

Preventing Slips Trips & Falls SOP

Date

September 2015

Version

3

Purpose

To promote staff awareness so that the risks associated with Slips, Trips and Falls are minimised reducing the likelihood of harm to everybody who uses the environments managed by the Trust. This document also provides guidance and promotes awareness for people working from heights, or in the vicinity.

Who should read this document?

All staff

Key messages

- Slips trips and falls events are responsible for many serious injuries, including death.
- Falls from height incidents are the single biggest cause of workplace deaths, and one of the main causes of major injury.
- Prevention is very high on both the Trust's and the Health and Safety Executive's agenda – please support this work by reporting hazards, and seeking to reduce risk of harm.
- The benefits of prevention far out-weigh the suffering caused to those who are harmed, and the costs of managing their absence and care.

Accountabilities

Production	Health & Safety Team
Review and approval	Health & Safety Committee
Ratification	Director of Corporate Business
Dissemination	Trustwide
Compliance	Health & Safety Committee

Links to other policies and procedures

- Health & Safety Policies and Procedures referred to on Trust Documents
- Incident Management Standard Operating Procedure
- Moving and Handling Standard Operating Procedure
- Workforce Induction and Training Policy
- Estates Services Provision Policy
- Guidelines for the Safe Employment of Contractors

Version History

1	June 2012	Initial Document
2	August 2012	Amendments made
3	August 2015	Document review

Last Approval

September 2015

Due for Review

September 2020

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

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1 Purpose and Scope

Plymouth Hospitals NHS Trust recognises that slips, trips and falls events can cause harm to Staff, Patients, Contractors, Visitors and others.

This procedure applies to everyone who performs a work activity at, or in any of the Trust's properties, or staff working on behalf of the Trust in other locations.

Manufacturers and suppliers also have a duty to provide information about safe and appropriate use of products/equipment, which should be considered in conjunction with the contents of this document.

The Trust is committed to the prevention and reduction of slips, trip and falls incidents including falls from height. The Trust also requires that the management of these adverse events, when they occur, must be reviewed and that appropriate preventative measures are put in place.

This procedure deals with all workplace issues, and includes general health and safety considerations for Patients whilst on Trust premises.

Note – Clinical measures to support the prevention of slips, trips and falls for Patients is contained in a separate Standard Operating Procedure

2 Purpose, including legal or regulatory background

The Health and Safety at Work Act 1974 (HSWA) requires the Trust to ensure the health and safety of all employees, anyone who may be effected by its activities or visits the organisation. This includes taking steps to control and prevent slips, trips and falls.

Employees have a responsibility in health and safety legislation not to endanger themselves or others, and must use any safety equipment provided and act to remove hazards (for example spillages,).

The Management of Health and Safety at Work Regulations 1999 builds on the HSWA and includes duties on the Trust to assess risks (including slips, trips and falls) and where necessary to take action to safeguard health and safety.

The Workplace (Health, Safety and Welfare) Regulations 1992 require floors to be suitable for their intended purpose, in good condition and free from obstruction. People must be able to move around safely.

The Working at Height Regulations 2005 (WAHR). Falls from height is one of the biggest causes of workplace fatalities and major injuries. The common causes are falls from ladders and through fragile roofs. The purpose of WAHR is to prevent death and injury from a fall from height.

The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). LOLER applies to the use of lifting equipment provided as work equipment and should be considered in conjunction with the Trust's Moving and Handling Policy.

3 Definitions

- Slip - to slide accidentally causing the person to lose their balance. This is either corrected or causes a person to fall
- Trip - To stumble accidentally over an obstacle, causing the person to lose their balance. This is either corrected or causes a person to fall
- Fall - An event which results in the person coming to rest on the ground or another surface lower than the person, whether or not an injury is sustained
- A place at Height – where a person could be injured falling from it, even if it is at or below ground level
- Hazard – Something that has the potential to cause harm or loss
- Risk – The likelihood of harm or loss occurring in defined circumstances

4 Duties

The Health and Safety Advisor

- Promote health and safety awareness
- Monitor workplace slips, trips and falls, reporting occurrences and trends together with recommendations for improvements to the Health and Safety Committee
- To facilitate improvements in Health and Safety standards
- Report each RIDDOR slip, trip or fall incident to the HSE
- Review at least once annually (per Directorate/Department)r to ensure that the environmental risk assessment has been undertaken, and that any additional improvements have been delivered. This activity will be reported to the Health and Safety Committee.

