



# **The Control of Slips, Trips and Falls within the Scottish Ambulance Service**

## **Policy & Procedures**

**2013 - 2015**

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## **Introduction**

The cost of slips, trips and falls to the NHS is estimated at £133,000,000 per annum. There were 200 incidents due to slips, trips and falls (STFs) reported over a twelve month period in the Scottish Ambulance Service (08/09). Both staff and patients were injured as a result, sometimes with serious consequences.

Some scenarios were exceptional, for example retrieving critically injured patients from a confined space or boat, however the vast majority occurred during routine tasks;

- *Whilst having to drag the carry chair backwards 10 metres through chip stones from the front door to the ambulance I tripped over a small step that was hidden from view by fallen leaves.*
- *On returning THE EPRF to its docking station I turned to step out of side door of ambulance and caught my foot on lengthy (EPRF) charging cable. This caused me to lose footing on the step from the side door of the ambulance, twisting my ankle and causing me to fall on to the roadway below.*
- *Whilst going to attend to a patient who was down some steps I missed the last step and went over on my right ankle and right knee*
- *On returning to the station I slipped on ice at the entrance of the ambulance station.*
- *Whilst negotiating a roundabout en route to hospital the patient slumped out of the trolley cot to the right side and was caught by myself. Initially on placing the patient back onto the trolley cot no injuries were noted with the patient*
- *Carrying patient in cardiac arrest backwards on orthopaedic stretcher into vehicle. The ramp non-slip surface was worn. I slipped and fell onto my coccyx and the patient and metal stretcher fell onto my left leg.*
- *On leaving hospital patient fell forward from chair and landed on ground bumping her forehead.*
- *Slipped on wet ambulance floor whilst placing equipment bag back in vehicle suffering pain in my knee.*
- *Vehicle braked suddenly to a virtual stop, and I rapidly made contact with the bulkhead cupboards, as I had been kneeling on the floor talking to the patient, I had put my arm out to break to the fall, and sustained a shoulder injury.*
- *Exiting vehicle with patient on trolley right foot caught on flap in middle of ramp (? trip guard). Was off-balance resulting in severe pain in right calf.*
- *Dimly lit entrance to a property, tripped over a ramp.*

A selection from incident reports (2009)

Recent evidence from the Health and Safety Executive (HSE) suggests that slips can be *indirectly* responsible for many fatal accidents, particularly amongst the elderly as slips are often the 'first event' in falls from heights and simple slip injuries (broken bones etc) often lead to complications such as thromboses or embolisms.

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The HSE identify four main causes of slips and trips accidents in healthcare:

- slippery/wet surfaces – caused by water and other fluids;
- slippery surfaces caused by dry or dusty floor contamination, such as plastic, lint or talcum powder;
- obstructions, both temporary and permanent;
- uneven surfaces and changes of level, such as unmarked ramps.

Other causes include factors such as a poor level of lighting, design of the environment, clothing, training, systems of work and human factors such as working whilst tired, distracted or in a hurry. These will be discussed in greater detail throughout the document.

For the purposes of clarity the Scottish ambulance defines slips trips and falls as follows::

<b>SLIP</b> –	<i>“A slip is to slide accidentally causing the person to lose their balance, this is either corrected or causes a person to fall.”</i>
<b>TRIP</b> -	<i>“A trip is to stumble accidentally often over an obstacle causing the person to lose their balance, this is either corrected or causes a person to fall”</i>
<b>FALL</b> –	<i>“A fall is an event which results in the patient or a body part of the person coming to rest inadvertently on the ground or other surface lower than the person, whether or not an injury is sustained.”</i>

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## **POLICY STATEMENT**

The Scottish Ambulance Service recognises the risks associated with slips trips and falls, and will make every effort, through risk assessment, provision of guidance and management strategies, to minimise these risks to protect its employees, service users and visitors from harm.

The purpose of this specific document, underpinned by the Health and Safety Policy, is to provide information and guidance on the management of STFs within the Scottish Ambulance Service to bring about a significant reduction in such injuries.

The Service will take all reasonably practicable measures to ensure that workplaces under its control are safe (this includes vehicles), Where staff work away from fixed environments or work alone, the service will endeavour to maintain these principles as far as is practicable. However due to the unpredictable nature of emergency response work it is unable to control all risks to which its staff are exposed - Hence the importance of ensuring staff are fully familiar with the principles of completing a Dynamic Risk Assessment (DRA) in regards to STFs.

## **LEGISLATION**

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. This includes taking steps to control slip and trip risks. Employees must not endanger themselves or others and must use any safety equipment provided. Manufacturers and suppliers have a duty to ensure that their products are safe. They must also provide adequate information about appropriate use. The **Management of Health and Safety at Work Regulations 1999** build on HSWA and include duties on employers to assess risks (including slip and trip risks) and where necessary take action to safeguard health and safety.

