing to the relevant committee for approval