Health & Safety

Prevention of Falls from Windows and Balconies Policy

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Executive Summary

Key Messages

- NHS Lothian will ensure that there is in place a risk assessment process within clinical areas on the risk of patients (service users) falling and or exiting from windows and balconies. The assessment process should include looking at the use of and access to each area and should take account of the patient category including their mental and physical capability.

- Where risk assessment identifies that vulnerable patients are at risk (e.g. windows and balconies that are above ground floor level), suitable precautions must be taken.

- Windows that are large enough to allow vulnerable patients to fall out and are above ground level should be restrained sufficiently to prevent such falls. The opening gap should be restricted to less than 100 mm.

- Window restrictors should only be able to be disengaged using a special tool or key.

- Access may need to be restricted to balconies that are at a height and there is a risk to vulnerable patients.

- The use of windows in all parts of NHS Lothian requires to be systematically examined by the Estates Department. These examinations will form part of a planned preventative maintenance programme to ensure adequate protection against vulnerable individuals falling or exiting from insecure windows. The same is required of the providers of premises occupied but not maintained by NHS Lothian.

- Due to the wide-ranging considerations necessary to ensure successful selection, specification, installation and use of windows, this policy should be made available to all staff, project teams, design teams and those responsible for construction, commissioning and maintenance of NHS Lothian buildings.

Terminology

- The term risk assessment is used as part of the process to assess and determine where patients who are vulnerable and are at risk of falling or exiting from windows and balconies have access to the windows and balconies and the windows and balconies are at a height, which is likely to cause them harm.

- The term ‘window adverse event’ refers to an accident or incident relating to windows that did or could have caused harm to a person or damage to a window restrictor /locking mechanism.

Summary of Changes

Version 2.1:

- When repairs are carried out a measurement must follow completion to ensure the restricted gap is less than 100mm.

- The Estates department are responsible for a systematic examination of all windows as part of planned preventative maintenance to confirm the above restriction and functionality of locking mechanisms.

Version 2.2:

- Review period standardised
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1.0 Aim of the Policy

NHS Lothian attaches the greatest importance to the health, safety and welfare of its employees and others who may be affected by its activities. In particular it recognises the significance of the risks to vulnerable patients falling from falling from a height likely to cause harm from open windows and unprotected/supervised balconies. This policy sets out how NHS Lothian will ensure that such risks are identified and then eliminated or reduced to the lowest tolerable level.

2.0 Scope of the Policy

This policy shall apply to all premises from which NHS Lothian operates including PFI or other similar arrangements. Importantly it applies to those vulnerable patients who use health care services and who are as a result of their vulnerability are at risk from falls from windows or balconies at a height likely to cause harm.

NHS Lothian Hard Facilities Management (Estates) and where applicable the PFI or similar provider will protect vulnerable patients from the effects of window and balcony defects by having in place an effective planned preventative maintenance (PPM) program.

The scope of the policy also includes common areas such as corridors and stairwells and the need to have the condition of windows and balconies in those areas examined in line with a planned preventative maintenance (PPM) programme. The management including the examination frequency of windows and balconies contained within the PPM programme will be the responsibility of NHS Lothian Hard Facilities Management (Estates) and where applicable the PFI or similar provider.

3.0 Legal Considerations and Definitions

The main legislative frameworks that underpin NHS Lothian’s obligation to prevent falls from windows and balconies are contained within:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992

4.0 Definitions

Vulnerable Patients included the following:

- **Falls arising out of a Confused Mental State (Vulnerable Patients)** – Many reported accidents involve patients in either a temporary or permanent confused mental state, often caused by senility or dementia, reduced mental capacity, mental disorder, or alcohol and drugs

- **Falls at Height from Open or Unrestricted Windows (Vulnerable Patients)** – Risk that children will accidentally or otherwise fall from windows or balconies at a height that would cause harm.

- **Falls as a result of Deliberate Self-Harm (Vulnerable Patients)** – This is a recognised risk for patients with certain mental health conditions.
5.0 Organisational Roles and Responsibilities

5.1 Chief Executive

As a Health and Safety related policy, responsibility for the operation of this policy lies with the Chief Executive.

5.2 Executive Medical Director

The Executive Medical Director has delegated responsibility for implementation of this policy.

5.3 Site Directors, General Managers and Chief Nurse or equivalent

Site Directors, General Managers, Chief Nurses, including Clinical Directors, are responsible for leading on the implementation of the policy by ensuring that effective systems are in place to support the risk assessment process and care planning to manage those vulnerable patients at risk.

5.4 Capital Planning and Project Managers

Capital Planning, Project and Design teams, Estates Managers and external Facilities Managers and others responsible for construction, commissioning and maintenance will ensure that new and replacement windows conform to the current British Standards and DOH 00-10 – Part D.

