

Standing Up for Safety

HELP PREVENT SLIPS, TRIPS, AND FALLS—ONE OF THE MOST COMMON CAUSES OF INJURY AMONG HEALTH CARE WORKERS—BY IMPLEMENTING PRECAUTIONARY MEASURES FROM TOP TO BOTTOM IN YOUR FACILITY

This article is part of a series sponsored by the OSHA Alliance, a collaboration of Joint Commission Resources, The Joint Commission, and the Occupational Safety and Health Administration (OSHA).

Facilities management, safety engineering, environmental services, and other environment of care staff play a major role in preventing slips, trips, and falls—a significant cause of injury that spurred The Joint Commission to issue a *Sentinel Event Alert* on this topic a few years ago. Deficiencies in the physical environment are a key reason for falls, noted the *Alert*, titled “Preventing Falls and Fall-Related Injuries in Health Care Facilities.”¹ Preventing falls is also addressed under National Patient Safety Goal 9 (applicable to Joint Commission–accredited nursing care centers), as well as Provision of Care, Treatment, and Services (PC) Standard PC.01.02.08 (applicable to hospitals).

While the aforementioned focus on patient safety, health care workers (including clinicians, licensed independent practitioners, and front-line staff) are also highly susceptible to slip, trip, and fall (STF) injuries. Indeed, hospitals and other health care facilities are some of the likeliest workplaces for slips, trips, and falls—second only to accommodation and food service facilities.²

Health care and social assistance facilities account for 20.1% of all same-level falls in private industry that result in days away from work, according to the Bureau of



Labor Statistics (BLS).³ In fact, the Occupational Safety and Health Administration (OSHA) has made slips, trips and falls one of its five focus hazards in all its programmed and unprogrammed inspections in both hospitals and nursing and residential care facilities.⁴

Nurses, nursing assistants, and non-patient-care staff are the most likely to experience STF injuries, which account for 25% of all injuries involving days away from work at hospitals (second only to overexertion and bodily reaction, which cause nearly half of injuries).⁵

Although daytime falls are greater in sheer number because that is when more health care employees are at work, the percentage of fall injuries during the night shift (12:01 a.m. to 8 a.m.) is much higher than the national average—20.1% compared with 14.6%.⁶ Falls may be more likely to occur at night because that's when environmental services departments use big floor scrubbers to clean the corridors and common areas, potentially leaving wide swaths of slippery surfaces, observes Lisa Hardesty, MA, CFI-1, CHSP, HEM, a principal consultant for Joint Commission Resources.

Incidents in which a worker falls on the same level, such as a flat floor, are by far the most common type. In any industry, these incidents can lead to damage to the lower extremities such as knees, feet, and toes (30.7%), followed by the trunk, including both shoulders and back (25.6%); 21.8% of fall victims experience injuries to multiple body parts.²

Number of nonfatal occupational falls, slips, and trips involving days away from work, 2018³

	Total	Fall to lower level	Fall on same level	Slips, trips without falls
Hospitals	12,320	830	9,700	1,730
Nursing and residential care facilities	12,370	790	9,880	1,650

Source: US Bureau of Labor Statistics

Safety on the level

Joint Commission surveyors cite most fall hazards in the environment of care under EC.02.06.01: The [organization] establishes and maintains a safe, functional environment. (See “Related Joint Commission Environment of Care Requirements” on page 7.) Falls often occur on the grounds of a health care facility, such as in the parking lot in winter, notes Herman A. McKenzie, MBA, CHSP, The Joint Commission’s director of engineering.

In addition, staff may sometimes trip and fall in construction zones that are not maintained properly or on sidewalk curbs that need to be navigated, points out James Kendig, MS, CHSP, CHCM, CHEM, field director—surveyor management and development for The Joint Commission.

Related Joint Commission Environment of Care Requirements

Standard EC 02.06.01

The [organization] maintains a safe, functional environment.

Element of Performance (EP) 1: Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

EP 11: Lighting is suitable for care, treatment, and services.

EP20: Areas used by patients are clean and free of offensive odors.

EP 26: The [organization] keeps furnishings and equipment safe and in good repair.

OSHA standard [29 CFR 1910.22](#) requires that all walking-working surfaces in a place of employment be “maintained free of hazards such as sharp or protruding objects, loose boards, corrosion, leaks, spills, snow, and ice.”

In the interior of a health care facility, maintaining safe flooring surfaces is the first and most basic step in preventing STF incidents because wet floors, spills, and clutter all contribute to fall hazards. OSHA requires that health care organizations identify and evaluate potential hazards, such as clutter or poor lighting, and then develop and implement a safety and health program to prevent or control the hazards.

OSHA also requires the following fall-prevention safety measures:

- Train staff members to keep walking-working surfaces dry and free of hazards, such as slush from people’s boots and shoes tracked inside during winter weather and objects that have fallen on the floor.
- Train staff members to report and clean up spills immediately.
- Where wet processes are performed, provide drainage and false floors, platforms, mats, or other dry standing places.
- Provide warning signs for wet floor areas.
- Create non-slip surfaces in slippery areas, such as toilet and shower areas, with no-skid wax.
- In carpeted areas, have carpets re-laid or stretched if they bulge or have become bunched.
- Provide floor outlets for equipment so that power cords do not need to run across pathways.
- When temporary electrical cords cross floors, tape or anchor them to the floor.
- Perform regular inspections to ensure floor surfaces are safe.
- Encourage employees to wear properly fitted, waterproof footwear to reduce slip and fall hazards.

