1. **Slip, Trip, Fall Prevention**  
   – Tactics for keeping employees on their feet

2. **Resident Handling**  
   – A reality check as to where transfers are taking place

3. **Severity Exposure**  
   – Identifying tasks with significant exposure

4. **Employee Behavior**  
   – Creative ideas for auditing behavior and increasing awareness
Slip, Trip, Fall Prevention
### Statistics & Considerations

- Nursing care facility workers experience more slip, trip, and fall injuries than any other industry *

- Slips, trips, and falls account for the second largest proportion of lost-workday nonfatal injuries (26%) in nursing care facilities *

- Nursing care facilities incident rates for same level falls and total slips, trips, and falls surpass all other industries *

- Very little research has been done over the years on slips, trips and falls in nursing care facilities and the incident rates have remained constant

*BLSD Data
Slip, Trip, Fall Prevention

- Contributing Factors
- Indoor Exposure
- Outdoor Exposure
- Ladder Safety
- Employee Behavior
Contributing Factors

- **Floor Surface**
  - Whenever possible, test surfaces before installed
  - For slippery floor surfaces, treat with anti-slip products

<table>
<thead>
<tr>
<th>Floors Tested</th>
<th>Dry</th>
<th>Wet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Kitchen</td>
<td>0.73</td>
<td>0.60</td>
</tr>
<tr>
<td>Hall Outside PT</td>
<td>0.60</td>
<td>0.45</td>
</tr>
<tr>
<td>Flanagan 210 Room Tile</td>
<td>0.68</td>
<td>0.10</td>
</tr>
<tr>
<td>Flanagan 210 Bathroom</td>
<td>0.73</td>
<td>0.15</td>
</tr>
<tr>
<td>Flanagan 2nd Floor Pantry</td>
<td>0.65</td>
<td>0.50</td>
</tr>
<tr>
<td>Bistro / Dining</td>
<td>0.73</td>
<td>0.53</td>
</tr>
</tbody>
</table>
Contributing Factors (cont.)

- **Floor Cleaning Process**
  - Use microfiber mopping when applicable
  - Use anti-slip cleaning products
  - Change mop heads frequently

- **What’s On The Floor**

- **The behavior or action taking place**

- **Footwear**
Indoor Exposure

- Cords on the floor
Indoor Exposure

- **Wet floors**
  - Kitchen
  - Freezer / Fridge
  - Bathrooms
  - Building entrances
  - Ice machines

- **Uneven surfaces**
  - Drain covers
  - Door thresholds
Indoor Exposure

- **Items on the floor**
  - Wheelchair legs
  - Doorstops
  - Wet floor signs
  - Resident room congestion
  - Fall mats
  - Lift legs & other portable devices
Outdoor Exposure

- Winter weather
  - Failure to clear parking lots, sidewalks, and entrances
  - Thawing and freezing of ice
  - Snow / ice between cars
  - Improper footwear
Outdoor Exposure

- **Trip hazards**
  - Parking lots
  - Walkways
  - Entrances

- **Lighting**
  - Parking lot
  - Sidewalks
  - Entrances

- **Varying types of surface**
  - Asphalt
  - Cement
  - Wood
  - Stone
  - Parking lot paint
Outdoor Exposure

- Fall Hazards
  - Loading docks
  - Roof access
  - Ladder use
  - Scissor lift
  - Aerial Lift
Ladder Safety

- Read ladder weight capacity
- Maintain 3 points of contact
- Only 1 person at a time may work from a single ladder.
- Belt buckle between the rails!
- Step ladder spreaders should be fully opened and locked.
- Mark off a safety zone around a ladder in a public area or area where dropped items could strike others
Slip, Trip, Fall Prevention
Ladder Safety

- The base of an extension ladder should be spaced 1 foot away for every 4 feet it reaches up.
- An extension ladder should extend 3 feet beyond the top surface the ladder is resting upon.
- Ladder side rails should be placed on a surface that is firm and level.
Slip, Trip, Fall Prevention
Slip, Trip, Fall Prevention
Slip, Trip, Fall Prevention

Root Cause Analysis

- Slip & Fall
  - Running
    - Late For Meeting
  - Poor Footwear
    - Chose To Wear Sneakers In Snow
  - Ice On Ground
    - No Salting
    - Poor Drainage
    - Snow Melt & Freeze
  - Poor Balance
    - Carrying Drink
  - Ignored Cone
    - Thinking About Meeting
Slip Prevention (Best Practices)

- Test new floor surfaces before installing
- Modify existing floor surfaces
- Use cleaning methods with less water
- Clean with anti-slip floor products
- Use wet floor signs appropriately
Slip Prevention (Best Practices)