The Health and Safety Committee

- To receive reports on slips, trips and falls, commenting on the effectiveness of improvement measures, and making recommendations to support safe practice
- To gain assurance that as far as reasonably practicable adequate prevention measures are in place to prevent and reduce slips, trips and falls
- To gain assurance from the Manager responsible for the area in which events have occurred that slips, trips and falls prevention is a priority, and that events have resulted in action to make improvements

Director of Corporate Services

- Board Member with responsibility for Health and Safety within the Trust
- Chair the Health and Safety Committee
- Overall responsibility for the ratification of all of Health and Safety policy and procedures

Director of Planning & Site Services

- Overall responsibility for the condition and services of the built environment
- Overall responsibility for the safe management and control of Contractors

Managers

- Responsibility for undertaking environmental risk assessment of their area of control
- Take action to remove hazards and reduce the risk of slips, trips and falls
- Responsibility to ensure that staff are appropriately trained in basic health and safety competencies

Staff

- Take action to remove/prevent slip, trips and fall hazards
- Undertake health and safety training
- Wear clothing and footwear appropriate to their duties

5 Arrangements to prevent slips trips and falls

The Trust's primary consideration is to prevent the occurrence of a slip, trip or fall event. However in the event that an incident of this type occurs, the Trust is committed to learning from the incident and to putting measures in place to prevent a reoccurrence or to minimise the risk. The following sections provide details of how this activity is undertaken dealing with all workplace issues, including general health and safety considerations for Patients whilst on Trust premises

Whilst this procedure deals with workplace prevention activity, it should be remembered that there are aspects of Patient care which also fall within normal health and safety considerations. It is therefore necessary that all clinical staff have an understanding of this procedure as well as separate clinical prevention measures.

An overview of the arrangements to prevent workplace slips, trips and falls on the same level and from heights can be seen in Appendix 1

A checklist to support the prevention of workplace slips, trips and falls can be seen at Appendix 2

5.1 Preventing Workplace Slips, Trips and Falls: Duties

All Staff

- Take action to prevent/remove hazards such as spillages/trailing cables, when they are noticed
- Always replace warning signs which have been temporarily moved to facilitate the movement of beds or other equipment.
- Avoid causing obstructions wherever practicable
- Work safely, avoiding unnecessary risk; using the right equipment in the recommended way for the task
- Report faulty items, typically hoists, lights, flooring, windows, barriers and chairs; isolating items/areas as appropriate
- Wear appropriate footwear and clothing suitable for the task and environment
- Always use the appropriate personal protective equipment provided
- Attend health and safety training.

Risk Assessors

- Specifically assess location for slips, trips and falls hazards, make appropriate action plan, and implement improvements to reduce levels of risk
- Carry out the Workplace Safe Environmental Safety Audit and Directorate Safety Actions sheet at least annually and provide an electronic copy to the Health & Safety Team
- Report hazards, and put in place measures to remove or reduce risks of harm
- Ensure that the responsible Manager is aware of hazards, and that any significant risks which are outside the control of the Department are recorded on Datix Risk Management system in accordance with the Risk Management Framework
- Maintain ongoing vigilance to remove hazards and prevent slips, trips and falls
- Seek guidance from subject matter experts in cases where additional advice is required

Managers

- At least annually, and when any departmental changes are made, or new equipment is provided, arrange to assess their areas of responsibility for hazards likely to cause harm, including slips, trips and falls, using the Workplace Safe Environmental Safety Audit and Directorate Safety Actions sheet.
- It would be also advisable to use best available technology to design out any environmental slip trip or falls hazards during a refurbishment, and where

appropriate this should be applied to minor repairs or alterations. Managers should liaise with the Planning or Estates Departments in this respect.

