Module 4: Slips, Trips and Falls

About Slips, Trips and Falls

Slips, trips and falls are a common cause of injury for employees working in aged care facilities.

Statistics from the National Occupational Health and Safety Commission show that slips, trips and falls as a cause of injury increased from 10.8 per cent of all injuries in 1992–93[1] to 15.0 per cent in 1996–97[2].

The 1992–93 statistics showed that over 80 per cent of falls were on the same level, caused by slips on wet or oily internal floor surfaces. The other 20 per cent were classed as falls from a height, such as down steps or stairs.

In order to reduce the number of injuries, it is necessary to:

- identify the hazards
- assess the risks
- control the risks
- monitor and evaluate the outcomes.

[1] *WorkSafe Australia, Occupational Health and Safety Performance Overviews, Selected Industries, Issue No 7, Hospitals, Nursing Homes and Related Industries, July 1995, AGPS, Canberra*

[2] *Ellis N and Stiller L, Evaluation of the National OHS Strategy for Residential Aged Care, Report for the Commonwealth Department of Health and Aged Care, December 1998*

Identify the Hazards – Checklist and Hazard/Incident Reports

Identify potential slip, trip or fall hazards, for example, water on bathroom floors and near outer doors, freezer rooms, or bedrooms where residents may be incontinent when standing, bedside tables with glasses of water or other drinks, worn or slippery steps or stairs. Outside paths should also be checked. The checklist on pages 3–6 can be used to help identify problems. However, slips, trips and falls can be caused by a wide range of environmental hazards. This checklist is only a starting point for your hazard identification process.

Review injury/near miss data, consult with staff (to identify unreported near misses) and review potential problem areas during workplace inspections. Record hazards on a Hazard Report (see page 77 of **Module 1: Establishing and Improving OHS Systems**).

Checklist for Identifying Hazards Relating to Slips, Trips and Falls

A 'yes' answer indicates the presence of a hazard.

Environment

		Yes	No
1.	Are there polished floors?	☐	☐
2.	Are there hard, smooth floors in wet or oily areas?	☐	☐
3.	Can water be tracked in onto smooth floors on rainy days?	☐	☐
4.	Are there rugs?	☐	☐
5.	Are floors in poor condition, for example, worn carpets or mats, loose tiles, etc?	☐	☐
6.	Are floors still wet when people walk on them, for example, after mopping, etc?	☐	☐
7.	Does the resident have:		
	• incontinence problems	☐	☐
	• a urine bag	☐	☐
	• an intravenous line in situ?	☐	☐
8.	Are floors uneven, for example, at edges between carpet and lino, on ramps or steps?	☐	☐
9.	Are there obstacles in passageways or work areas, for example, boxes, residents' belongings, etc?	☐	☐
10.	Are steps, pathways and/or ramps slippery, for example, with moss, damp, fallen leaves or flowers, etc?	☐	☐
11.	Are ramps too steep or without slip-resistant surfaces?	☐	☐
12.	Are steps without slip-resistant 'nosing' or are they poorly defined visually?	☐	☐
13.	Are steps inconsistent in height or width?	☐	☐
14.	Do steps go around corners?	☐	☐

Checklist for Identifying Hazards Relating to Slips, Trips and Falls (cont)

		Yes	No
15.	Does lighting make it difficult to see comfortably?	☐	☐
16.	Are handrails or other safety devices broken or absent?	☐	☐
17.	Are there electrical cords on the floor of walkways or work areas?	☐	☐
18.	Is there ice on cold room floors?	☐	☐
19.	If there are anti-slip profiles or tapes, are they worn smooth or damaged?	☐	☐
20.	Is there a build-up of polish on floors?	☐	☐
21.	Is there a visible residue of detergent?	☐	☐

Staff Behaviour

		Yes	No
1.	Does the facility have a policy on appropriate dress and shoes worn by staff, for example, no high heels, sandals, slippery soles, clothing which restricts walking?	☐	☐
2.	Are staff following safe working procedures, for example, dry mopping?	☐	☐

