



CLINICAL GUIDELINE

Non slip socks use within hospitals

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Guidelines for the use of Non-slip socks within hospitals



Contents	Page
1. Aim	3
2. Scope.....	3
3. Introduction	
3.1 Falls	4
3.2 Footwear	4
3.3 Non slip Socks	4
4. Falls Risk	
4.1 Indications for Use.....	5
4.2 Decision Making.....	5
4.3 Safe Use.....	5
4.4 Considerations to Use	7
4.5 Other Clinical Considerations	7
4.5.1 Tissue Viability	7
4.5.2 Infection Control	8
4.5.3 Gait Abnormalities.....	8
4.5.4 Consent.....	8
4.5.5 Ordering.....	9
5. References	10
6. Appendices	
6.1 Decision Support Tool for the use of Non slip Socks	11

1. Aim

The purpose of this document is to provide guidance to all staff employed by NHS Greater Glasgow and Clyde (NHS GG&C) working within adult in-patient settings, regarding the appropriate use of non-slip socks.

2. Scope

This guideline pertains to all health care staff working across adult in patient areas including Acute, Mental Health, Learning Disabilities, Alcohol, Drug and Recovery Services and Forensics. This includes nursing, medical, allied health professionals and students.

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3. Introduction



3.1 Falls

Over 2000 falls are reported across Scotland's hospitals every month and approximately 250,000 falls are reported nationally (UK) every year. Falls are a common cause of harm to patients in an acute setting, accounting for approximately 1/3 of all reported safety incidents. Every health board reports the number of falls and falls with harm to Health Improvement Scotland (HIS). Because of the potential risk associated with falls the Scottish Government has outlined national standards and targets for improvement. For acute settings, the Scottish Patient Safety Programme identifies and describes key indicators for improvement within NHSGGC Care Assurance Standards to ensure and assure safe/effective and person centred care is delivered. Care Assurance Standard 2 covers falls prevention and management.

3.2 Footwear

The National Institute for Health and Care Excellence (NICE) clinical guideline recommends that inpatients aged 65 years or older, or 50 to 64 years who following assessment are deemed higher risk of falling, receive a multi-factorial assessment to optimize safe activity. Inadequate footwear is associated with falls and footwear that is unsuitable or unavailable is included as a modifiable falls risk in NICE guidance.

Many people are admitted to hospital without any footwear or with footwear that may be unsafe. Inappropriate footwear can lead to an increase in the risk of slips, trips and falls. It is important that an assessment of footwear and foot health is carried out as part of the admission process. If suitable footwear is not available contact the patient's next of kin(NOK) to supply them. This is an important part of reducing falls risk and for encouraging activity and promoting rehabilitation.

Good foot and ankle health is key to establishing and maintaining the bodies balance. Simple foot problems can affect a patients walking pattern due to pain and altered biomechanics. Additionally systemic conditions such as diabetes or neuropathy can alter the feeling in patient's feet which can affect the ability to feel their feet on the ground, therefore making a quick response for good balance difficult. All of these issues can lead to an increased risk of falls therefore, it is important that an assessment of footwear and foot health is carried out on admission for anyone at risk of falls. For further information please see NHS GGC Guidelines for the prevention and management of inpatient falls. [🌐 497-prevention-and-management-of-falls-inpat.pdf](#)

In accordance with NHSGGC Footwear guidance, appropriate footwear should have:

- Laces or Velcro fastening to allow for changes associated with swollen feet or ankles or dressings, and hold the feet in a good position in the shoe.
- Slip on shoes or mules should be avoided
- Sufficient width and depth in the toe area.
- Good ankle support
- Ample width and length fitting.
- Natural material if possible e.g. leather to absorb sweat or odour.
- Broad heel stable base.
- If possible no seams particularly inside the shoe where harm can occur e.g. Corns, callous.
- If possible always choose shoes instead of slippers.

3.3 Non-slip Socks

Non-slip socks are commonly used as a falls reduction intervention in hospitals, although there is insufficient evidence to support their use to prevent falls. The following sections give guidance on their use.

4. Falls Risk

4.1 indications for Use

While non-slip socks are not an evidence-based falls prevention strategy or substitute for appropriate footwear, there are circumstances in which they may be considered. These are:

- The patient does not have appropriate or well-fitting footwear on admission, which may be contributing to delaying or hindering/ preventing mobilisation.
- There is a high risk of the patient mobilising on the ward without footwear, because of a cognitive impairment.
- Where the patient refuses to keep footwear on.
- If the patients feet/ankles are very swollen or have large dressings and cannot wear any footwear (consider referral to orthotics).
- The patient regularly gets up during the night without footwear (e.g. urinary frequency, urinary urgency or cognitive impairment).
- Other specialities, such as theatres, may also consider using them for short durations to prevent outdoor shoes from being worn within the theatre environment.