- Develop salting and snow removal procedures for winter weather
- Use matting where appropriate
- Clean up wet areas and spills quickly
- Be aware of water run-off areas that can freeze
- Wear slip resistant footwear
Trip Prevention

- Address cords in resident rooms on a daily basis
- Remove all unattached door stops
- Place wet floor signs in visible areas
- Locate all thresholds and uneven floor surfaces
- Store wheelchair legs so that they are not a trip hazard
Fall Prevention

- Install railings where walking surface is more than 4 feet off the ground
- Wear fall protection harness and lanyard when above 4 feet without a railing
- Practice safe ladder usage
Resident Handling
Resident Handling

- Approx. 12% of nurses leave the profession annually because of back pain.
- 42% of nursing injuries are back related.
- Back injuries in healthcare are estimated to be $20 billion annually.
- In 2016, nursing assistants experienced 10,330 back related musculoskeletal disorder cases.
- In 2016, 45% of all injuries to RN’s involved overexertion or bodily reaction, including: bending, twisting, lifting, and repetitive motion

*BLS Data
NIOSH Study | 1995-2000

- 1,728 nursing personnel followed before and after implementation of lift equipment
- WC claim rates per 100 nursing staff were reduced 61%
- OSHA recordable rates decreased by 46%
- First report of injury rates decreased by 35%
- Combative injuries were also noted to drop significantly

Items above noted in the NIOSH Science Blog found on www.cdc.gov
Resident Handling – The Norm

Full Sling Lift (“Hoyer”)  Sit / Stand Lift
Resident Handling – Difficult Transfers
Resident Handling – Difficult Transfers

How are we handling resident transferring in community centers and independent living?
Resident Handling – Difficult Transfers

Molift 150

Camel Lift
Resident Handling – Difficult Transfers
Resident Handling – Current Initiatives

- Review of resident handling injuries
- Review of written resident handling program
- Training
- Ongoing resident evaluations
- Written programs are not always realistic and are not always followed by employees.

- Employee behavior and decision making “behind closed doors” does not coincide with the written program.

- Improper resident assessment (initial & ongoing).
Resident Handling — Resident Transfer Drills

- Audit your resident transfer program!
- Prepare for a real life scenario
- See first hand how staff responds to the situation presented
- Identify areas for improvement from a physical and behavioral standpoint
Resident Handling – Resident Transfer Drills

How To Conduct The Drill

- Decide on a scenario and stage an unoccupied room
- Ring the call bell and time the response
- Greet the staff at the door to explain the drill
Resident Handling – Resident Transfer Drills

How To Conduct The Drill

▪ Ask staff to treat the drill as a real life scenario

▪ Observe decision making and actions of employees throughout the drill

▪ Intervene only if a staff member or the “resident” is at risk
Items To Observe

- Was there proper communication between the employees and the “resident” throughout the drill?

- If the drill involved a fallen resident, was a pre-transfer resident assessment completed?

- Was the resident transfer conducted as indicated on the care plan?

- If the drill involved a fallen resident in a tight area, did the staff properly clear the area for the lift?
Items To Observe

- If area was not accessible by lift, was a draw sheet or slip sheet used to get the “resident” to a lift accessible area?

- If a lift was used, was the sling positioned and attached properly?

- Are employee supporting the residents head?

- If a lift was used to transfer from the floor, were the lift legs been padded with pillows or other soft items to prevent skin tears?
Items To Observe

- If a lift is used, are the brakes left unlocked to allow the lift to continuously find the center of gravity?

- If a lift is used, are employees familiar with the lift controls and its capabilities?

- Where manual lifting is conducted, are employees practicing proper body mechanics?
Resident Handling – Resident Transfer Drills

Recap

- Explain positive observations to employees
- Explain areas that can be improved
- Open discussion
Severity Exposure – Fall From Heights

- When working above 4 feet, employees must be protected by a railing or harness and lanyard.

- When working on a flat roof, employees must wear a harness and lanyard when working within 6 feet of the edge. A warning line can be used when working within 6-15 feet from the edge.
Severity Exposure – Fall From Heights

- Construction standards do not require fall protection until working above 6 feet.

- Fall protection on scaffolds is not required until working above 10 feet.
Severity Exposure — Confined Spaces

- Confined spaces in healthcare include: manholes, utility pits, crawl spaces, etc.

- If they contain any hazard (electrical, moving parts, insufficient oxygen, etc.), they are permit required. These spaces must be properly labeled.

