

Policy:

HR 040 - Falls (Staff and Public)

[Formerly Slips, Trips and Falls (Staff and the Public) Policy]

Executive Director lead	Director of Human Resources
Policy Owner	Health and Safety/Risk Adviser
Policy Author	Health and Safety/Risk Adviser

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Approved by	Executive Directors' Group
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Summary of policy

This policy details the organisational arrangements in place to meet the legal and good practice requirements to prevent slip, trip and fall incidents within the Trust.

The changes to this version of the policy are summarised in the amendment log.

Target audience	All SHSC staff
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Keywords	Staff, public, visitors, slips, trips, falls
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Storage

This is version 8.1 (EIA Form been added to Version 8) and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 8, October 2019.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

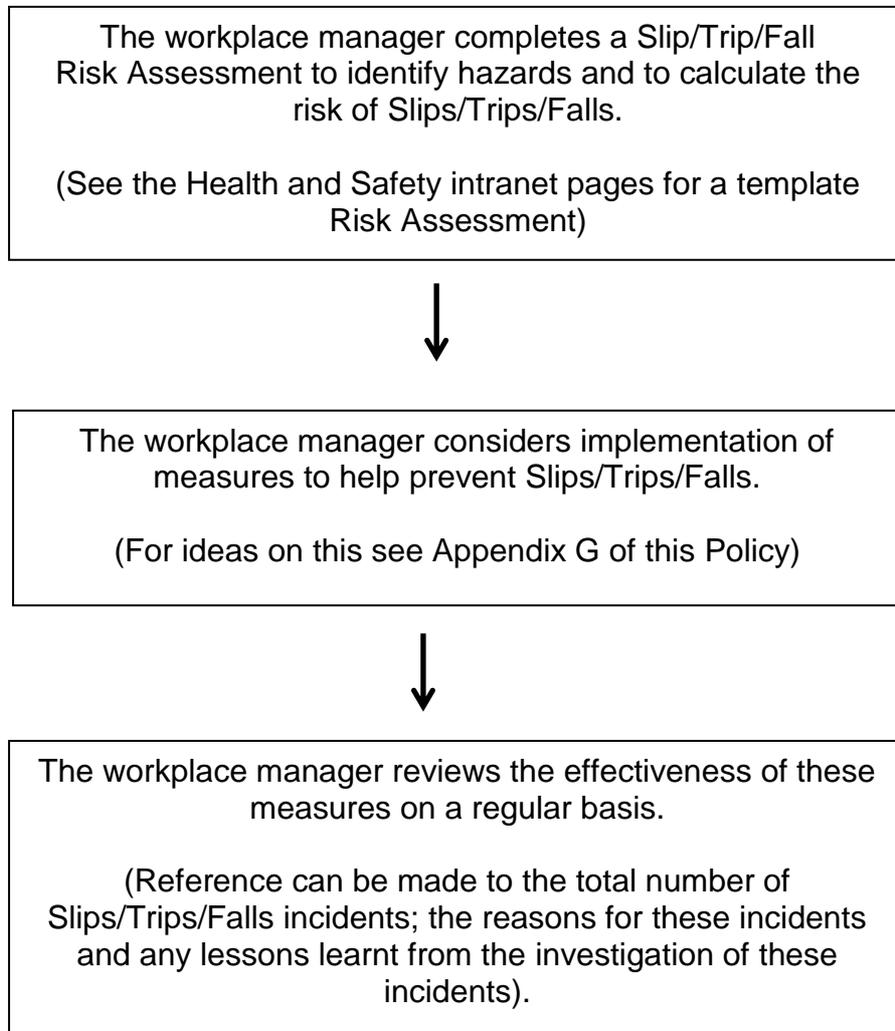
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Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
6	Policy revision	October 2016	Revised and updated. New policy format adopted and some references to post of 'Back Care Advisor' deleted.
7	Policy review	April 2019	Reviewed and updated. References to the 'Health and Safety Committee' changed to 'Health and Safety Group.' However, this version didn't reach the intranet and internet.
8	Policy review	October 2019	Between version 6 and version 8 the following changes have been made - <ul style="list-style-type: none"> • Most changes simply reflect the different formatting required by different Trust policy format templates e.g. putting identical text into a different sequence between versions • Similarly, the name of the 'Health and Safety Committee' has been changed to 'Health and Safety Group' on several pages • Two corrections have been made in the table at item 9 to reflect the correct division of responsibilities between the 'H&S Advisor' and the 'Manager of the affected staff', e.g. the latter being responsible for the 'Completion of current staff training records showing staff attendance at suitable and sufficient Slips/Trips/Falls training' • The title of a Trust policy and the title of an external publication have been updated in the references section • Reference to the OH Dept at STH has been removed from the 'Contact Details' section to reflect the removal of this contract. It is not necessary to refer to the new OH provider. • Changes to the text have been made between versions, that don't change the meaning or intent of the policy.
8.1	EIA Form Added	July 2020	PGG recommendation that an EIA Form be added