- Ensure that any risk assessment outcomes and resultant action plans are shared with their staff.
- Ensure window assessments are conducted at least twice annually – see Section 2.2.1
- Ensure that any significant risks which are outside the control of the Department are recorded on the Risk Register (Datix) in accordance with the Risk Management Framework
- Maintain ongoing vigilance to remove hazards and prevent slips, trips and falls
- Ensure arrangements are in place to prevent/remove hazards and report faults
- Where procedures or equipment increase the likelihood of a hazard, (i.e. theatre scrubbing and drinks machines) ensure adequate control measures are in place to contain the hazard
- Ensure new staff receive adequate levels of induction, and are aware of their environment and the processes that are conducted within it
- Ensure arrangements are in place to safely manage visitors and Contractors within the Department
- Overseeing the work of Contractors and other staff whose work is likely to increase the risk of slips, trips and falls, e.g. dust, tools, water and debris,
- Ensure staff receive regular updates on departmental activity
- Ensure staff receive adequate health and safety training
- In the event of an adverse event, follow the Incident Management Procedure, investigating the cause and making improvements, sharing learning with staff and colleagues
- Seek guidance from subject matter experts in cases where additional advice is required

Facilities/Site Services Management Teams

The Trust works in partnership with external contractors and the Facilities/Site Services Management Teams liaise with and have contract review meetings with contract managers to ensure the external grounds, car parks and internal hospital environment are maintained to a safe level in order to prevent slips trips and falls

Health and Safety Team

- Provide guidance on the prevention of slips, trips and falls

- Promote health and safety awareness including slips, trips and falls (newsletters, special events as opportunities present, departmental visits at least one per area per year,)
- Produce reports to the Health and Safety Committee and others (typically a Department or Group) on slips, trips and falls prevention activity
- Review the effectiveness of slips, trips and falls prevention activity
- Review incident reports to ensure they are appropriately managed in accordance with the Incident Management Standard Operating Procedure
- Review the Risk Register at least quarterly to ensure slips, trips and falls risks are so far as reasonably practicable appropriately managed, and are effective in reducing harm

5.2 Other Special Measures to prevent Workplace Slips, Trips and Falls

In addition to the general arrangements set out in section 2.1 above, Managers are also responsible for undertaking specific duties in the following areas:

- Window opening assessments
- Window inspections
- Inanimate load handling assessments

Further information on these duties is contained in the following sections:-

5.2.1 Window Inspections

Managers are required to ensure that all windows within their area of responsibility are adequately controlled to prevent either unintentional or intentional falls, by restricting openings to 100 mm (10 cm). It is therefore important that windows are regularly assessed every six months to ensure that the window controls/restrictors are functioning correctly, with any faults or damage being reported to Site Services. An overview of the Inspection Arrangements can be seen in Appendix 6A. *Note – window restrictor faults that come to notice MUST be reported at the time, and not left until the 6 monthly window inspection.*

For assurances purposes Managers are required to record these inspections using the form at Appendix 6B. Completed window inspection records must be retained by the Department in accordance with the Information Governance Retention Policy, and a copy should be sent to the Estates & Site Services Department or by email to plh-tr.Estates-Helpdesk@nhs.net.

5.2.2 Window Opening Assessments

There is a requirement to ensure that ALL windows on Trust premises have adequate levels of protection to prevent accidental or intentional falling. There is therefore a legal requirement to restrict ALL windows in areas accessed by patients/vulnerable groups to 100 mm (10 cm). However, there is also recognition that in some instances these arrangements are not

necessary, and may cause other problems which impact upon the effective operation of the Trust and staff wellbeing. In these instances the window restrictions MAY be relaxed, but only following a rigorous risk assessment and entry of a risk on the Risk Register. The risk assessment arrangements are set out in the following Appendices:-

- Overview of responsibilities to open windows more than 100mm (Appendix 6C)
- Decision Tool for use when considering opening window more than 100mm (Appendix 6D)
- Risk Assessment Prompt List (Appendix 6E)
- Request Action to Remove Restrictor (Appendix 6F)

5.2.3. Inanimate Load Handling

Manual Handling operations which involve a risk of injury should, where possible, be avoided. The risk of injury related to any remaining manual handling operations, or where the task cannot be avoided, must be reduced to the lowest level reasonably practicable. A basic assessment should consider:

- Load – lifting and movement must be assessed, trolleys used, and lifts used instead of stairs
- Individual capability:
 - to undertake the task
 - adequacy of vision whilst carrying the load
 - support required from others
- Task – has this been assessed prior to commencing movement?
- Environment
 - Is the lighting adequate?
 - Is help required to hold doors, and give early indication of hazards?
- Work organisation – is training suitable and sufficient

Specific Manual Handling risks must be assessed using the Hazard identification checklist for load handling, or for pushing and pulling of loads checklist (see appendices in Moving and Handling Standard Operating Procedure). See also the Manual Handling Techniques SOP. For expert Manual Handling advice contact the Manual Handling team bleep: 89748.