Ups and downs

Slips, trips, and falls to a lower level, such as those from ladders or on stairs, occur much less frequently than falls on level surfaces, according to BLS data. However, safety precautions to prevent these types of incidents are no less important because there is always the potential for severe or even fatal injuries when staff members fall from a height.

OSHA requires that health care organizations keep stairways safe by ensuring that they are well-lit and that landings and steps are free of materials that could cause slipperiness. Coating step treads and landings with a slip-resistant material can also help health care staff stay on their feet while ascending and descending stairs.

The National Fire Protection Association (NFPA) addresses stairway safety in the *Life Safety Code*^{®*} (NFPA 101-2012), which The Joint Commission references. Health care organizations must make sure that all stairways are equipped with stair rail systems and handrails, a requirement of OSHA, NFPA 101-2012, and Joint Commission Life Safety (LS) Standard LS.02.01.20 (integrity of means of egress), Element of Performance (EP) 9 (handrails for stairs and ramps).

Ladders are another potential source of employee falls from one level to another, especially for facilities and maintenance personnel. Health care organizations must meet the requirements in OSHA's ladder standard ([29 CFR 1910.23](#)), which include inspecting ladders for damage prior to each use and keeping ladders away from doorways or passageways where other activities or traffic may displace them. Organizations must train workers to properly set up ladders and use them on stable, level, and non-slippery surfaces, and to climb with hands free of bulky objects, facing the ladder. Of course, ladders must *never* be moved while workers are on them.

“Health care facilities can implement a ladder management program as a best practice,” suggests Hardesty, who has seen such flagrantly hazardous practices as maintenance staff or contractors standing on the top of step ladders instead of on a rung. Organizations can encourage staff to report unsafe incidents by offering small incentives such as a free lunch or a coffee gift card.

Cart Safeguards

Health care staff using medical carts in unsafe ways can lead to slips, trips, and falls—even when optimal flooring measures are in place.

To help keep cart usage from contributing to fall injuries, OSHA recommends the following precautions:

- ▶ Provide carts that have large low-rolling-resistance wheels.
- ▶ Keep carts maintained to minimize the amount of force needed to push them.
- ▶ Remove malfunctioning carts.
- ▶ Train staff to push rather than pull when possible.
- ▶ Train workers to ask for help with heavy or bulky loads and to make sure they are always able to see around and over a cart.


^{*}*Life Safety Code*[®] is a registered trademark of the National Fire Protection Association, Quincy, MA.



Staying on top

The health care workplace can present many different kinds of danger, but most injuries stem from just a few hazards. These hazards can be specific to an organization or facility. “One best practice is to have a team that reviews all employee incident reports—and I mean every single one—and looks for trends,” Hardesty advises. “It’s important to conduct a root cause analysis on why people are falling: talk to staff involved, visit the site where the injury occurred, understand the workflow, and so on.”

Executing a comprehensive health and safety program that includes measures to help prevent slips, trips, and falls can reduce the number of work-related injuries overall and the number of days employees must be away from work or on modified duty. Fewer incidents can also mean lower workers’ compensation costs.

In 2016, the average hospital had 74 cents in workers’ compensation losses for every \$100 of payroll, and the average workers’ compensation claim for a hospital injury in 2015 was \$22,600.⁷ Everyone benefits when those costs go down and health care organizations can apply their resources to their top priority—excellent patient care. 

Additional Resources

Learn more about steps to take to prevent slips, trips, and falls by reviewing the following standards, guidelines, and tools from the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH):

- ▶ [Healthcare Wide Hazards: Slips, Trips, and Falls](#) (OSHA e-tool)
- ▶ [Walking-Working Surfaces: General Requirements](#) (OSHA regulations)
- ▶ [Duty to Have Fall Protection and Falling Object Protection](#) (OSHA regulations)
- ▶ [Ladders](#) (OSHA regulations)
- ▶ [Slip, Trip, and Fall Prevention for Healthcare Workers](#) (NIOSH guidelines)

In addition, OSHA offers no-cost and confidential occupational safety and health services to small- and medium-sized organizations, with priority given to high-hazard worksites. Learn more about OSHA’s consultation program [here](#).

References

1. The Joint Commission. [Preventing Falls and Fall-Related Injuries in Health Care Facilities](#). *Sentinel Event Alert*. Sep 28, 2015. Accessed Jan 13, 2020.
2. Yeoh HT, Lockhart TE, Wu X. [Non-fatal occupational falls on the same level](#). *Ergonomics*. 2013;56(2):153–165. Accessed Jan 9, 2020.
3. U.S. Department of Labor, Bureau of Labor Statistics. [Number of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work by Industry and Selected Events or Exposures Leading to Injury or Illness, Private Industry, 2018](#). Nov 7, 2019. Accessed Jan 9, 2020.
4. Occupational Safety and Health Administration. [OSHA Memo—Inspection Guidance for Inpatient Healthcare Settings](#). Jun 25, 2015. Accessed Jan 9, 2020.
5. Occupational Safety and Health Administration. [Caring for Our Caregivers: Facts About Hospital Worker Safety](#). Sep 2013. Accessed Jan 9, 2020.
6. Yeoh HT, Lockhart TE, Wu X. [Nonfatal occupational falls among U.S. health care workers, 2008-2010](#). *Workplace Health & Safety*. 2013;61(1):3–8. Accessed Jan 9, 2020.
7. Aon Risk Solutions. [2016 Health Care Workers Compensation Barometer Report](#). Accessed Jan 9, 2020.

NEXT ↓