Flowchart



1. **Introduction**

Sheffield Health and Social Care NHS Foundation Trust recognises its responsibilities under Health and Safety legislation and its duty of care to provide, so far as is reasonably practicable, environments which are safe for all employees, service users and other lawful visitors.

This policy details the organisational arrangements in place to meet the legal and good practice requirements to prevent slip, trip and fall incidents within the Trust.

Legislative requirements to prevent slips, trips and falls:

The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to ensure the health and safety of all employees and anyone who may be affected by their work, so far as is reasonably practicable. This includes taking steps to control slip, trip and fall risks.

The Management of Health and Safety at Work Regulations 1999 require employers to assess risks, (including slip and trip risks), and, where necessary, take action to address them.

The Workplace (Health, Safety and Welfare) Regulations 1992 require employers to ensure that floors are suitable, in good condition and free from obstructions, in order to help reduce slip, trip and falls risks.

The Work at Height Regulations 2005 apply to all work at height, where there is risk of a fall liable to cause personal injury. They place duties on employers, and those who control any work at height.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 require premises, where care and treatment are delivered, to be clean, suitable for the intended purpose and maintained.

2. **Scope**

This is a Trust-wide policy which applies to all staff employed by the Trust and others who work in, or visit, Trust-owned premises.

3. **Purpose**

The purpose of the policy is to enable Sheffield Health and Social Care NHS Foundation Trust to gain assurance that it provides an environment and working practices that, so far as reasonably practicable, are free from the risk of slips, trips and falls to its staff and visitors.

4. **Definitions**

Fall - is an event which results in an individual, or a body part of the individual, coming to rest inadvertently on the ground or any other surface lower than the individual, whether or not an injury is sustained (Cohen & Guin, 1991).

Slip - is a slide accidentally causing the individual to lose their balance; this is either corrected or causes the individual to fall.

Trip - is to stumble accidentally, often over an obstacle, causing the individual to lose their balance. This is either corrected or causes the individual to fall.

Hazard - can be defined as anything with the potential to cause harm, loss or suffering and can relate to all kinds of situations, including clinical treatments or Trust finances as well as traditional health and safety issues.

Risks - may affect the entire Trust, directorate, unit, department or individual. Risks may relate to health and safety, the provision and/or quality of service or care, the finances of the Trust or its reputation etc.

5. **Details**

The broad overview of this policy is as described in the introduction

6. **Duties**

Trust Board

Has ultimate responsibility for managing the implementation of health and safety within the Trust.

Executive Directors' Group (EDG)

Is responsible for ratification of this policy and ensuring it is adopted and implemented by all Clinical and Corporate Service Directors.

Service Directors/Department Managers

Are responsible for ensuring that this policy is implemented and monitored within their areas of responsibility, for example through the completion of slips, trips and falls risk assessments and the analysis of information relevant to the risk of slips, trips or falls. This duty extends to all Trust staff wherever they work or visit.

Operational Managers

Trust managers are responsible for ensuring that suitable and sufficient slips, trips and falls risk assessments are completed as necessary and for co-operating with owners of premises visited or otherwise used by any Trust staff managed by them.

Estate Services

Is responsible for ensuring that Trust-owned premises are designed and maintained in a way to minimise the risk of slips, trips and falls, as far as is reasonably practicable. Where possible, the design and maintenance of premises will involve consultation with Trust managers.

Owners of Premises from Where Trust-Employed Staff Deliver Services

Building owners are responsible for maintaining their property to a safe standard in-line with relevant health and safety legislation; this includes measures to help prevent or reduce slips, trips and falls risk. They should co-operate with Trust Service/Operational Managers to help achieve this aim.