5.2.4 Training

The importance of training in relation to the management of the risk of slips, trips and falls is recognised by the Trust. The training needs of staff have therefore been identified and included within the Training Needs Analysis documented in the Workforce Induction and Training Policy. Training will be delivered as part of the Trust's mandatory and update training programme, which must be completed on an annual basis through e-learning or the distance learning programme. When

necessary, face-to-face sessions will be available. The provision of training also serves to raise awareness about preventing and reducing the number of slips, trips and falls.

6 Overall Responsibility for the Document

Director of Corporate Business

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health & Safety Committee group or committee and ratified by the Director of Corporate Business Executive Director.

Non-significant amendments to this document may be made, under delegated authority from the Director of Corporate Business Executive Director, by the nominated author. These must be ratified by the Director of Corporate Business Executive Director and should be reported, retrospectively, to the approving Health & Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Corporate Business and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The Health and Safety Committee have responsibility for monitoring all workplace slips, trips and falls prevention arrangements, adverse events, and trends.

The Health and Safety Advisor has responsibility to produce reports for Committee use and to make recommendations regarding actions to reduce increasing trends of harm or hotspots as identified by the data.

The main/minimum data extracted from Datix and reported by the Health and Safety Advisor, at least bi-monthly, to Health and Safety Committee will be:

- Total workplace falls per month categorised by severity
- An overview of type of event (for example slipping on wet floors)
- Any significant risks likely to result in harm from slips, trips and falls
- A record of all RIDDOR events (including slips, trips and falls) so that progress of investigations and improvements can be monitored

Other data that will be included in the Health & Safety Team's report to the Health and Safety Committee will include:-

- Specialist health and safety courses and levels of attendance
- Annual Summary of Directorate/Departmental review of risk register for slips, trips and falls

Notes about reporting:-

- *Details of each RIDDOR slip, trip or fall incidents will be reported to the HSE.*
- *The Safe Care Group has responsibility for monitoring all Patient related slips, trips and falls, the prevention arrangements put in place to reduce events, and trends.*
- *The Trust's Risk and Incident Management procedures also provide for the opportunity to learn and make improvements to reduce risk of harm.*

10 | References and Associated Documentation

- Health Technical Memorandum (HTM) 61 – Flooring
- Work at Height Regulations 2005 (as Amended)
- Work at Heights (Amendment) Regulations 2007
- Useful resources from the Health and Safety Executive available at <http://www.hse.gov.uk/shatteredlives/index.htm>
- Provisions and Use of Work Equipment Regulations
- HS(G)33 Safety in Roof work
- Safety Information sheets for Ladders, Scaffolding, Roof works apply
- Lifting operations and lifting equipment regulations 1998
- Construction (Health, Safety & Welfare) Regulations 1996

Core Information				
Document Title	Preventing Slips Trips & Falls SOP			
Date Finalised	September 2015			
Dissemination Lead	Steve Mitchell			
Previous Documents				
Previous document in use?				
Action to retrieve old copies.	Remove from Trust Documents folder and publish update on Vital signs with request to remove old documents			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	October 2015	Email	Document Control	

Review and Approval Checklist

Appendix 2

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Steve Mitchell
Directorate	Corporate Business
Date	30 September 2015
Title	Preventing Slips Trips and Falls SOP
What are the aims, objectives & projected outcomes?	To comply with the statutory requirement to prevent Slips Trips and Falls relating to all staff patients and others on its premises
Scope of the assessment	
Collecting data	
Race	No
Religion	No
Disability	No
Sex	No
Gender Identity	No
Sexual Orientation	No
Age	No
Socio-Economic	No
Human Rights	No
What are the overall trends/patterns in the above data?	N/A
Specific issues and data gaps that may need to be addressed through consultation or further research	N/A
Involving and consulting stakeholders	
Internal involvement and consultation	Members of the Trust's Health and Safety Committee including JSNC representative, Security Management Specialist, Director of Corporate Business, Occupational Health and Wellbeing and Trust Specialist Advisors
External involvement and consultation	HSE guidance
Impact Assessment	

