



Slips, Trips and Falls Procedure

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1 Scope

- 1.1. The South East Coast Ambulance Service NHS Foundation Trust (the Trust) Board recognises and accepts its responsibilities as an employer to provide a safe and healthy working environment for all its employees as required under **The Health & Safety at Work etc. Act 1974**.
- 1.2. **The Workplace (Health, Safety and Welfare) Regulations 1992** require floor surfaces to be suitable by not being slippery so as to expose any person to a risk to their safety and for floors to have effective drainage. The Workplace Regulations also require a floor construction to have no holes, or slope or be uneven so as to expose a person to a risk, not have accumulated waste materials except in suitable receptacles and so far as reasonably practicable keep floors free of obstructions and from any article which may cause a person to trip.
- 1.3. **The Management of Health and Safety at Work Regulations 1999** require the Trust to assess any risk arising from work activity taking remedial action as appropriate and to have in place suitable arrangements for safeguarding the health and safety of employees and others. Under these Regulations, so far as is reasonably practicable, the Trust must avoid slip and trip risks.
- 1.4. Slips and trips are a common cause of major injuries in all workplaces and are often the 'first event' in falls from heights which can result in serious injury. Working together with staff, the Trust is committed to addressing these risks in a proactive way by employing good risk management systems and practice. So far as is reasonably practicable, the Trust aims to eliminate slipping and tripping risks within the workplace. The systems in place allow individual members of staff to highlight slip and trip risks, take part in risk assessment processes and contribute to the development of appropriate control measures.
- 1.5. The Trust will endeavour to ensure that the necessary resources are made available to eliminate slips and trips.
- 1.6. The Trust also acknowledges its responsibility to monitor the implementation and progress of this procedure and to review it accordingly.
- 1.7. This document relates to all slip and trip activities undertaken by staff, including volunteers, during the course of their work. It also applies to all patients, contractors and any other visitors to Trust premises or vehicles.
- 1.8. One element of the Trust's core objectives is to provide high quality, clinically effective patient care within a safe working environment, using our resources efficiently and expediently in doing so. Slip and trip incidents have a detrimental impact on our ability to achieve these objectives. The Trust is therefore determined to reduce these risks wherever possible and support our staff in every way practicable.



- 1.9. This Procedure has been drawn up in line with the Risk Management Strategy, Policy and Procedure, the Health & Safety Policy and associated procedures.

2 Immediate action to remediate risks

- 2.1. Details of slip, trip and falls incidents are recorded on the Trust's incident reporting database, DATIX. It will be clearly recorded on the risk management database if the incident being reported relates to an incident involving a member of the public, patient or staff member. Where local managers assess an incident as serious, they will take immediate action to eliminate the risk or reduce it to as low a level as is reasonably practicable. Such actions will be recorded on the incident report form.
- 2.2. The Trust's Incident Reporting Policy (DATIX) and procedure sets out the procedures for reporting incidents.

3 Investigation and reporting incidents

- 3.1. The investigation of these incidents is monitored by the Health and Safety Managers, who may decide further investigation is required and will support local managers to utilise root cause analysis. The Head of Health and Safety may report such incidents to the Commissioners as a Serious Incident (SI) in accordance with the national reporting system. The Health & Safety Team will report incidents to the Health & Safety Executive in respect of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) in line with current reporting requirements.
- 3.2. Assurance of the effectiveness of the policies and procedures in place to manage Slips, Trips and Falls is gained through internal analysis and independent assessment processes, such as Care Quality Commission, and HSE inspections. Reports from these bodies will be fed through to the Central Health and Safety Working Group (CHSWG) and Compliance Steering Group (CSG) and to the Quality and Patient Safety committee (QPS) who will identify where further control measures are required.

4 Risk Assessment

- 4.1. Inspections to prevent slips, trips and falls will be carried out under the Workplace Inspection Procedure. Risk assessments will be carried out for premises and vehicles or following a reported incident to reduce the risk of any further slips, trips or falls. A clear differentiation will be indicated on the risk assessment between slips, trips and falls risks that may affect patients as opposed to staff, volunteers and visitors (including contractors). This will be clearly identified under the 'persons at risk' section of the risk assessment.