## **RESPONSIBILITIES**

### **General Duties**

The Scottish Ambulance Service Health and Safety policy clearly details the general duties and responsibilities for all levels of the service for all Health and Safety activities. This policy therefore needs to be read in conjunction with the Health and Safety policy.

### **Chief Executive**

The Chief Executive of the Scottish Ambulance Service holds responsibility on behalf of the corporate body for compliance with the letter and spirit of current health and safety legislation in respect of the control of Slips, Trips and Falls

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### **Director of Service Delivery**

Has responsibility for:

- Ensuring that premises owned, leased or occupied by the Trust are safe and do not present a hazard to employees and others using Trust premises.
- Ensuring that all contractors are managed and reduce the risks of their work so far as is reasonably practicable

### **General Managers / Heads of Department**

Are responsible for:

- Ensuring that staff are aware of their responsibilities under the policy
- Ensuring that workplace inspections, including vehicle inspections, are undertaken on a regular basis with actions highlighted
- Ensuring that risk assessments are completed for their areas of responsibility encompassing both staff and others affected by the Trust's undertaking
- Ensuring that good housekeeping is maintained at all times and that unsafe acts or conditions are challenged and rectified

### **Divisional and Departmental Managers**

Have responsibility for:

- Ensuring that the Board's Slips, Trips and Falls Policy is implemented within their area of control.
- Planning the capital investment required to address matters arising from risk assessments undertaken.
- Ensuring risk assessments encompass the risk of slips, trips and falls within their areas and that staff for whom they are responsible are aware of these risks.
- Ensuring staff awareness of this policy and their responsibilities and also ensuring that staff receive training appropriate to the risks involved.
- An ongoing commitment to staff training, carrying out risk assessments, identifying areas at greatest risk and eliminating or controlling these risks.
- Accepting reports from the Health, Safety and Security Business Group / Healthcare Governance Team on all slips, trips and falls incidents to give assurance that these risks are appropriately controlled
- Ensuring that all Area premises, or any site where staff are employed, are maintained to a standard that is safe and not likely to cause harm, injury or illness to anyone, staff or visitors, who may use such buildings at any point in the course of their work
- Ensuring that all relevant training is identified and provided as required and is carried out to a sufficiently high standard.
- Maintaining comprehensive records of attendance and course content for all manual handling training carried out within the Trust.

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### **Health & Safety Manager**

Has responsibility for:

- The formulation, implementation and maintenance of an effective Slips, Trips and Falls Policy, in consultation with staff representatives, and ensuring that managers co-ordinate and implement the policy in their respective areas.
- Reviewing and amending this policy to ensure compliance with any current guidance.
- Developing a comprehensive risk assessment register and associated safe systems of work, in conjunction with the Health and Safety Practitioner
- 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 and Safety Manager.
- Raising awareness of the risks associated with slips, trips and falls through campaigns, newsletters and other media in conjunction with Communications Department

### **Regional Health & Safety Advisers**

Are responsible for:-

- Supporting for managers in their duty to carry out a suitable and sufficient assessment of risk recognising specifically slips, trips and falls.
- Assist managers with the implementation of safe systems of work arising from the completed risk assessments
- Managing generic risk assessments in relation to the movement of patients.

### **All Employees**

All employees (including non executives directors and volunteers) of the Scottish Ambulance Service must have due regard for the duties placed upon them by the Health and Safety at Work etc. Act 1974 and associated legislation. This means that we all must:-

- Take reasonable care for our own health and safety and of other persons who may be affected by our acts or omissions and co-operate with the Trust so far as is necessary to enable them to fulfil their duty under relevant legislation.
- Make ourselves familiar with and conform to the Trust's Slips, Trips and Falls Policy along with any associated policies and procedures.
- Report any damage or defects to premises, equipment or vehicles immediately to the supervisor/local manager and complete the appropriate paperwork.
- Follow all the safe systems of work and information, training, instruction and supervision received.
- Report any slips, trips and falls hazards they may identify whilst carrying out their duties

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- Follow the Trust's procedure for the reporting of accidents, incidents and injuries arising from slips, trips and falls hazards.
- Ensure that clothing and footwear does not contribute to the risk of injury from slips, trips and falls hazards.
- Declaring of any medical condition or disability that is liable to effect involve risk to them or others when carrying out their tasks as soon as they become aware of it.
- Employees should also take steps to reduce the risks, such as keeping all areas tidy and removing any obvious trip or slip hazards.