Overall assessment and analysis of the evidence	This document provides a comprehensive policy which encourages, endorses and guides all persons to act or take measures in a way that promotes a safe and secure environment for all staff, patients, visitors, contractors and others			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

Group	Responsibilities
<p>All staff</p>	<ul style="list-style-type: none"> ✓ Wear appropriate footwear for the work environment ✓ Report any persistent slip, trip or fall hazards to your line manager. ✓ Clear up any spillages you make or that you find, or make the area safe and report the spillage to the appropriate line manager. ✓ Work safely: follow Trust procedures use the right equipment ✓ If you move warning signs return them when your task is complete
<p>Managers - Wards & Departments</p>	<ul style="list-style-type: none"> ✓ Carry out slips, trips & falls risk assessment for your area, including an assessment of window safety (window inspections). See Appendix 2. ✓ Brief staff on outcome of risk assessments and any action plans. ✓ Review incidents relating to slips, trips and falls to ensure existing controls are effective. ✓ To prevent reoccurrences of similar incidents or following a significant event, review risk assessment / action plans, and provide feedback to staff. ✓ Ensure significant risks are accurately recorded on the Risk Register with appropriate action to remove or reduce the level of risk. ✓ Ensure Contractors act safety and do not increase risks levels ✓ Ensure patients and visitors are made appropriately aware of slip, trip & fall hazards relating to their actions or likely action.
<p>Site Services / Planning</p> <p>* Site Services only</p>	<ul style="list-style-type: none"> ✓ When repairing, refurbishing or laying new floor surfaces ensure current good practice is followed ✓ Ensure appropriate lighting and handrails are fitted. ✓ Ensure a suitable and sufficient assessment of risk has been completed for work undertaken at heights ✓ *Maintain an effective maintenance programme for Trust pedestrian pathways and roads. ✓ *Inspect Trust car parks and pedestrian pathways on a regular basis and take action on findings. ✓ *Ensure external roads and pathways are suitably treated during adverse weather conditions. ✓ Ensure local managers are aware of activity likely to increase safety risks
<p>Contractors</p>	<ul style="list-style-type: none"> ✓ Undertake Trust Induction Training ✓ Ensure Site services are notified of works. ✓ Work in accordance to contract terms and method statements ✓ Work at all times to avoid the creation of slips, trip, fall and any other safety hazards. ✓ Deploy appropriate warning signs; if practical segregate others from work areas. ✓ Keep work areas clean and free from safety hazards ✓ Ensure completion of Permit to Access Roof Areas when working at height prior to any work being carried out on roof areas

General: Slips, Trip & Falls Assessment Checklist

Appendix 5

Purpose: The purpose of this checklist is to assist Managers in identifying hazards when completing a slip, trip and falls risk assessment. (Note - The "Patients Falls Assessment Tool" should be used to determine the risk of an individual patient falling.). Falls Risks include Work involving the use of step stools, step ladders, trestles etc as a means of access will require an additional assessment of risk i.e. work at heights risk assessment

SLIP HAZARDS	Hazard Found (√)	TRIP HAZARDS	Hazard Found (√)	FALLS RISKS Take account of controls already in place	Hazard Found (√)
Spills / splashes of liquids / solids		Loose tiles/floor boards carpets/mats		Patients & Visitors	
Wet floors (following cleaning)		Uneven outdoor surfaces		Falls from chair, etc	
Wet floors (other than cleaning)		Holes / cracks / potholes		Confused mental state	
Unsuitable footwear		Bumps / ridges / protruding nails		Physical weakness / disability / lack of or no handrails	
Loose mats – on polished floors not non-slip		Changes in surface level – stairs, steps or slopes		Poor lighting	
Rain, sleet, snow		Cables / leads across walking areas		Fall Hazards for staff, contractors	
Change from wet to dry surfaces (footwear still wet)		Location of electrical/telephone sockets		Unguarded openings, skylights, roof edges	
Unsuitable floor surface/covering		Obstructions i.e. items stored on floor		Working from access platform	
Dusty/Dirty floors		Low wall and floor fixtures		Accessing high level storage	
Sloping surfaces		Items stored in passage ways		Sloping surfaces / floors	
		Difficult access		Unsuitable access method	
		Poor or unsuitable lighting			
Other Slip & Trip Hazards or Falls Risks (Describe each one identified)					
Assessment undertaken by →	Name :	Job Title:	Signature:	Date:	

Following risk assessment, the Trust’s default position is to restrict all windows to the relevant standards e.g. BS, HSE, HTMs. In particular all windows will be restricted to 100mm (10cm) where there is access by vulnerable groups.