- 4.2. Operational staff should complete Dynamic Risk Assessments (DRA) at the scene of an incident to minimise exposure to risk of slips, trips and falls for staff and patients. This will include assessment of the surfaces and route between the vehicle and the patient. It will include vehicle steps and flooring and the use of any manual handling aids and patient transport devices (including carry chairs and stretchers to prevent falls from height). One of the control measures will be the identification to patients of potentially hazardous surfaces and conditions. Following assessment crews will adopt any appropriate control measures identified as being necessary. However, due to the nature of DRA these are not formally recorded.
- 4.3. Generic risk assessments will be completed by the Health & Safety Team for manual handling and the risk of patient slips, trips and falls of identified patient cohorts. Additionally, local Risk Assessments will be completed by local managers which identify hazards and control measures specific to that site.
- 4.4. Any proposed work at heights must be subject to a risk assessment to include slips, trips and falls prior to commencing the work. An example of this could be a fleet technician working on the roof of a vehicle. Operational staff are to undertake a DRA at the scene of an incident prior to commencing activities. Contractors will be asked to supply Method of Work Statements and specific risk assessments completed by them before work commences. A copy of these documents must be supplied to the Estates Manager and be available for inspection by the Risk Management team.
- 4.5. The formal risk assessment scoring matrix used by the Trust (See Risk Management Strategy, Policy and Procedures) is based on the Control Assurance Support Unit AS/NZS 4360: 1999 matrix and the National Patient Safety Agency (NPSA) matrix 2001.
- 4.6. Formal risk assessments are undertaken by staff who have undergone risk assessment training. This is managed by both the Clinical Education and the Health & Safety Departments and all completed assessments will be placed on the Trust's intranet system. The author of the original risk assessment is required to email a copy of it to Health Safety and Security for verification to Health.Safety@secamb.nhs.uk; the author will also maintain it locally online.
- 4.7. Depending on the resulting risk score, these risks may be included on the Trust's Risk Register where control measures are monitored, in accordance with the Procedure for the Maintenance of Risk Registers. Medium Risk Ratings of 8-15 need to be included on the Trust's Corporate Risk Register. High Risk Ratings of 16-25 to be included on the Trust's Corporate Risk Register and considered for escalation to the Board Assurance Framework. (Please refer to the Procedure for Maintaining Risk Registers).



- 4.8. Risks with an unclear solution will be discussed at the Quality and Patient Safety Committee (QPS) as it is this Committee that may wish to make a recommendation to the Board that the risk is acceptable.
- 4.9. All staff receive basic training in risk assessment on their corporate induction course. All operational staff receive dynamic risk assessment training during their initial training. Operational Team Leaders will receive further training in risk assessment. Risk assessment is covered in all health and safety awareness statutory and mandatory updates. Further training and instruction in risk assessment is delivered to all staff as part of the statutory and mandatory training programme at periods of at least every three years, with further briefing sessions taking place during other relevant safety training sessions.
- 4.10. The causes of slips, trips and falls e.g. trip hazards such as uneven surfaces are to be reported to the Estates Department by the responsible manager or team leader when identified and included as part of the monthly site inspections. Any findings will be reported to the Estates Department for remedial actions as necessary and any trends are monitored by the Central Health & Safety Working Group (CHSWG).
- 4.11. Vehicle risk assessments undertaken will identify hazards and safe working practices for staff and patients using the Trust's fleet. All new vehicles will undergo a risk assessment and an action plan will be instigated.
- 4.12. All Trust premises will have a risk assessment completed and will be audited annually by the manager with responsibility for Health & Safety of the site. The risk assessments will be reviewed every three years, or following a significant incident or changes in legislation.

5 Training

- 5.1. To raise awareness of the issues surrounding slips trips and falls the Trust will publish guidance on the interanet, report findings of significant investigations and provide general feedback to staff following incidents on a 'one to one' or group basis.
- 5.2. The Trust recognises the importance of training and education in increasing awareness of slips, trips and falls. All staff will receive information, instruction and training in relation to slip, trips and falls as detailed in the Training Needs Analysis (TNA).
- 5.3. Slips, trips and falls will be included on all corporate induction courses for new entrants. The Trust will also deliver training on this subject within statutory and mandatory training. An e-learning module with assessment on this subject is available on the Discover virtual learning platform
- 5.4. A TNA will be carried out to identify which Trust managers require training to complete risk assessments, how this training will be delivered and how often the training will be carried out.



