

SLIP, TRIP and FALL PREVENTION

Revitalizing Your STF Program To a Culture of Prevention




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THE PROBLEM IS ESCALATING!!

- The average age, weight, severity and recovery time of a slip-and-fall victim is rising.
- The average slip and fall claim is over \$5,286.
- Litigation costs can often reach as much as \$100,000 per incident.



- A study indicated that 50% of all fall victims impacting against a hard surface with a velocity of 18 mph will be killed.
- This is equivalent to a fall of about 11 feet.

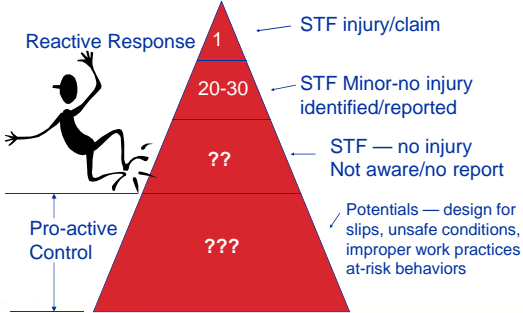
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Slip, Trip, Fall (STF): A Culture of Prevention

- Today's Objectives:
 - Program Foundation
 - Describe Key Components of a STF Prevention Program
 - Program Specifics and Strategies
 - Demonstrate Results
 - Sustainable Culture of Prevention

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Opportunities — Tap the Potential



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Slips, Trips and Falls Effects All Industries Occupational Safety Hazards Vary Greatly






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STF Prevention: Program Foundation

- **Safety is a Core Value:**
 - **Safety:** We deliver care that seeks to **eliminate all harm** for patients and associates
 - Provide Safety Excellence to All
- **Purpose:**
 - Cultivate A STF Prevention Program that = Zero Harm
- **Goals**
 - ▼ STF injuries by 50% in 24 months
 - Cultivate High Reliable Organization (HRO) Methodologies into Safety Culture
- **Benchmark:** Corporate/Facility: 16,000/3200 FTE's
- **Metrics:** STF OSHA Recordable events; Incident Only

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STF Prevention: Culture and Commitment

- All Slip and fall injuries are preventable = **ALWAYS**
- Prevention of slip and fall injuries can be a managed activity = **ACTIVE**
- Understand Roles and Responsibility = **RESPOND to all Hazards**



STF Weekly Report

Slips Trips Falls Events – as of 10/7-10/14 2016											
Care Site	Weekly STF Events	All STF Events YTD 2016	YTD STF	All Good Catch STF's in PEARL YTD 2016	OSHA Recordable STF Events YTD 2016	Total OSHA Recordable STF Events 2015	ILT through 9/14	IRT through 9/14	ILT/RT YTD 2016	ILT/RT YTD 2015	Days Since Any OSHA Recordable STF Event
CAB	0	8	11	20	0	4	0	0	0	0	102
JDY	1	4	1	23	0	1	0	0	0	0	102
BEFFY	1	12	14	10	0	6	0	0	15	28	102
BOO	1	11	8	20	0	1	0	0	0	4	102
ELS	0	8	7	21	0	3	0	0	4	123	102
BECKY	1	11	12	14	1	4	0	4	4	21	40
SM	0	12	14	11	0	7	0	0	11	107	102
SEV	2	25	13	13	1	4	0	0	0	31	27
CCL	0	1	0	17	0	0	0	0	15	0	102
System	0	4	6	14	0	8	0	0	0	102	102
System	0	4	6	14	0	8	0	0	0	102	102
TOTALS	6	96	96	164	11	38	0	4	48	416	Avg 86.8

YTD, there are: **54%** fewer Recordable events and **45%** fewer LT/RT days from events year over year. (Names and #'s adjusted)

STF Prevention: Commitment

- Leadership Commitment:** Reduce STF Injuries by **50%** within 24 months of program activation
- Development of BEST Practices using High Reliability Organizational (HRO) Methodology**

- Prevention, Detection and Correction
- Safety and HRO Training



SCL Health Associate Post Injury Team SWARM

- Associate Name: _____ Unit: _____
- Date: _____ Time: _____ Contact info: _____
- Members Participating in Team Huddle (Name and Title): _____
- Type of event: _____
- Type of equipment: _____
- Environmental Conditions: _____
- Events that led to injury (please explain): _____
- Contributing Factors: _____
- What could have been done to prevent injury? _____
- Was the charge nurse, supervisor or manager notified? YES or NO
- Was an occurrence filed in PEARL? YES or NO
- Did follow-up in Occupational Health/Emergency Department EAP occur? Specify all that apply
- If no to any of the previous questions, please do prior to end of your shift*