It should be noted that non slip socks are not intended for long term use but as a temporary measure until where possible suitable footwear can be sourced. Where there are circumstances which warrant longer term use e.g. in mental health areas clinical judgment and risk assessment should be used to ensure a person centred approach is maintained.

4.2 Decision Making

The decision to use non-slip socks should be made using clinical judgement, as part of a patient specific falls risk assessment. It should be discussed with the ward multi-disciplinary team (MDT) and regarded as a short-term option whilst appropriate footwear is sourced, or as a last resort only.

If an inpatient is identified as being at risk of a fall and has no suitable footwear on admission - non-slip socks may be considered for use. They should not be used routinely.

A decision support tool has been designed to assist staff in making the correct decision around appropriate use of non-slip socks. (see appendix 1)

If non slip socks are being used the rationale for use should be documented in the patients care plan.

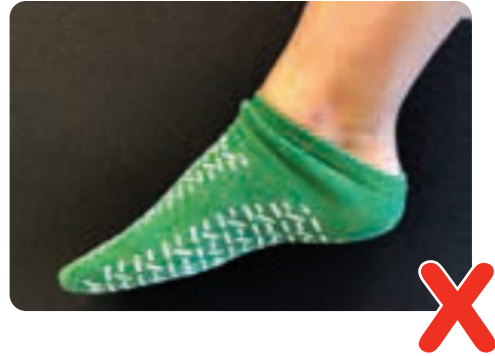
4.3 Safe Use

If non-slip socks are provided, they must be well fitting. The correct size must be used – sizes are reflected by colour and staff should ensure the most appropriate one is selected (see table below for sizing).

Non-slip sock size	UK shoe size	Colour
One size fits most	5-8	Red
S	<1	Red
Med	1-3	Green
L	3-5	Blue
XL	5-9	Yellow
XL	5-9	Beige
XL	5-9	Red
XXL	9-11	Grey
XXXL	11-13	Dark Grey



They must also be fitted appropriately; with floor facing grip, pulled above the ankle and unfolded.



Please scan the QR code for a short video showing correct fitting.



The patient should be supplied with a new pair of non-slip socks at least **every 48 hours** to ensure the grips remain adequate.

The use of non-slip socks should be regularly reviewed and the ongoing need for non-slip socks documented e.g. appropriate footwear unable to be supplied or fitted. Be mindful that the sizing may need to be changed due to a change in the patients oedema levels or if there is a change in the dressings/bandaging.

Non-slip socks should not be a long-term solution with the aim being that there is appropriate footwear in use as soon as possible (within 72 hours of admission). Where there is a requirement for use over a longer period of time staff should document rationale as part of the person centred care plan. Staff should liaise with the patient or through relatives/ carers to arrange provision of appropriate alternative footwear.

If patients have brought inappropriate footwear onto the ward from home, relatives / carers should be asked to take them home or if this is not possible they should be stored safely at ward level.

Colleagues must ensure relatives/ carers are given the support and information to enable them to supply safe footwear as soon as possible. If the patient does not have access from relatives/ carers or the means to source appropriate footwear then non slip socks can be continued whilst alternative arrangements are sought e.g. (Power of Attorney, NOK or social work).

Non-slip socks are not designed to be an alternative to socks. As such, the following guidance should be followed when implementing non-slip socks:

- Non-slip socks are single patient use and should be disposed of on discharge of the patient
- Non-slip socks should not be worn outdoors.
- Non-slip socks should not be discharged with the patient as they are for in-patient use only.
- Non-slip socks should not be worn inside any footwear, slippers, post-operative sandals, orthotic device or ward level off loading heel device

The use of non-slip socks should be regularly reviewed and staff should clearly document the reasoning behind ongoing need for non-slips socks e.g. appropriate footwear unable to be supplied or fitted within the fall risk assessment and person centred care plan.