Equipment

		Yes	No
1.	Is equipment incompatible with safe working procedures?	☐	☐
2.	Is equipment unsuitable for the task that it is being used for?	☐	☐
3.	Is equipment inefficient and slow to use?	☐	☐
4.	Is equipment of poor quality?	☐	☐

Checklist for Identifying Hazards Relating to Slips, Trips and Falls (cont)

		Yes	No
5.	Is equipment poorly maintained?	☐	☐
6.	Is equipment unavailable or difficult to obtain when needed?	☐	☐
7.	Are wet floor signs not available or not used according to safe working procedures?	☐	☐

Tasks

		Yes	No
1.	Are staff expected to walk on greasy, oily or wet floors?	☐	☐
2.	Can loads to be carried or pushed interfere with forward vision?	☐	☐
3.	Are loads heavy enough to upset staffs' balance?	☐	☐
4.	Are there heavy trolleys to be pushed or pulled up ramps?	☐	☐

Work Organisation

		Yes	No
1.	Are there bottlenecks, deadlines or periods of peak activity which cause staff to hurry tasks?	☐	☐
2.	Is the work affected by insufficient staff numbers to complete tasks within deadline?	☐	☐
3.	Are there inefficiencies in the systems of work and/or double handling?	☐	☐
4.	Do staff have adequate latitude to organise work for themselves?	☐	☐

Checklist for Identifying Hazards Relating to Slips, Trips and Falls (cont)

Skills and Experience

		Yes	No
1.	Are employees untrained in safe work procedures?	☐	☐
2.	Are employees untrained in the recognition and reporting of risks?	☐	☐
3.	Has there been a failure to provide employees with an induction into work practices and safety requirements, including appropriate footwear and clothing?	☐	☐
4.	Are work demands beyond the physical capacity of employees?	☐	☐

Management Systems

		Yes	No
1.	Are there any cleaning methods for all floors and outside paths **not** fully specified and recorded?	☐	☐
2.	Are there gaps in the monitoring or evaluation of manual handling tasks?	☐	☐
3.	Have cleaning contractors not been fully instructed on required methods and quality standards?	☐	☐
4.	Is there uncertainty about who is responsible for floor quality and housekeeping?	☐	☐
5.	Are Hazards Report systems not in place for cleaning contractor and kitchen staff?	☐	☐
6.	Is there uncertainty about who should follow up Hazard Reports from contractors or kitchen staff?	☐	☐
7.	Is there uncertainty about who should investigate accidents or incidents?	☐	☐

Comments

Using the Results of the Checklist/ Responding to a Hazard Report

Hazard Reports from Staff, Residents or Visitors

When a Hazard Report has been received, you must respond immediately. At the very least, the responsible person should investigate the situation and assess the risk (using the risk table on page 51 of **Module 1: Establishing and Improving OHS Systems** for guidance).

Where a hazard has been reported and you have assessed that a risk does exist, you must, under law, take action immediately to reduce the risk.

Checklist

Assess the risks of each potential hazard using the risk table on page 51 of **Module 1: Establishing and Improving OHS Systems.** Create a list of the risks in priority order.

Decide which Risks should be Addressed First

Risks should be entered onto the Hazard Log (see page 72 of **Module 1: Establishing and Improving OHS Systems**) in priority order. Discuss risks with staff to assign priorities.

You may need to take immediate action on some hazards, for example, having a wet area dry mopped, and then judge whether further action needs to be taken, for example, checking that work procedures for cleaning specify dry mopping and that all cleaners have been instructed to follow this procedure. Whenever you deal with a Hazard Report or a 'yes' on the checklist, you should ask: 'Is this part of a bigger problem?'.

Some risks, especially those relating to building maintenance, may take some time to control. **There will always be something that you can do to make the situation safer in the meantime.** For example, if there is a broken step, those stairs should be closed off until it is repaired. Be careful not to introduce new hazards when implementing solutions – this is why monitoring and evaluation of strategies is so important.

Develop an OHS Action Plan

Once you have a list of risks in priority order, for each item, answer the following questions:

- Are policies and procedures adequate? *(What do we say we do?)* ☐ Yes ☐ No
  If no, development of policies and procedures should be included in the OHS Action Plan *(How will we improve what we say?)*.