## **CONTROLLING RISK – THE RISK ASSESSMENT PROCESS**

All employers have to assess the risks to employees and others who may be affected by their work, e.g visitors and members of the public. This helps to find out what needs to be done to control the risk. It is also needed to satisfy the law. HSE offer a generic five-step approach to risk assessment,

- Step 1 - Look for hazards
- Step 2 - Decide who might be harmed and how.
- Step 3 - Consider the risks.
- Step 4 - Record your findings
- Step 5 - Regularly review the assessment.

All potential slips, trips and falls within the Trust shall be subject to the risk assessment process in accordance with the Management of Health and Safety at Work Regulations 1992 (amended 1999). Risk assessments for individual stations or places of work shall be completed by the appropriate manager in conjunction with their Regional Health and Safety Adviser. Generic risk assessments relating to the movement of patients will be managed by the Health and Safety team ensuring the safety of staff and patients, so far as is reasonably practicable.

The risk assessment process shall take into account the following areas, as necessary:-

### **Slipping Hazards**

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.

#### **Hazards Causing Slipping**

- Accidental spills or splashes of liquids (or solids)
- Poorly drained or wet floors
- 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

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- Unsuitable footwear, including worn shoes
- Distracting adverse conditions – glare, shadows or excess noise.

These hazards are generally controlled and minimised by good housekeeping and maintenance, supplemented by encouragement to wear suitable footwear where the hazard cannot be completely eliminated.

### **Tripping Hazards**

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

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.

Hazards include;

- Untied shoe laces
- 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.
- Electrical and telephone socket outlets
- Poor visibility or lighting – shadows, glare.

These hazards are generally controlled and minimised by good, planning, housekeeping and maintenance.

### **Falling Hazards /Working at Height**

Of significant importance in the ambulance service are the risks from;

- Falling from a ramp or tail-lift on a vehicle
- A patient falling from transport equipment (e.g. ambulance chair)
- Staff undertaking retrievals/rescues on locations such as roofs.
- Being struck by debris / equipment used by emergency services at major incidents

These risk are generally controlled by ensuring the design of equipment is suitable, staff receive appropriate training in the use of the equipment – and have clear protocols to follow (for example contacting the Fire Service or Mountain Rescue) in high risk environments.

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## **Control Measures.**

A great number of disparate tasks are completed within the service which may give rise to injury through slips, trips or falls. Consequently the service devises control measures specific to a particular task, whether this is for a task completed nationwide, e.g. vehicle cleaning, through to a specific task, for example the risk of tripping from a particular extension lead in an office. Notwithstanding, below are listed control measures which would apply to primarily to locations owned and managed by the Service;

### **Slips**

Typical control measures include;

- 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.

### **Trips**

Typical control measures include;

- 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.

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## **Falls**

- Typical control measures 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.
- Estates carry out regular visual inspections of pathways, drain covers and other potential hazards as part of their external planned preventative maintenance programme.

Typical control measures in respect of use of vehicles to transport patients;

- Ensure that the patient has been appropriately assessed for mobility
- 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 the loading system has been fully assessed and properly maintained to avoid not only operator error but also mechanical failure.
- Ensure patients are safely secured in the vehicle. In certain cases, for example patients travelling in wheelchairs, they also need to be secured to the vehicle rather than directly to the equipment ( as in the case of a trolley cot).

Very specialist assessments are required in respect of working at heights, and are included within the scope of this document. This does not however in any way remove the need for a specialist assessment to be conducted – and safe and appropriate measures taken. Specialist guidance of risk assessment of falls from height can be found in Service policy: **HS 014: Control of Working at height** which can be found on the Health and Safety pages of SAMSON.

General risk assessment should be conducted in line with Service policy **HS 005 Risk Assessment and Auditing** which can be found on the Health and Safety pages of SAMSON.

## **Recording and auditing measures taken**

The causes of STFs are largely recognised by the Service and in most cases the findings, and control measures are already recorded and acted upon.

Since 2010 a formal review of STFs has been conducted by the Health & Safety Department to ensure this is the case. Tools used /actions taken in conducting the review include;