5.5 Clinical Nurse Manager or Equivalent

- Will ensure that all Service/Departmental Managers are aware of this policy and the requirements within it.

- Ensuring that there is in place a risk assessment process to assess the potential for a vulnerable patient accidentally or otherwise falling/exiting from a window or balcony.

- Through the use of workplace/ PQI inspections/safety tours/surveys or other similar checks ensuring that the local procedures and checks (e.g. window and balcony key control and that window restrictors have not been defeated) are in place and working.

5.6 Charge Nurse or Equivalent

- Begin the risk assessment process by identifying if the ward/department/area will be providing care for patients who through their vulnerability (see section 4 definitions) are at risk of falling/existing from a window or balcony. Involve the staff when undertaking the risk assessment process and communicate those findings to all ward staff and others who will be delivering the patient care.

- The risk assessment should take account of the patient category and physical capability. If the initial process identified that there is a significant risk (see section 4 definitions) then these findings should be recorded on the NHS Lothian General Risk Assessment Form (see example risk assessment).
• Where there are vulnerable patients the risk assessment must include as a control measure the effective use of window opening restrictors. Should any defect or misuse of the window restrictors be identified then the manager responsible should be informed along with Estates Department and or the Facilities Management provider (e.g. those arrangements at the RIE or Midlothian Community Hospital) and action taken immediately to secure the window in the closed position.

• Regular checks will be organised by the nurse/team lead in charge and the findings recorded within the existing ward/department monitoring system. As an example if there are particularly vulnerable patient groups and the risk is potentially greater then the frequency of checks will increase.

• Ensuring that the findings from the assessment are recorded and communicated. Share the findings with others who may be caring for or assisting with the care of those vulnerable patients e.g. Other ward staff such AHP’s, Domestic Services.

• The ward charge nurse/department manager should control all access to window restrictors/locking mechanism keys/devices. A local procedure should be written and communicated to all ward/department staff on what the arrangements are to ensure effective control of the key/device. This process also applies where there are balconies in use.

• Ensuring that where window maintenance takes place that those undertaking the maintenance are made aware of the need to secure any window before finishing and report any window defect to the nurse in charge or equivalent immediately.

• Where there are vulnerable patients ensure that windows are not opened beyond the restricted maximum opening limits of 100mm. If any restrictors are broken or damaged then the window should be closed and locked/secured. NHSL Estates or the PFI provider must be notified of the defect without delay.

• The risk associated with the use of balconies for vulnerable patients must be undertaken this process will help determine whether access may need to be restricted. If the risk is significant this may require individuals to be located in safer parts of the building or access to balconies restricted. Alternatively, sufficient edge protection should be provided that prevents an individual climbing over. This should take into account other furniture or features (or footholds) which may allow someone to climb over the edge protection (e.g. chairs, tables, plant pots, walls etc.).

• The findings from the above process should recorded on the NHS Lothian General Risk Assessment Form (see example risk assessment)

• Ensuring that the risk assessment process is always reviewed after reports of window and balcony adverse events.

• Should a room area require ventilation following a fire then once it has been confirmed by those in control of the Fire Event that no fire risk exists then window restrictors can be deactivated to allow the window (s) to open beyond 100mm. Before the ward/room/area is put back into operational use then all window restrictors must be re engaged. The person in charge of the ward/room/area must check that all the window restrictors have been re
engaged and any key or other similar locking type devices have been removed from those restrictors and returned to the agreed ward/room/area control point (e.g. with the controlled drugs keys.)

5.7 Staff

- Where vulnerable patients are cared for staff must ensure that the windows are not opened beyond the restricted maximum opening limits of 100mm.
- Lock /secure immediately any access to balconies that present a risk to vulnerable patients.
- Immediately report any window and balcony defects/damages they identify or any concerns they might have including risks associated with particular locations and activities to their line Manager. Where ever possible the window/balcony must be secured in the closed position.
- Following all policies and procedures designed to ensure ways of minimising adverse events associated with the use of windows and balconies.
- Using the DATIX system to report any window and balcony adverse events that may affect the health and safety of patients.