- It is recommend that work within these spaces be contracted out.
Severity Exposure - Needlesticks

- All needles must be equipped with a safety device.
- Most safety devices require an action or behavior to engage them.
- Fewer needlesticks occur with retractable technology.
- Annual review of “safe needle devices” is required by OSHA, as is a SHARPS log for all sharps incidents.
Machine guarding is required where body, clothing, hair, etc. can be caught and drawn in.

Machine guarding must be fixed or interlocked.

Opening an interlocked guard is not a substitute for lockout/tagout.
Every community has its share of unique exposures that present severe risk.

Ask each safety committee member to bring forth one “high hazard” task from their department.

Prioritize the list and use the Job Safety Analysis format to analyze each task.
### JOB SAFETY ANALYSIS

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Department:</th>
<th>Analyzed by:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Job Environment

<table>
<thead>
<tr>
<th>Lighting:</th>
<th>Personal protective equipment required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space:</td>
<td></td>
</tr>
<tr>
<td>Noise Level:</td>
<td></td>
</tr>
<tr>
<td>Temperature:</td>
<td></td>
</tr>
<tr>
<td>Ventilation:</td>
<td></td>
</tr>
<tr>
<td>Adjacent Activities:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic job steps, materials, equipment</th>
<th>Potential accidents or hazards</th>
<th>Recommended procedure or protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
# JOB SAFETY ANALYSIS

**Job Title:** Securing Wheelchair In Van  
**Department:** Transportation  
**Analyzed by:**  
**Date:** 3/14/18

## Job Environment

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting:</td>
<td>Adequate</td>
</tr>
<tr>
<td>Space:</td>
<td>Adequate</td>
</tr>
<tr>
<td>Noise Level:</td>
<td>None</td>
</tr>
<tr>
<td>Temperature:</td>
<td>Outside Temp</td>
</tr>
<tr>
<td>Ventilation:</td>
<td>NA</td>
</tr>
<tr>
<td>Adjacent Activities:</td>
<td>None</td>
</tr>
</tbody>
</table>

## Personal protective equipment required:
- Gloves, Steel Toe Shoes

## Basic job steps, materials, equipment

<table>
<thead>
<tr>
<th>Basic job steps, materials, equipment</th>
<th>Potential accidents or hazards</th>
<th>Recommended procedure or protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ramp is unlatched and lowered to the ground.</td>
<td>• Struck by ramp...leg contusion, crushed foot</td>
<td>• Employee was voluntarily wearing composite toe shoes, which should be mandatory.</td>
</tr>
</tbody>
</table>
| 2. The wheelchair is pushed up the ramp into the van. | • Shoulder/back strain  
  • Wheel could get stuck on lip of ramp                                 |                                                                       |
| 3. The wheelchair is positioned facing forward and the wheels are locked. | • Trip and fall over tie-downs and ramp edge                      | • Store all tie-downs in a secured case  
  • Identify all trip hazards in the back of the van. If they can’t be eliminated, train employees on the hazards. |
| 4. Attach 4 tie-downs into floors channels. | • Pinched finger between tie-downs and channel  
  • Cut or abrasion while securing the tie-downs  
  • Tie down can come loose if not fully engaged in the floor channel | • Employee was not wearing gloves, but should have been  
  • Check ear tie-down after securing it to ensure it is fully engaged in the floor channel |
| 5. Attach 4 tie-down hooks to the wheelchair. |                                                                       |                                                                       |
| 6. Ensure all tie-downs are properly tensioned by rocking wheelchair back and forth to take up any slack. | • Slack in the tie-downs could result in movement of the wheelchair  
  • Tie down hooks do not contain a safety latch, which could cause the hooks to come loose if | • After rocking the chair to eliminate slack in the straps, double check them to ensure they are taught.  
  • Replace Qstrant tie-downs with the Qstrant. |
Employee Behavior
Employee Behavior
Unsafe Behavior In Healthcare

- Resident transfer protocol not followed (sprain/strain)
- Failure to wear appropriate PPE (cuts, burns, chemical exposure, slips/falls)
Unsafe Behavior In Healthcare

- Job specific safety protocol and core competencies not followed
- Rushed resident care (combativeness)
Audit And Modify Behavior

- Resident transfer drills
- Job safety analysis
- Observe behavior of coworkers
- Check safety interlocks (balers, compactors, mixers, etc.)
Audit And Modify Behavior

- Room of hazards
Audit And Modify Behavior

- Audit required PPE

- Incorporate questions within your safety audits
  
  - **Haz Com** – “Can you please locate the SDS for ___”.
  
  - **Lockout / Tagout** – “What is LOTO and when is it used?”
Audit And Modify Behavior

BE CREATIVE!
Slips, Trips, And Pitfalls
Leading Age NJ