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- Auditing existing station/location RIVO (current risk management software) based assessments to ensure that the STF risks associated with a particular location have been not only highlighted but control measures implemented. The risks be may of a generic nature (e.g. ensuring drainage of wash bay is adequate), or specific to a particular location (e.g. use of an extension lead in a particular office). NB. There is a specific 'Working at Height (above floor level) tool available on RIVO. 'Slips, trips and Falls' are identified in the generic risk assessment format.
- Ensuring the *New Vehicle Risk Assessment Form* continues to be completed and signed off by the vehicle working group before vehicles are commissioned by the service, or where this is not reasonably practicable, vehicles are not released for operational use until such issues have been resolved (Appendix A)
- All new equipment introduced into the Service (including PPE) continues to be reviewed by the Health & Safety Team to ensure that the likelihood of STFs are either eliminated, or reduced to an acceptable level.
- Systems of Work are reviewed to ensure STFs are included in the process. In most cases the database of manual handling activities – including the use of specialist handling equipment will be amended to explicitly include STFs – and required control measures. In some instances the 'Working at Heights', or 'Slips ,Trips and Falls' ,
- Specialist Divisions, in particular SORT, Airwing and Fleet, will be required to complete a formal review of their undertakings in respect of STFs. They may request assistance from the health & safety team to complete the assessments.
- STFs will formally be incorporated into all levels of staff training. Specifically they will be incorporated into Risk Assessment training ( in particular Dynamic Risk Assessments), Manual Handling Training, and Office Ergonomics. The actual content will be determined by a Training Needs Analysis conducted jointly by the Education department and Health & Safety
- Reporting systems are in place to report equipment defects, or system failures - and that these defects are put right.
- All incidents reported via DATIX continue to be appropriately investigated.

For the above to fully achieved the Service will need to have in place suitably qualified and competent regional health and safety leads to support the Health and Safety Manager.

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**Appendix A VEHICLE ASSESSMENT**

Each new vehicle is subjected to a 120point ergonomics/ health & safety assessment. It covers ingress and egress from the cab and saloon, the type of flooring and patient loading systems. Below is an extract from the excel –based document.

<b>SALOON SIDE DOOR</b>	<b>REAR RAMP or TAIL LIFT</b>
Side steps at an appropriate height, depth, width, tread and colour for ambulant patients so as to avoid trips or slips?	There is very little risk to staff during ramp / Tail lift deployment ( e.g. weight, reach, being struck, trapping etc) - providing suitable training provided? A YES answer means control measures are adequate
There are sufficient / appropriate handholds for ambulant patients entering side door	The angle of the ramp / platform is acceptable (CEN)
Little chance of someone being injured from the design of side door (including hinges,handles, rails and associated grab handles) - A YES answer means control measures are adequate	The ramp/platform is wide enough to carry anticipated equipment (e.g. bariatric trolley cot, hospital wheelchair)
There is little risk of head strike causing injury on entering via the side door (CEN). A YES answer means control measures are adequate	The angle/bridge between the ramp/platform and saloon does not pose a trip hazard. A YES answer means control measures are adequate
The door is on the nearside of the vehicle.	The risk of slipping on a reasonably maintained ramp is low. A YES answer means control measures are adequate
Additional Comments?	
<b>SALOON REAR DOOR ASSEMBLY</b>	
Side steps at an appropriate height, depth, width, tread and colour for ambulant patients so as to avoid trips or slips? A YES answer means control measures are adequate	The controls are easy to reach or use (e.g. correct length of wand lead, controls on correct side of vehicle etc).A YES answer means control measures are adequate. A YES answer means control measures are adequate
There are sufficient / appropriate handholds for ambulant patients entering via rear steps?	There is little risk of entrapment whilst loading or unloading trolleys or chairs.A YES answer means control measures are adequate
There is very little chance of someone being injured from the design of the rear door(s) (including hinges,handles, rails and associated grab handles). A YES answer means control measures are adequate	Where applicable the manual override is relatively straightforward to use- and components ( e.g. winch handle) easily accessible
There is little risk of head strike causing injury on entering via the rear door (CEN). A YES answer means control measures are adequate	
What additional Comments are to be made?	Additional comments are to be made?

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**Scottish Ambulance Service - Directorate of Human Resources  
and Organisational Development  
Management of Health and Safety  
HS 009: Control of Slips Trips and Falls**

Review History

Issue No	Reason for review and brief description of changes made	Effective Date
1	Initial Issue	Jan 10
1	Reviewed Jan 13 – no changes	Jan 13

<b>Owner:</b> T.Wigram	<b>Version No:</b> 1	<b>Doc &amp; page:</b> slips trips falls	<b>Review arrangements:</b> 2 yearly
<b>Date of Release:</b> Jan 13	<b>Date Intranet Posting:</b> Jan 13	<b>Implementation:</b> Jan 13	<b>Approved by:</b> Health safety and welfare comm
<b>PFPI Checklist (available from W Mason):</b> Assessed as meeting the National Standards for Community Engagement checklist (Communities Scotland)			
<b>Risk and Equality &amp; Diversity Impact Assessment (available from A Tobin and Risk Manager):</b> No adverse impact has been detected - but under continuous review.			
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