5.8 Facilities Management

The Head of Hard Facilities Management via the Operational Management Teams will ensure that;

- Estates Operations Managers have in place a planned preventative maintenance (PPM) for all the windows, locking mechanisms and restrictors and records are maintained and kept up to date. PPM includes all wards/departments as well as all common areas.
- The PPM program must include during the maintenance work that a measurement is undertaken to ensure that the window opening gap is restricted to less than 100 mm. This measurement must be recorded on the PPM system.
- In circumstances where any window defect/ repair are carried out a measurement must also be completed following the repair to ensure that the restricted window gap is less than 100mm.
- Where contractors are employed to undertake any window or balcony maintenance that they are made aware of the need to secure any window before finishing and report any window or balcony defect to the estates manager(s) and the nurse in charge before leaving the ward/department.
- Liaison takes place with the PFI or equivalent premises provider to ensure that there is in place a PPM for all windows and balconies that ensures the safety of NHS Lothian patients and staff.
6.0 Clinical Assessment

Following an individual patient risk assessment and where there has been identified risks associated with windows and balconies, a risk management plan should be incorporated within the patients care plan / record. Where there is a risk a patient may wish to self harm and or abscond, reference should be made to the local Observation Policy.

7.0 Management of Window Maintenance

7.1 Contractors

On completion of any window maintenance the contractor will be instructed by those engaging the contractor to report to the nurse in charge/department manager that the windows have been left safely secured.

7.2 Window Examination Procedure and Restrictors

The NHS Lothian Estates Department will be responsible for carrying out a systematic examination of all windows within NHS Lothian owned or occupied premises as part of the Planned Preventative Maintenance (PPM) procedures. The examination will confirm that where applicable restrictors are in place, window openings are maintained to ensure that the window opening gap is restricted to less than 100mm and locking mechanisms are functioning correctly. This information will be recorded and or held electronically on the Baktrak system.

To ensure compliance with the PPM, a formal review of the results of the procedures will be carried out by the relevant Estates management teams at a time frequency determined by the Head of Hard Facilities Management.

In properties managed under PPI agreements or similar the implementation of the planned preventative maintenance programme for windows will be the responsibility of the facilities management company. Similarly the window opening gap must be restricted to less than 100mm and that locking mechanisms are functioning correctly.

7.3 Non Clinical Areas/Common Areas

Windows in these areas will not require a documented risk assessment; rather their condition will be examined in detail as part of the planned preventative maintenance programme operated by the Estates Department or the PFI or equivalent/facilities management company.

Any window alterations that are required should be discussed with the local Fire Safety Adviser as this may have an impact on the overall Fire Risk Assessment for the premises.

8.0 Measuring Performance

8.1 Monitoring before events occur

The Clinical Nurse Manager/Service Manager or equivalent should ensure effective implementation of this policy and associated local procedures by systematically reviewing compliance through;

- The use of regular Safety Walk Rounds and or Safety Surveys and Inspections.
- Reviewing and discussing any local procedures with staff to gain an understanding and to determine if the procedure(s) is effective.
The Charge Nurse or equivalent should also ensure effective implementation of this policy and associated local procedures by systematically reviewing compliance through:

- Having in place a risk assessment process with findings recorded (using the NHSL General Risk Assessment Form) for the ward or area/department to prevent vulnerable patients falling and or exiting from windows or balconies. The result of the risk assessments will determine the organisational requirements and the frequency of any recorded checks on window condition and their restrictor(s). The risk assessment must be reviewed/updated if there has been an adverse event (patient attempts to or did exit from a window or balcony) or there has been a significant change such as different windows installed/fitted.

- The Charge Nurse or Deputy will check the procedure to control the issue and return of the window keys/devices is operating and is effective. Frequency to be risk based e.g. the higher the vulnerable patient risk the more frequent the checks.

### 8.2 Investigation after events have occurred

At ward/department level the Charge Nurse or equivalent must ensure that any window and balcony adverse events are reported using the DATIX system and that they are thoroughly investigated in line with the requirements of the NHS Lothian Adverse Event Management Policy and Procedure.

The Clinical Nurse Manager/Service Manager or equivalent must ensure that a review and investigation of window and or balcony adverse events is carried out and recorded in line with NHS Lothian Adverse Event Management Policy.

### 9.0 Audit and Review

This policy will be subject to checking as part of the compliance monitoring programme undertaken by the NHS Lothian Health and Safety Department. The frequency of checking compliance will be determined by the NHS Lothian Health and Safety Committee in conjunction.

The policy will be reviewed and revised every 3 years or as a result of any changes in risk/significant adverse event, Estates and Facilities Alerts or legislation and the requirements of any Health Facilities Scotland Health Technical Memorandums.

### 10.0 Equality and Diversity

As per the NHS Lothian Development of NHS Lothian Policies and Procedures – Policies and Guidance for all Employees, a Rapid Impact Assessment has been undertaken in line with the requirements of the Equality and Diversity Policy.

### 11.0 Related Documents

- NHS Lothian Health and Safety Policy
12.0 References

Health and Safety Executive
- HSIS Number 5: Falls from Windows or balconies in Health and Social Care 04/14.
- HSG 220: Health and Safety in Care Homes 2014
- NHS Health Building Note 00-10 Part D.