STF Prevention: Program Components

- STF Prevention (STFP) Committee: All Care Sites**
 - Progressive and Diverse
 - Comprehensive Risk Assessment = Written Action Plan
 - Data: Trend and Common Cause Analysis
 - Weekly-Monthly meetings
 - Measurements: #'s & Cost\$ = People
- Data:** weekly-monthly
- Report and Respond:** all events and Near-Miss
- Awareness and Promotion**
- Review/SWARM all Events**
- Communication:** Daily report out = Days since last STF Injury

STF Prevention: Program Components

- Identify Standardized Equipment/Processes**
 - Slip Resistant Shoes/Boots
 - STFP Materials: Mats, Runners, Housekeeping, Maintenance, Spills, Respond, Reporting
- Education – Progressive Training:**
 - Orientation: Fall Protection, Elevated Equipment
 - Resources: Vendors, Insurance, Peer, Educators
 - HRO: Detection, Correction, Prevention
 - Weekly-Monthly Promotional Topic/Focus
 - Dept. Specific Employee Training: Housekeeping, Maintenance, Contractors
 - Be Very Prescriptive: materials, equipment, scheduling
- Hazard Inspections**
 - Get Leadership Involvement: Supports Changes

STF Prevention: Campaign Methods

- **Identify Positive Improvements:**
 - Contributions, Recognition: Staff, Departments
- **Awareness Campaign:**
 - Promotions: Marketing, Awards
 - Daily Reporting-Huddle: Focused Topic
 - Presentations: Status and Data Reports
- **Campaign Promotions:**
 - Posters, Give-Aways, Prizes,
 - Web-Resources



Slip, Trip, and Fall Risk Assessment

Slip, Trip, and Fall Prevention for Healthcare Workers



Slips, Trips, and Falls Checklist

Read this document and place a checkmark in the appropriate column for the risk level. Risk levels are defined as follows: High (Red), Moderate (Yellow), and Low (Green). The highest risk level is the overall risk level for the area being assessed.

Hazard	High Risk	Medium Risk	Low Risk
1. Slippery floors			
2. Obstructed walkways			
3. Poor lighting			
4. Poor housekeeping			
5. Poor maintenance			
6. Poor design			
7. Poor signage			
8. Poor footwear			
9. Poor training			
10. Poor supervision			
11. Poor communication			
12. Poor safety culture			
13. Poor safety leadership			
14. Poor safety resources			
15. Poor safety knowledge			
16. Poor safety awareness			
17. Poor safety attitude			
18. Poor safety behavior			
19. Poor safety compliance			
20. Poor safety enforcement			
21. Poor safety consequences			
22. Poor safety incentives			
23. Poor safety recognition			
24. Poor safety participation			
25. Poor safety involvement			
26. Poor safety commitment			
27. Poor safety responsibility			
28. Poor safety accountability			
29. Poor safety ownership			
30. Poor safety leadership			
31. Poor safety vision			
32. Poor safety mission			
33. Poor safety values			
34. Poor safety beliefs			
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117. Poor safety responsibility			
118. Poor safety accountability			
119. Poor safety ownership			
120. Poor safety leadership			



Winter Walking Safety Do the Penguin Shuffle



Walking in parking lots during the winter requires special attention to avoid slipping and falling. In cold temperatures, approach with caution and **assume that all wet, dark areas on pavements are slippery and icy.**

- During bad weather wear footwear that provides traction on snow and ice;
- Use special care when entering and exiting vehicles; always keep one hand free and use the vehicle for support. Test your footing before twisting/turning.
- Walk in designated walkways as much as possible.
- **DO NOT WALK** while using your mobile device.
- Look ahead before you walk; a snow/ice-covered walkway may require an alternative route.
- **Point your feet out slightly like a penguin!** Spreading your feet out slightly while walking on ice increases your center of gravity.
- **Keep your hands out of your pockets:** Extend your arms out for balance.
- Visually watch where you are stepping and ... **GO S-L-O-W-L-Y !!**
- Take short flat footed steps or shuffle for stability.
- **Report** all hazards and slip, trip fall events.
- If you feel yourself falling, avoid landing on your knees, wrists, or spine; try to fall on a fleshy part of your body, such as your side.