6 Responsibilities

- 6.1. The **Chief Executive Officer** has overall responsibility for Health & Safety and the Executive Director for Nursing and Quality is the Executive Director with delegated responsibility for managing the strategic development and implementation of a Slips, Trips and Falls procedure as part of the Risk Health & Safety process.
- 6.2. The Quality and Patient Safety committee (QPS) and the **Central Health and Safety Working Group (CHSWG)** are responsible for reviewing identified projects designed to assist in reducing slip, trip and fall risks at every meeting. QPS and CHSWG may receive information from external sources in the form of national guidance and/or legal directives. Part of their work may involve risk assessment evaluation and identification of potential control measures which will be fed into the Trust's Risk Register as appropriate.
- 6.3. The **Head of Health & Safety** will be responsible to the Executive Director for Nursing and Quality via the Head of Compliance for the development of effective Trust policies and procedures for slips, trips and falls to reduce incidents and claims ensuring a secure environment for staff, patients and stakeholders. They will also be responsible for either undertaking or reviewing the risk assessments relating to slips, trips and falls throughout the Trust.
- 6.4. The Head of Estates is responsible for ensuring any reported trip or slip hazards, for example uneven floors, are appropriately assessed and repaired as soon as is practicably possible. They will also be responsible for the management of external contractors while operating on Trust premises.
- 6.5. All **Managers** are responsible for supporting **the Directors** in managing slips, trips and falls at a local level. They will seek specialist advice where appropriate from the Health & Safety Team who will provide support to line managers.
- 6.6. **Managers** are responsible for investigating slips, trips and falls under their remit and for submitting a report with recommendations. Reporting will be via an IWR-1a form, which is a Manager's Investigation. These reports will be completed and submitted in line with the Trust's Incident Reporting Policy (Datix) and Procedure. Managers are also responsible for arranging the review or undertaking of an appropriate risk assessment to prevent the likelihood of recurrence.
- 6.7. **Clinical Education** are responsible for providing, recording and monitoring training in accordance with the TNA.
- 6.8. The **Clinical Education Lead – Risk Management** is responsible for providing reports to the CHSWG as set out within Section 7 (Audit and Review).



- 6.9. **Staff Side Representatives** have the right and a responsibility to investigate potential hazards and dangerous occurrences and to investigate the cause of injuries or 'near misses' as part of their commitment to partnership working
- 6.10. **Staff:** All Trust employees will:
- 6.10.1. Participate, whenever required, in the risk management process.
 - 6.10.2. Comply with all Trust policies and procedures in relation to Slips, Trips and Falls for patients, staff and others.
 - 6.10.3. Work safely in compliance with the Health and Safety at Work etc Act 1974.
 - 6.10.4. Not intentionally or recklessly interfere with or misuse any equipment provided for the protection of safety and health (Section 8 Health and Safety at Work etc Act 1974).
 - 6.10.5. Report any identified areas of risk immediately in accordance with the Management of Health and Safety at Work Regulations 1999 (Reg. 14) and the Trust's Risk / Incident Reporting Procedures (IWR-1).
 - 6.10.6. Ensure that patients are secured on manual handling equipment and transporting devices (including carry chairs and stretchers) in accordance with training instructions and using seat belts and harnesses supplied with these devices.
 - 6.10.7. As part of their induction and Statutory and Mandatory training receive guidance and advice on strategies to reduce slips, trips and falls, and reporting of such incidents.
- 6.11. The **Head of Health & Safety** will provide reports twice a year on slips, trips and falls to Clinical Education to enable the TNA and training programmes to be reviewed, revised and updated as required.
- 6.11.1. The **Health & Safety Managers** will also provide reports to each meeting of the CHSWG, Local H&S Groups and on an ad hoc basis for other Committees, Working Groups, Sub Groups and teams.

7 **Audit and Review**

- 7.1. This procedure will be informally reviewed by the Head of Health & Safety on an annual basis to monitor the effectiveness of the management of slips, trips, and falls within the Trust. This will be achieved by the audit and review of trends and outstanding actions and trends reported to the CHSWG. A formal review of the procedure will be completed every three years or sooner should legislation, regulations, key guidance or internal policy require it and following substantial structural changes to the Trust.