All Staff

All staff are responsible for following this policy and any related content of applicable slips, trips and falls risk assessments.

Health and Safety Group

The Health and Safety Group is responsible for monitoring slips, trips and falls incidents, (excluding patient falls), and commissioning additional further work to address identified shortfalls.

7. Procedure

7.1 General principles for slips, trips and falls risk assessments

To complete a slips, trips and falls risk assessment, refer to the Trust Risk Management Strategy.

- Guidance to Completing a Risk Assessment.

Additional considerations are given in Appendix F.

Wherever necessary, reasonable adjustments to premises and or work activities must be made to accommodate those who may be more at risk from harm. For further information on reasonable adjustments for members of staff, see the Equal Opportunities and Dignity at Work Policy.

7.2 Actions to be taken by staff to prevent slips, trips and falls

Actions to prevent slips trips and falls will be documented in the relevant Risk Assessment.

7.3 Organisational arrangements to train staff in-line with the Trust's Training Needs Analysis, (TNA)

The Trust provides suitable training for staff in relation to slips, trips and falls that affect staff, patients and others (including falls from height), this is included in the Training Needs Analysis (TNA).

For further information also see the Mandatory Training Policy.

7.4 Organisational arrangements for raising awareness about preventing and reducing the number of slips, trips and falls

In addition to the Trust's Health and Safety Group, and the training of Trust-employed staff, the following mechanisms are some of those used by the Trust for raising awareness about preventing and reducing the number of slips, trips and falls involving staff and others:

7.4.1 The review of incident statistics, risk assessments and investigation

outcomes/lessons learnt, which are then disseminated to managers for discussion/review at team meetings;

7.4.2 Trust-wide dissemination of external safety alerts/guidance from bodies such as: DH Estates and Facilities, Health and Safety Executive.

7.5 Reporting incidents of slips, trips and falls

7.5.1 In the event of an incident, the priority is always to deal with the injured person first and their medical/care needs.

7.5.2 All incidents must be investigated and reported regardless if injury was caused or not in-line with the Trust's Incident Reporting and Investigation Policy and procedure.

7.5.3 Any environmental factors contributing to the incident should immediately be reported to the department manager, or person in charge, for them to arrange repairs/improvements to the environment. In the meantime, the area should be made as safe as reasonably practicable.

8. Development, Consultation and Approval

The policy author updated the previous version in line with the Policy Governance process.

The Trust's Health and Safety Group, including Staff Side representatives, were consulted during this process and noted in the minutes of the Health and Safety Group 14th August 2019 and 25th September 2019.

It will also be considered by Policy Governance Group and ratified by the Executive Directors' Group.

The 'Equality Impact Assessment' will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

This policy is next due for scheduled consultation, review and replacement on the intranet and internet before 31st October 2022.

9. Audit, Monitoring and Review

The policy arrangement will be monitored by the Health and Safety Group.

Each directorate must monitor their arrangements to prevent slips, trips and falls in-line with this policy via their governance arrangements.

The policy to be reviewed in 3 years, or earlier should the need occur.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ Group/Committee	Frequency of Monitoring	Review of Results Process (e.g. who does this?)	Responsible Individual/Group /Committee for Action Plan Development	Responsible Individual/Group/ Committee for Action Plan Monitoring and Implementation
Continuing relevance and accuracy of the Policy	Review	Health & Safety/Risk Adviser Health and Safety Group	Every 3rd year	Health and Safety Group	Health & Safety/Risk Adviser Health and Safety Group	Trust Health and Safety Group
Completion of current Slip/Trip/Fall Risk Assessments	Audit	Manager of staff affected	At least annually	Health and Safety Group	Health and Safety Group	Health and Safety Group
Completion of current staff training records showing staff attendance at suitable and sufficient Slips/Trips/Falls training	Audit	Manager of affected staff	At least annually	Health and Safety Group	Health and Safety Group	Health and Safety Group
Number and type of reported Slips/Trips/Falls Incidents	Review	Integrated Governance	Quarterly	Health and Safety Group	Health and Safety Group	Health and Safety Group

The policy review date is 31st October 2022.

10. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Communications Team via the Director of Corporate Governance	Within 5 working days of ratification	October 2019
A communication will be issued to all staff via Connect, immediately following publication.			October 2019
A communication will be sent to Education, Training and Development to review training provision.	Health and Safety/Risk Adviser		As necessary
Reference revised policy in Risk Management training	Health and Safety/Risk Adviser Training Department	October 2019	October 2019

11. Dissemination, Storage and Archiving

Version	Date on website (intranet and internet)	Date of entry in 'Connect' (all staff communication)	Any other promotion/ dissemination (include dates)
5.0	March 2013	March 2013	
6.0	October 2016	October 2016	
7.0	~	~	
8.0	October 2019	October 2019	October 2019 Reference revised policy in Risk Management training

This is Version 8 of the 'Falls (Staff and Public) Policy and it is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous version 7, April 2019. However, version 7 didn't reach the intranet or internet. Version 8 therefore replaces version 6 on the intranet and internet, issued October 2016.

Any copies of the previous policy should be destroyed and replaced with this version.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resources.

12. Training and Other Resource Implications

Training associated with this policy is outlined in the Trust's Mandatory Training Policy and identified within the Trust's Training Needs Analysis.

13. Links to Other Policies, Standards, References, Legislation and National Guidance

- Risk Management Strategy
- Health and Safety Policy
- Incident Reporting and Investigation Policy
- Dress Code, Uniform and Appearance Policy
- Falls (in patient and residential areas)
- Health and Safety at Work etc. Act 1974
- HSE, L21 Management Health and Safety at Work Regulations 1999 Approved Code of Practice and Guidance
- HSE, L24 Workplace (Health, Safety and Welfare) Regulations 1992 Approved Code of Practice and Guidance
- DH (2006), Health Technical Memorandum 61: Flooring
- HSE (2003), Slips and trips in the health services. Health services information sheet No.2 (HSIS2) HSE, INDG 225(rev2) Preventing slips and trips at work

14. Contact Details

Title	Name	Phone	Email
Health and Safety/Risk Adviser	Charlie Stephenson	27 16208	charlie.stephenson@shsc.nhs.uk
Facilities Directorate Direct Link	N/A	27 18181	N/A

Appendix A - Simple Steps to Reduce Slip, Trip and Fall Risks

There are many simple steps one can take to reduce risks. A few examples are below.

(Source: HSE guidance document: INDG 225 Preventing slips and trips at work).

Hazard	Suggested Action
Spillage of wet and dry substances	Clean up spills immediately. If a liquid is greasy make sure a suitable cleaning agent is used. After cleaning, the floor can be wet for some time; dry it where possible. Use appropriate barriers to tell people the floor is still wet and arrange alternative bypass routes. If cleaning is done once a day, it may be possible to do it last thing at night so it is dry for the start of the next shift.
Trailing cables	Position equipment to avoid cables crossing pedestrian routes, use cable covers to securely fix to surfaces, restrict access to prevent contact. Consider the use of cordless tools. Remember that contractors will also need to be managed.
Miscellaneous rubbish, e.g. plastic bags	Keep areas clear, remove rubbish and do not allow it to build up.
Rugs/mats	Ensure mats are securely fixed and do not have curling edges.
Poor lighting	Improve lighting levels and placement of light fittings to ensure more even lighting of all floor areas.
Slippery surfaces	Assess the cause and treat accordingly, for example always keep them dry if wet causes the problem. In certain situations you may have to treat them chemically and use appropriate cleaning methods etc.
Change from wet to dry floor surface	Provide suitable footwear, warn of risks by using signs, locate doormats where these changes are likely.
Changes of level	Try to avoid. If you cannot, improve lighting, add high-visible tread nosings, (e.g. white/reflective edge to step).
Slopes	Improve visibility, provide hand rails and use floor markings.
Smoke/steam obscuring view	Eliminate it or control by re-directing it away from risk areas; improve ventilation and warn of it.
Unsuitable footwear	Ensure employees choose suitable footwear, particularly with the correct type of sole. If the type of work requires special, protective footwear, the employer is required by law to provide it - without charge.
Step ladders	Visually inspect before use to check for major damage or defect. Have them maintained as required. Use in-line with available, manufacturer's instructions.

Appendix B

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have due regard to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Age related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Disability	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Ability related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Gender Reassignment	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Pregnancy and Maternity	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. New or Expectant mother related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Race	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Race related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Religion or Belief	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Belief related issues		

	are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sex	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sexual Orientation	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Sexual Orientation related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Marriage or Civil Partnership	H&S risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Personal circumstance related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date: Charlie Stephenson 29 July 2020