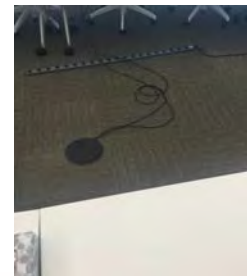
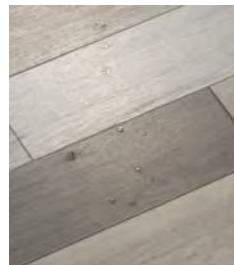
Hazard Assessments: Exterior/Interior

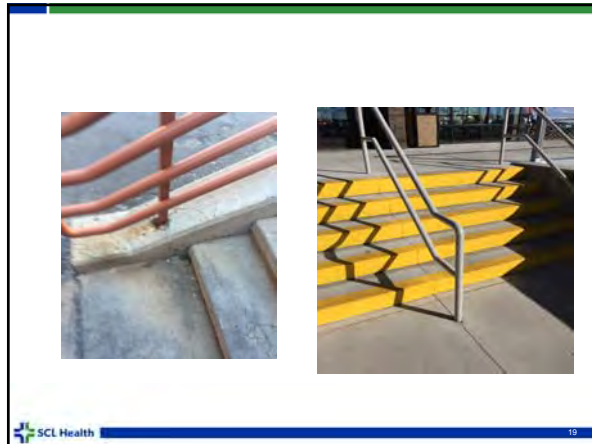


Comprehensive Risk Assessment

- Interior/Exterior
- Walking and Working Surfaces
- Exits/entrances, Doors, Parking Areas
- Housekeeping-Maintenance (in/out)
 - Spill Prevention-Response Plan
- Processes with Obstructed views
- Equipment/Mats, Trip Hazards
- Ladders, Stairs, Elevated Surfaces
- Walkway Surfaces, Openings/Obstruction
- Footwear, Handrails, Guardrails
- Distractions
 - Mobile Devices

Hazard assessments: Exterior/Interior






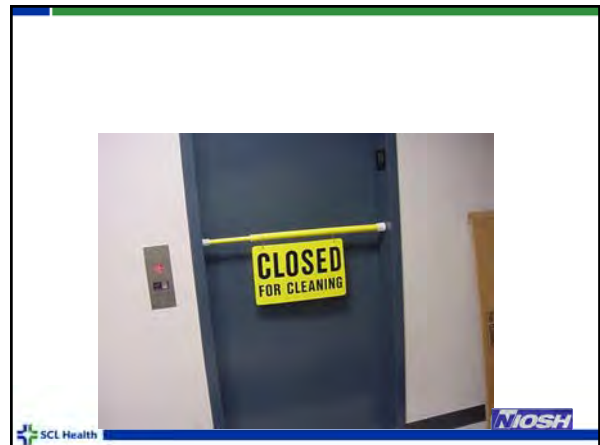
Slip-Fall Controls

- Fast response to spills
 - “Spill Watch & Action Teams”
- Control spills/leaks at source
- Refresh procedures for cleaning and Maintenance
 - Responsibility-Accountability
 - Proper timing of Cleaning
- Surveillance cameras at strategic points
- Warnings / Barriers, Signage
- Spill Stations: Pads, Phone #
 - Place at/near High Risk Areas




Slips-Falls: Causes and Controls

- Falls on the Same Level (> 70% of total falls)
- Loss of Traction/Friction
- Poor Housekeeping: Wet Surfaces
- Foreign Substances on Floors
- Inclement Weather
- Personal Factors: Age, illness, Vision
- Mobile Devices
- Unsafe Behaviors

Hard Surface-Contaminants

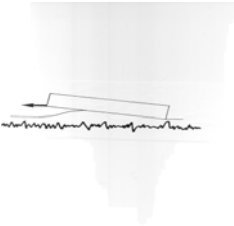
- Wet Surfaces are the most common factor contributing to slips and falls: Know Water Sources, High Risk Areas
- Grease buildup reduces slip resistance by 300%
- Poor Drainage: In/Out

Poor Drainage: Pipes and Drains




Floor Surfaces: Control What You Can

- Start with slip resistant floor
- Etching
- Mechanical abrasion
- Grooving
- Chemical coatings
- Trowel-on, paint-on finishes
- Mats of sufficient length
- Cleaning chemistry
 - Target contaminants



