**Record of General Risk Assessment**

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<thead>
<tr>
<th>Name of Assessor(s):</th>
<th>Date of Original Assessment:</th>
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<td>Posts Held:</td>
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<td>Manager Responsible:</td>
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<td>Department:</td>
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**Subject of Assessment: Consider Task or Environment.**

Describe the unit, the working hours and routine and patient profile. Review DATIX and summarise nature and frequency of adverse events relating to slips, trips and falls.

**Step 1: What are the Hazards?**

Using the Slips, trips and falls inspection checklist, identify hazards which could result in slips, trips and falls:

- Loose flooring
- Loose and worn mats / carpets
- Uneven indoor / outdoor surfaces
- Holes / cracks / pot holes
- Bumps / ridges / protruding nails
- Spills and splashes of liquids, solids or dusts - Spillages i.e. foodstuffs, liquids (inclusive of bodily fluids) or where there is a wet floor from cleaning, leaks from equipment e.g. dishwashers, washing machines, water transferred from bath or showers, shower screen not adequate allowing water to escape, drink and food spillages, dry contaminants such as talcum powder,
- Obstructions left in the corridors e.g. wet floor cones, laundry bags, waste bags, cluttered areas or too much furniture, whereby patients may find hard to negotiate, inadequate storage, poor housekeeping
- Presence of mists, smoke, dust or vapour clouds
- Unsigned / unguarded wet floors (e.g. following cleaning)
- Cleaning at unsuitable times
- Unsuitable footwear
- Adverse weather (e.g. rain, sleet, snow or loose leaves)
- Change from a wet to dry surface (footwear still wet)
- Passageways with heavy pedestrian / trolley traffic use
- Unsuitable floor surface / covering
- Dusty / dirty floors
- Accumulation of waste
- Low wall and floor fixtures
- Filing systems or drawers that can open at ground level
- Poor location of electrical, data and telephone sockets
- Items stored on floor - lack of storage
- Unmarked sloping surfaces
- Lack of hand rails on severe slopes / steps / stairs
- Grab rails aren’t suitable and sufficient for purpose
- Equipment not stowed appropriately
- Unsecured cables, service pipes or conduits
- Use of extension leads, trailing cables - Trailing cables from domestic equipment or any other electrical item with a cable, mattresses, beds, computers or any other electrical item with a cable
- Unguarded floor openings
- Unsuitable lighting levels - for individual dementia patient and during nightshift where staff are working within limited lighting to enable patient care
- Distracting noises / levels
- Vulnerable staff (e.g. poor eyesight, general health, fatigue, lack of care etc.)
- Reduced awareness from the patient due to dementia diagnosis, effects of medication

**Step 2: Who might be harmed and how?**

Staff, patients, contractors, students, volunteers and visitors may slip, trip and fall resulting in nil injuries, minor injuries, major injuries and possible disability and death.

**Step 3: What are you already doing? (Existing Precautions)**

Routine/continuous monitoring of areas for any contamination by all staff and actions taken to remove if found.

Procedure for cleaning any spillages documented. Communicated, implemented and monitored for effectiveness.


To ensure orderliness general housekeeping standards maintained and carried out by staff throughout each shift.
Clear corridors and other floor spaces to allow safe travel. **Staff** are made aware of - *NHS Lothian Preventing Slips and Trips Policy* – (General Spill Procedure) Safety Briefing at start of each shift discuss adverse events and concerns Induction Inclusive of health & safety reporting adverse events & the cleaning up of spillages procedures. Procedure in place to report any faults e.g. lighting, torn flooring, seals of shower screens compromised records kept instruction in waste management procedures to prevent any obstructions in communal areas Staff receive dementia awareness training **Vulnerable Patients** have a falls risk assessment completed on admission to the ward- (Policy & Protocol for the Assessment of Management of Adult In patients with Falls). This would identify inappropriate footwear and have additional control measures for each individual patient.

Cleaning schedule Adequate storage space Matting Grab/hand rails NHS Scotland cleaning schedule is implemented with wet floor signs being used post mopping and removed when floor is dry. Domestic Service/Housekeeper has adapted the service to ensure cleaning work is carried out where there is the least amount of patient traffic in area. Secured cables, cables routed away from pedestrian routes Adequate lighting Individual risk assessments for vulnerable staff is required Floor covering criteria decision making process and to assist with engineering out the slip risk, NHS Lothian will make use of and comply with the Scottish Health Technical Memorandum 61. First aid arrangements DATIX – adverse event reporting Annual workplace inspection PQI visits Quarterly reporting – Q4

**Level of Risk**

Current risk level | Green | Yellow | Orange | Red
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See accompanying guidance: [Health and Safety](#) (RIGHT CLICK TO OPEN LINK)

**Step 4: Action Plan**

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<tr>
<th>What further action is necessary?</th>
<th>Action By Whom</th>
<th>Action by when (dd/mm/yy)</th>
<th>Action completed. (dd/mm/yy)</th>
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### Step 5: Review Table

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<th>Reviewer</th>
<th>Reasons for review</th>
<th>Approved/Not Approved by (dd/mm/yy)</th>
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