<p>All Staff</p>	<ol style="list-style-type: none"> 1. All Staff should report faults identified to their line management. Where windows are situated in corridors, stairwells and other public/common areas report to the Site Services Department.
<p>Ward Managers / Department Heads</p> <p>Your actions should form part of a continuous rolling programme to maintain appropriate levels of control.</p>	<ol style="list-style-type: none"> 1. Ensure all staff under their management are aware of this procedure – i.e. local induction. 2. Audit all windows within their area of management using the RECORD OF WINDOWS INSPECTION (See Appendix 7) <ol style="list-style-type: none"> a. At least every 6 months b. More frequently if points at 4, 5 and 6 (below) are regular occurrences or c. Area use is changed. (Record on Risk Assessment or departmental procedure.) 3. Maintain records of audits and actions (for audit purposes) <ol style="list-style-type: none"> a. Copy for local records b. Copy for Site Services 4. Where audit identifies faults/damage/defects, or missing restrictors, report IMMEDIATELY to the Site Services Department 5. Record and report all windows without restriction or with openings of more than 100 mm (10cm) to the Site Services Department. 6. Additionally report all incidents of restrictors suspected of being deliberately interfered with, i.e. removed/altered or damaged via the Trust incident reporting system. 7. Undertake a full and comprehensive risk assessment on ALL authorised unrestricted windows and windows with openings more than 100mm (10cm) Failure to do so will result in the window being deemed unauthorised and will be returned to default position. 8. Record all risk assessments using the Trust Risk Register systems. 9. Check windows return to the default or approved position following any works or cleaning to windows 10. Make regular reports to senior management for assurance purposes.
<p>Site Services Department</p> <p>Full trust wide audit to be conducted annually as a minimum standard</p>	<ol style="list-style-type: none"> 1. As owners of public/common areas follow procedures as above 2. Advise the Trust on the compliance standards for window restriction e.g. HTMs, BSs, for existing and new-builds and changes to use. Report to the Health and Safety Committee as part of the regular Estates reports. 3. Have approved procedure/processes to monitor, audit, manage, repair, alter and replace control mechanisms as required. 4. Consult on procedure and changes to procedure through the Health and Safety Committee and other relevant groups. 5. Maintain records of all faults/damage/ defects/missing or removed restrictors and actions taken. 6. Record and action ALL defect reports relating to window restriction devices as a matter of urgency. 7. Notify Health & Safety Department if windows found to be un-restricted without proper documentation. 8. Maintain records of the routine inspection records as supplied by Ward / Department Manager

	9. Provide access to these records for audit purposes
Facilities – Security and Cleaning	<p>Window Cleaning</p> <ol style="list-style-type: none"> 1. Have approved procedures/method statements/risk assessments to ensure that Window safety is maintained during and following cleaning. 2. Follow Trust policies/procedures for the management and control of contractors – e.g. obtain permit to work if required 3. Consult on procedures and changes to procedures through the Health and Safety Committee and other relevant groups 4. Report to the Health and Safety Committee as part of the regular facilities reports <p>Security</p> <ol style="list-style-type: none"> 1. During routine inspections record and report any defects found to control mechanisms in place through the Trust incident reporting system e.g. unlocked doors leading to unrestricted windows. Wilful/malicious damage to window restrictors, uncontrolled windows in public/common areas. 2. Secure the area and report failings through the Trust senior management structure. 3. Report to the Health and Safety Committee as part of the regular Security reports
Health & Safety Department	<ol style="list-style-type: none"> 1. Advise Trust on Health and Safety compliance 2. Provide appropriately consulted upon policy and procedures 3. Review documentation every five years or when significant changes occur 4. Audit implementation 5. Provide reports to the Health and Safety Committee

If you are unsure of what to look for seek further advice from the Health and Safety Team or Site Services Departments before conducting an inspection.