4.4 Considerations to use

Inappropriate provision and use of non-slip socks has been associated with adverse events including increased risk of pressure injuries, infection spread and falls. The following have been identified as co-morbidities associated with these risks and potential contraindications for non-slip sock use:

- Vascular disease
- Lower limb bandages in situ (not TED stockings)
- Significant oedema
- Lower limb infections
- Wounds such as diabetic foot ulceration or following surgical procedures of the foot/ ankle
- Impaired lower limb/ peripheral sensation e.g. diabetes or neuropathy
- At risk of or existing pressure injuries - as per PUDRA assessment
- Existing chronic foot conditions
- Gait abnormalities (e.g. shuffling gait)

If a patient has one or more of the above co-morbidities, then the use of non-slip socks should only be considered with caution and consideration given to discussing safety of use with senior staff prior to provision. Where possible the decision on use of non-slip socks should be made by the MDT. Subsequently, the patient may require referral to an appropriate allied health professional to support this decision e.g.:

- Physiotherapy for further gait and/or balance assessment.
- Orthotics for assessment of specialist footwear

4.5 Other clinical considerations

4.5.1 Tissue viability

Non-slip socks can cause additional constriction to circulation and/or tissue damage. This is especially the case with patients presenting with lower limb oedema or existing/ previous pressure injuries. The non-slip socks should not mark the leg or the top of the patient's foot. If it does, the sizing of the sock should be reviewed and if unable to be resolved, use of the sock should be ceased immediately.

The non-slip socks must be as per person centred care plan (at least daily) to review skin integrity and personal hygiene. Please ensure you check heels and between the toes. These checks should be carried out as part of care rounding and recorded within the patient care plan. Where the patient is deemed at risk of pressure damage these checks should be carried out as per PUDRA.

Do not continue with non-slip sock use if any early signs of pressure damage are identified. Seek an alternative and record clearly in care plan why not being used.

4.5.2 Infection Control

Hospital floors have the potential to be contaminated, with studies finding that non-slip socks may form a potential route for cross contamination and increasing the patient's infection risk. For this reason, non-slip socks should not be worn in bed, unless the patient is at a high risk of falling overnight by getting up frequently for the toilet without footwear (e.g. urinary frequency, urinary urgency or cognitive impairment). In this circumstance non-slip socks should be changed daily and discarded until suitable footwear can be sourced. The potential risk of cross contamination should be weighed against any possible reduction in falls risk and resulting harm with reference to the individual risk assessment.

4.5.3 Gait abnormalities

Evidence suggests that non-slip socks pose an increased risk of falling in patients with particular gait patterns (e.g. shuffled gait). In these circumstances slip resistance needs to be balanced with the ability to glide for these patients. Discussion should be held with the appropriate allied health professional e.g. Physiotherapy, Occupational Therapy, Podiatry and Orthotic colleagues to ensure a person centred approach to footwear needs/provision.

4.5.4 Consent

Where possible patients should be involved in the decision making around appropriate footwear provision. Consent should be sought prior to the use of non-slip socks and documented in the patients care plan. However, whilst colleagues must allow for patient choice, they also have a duty to inform patients and their relatives/ carers about the risk of falls and how this can be managed/ reduced, including the choices and safety of footwear. If patients do not have the mental capacity to understand the risks and issues (Adults With Incapacity), colleagues have a duty to make decisions in their best interests, following a formal capacity assessment. All discussions and assessments relating to the above should be documented within the patients' clinical notes.

Patients/relatives/carers should be issued with the "Bring suitable footwear to hospital leaflet". This can be ordered via med ill MI - 203771.

4.5.5 Ordering

Non slip socks can be ordered through PECOS. The table below shows the codes for all the sizes available.

PECOS code	Product size
200863	SLIPPER SOCKS DOUBLE TREAD RED 1 SIZE MDTEFP218R 1 X 48
216055	SLIPPER SOCKS DOUBLE TREAD GRAY XX-LARGE MDTEDBTRDXXL 1 X 48
216062	SLIPPER SOCKS DOUBLE TREAD BLUE LARGE MDTEDBTRDL 1 X 48
222490	SLIPPER SOCKS DOUBLE TREAD YELLOW XLARGE MDTES4B05FPY 1 X 48
227099	SLIPPER SOCKS DOUBLE TREAD RED 1 SIZE MDTEFP218R 1 PAIR
227105	SLIPPER SOCKS DOUBLE TREAD GRAY XX-LARGE MDTEDBTRDXXL 1 PAIR
227112	SLIPPER SOCKS DOUBLE TREAD BLUE LARGE MDTEDBTRDL 1 PAIR
228355	SLIPPER SOCKS DOUBLE TREAD MEDIUM GREEN MDTEDBTRDM 1 X 48
228362	SLIPPER SOCKS DOUBLE TREAD SMALL RED MDTEDBTRDS 1 X 48
228379	SLIPPER SOCKS DOUBLE TREAD XL BEIGE MDTEDBTRDXL 1 X 48
233229	SLIPPER SOCKS DOUBLE TREAD XL RED MDTEFP218RXL 1 X 48
266173	SLIPPER SOCKS XXXL 1X48

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6. Appendices

6.1 Decision Support Tool for the use of non-slip socks

