**Appendix B - Slip, Trip or Fall Root Cause Analysis - Non Patient**

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| **Incident Caused by Place** | Please tick if hazard relevant to area being assessed |
|  | **Yes** | **Remedy** |
| Loose flooring |  |  |
| Loose and worn mats / carpets  |  |  |
| Unsuitable floor surfaces and/or coverings  |  |  |
| Uneven indoor / outdoor surfaces  |  |  |
| Holes / cracks / pot holes  |  |  |
| Bumps / ridges / protruding nails  |  |  |
| Dusty / dirty floors  |  |  |
| Low walls and floor fixtures  |  |  |
| Floor fixtures  |  |  |
| Filing systems or drawers that can open at ground level |  |  |
| Poor location of electrical and telephone sockets |  |  |
| Items stored on floor - lack of storage  |  |  |
| Unmarked sloping surfaces  |  |  |
| Unsuitable or insufficient grab rails  |  |  |
| Lack of hand rails on severe slopes / steps / stairs |  |  |
| Unsecured cables, service pipes or conduits |  |  |
| Unguarded floor openings |  |  |
| Unsuitable lighting levels |  |  |
| Distracting noises / levels |  |  |

|  |  |
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| **Please✓ whether incident caused by****Staff / Patient / Visitor / Contractor**  | Please tick if hazard relevant to area being assessed |
|  | **Yes** | **Remedy** |
| Unsuitable footwear  |  |  |
| Change from a wet to dry surface (footwear still wet)  |  |  |
| Vulnerable Person (Please Circle or add cause)Poor eyesight / General health / Fatigue / Lack of care Carelessness / Incumbered |  |  |

|  |  |
| --- | --- |
| **Incident Caused by External Factor** | Please tick if hazard relevant to area being assessed |
|  | **Yes** | **Remedy** |
| Spills and splashes of liquids, solids or dusts |  |  |
| Presence of mists, smoke, dust or vapour clouds |  |  |
| Unsigned / unguarded wet floors (*e.g.* after cleaning)  |  |  |
| Cleaning at unsuitable times |  |  |
| Adverse weather (*e.g.* rain, sleet, snow or loose leaves) |  |  |
| Passageways with heavy pedestrian / trolley traffic use |  |  |
| Dusty / dirty floors brought from outside  |  |  |
| Accumulation of waste |  |  |
| Poor location of electrical and telephone sockets |  |  |
| Use of extension leads |  |  |
| Circle if the risk now managed to an acceptable level?If No then who or where has it been escalated?**Signed Date** | **Yes** | **No** |