Suggested Best Practices

- Snow and Ice: Aggressive removal program: Plow Snow Downhill!
- Clear Responsibility-Accountability: Contracts
- Distribute winter weather warnings
- Sand and "Salt" Containers strategically located/checked
- Mats checked regularly: Additional mats at entrances
- Spill Mats, Umbrella Covers
- Home Health Nurses – Training/Ice Shoes



Trip-Fall Hazards

- Tripping Hazards such as Cords, Clutter-Debris, Furniture
- Uneven Work Spaces: Carpet, Mats, Inclines/Declines
- View Obstructed, Distracted, Inattentive
- Cracks, Gaps, Curbs
- Lighting

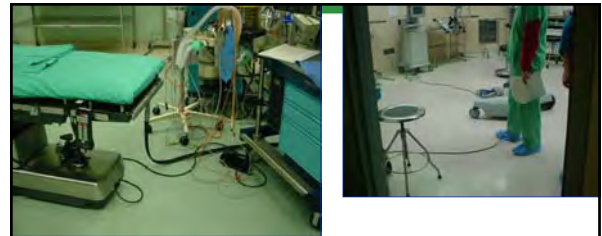


Slip-Resistant Shoes

- Footwear Traction Appropriate for Walking Surface, Slip resistance, Tread Design, Tread Hardness, Chemical, Water Resistance
- Selecting Footwear for:
 - Conditions of the Walking / Working Surface
 - Type of Flooring, Tasks to be Performed
 - Fit, Comfort and Style
 - Shared Costs



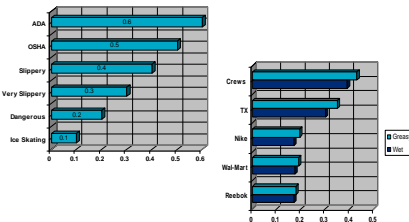
Prevents Slips When Stripping Wax



Static Coefficient of Friction

The Americans with Disabilities Act has established a standard of 0.60 SCOF for floors in public areas.

OSHA Guideline: 0.5 SCOF



Preventing Trip-Falls

- Eliminate Loose footing on carpet, mats, stairs, steps
- Repair Damaged Areas Timely
- Create Visual Cues
- Cord Covers, Cord Organizers, Retractable
- Mats: Type, Size, Secure, Damaged, Beveled
- Lighting
- Multi-Tasking
- Use Carts
- Clear Walkways: Remove Clutter & Debris





Guardrails and Handrails

- Components — top rail, mid-rail, toe board
- Use handrails whenever possible when climbing up or down stairs or ramps
- Know Specs: Top rail height — 42 inches
 - Load — 200 lbs. in any direction
 - Toe Board: 4 inches



Exterior Grounds

- Walkways are Kept Clear and in Good Repair
- Slip and Fall Hazards (i.e. differences in elevation) Appropriately Marked or Repaired
- Curbs, Steps, Rails
- Regular Inspections
- RESPOND-REPORT



Stairway Hazards

- 70% of falls occur on the top or bottom three steps
 - Report and Correct Slippery, Wet, or Icy Conditions
 - Keep Stairways Free From Obstacles and Clutter
 - Always use the Handrails; Integrity-Code
 - Stair Tread, Lighting
 - You Should be Able to See Your Travel Path
 - **CONTRAST**



Contributing Factors

- Surface Factors
 - Floor material: resistance of surface
 - Irregularities (>1/4")
- Environment Factors
 - Temperature, Humidity, Precipitation
 - Pedestrian Traffic Volume, Type
 - Lighting, Noise
- Tasks/ Behavior Factors
 - Object Carried — Weight, Shape, Location
 - Sudden change in Elevation, Direction or Acceleration
 - In a Hurry, Multi-Tasking, Inattentive
 - Change of Surfaces
 - Visual Obstructions



For the safe use of interior and exterior stairwells please review the following:

- Report slip, trip fall hazards or events to your supervisor/Form
- Seek medical attention immediately (as needed)
- Always open doors slowly (protect others on opposite side)
- Always walk/step at a regular un-hurried pace (Do Not RUN)
- Do not use your mobile device or engage in an activity/conversation that would distract you
- Always wear slip resistant footwear: you are worth the investment!
- If you are wearing glasses be self-aware of the hazards of tinted and transitional lenses
- Do not carry anything that would affect your vision or balance
- Always keep one hand empty and on the handrail
- Maintain good posture and keep a clear vision of the area directly in front of you (beware of slip, trip items on the surface)

