**Appendix B**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | |  |
| **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** | | |