HSE

Falls from windows or balconies in health and social care

HSE information sheet

Introduction

This information sheet provides advice on controlling risks to people who use health and social care services (service users) associated with falls from windows or balconies. It aims to help providers of health and social care services comply with their legal duties.

Accident data continue to highlight the serious issue of service users falling from windows or balconies in health and social care premises. These often result in fatal or serious injury and there have been several successful prosecutions by HSE following accidents to vulnerable people.

The nature of the problem

There are three broad categories of falls:

- accidental falls;
- falls arising out of a confused mental state;
- deliberate self-harm.

Accidental falls can occur where a person is sitting on a window sill, or where the sill or banister height is low and acts as a pivot, allowing them to fall. These are rare but can affect employees as well as service users.

Many reported accidents involve people in either a temporary or permanent confused mental state, often caused by:

- senility or dementia;
- reduced mental capacity;
- mental disorder;
- alcohol or drugs (both prescribed and illegal).

In some cases, individuals try to escape from an environment they perceive to be hostile, or use a window, believing it to be an exit, unaware that they are not at ground level. Other factors may include unfamiliarity with new surroundings (eg short stays at respite care centres), uncomfortable temperatures, broken sleep and medication effects.

Health Services Information Sheet No 5

Deliberate self-harm is a recognised risk for people with certain mental health conditions. Although not reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), suicides can still be a matter for investigation.

What the law says

The following legislation applies to employers' duties to service users:

- Health and Safety at Work etc Act 1974, section 3
- Management of Health and Safety at Work Regulations 1999, regulation 3

Complying with the following legislation, dealing with employers' duties to employees, will also help reduce the risk to service users:

 Workplace (Health, Safety and Welfare) Regulations 1992

Regulation 14 applies to glazing material and where necessary requires windows to be constructed of safety material (eg safety glass) or otherwise protected against breakage (eg by means of a screen or barrier). The Approved Code of Practice (ACOP)¹ states that if a person going through the glass would fall from a height, and a screen or barrier is used, then it should be designed to be difficult to climb.

Regulation 15 applies to risks associated with windows, skylights and ventilators. Where there is a risk of falling from height, the ACOP requires provision of devices that prevent the window opening too far (eg window restrictors). The bottom edge of openable windows should be at least 800 mm above floor level, unless there is a barrier to prevent falls.

Other legal requirements

Fire safety

Residential care premises, or rooms or homes owned within the care facility, should have an evacuation plan and suitable means of escape. Fire safety guidance²

for residential care premises states that using windows as a means of escape is not normally acceptable and should only be considered in exceptional circumstances.

Building Regulations

Building Regulations do not require windows to be fully openable in every room within care or nursing home settings. They refer to the need for suitable limiters or guarding for windows above ground floor where there is a risk of falling.

What you need to do

Risk assessment

To adequately manage the risk of falls from windows or balconies, the care provider needs to assess the premises and service users. Where assessment identifies that individuals are at risk from falls then adequate arrangements should be in place.

This should include assessing the risk that furniture, or other items, may enable them to climb over barriers, or access windows which might otherwise be inaccessible.

Control measures

Suitable controls may include:

- fitting adequate window restrictors;
- ensuring balconies have edge protection that is sufficiently robust, and of suitable design (including height, and the size of any openings in it), to prevent accidental falls;
- fitting an adequate screen or barrier to prevent service user access to a window or balcony edge;
- restricting access to upper floors.

Window restrictors

Where vulnerable people have access to windows large enough to allow them to fall out and be harmed, those windows should be restrained sufficiently to prevent such falls. Window restrictors should:

- restrict the window opening to 100 mm or less;
- be suitably robust to withstand foreseeable forces applied by an individual determined to open the window further;
- be sufficiently robust to withstand damage (either deliberate or from general wear);
- be robustly secured using tamper-proof fittings so they cannot be removed or disengaged using readily accessible implements (such as cutlery) and require a special tool or key (see Department of Health Building Note 00-10 Part D Windows and associated hardware³). Please note that 'safety

restricted hinges' that limit the initial opening of a window can be overridden without the use of any tools and are not suitable in health and social care premises where individuals are identified as being vulnerable to the risk of falls from windows.

Care providers should also:

- ensure the window frames to which restrictors are fitted are sufficiently robust;
- consider any impact on the comfort of service users from reduced natural ventilation and provide adequate cooling where necessary (eg high-level and/or restricted aperture ventilation, fans or air conditioning). The NHS has produced guidance⁴ on dealing with extreme heat and heatwaves.

Balconies

Where assessment identifies that service users are at risk of falling, then sufficient protection should be provided to prevent them from accessing balconies or climbing over the balcony edge protection. This should take into account furniture or features with footholds which may allow access over the barrier (eg chairs, tables, plant pots, walls etc).

Restricting access to upper floors

Where service users are at risk of falling, the care provider must decide whether to apply protective measures throughout the premises, or to ensure that they only have access to safe areas, for example the ground floor.

Maintenance

Maintenance must ensure that all safety fixtures and fittings are functioning effectively and their performance has not deteriorated as a result of use, wear or tampering.

Training

Adequate training and supervision should be provided to ensure that staff understand the risks, the precautions required, and the need to report any defects or concerns to a responsible person.

References

1 Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice and guidance L24 (Second edition) HSE Books 2013 ISBN 978 0 7176 6583 9 www.hse.gov.uk/pubns/books/l24.htm

2 The Fire Safety Risk Assessment for Residential Care Premises document (Ref 05 FRSD 03338 (d)) Communities and Local Government www.gov.uk

3 Department of Health Building Note 00-10 Part D *Windows and associated hardware* [The Scottish version is Estates Safety Action Notice SAN (SC)98/47 and Hazard Notice HAZ (SC)04/02] www.gov.uk

4 NHS Guidance *Protecting health and reducing harm from extreme heat and heatwaves* www.gov.uk

Further reading

BS EN 13126: 2011 Building hardware – Hardware for windows and door height windows – Requirements and test methods Part 1: Requirements common to all types of hardware and Part 5: Devices that restrict the opening of windows and door height windows British Standards Institution

BS 8213–1: 2004 Windows, doors and roof lights – Part 1: Design for safety in use and during cleaning of windows, including door-height windows and roof windows – code of practice British Standards Institution

British Standards

British Standards can be obtained in PDF or hard copy formats from BSI: http://shop.bsigroup.com or by contacting BSI Customer Services for hard copies only Tel: 0845 086 9001 email: cservices@bsigroup.com.

The Stationery Office publications

The Stationery Office publications are available from The Stationery Office, PO Box 29, Norwich NR3 1GN Tel: 0870 600 5522 Fax: 0870 600 5533 email: customer.services@tso.co.uk

Website: www.tsoshop.co.uk/ (They are also available from bookshops.) Statutory Instruments can be viewed free of charge at www.legislation.gov.uk/.

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This publication is available at: www.hse.gov.uk/pubns/hsis5.htm.

You can find more advice at: www.hse.gov.uk/healthservices/index.htm.

© If you wish to reuse this information visit www.hse.gov.uk/copyright.htm for details. First published 08/12.