Surface Openings

- Floor openings must be protected when they are four feet or more above adjacent levels
- Must be protected with guardrails or covers
- The covers must be able to support three (3) times the normal load
- The cover should be identified to indicate the hazard
- The top of the cover must be no more slippery than the surrounding floor
- The cover must not project more than one inch
- All hinges, handles, bolts, etc. must be flush with the floor

Tips For Ladder Safety

- Inspect prior to each use
- Defective ladders: Take out of service: "Do Not Use"
- Metal ladders should not be used near electrical lines
- Set up on firm, solid surface
- Secure the top of extension ladders
- Lock spreaders on step ladders.



Surface Openings



Safety Tips for Ladder Use

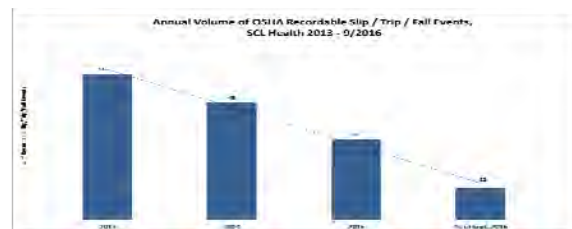
- Use both hands when ascending or descending a ladder
- Stay off the top step of a step ladder
- Don't move an occupied Ladder or Platform
- Hoist items up to you
- Face the Ladder and Work within the side rails
- Center of Gravity
- Use 4 to 1 rule to set up extension ladders.
- 3 Point Contact at all time!



Ladder Safety



STF Prevention Program Results:



YTD, there are: **54%** fewer Recordable events and **45%** fewer LT/RT days from events year over year.

Quarterly OSHA Recordable Events



Sustainable Culture of Prevention

- Report all Slips, Trips and Falls
- RESPOND to ALL hazards
- Active Committee
- Risk Assessment
 - Action Plan
- Measure and Manage Progress
- Maintain Safety Excellence
 - Obsession with eliminating potential harm
- Safety Actions that match our words:
 - Safety Initiatives Committees
 - Rounding
 - Huddles/Swarms
 - Process transformation
- "No excuses" culture: Accountability
- Safety is Everyone's responsibility



Challenges and Lessons Learned

- Culture Shift: Not Business as Usual!
- Continuous Changes/Due Diligence
- Training: Repeat, then Repeat: Keep it Fresh/Mix
- Unstable Patients: Use 2 or >
 - Strategic Partners: Clinical Involvement
- Department Specific: Surgery: Active Champion
- Shoes, Boots, office footwear....
- Continuous Learning Attitude: Use Resources
- Equipment, Processes: Continuous Communication
- Compliancy!!! Just say NO and Refuse to Give in!

RESOURCE STANDARDS

- OSHA: General Requirements for Walking / Working Surfaces (29 CFR 1910.22)
- ASTM F802, Standard Guide for Selection of Walking Surfaces
- ANSI/ASSE A1264.2—2012
- ANSI B101.0 - B101.8 STANDARDS
 - B101.0-2012: Walkway Auditing Guideline (WAG)
 - B101.1-2009: Wet Static Coefficient of Friction (SCOF)
 - B101.2: Floor cleaners and treatments (NFSI 101-B)
 - B101.3-2012: Dynamic Coefficient of Friction (DCOF)
 - B101.4: Wet barefoot standard (bathtubs, decks, etc.)
 - B101.5-2012: Product labeling (flooring materials)
 - B101.6-2012: Entrance floor matting
 - B101.7: Wet or wet/oily test method for footwear Outsoles
 - B101.8: Floor safety management program
 - B101.9: Trip and Fall Prevention Standard

Sustainable Culture of Prevention

- **Safety Culture = Zero Harm Mindset**
 - Providing Safety Excellence to Patients and Staff
- **Continually Learning:** Near-Miss Reporting, CCA
 - Communications, Education: simulation and competency
- **Unit based/task focus – HRO microsystems**
 - Service Level Ownership and Accountabilities
 - Improved Process for CQI, Sustainability
 - Real time huddles/Education-peer checking
- **Observations and Behaviors: 200% Accountability**
- **Just Culture = Accountability**