Department:		Date of Inspection (DD/MM/YY):	
Location / Ward:		Name of Inspector:	
Floor / Building:		Job Title of Inspector:	

Please document your findings below:

Room Number / Door Number	Is the window accessible to patient, visitors and/or “at risk” group?				Are you able to open any part of the window to a distance of greater than 100mm (10cm)				If for any reason this window has been allowed to open more than 100mm (10cm) please provide Risk Register number	Please detail any other defects : Has the restrictor become worn or damaged, or is it showing signs of deliberate interference – is it bent, or is the connecting bolt loose? Are there any obvious defects? E.g. Loose or missing screws IF NO DEFECTS PLEASE WRITE ‘NO DEFECTS’
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			
	Yes		No		Yes		No			

**PLEASE REMEMBER TO SEND A COPY OF THIS FORM TO:
ESTATES & SITE SERVICES DEPARTMENT
DERRIFORD HOSPITAL
PLYMOUTH, PL6 8DH**

Or Email to: plh-tr.Estates-Helpdesk@nhs.net

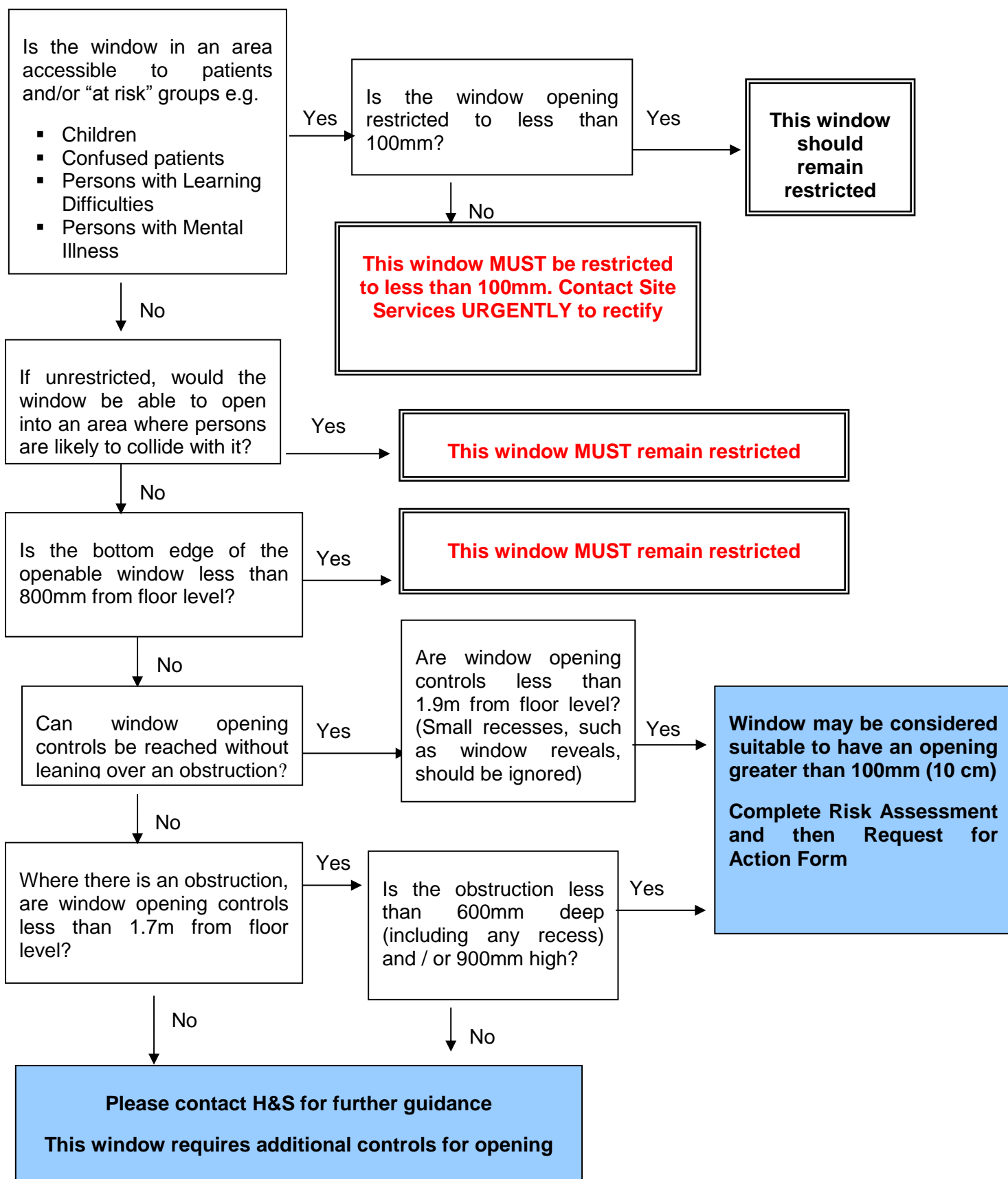
I confirm that I have carried out an inspection on the windows listed above and any defects have been reported to Estates Helpdesk accompanying this form:

Signed:.....