- 7.2. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 7.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.5. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.
- 7.6. Information about the numbers and types (i.e. staff related, patient or public- related) of slips, trips and falls will be reported at each meeting of the CHSWG, where they will be discussed and action agreed.
- 7.7. The Clinical Education Lead – Risk Management will report to the CHSWG on action taken on the data received and any amendments made to the training programme and the TNA at least once per year. In addition, Clinical Education will record details of all members of staff who have received training in this subject.
- 7.8. The Clinical Education Lead will also report to the next RMCGC of any training which has been cancelled or postponed and what steps have been taken to reschedule the sessions.
- 7.9. The Clinical Education Lead will also report on non attendees to both the CHSWG & RMCGC and what action has been taken to ensure those staff receive the training required via Committee reports.
- 7.10. The Head of Health & Safety will liaise with external stakeholders e.g. Clinical Commissioning Groups (CCGs), Acute Trusts, Health & Safety Executive (HSE), National Patient Safety Agency (NPSA), etc in order to identify any problem areas and to identify and define best practice to cascade to staff.
- 7.11. Auditing and Monitoring is summarised in accordance with the table below:



| To be monitored | Process for monitoring e.g. audit | Responsible individual/ group/ committee | Frequency of monitoring | Review Committee / Group / Individual |
|--|---|---|---|---------------------------------------|
| All organisations must have an approved documented process for managing the risk of slips, trips and falls involving staff and others. | | | | |
| Duties | Procedure review | Lead Manager | Every three years, or sooner if significant structure changes or changes to legislation | CHSWG |
| How the organisation assesses the risk of slips, trips and falls involving staff and others (including falls from height) | Audit of Workplace Inspections | Operations Managers / Make Ready Centre Managers / Operational Team Leaders | Bi-Monthly | CHSWG |
| | Review of trends analysis from incidents reported | Head of Health & Safety | Quarterly | CHSWG |
| How the organisation assesses the risk of slips, trips and falls involving patients (including falls from height) | Report of patient slips, trips and falls | Head of Health & Safety | Quarterly | CHSWG |
| | Generic Risk Assessments | Health & Safety Managers | Annually | CHSWG |

8 References

- 8.1. Great Britain National Audit Office A safer place to work The Stationery Office 2003. ISBN 0 10 292143 1
- 8.2. Slips and trips: Guidance for the food processing industry HSG156 HSE Books 1996 ISBN 0 7176 0832 8
- 8.3. Slips and trips: Summary guidance for the food industry Food Information Sheet FIS6 HSE Books 1996
- 8.4. Health & Safety at Work Act 1974
- 8.5. Workplace (Health Safety and Welfare) Regulations 1992



8.6. Management of Health and Safety at Work Regulations 1999

8.7. RIDDOR 2013

Appendix A: Slip 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, eg 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>If there is still a risk, follow the next steps</p> |



| ENVIRONMENTAL FACTORS | |
|---|--|
| <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 |
| <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 | <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 |



- 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

- 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

If this is not enough, take the following steps:

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 through differential wear. Jointing and expansion joints may be affected, compromising the floor construction

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

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

If it is possible to influence staff footwear, then anti-slip footwear may be an option. (See below)

If this is not enough:

Lay a more slip-resistant floor with higher surface roughness



| | |
|---|---|
| | <p>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 |
| 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 |



| | |
|--|---|
| | <ul style="list-style-type: none"> • 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> |
| <p>ORGANISATIONAL FACTORS</p> | |
| <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"> • Mechanized to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface • Moved to safer areas <p>and:</p> |



| 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.</p> <p>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 | <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 |



| | |
|--|--|
| <ul style="list-style-type: none">• Information and training, or• Distraction, carelessness | <ul style="list-style-type: none">• Report contamination• Maintain footwear• Walk appropriately to circumstances <p>Set procedures for visitors</p> |
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ENVIRONMENTAL FACTORS

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|--|--|
| <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 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 gully'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</p> <p>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 | |
|--|--|
| The nature of the task creates obstructions | Analyse the tasks and process flows to see if work can be handled to eliminate or minimize obstructions and: |
| Safety culture which is not supportive For example where risks are accepted as part of the job | Establish a positive attitude that trips can be prevented and: |
| INDIVIDUAL FACTORS | |
| Safe practices not followed | Train, inform and supervise employees |



Appendix B: Trips Risk Controls

- Good Housekeeping
- Regular Maintenance
- Regular H&S Workplace Inspections
- Training (Induction/Updates and linking to Training Needs Analysis)
- Incident Reporting System (IWR-1)
- Site visits by, Health & Safety Manager
- Trends Analysis
- Promote positive safety culture
- Avoidance of Working at Heights wherever possible.
- Method of Work Statements and Task-specific Risk Assessments for Working at Height and maintenance work.