- Are practices adequate? *(What do we do to achieve this outcome?)* ☐ Yes ☐ No
  If no, development and implementation of practices should be included in the OHS Action Plan *(How will we improve what we do?)*.

- What are our current results? *(What is the result?)* Brief description of current results acts as a benchmark against which you can measure improvement. For slips, trips and falls, results might be the rate of injuries or incidents.

- What are our goals? *(What will be the improved result?)* Brief description of goals should be included in the OHS Action Plan.

- How will we measure success? Description of how progress will be monitored and evaluated must be completed **before** action is taken.

Risk Control – Responding to Single Hazards

Control the risk using the hierarchy of controls (see the chapter **Risk Control** on pages 54–63 of **Module 1: Establishing and Improving OHS Systems**). For example:

- apply a non-slip surface in bathrooms and kitchens. Existing surfaces may be chemically treated, for example, acid etched, to reduce slipperiness. Regular re-treatment may be necessary

- ensure that spills and wet floors are sign-posted and dried quickly

- make staff aware of incontinence in residents and alert them to the possibility of wet floors

- clean vinyl corridors/floors in a way to allow a dry surface for walking

- mark the edges of steps and ramps (where needed)

- use non-slip mats at doors and beside beds – otherwise, eliminate mats and rugs

- discourage the use of talcum powder in bathrooms

- mop bathroom floors after use

- use rubber boots/shoes in bathrooms

- use non-slip shoes at all other times

- ensure grounds maintenance includes removal of moss, lichen or mould and overgrown trees and shrubs from paths, steps and ramps
- ensure that there is adequate lighting, particularly for night staff
- ensure that handrails are installed on all stairways and ramps
- apply self-adhesive safety tapes (a gritty, hard-wearing, non-slip tape often used on stairs, ramps and entrances)
- use non-slip coatings that can be painted on, for example, on concrete floors which may become wet (such as inside cool rooms).

Consult with staff regarding risk controls – controls must be workable and appropriate for staff skills.

Record actions required in the Hazard Log or, for longer term problems, on the OHS Action Plan Worksheet (see pages 72 and 73 of **Module 1: Establishing and Improving OHS Systems** for samples of these tools).

Risk Control – Responding to Systemic Hazards

The risk control hierarchy is particularly useful in controlling systemic risks.

Often you will need to start with policy and procedures for this type of risk, for example, you may need to develop a policy on dry floors for your cleaning contractors which becomes part of your contract with them.

In other cases, equipment or substances may need to be changed.

Do not overlook the importance of supervision in implementing controls, particularly where a new work procedure needs to be introduced. Consult with staff in developing controls.

Record actions required in the Hazard Log or, for longer term problems, on the OHS Action Plan Worksheet (see pages 72 and 73 of **Module 1: Establishing and Improving OHS Systems** for samples of these tools).

Monitor and Evaluate

Monitor and evaluate the outcomes of the controls, for example, during reviews of monthly data and workplace inspections.

It may be necessary to implement short term solutions while more expensive long term solutions are planned, for example, mopping the bathroom floor after each use until non-slip tiles can be fitted.

Measures of Success

Before deciding on your goals, think carefully about the measures of success that you will use, and how you will interpret them. This may change over time. For example, if you target slip, trip and fall hazards, you would expect a sharp increase in the number of hazards identified and controlled in the short term. In the long term, as your systems work better, you would expect a significant drop in the number of such hazards identified.

Within a given period, for example, three or six months, measures of success might include:

- numbers of slip, trip and fall incidents or injuries*
- number of slip, trip and fall hazards identified and subsequently controlled
- number of slip, trip and fall hazards identified in regular inspections
- number of employees involved in inspections
- number of employees reporting hazards
- percentage of controls implemented within the planned schedule.

* *'Numbers' have been used here as this is more useful for smaller facilities. In larger facilities, however, rates per 100 employees are a more reliable guide to success. This measure is likely to show results in the long term, but should be monitored as frequently as other measures.*