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NB If significant competing risks are identified to question the default position (restriction to 100mm) see additional information on following appendices, or seek further advice.

Responsibility	Action
<p>Locality Manager (e.g. Ward Manager/Office or Department Manager)</p>	<ol style="list-style-type: none"> 1. Use the decision support tool (Appendix 9) to establish suitability of window for increased opening. <p>If you identify that the window could be suitable for increase/release of restriction – continue as follows:-</p> <ol style="list-style-type: none"> 2. Undertake a full comprehensive risk assessment –consider prompts 3. Record Risk Assessment on risk register - 4. Complete Request action for Action to Remove Restrictor (Appendix 11) 5. Sign and Submit with a copy of Risk Assessment request for Action to Directorate Manager.
<p>Directorate Manager</p>	<ol style="list-style-type: none"> 1. Review and action the Risk on the Register (using prompts in Appendix 10) 2. Follow the Trust Risk Register process (approve or reject) 3. If approved, proceed to complete Request Action to Remove Restrictor contained in Appendix 11 <p>If you are not happy to accept the risk seek further advice/consult with CD/ED</p>
<p>Executive Director/CD</p>	<ol style="list-style-type: none"> 1. Provided with reports of any changes to the windows restriction level 2. Site Services run report from their records. 3. Check records against Risk Register.
<p>Site Services Department</p>	<p>Only act upon requests that are signed by Directorate Manager and have entry on Risk Register.</p> <p>Keep register of all unrestricted windows and copy of the risk assessment and removal form. (put into log books)</p>
<p>Planning Department</p>	<p>To ensure that where room use is changed following removal, this procedure is carried out by the new users prior to the move.</p>



<p><u>Environment</u></p> <ul style="list-style-type: none"> • Is the window above ground floor? • Does window open into a public walkway? • Does the window/door open into a light well? • Has there been a change of use to the areas? • Does area have additional controls to access? • Is area well lit? • Could this window be confused with a door? • Will access to open/close door/window be unobstructed? E.g. not be subject to overstretching/reaching 	<p><u>People</u></p> <ul style="list-style-type: none"> • Is the area accessible to vulnerable groups? This could include visitors and patients, contractors or any person using the building or services:- • Elderly • Confused • Young children • Intoxicated • Learning disabilities • Is it possible that the people may be under significant temporary stress (recently received bad news)? • Are there sufficient numbers of staff to manage any proposed changes?
<p><u>Controls</u></p> <ul style="list-style-type: none"> • Is access to window in the areas controlled by any other means? : • Key Pads • Swipe control access • Automatic closures • Regular inspections undertaken? • Do/will you have local procedures to manage access? 	<p><u>Additional considerations</u></p> <ul style="list-style-type: none"> • Local Cooling/heating • Re-location of individuals (temporary/permanent)? • Is this change temporary or permanent?

SECTION 1 – TO BE COMPLETED BY WARD / DEPARTMENT MANAGER

Directorate:

Location (Name, Level & Room Number)

Has a window safety risk assessment been completed and recorded to the risk register? (attached)
 Have alternative solution(s) been considered to enable restrictors to remain in place? Detail below.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

This request has been made because (please explain)

.....

Signed: _____ Date: _____

Print name: _____ Job Title: _____

Contact Telephone Number: _____

SECTION 2 – TO BE COMPLETED BY DIRECTORATE MANAGER

Has a risk assessment for the window been undertaken?
 Have alternative solution been considered to enable restrictors to remain in place?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do Not Remove	Reason: Return to WARD / DEPARTMENT MANAGER
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What is the required opening _____MM	Reason: Send to Site Services Department
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Signed: _____ Date: _____

Print name: _____ Job Title: _____

Contact Telephone Number: _____