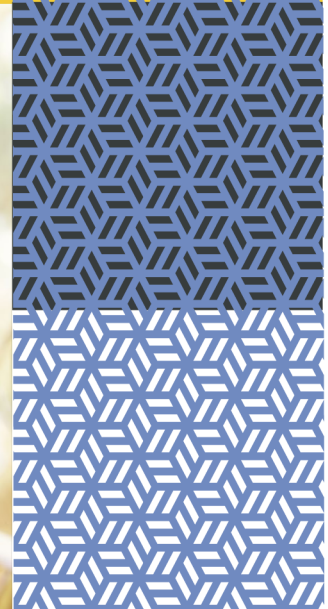
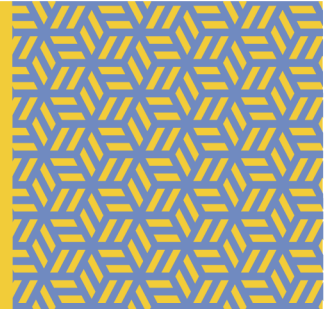
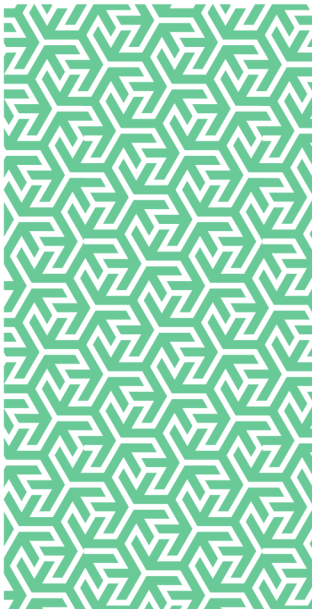


rmp

Risk control
Preventing Falls from
Windows



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Preventing Falls from Windows

Introduction

The topic of window restraint first highlighted by the Health and Safety Executive in 2012 has come to the fore again, following the recent prosecution and fine of an NHS board for two fatalities to patients when they fell out of windows in separate incidents¹.

For over a decade the Health and Safety Executive have recognised the potential to fall through or from a window can arise in several settings, including educational buildings, care homes², hostels, and offices. Public sector organisations should regularly review their existing arrangements for managing this risk. The Care Quality Commission (in England) and the Care Inspectorate (In Scotland) have also highlighted this issue to care providers.

The concern was first raised in March 2012 when the Health and Safety Executive issued a Safety Notice³ highlighting the risks to vulnerable members of the public from falling from height from windows. This arose following a fatal accident investigation where it was established window side-stays, which were fitted with plastic spacers as part of the mechanism, failed.

Health and Safety at Work etc Act 1974⁴

Every employer not only has to consider the health and safety of their own employees (Section 2) but recognise the other persons who can be present. Those persons covered by Section 3 can include contractors, visitors, members of the public and unlawful visitors (also termed trespassers in England and Wales).

An organisation can be responsible for the control of premises, and Section 4 sets out a responsibility (also commonly known as the landlord duty) to make sure a person can safely enter, leave, and use common areas of premises safely.

The Concerns

The Health and Safety Executive recognises that every employer and controller of premises must consider the potential for three broad categories of fall from windows:

- **Accidental** –where people unintentionally fall through or from windows. This can happen where people are able to sit on and fall from sills, or where windows are positioned such that people could easily fall through them
- **Falls arising out of a confused mental state** – senility, dementia, reduced mental capacity, mental disorder and the effect of drink and drugs (both prescribed and illegal) can all cause anxiety and confusion. In these cases, people have often tried to escape or used a window, believing it to be an exit.

- **Deliberate self-harm or suicide** –people with certain health conditions, particularly those with a history of self-harm or mental disorder can take their own life by falling from a window. Other factors may include unfamiliarity with new surroundings (e.g. short stays at respite care centres), uncomfortable temperatures, broken sleep, and medication effects

Risk Assessment

The Management of Health and Safety at Work Regulations 1999⁵ expects an assessment of risk will consider the nature of the premises, the occupants who can be expected to have access to the premises and identify the fall potential

More specifically the focus for any assessment needs to consider the opportunity for a person to fall from windows or balconies at a height likely to cause harm, which would be above ground level

This degree of focus required **may not feature on a routine or generic risk assessment**, as it needs the integration of specific information known about the occupants of an area which may change and evolve over time, especially in a care setting.

Window Restrictions

The Workplace (Health, Safety and Welfare) Regulations 1992⁶ Regulation 15 applies to risks associated with windows, skylights, and ventilators. Where there is a risk of falling from height, there must be provision of devices that prevent the window opening too far. The principal method for preventing such fall is the use of window restrictors which allow air to flow through an open window without permitting a large enough gap for a person to get through. Access may need to be restricted to balconies that are not designed to prevent people who are at risk from climbing over.

Regulation 14 applies to glazing material and where necessary requires windows to be constructed of safety materials or otherwise protected against breakage.

Window restriction is the most common risk control measures to be implemented. Window restrictors should:

- Restrict the window opening to 100 mm or less
- Robust to withstand foreseeable forces applied by an individual determined to open the window further
- Robust to withstand damage (either deliberate or from general wear)
-

- 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

Standard **BS EN 13126-5: 2011 & A1:2014**⁷ divides restrictors into two separate groups with different requirements, depending on which group protection is aimed at. The two groups are safety limiting restrictors and child safety limiting restrictors.

It should be noted 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 windows⁹.

Maintenance must ensure that all safety fixtures and fittings are functioning effectively, and their performance has not deteriorated because of use, wear, or tampering. Keeping a record of all inspections, maintenance and repairs is vital to demonstrate that a duty of care has been discharged by the organisation.

As with other issues, adequate training and supervision should be provided to ensure that staff understand the risks, the precautions that have been implemented in the workplace, and the need to report any defects or concerns about window restraint to a responsible person.

Time for a Review

It is never too late to check that arrangements are effective in preventing a fall from a window. The Enterprise Risks from failing to manage the potential of a fall from a window, particularly involving a vulnerable person, can be significant.

A regular review of arrangements to prevent falls from or through windows is advisable to satisfy your organisation that it is doing it can so far as is reasonably practicable.

A robust policy and clearly documented process are essential in protecting the reputation of the organisation and minimising the risk of a fall happening.

References

1. [NHS Lothian fined after two patients die in window falls](#)
2. [Health and safety in care homes](#)
3. [Risks to vulnerable members of the public from falling from height from windows](#)
4. [The Health and Safety at Work etc. Act 1974 Chapter 37](#)
5. [The Management of Health and Safety at Work Regulations 1999 No 3242 \(as amended\)](#)

6. [The Workplace \(Health, Safety and welfare\) Regulations 1992 No 3004](#)
7. [BS EN 13126-5 - Building hardware. Requirements and test methods for windows and door height windows](#)
8. [Issue 7: Falls from windows Care Quality Commission](#)
9. [Falls from windows or balconies in health and social care](#)

Risk Management Partners and Gallagher Bassett would like to thank QBE European Operations for the material used to shape this toolkit segment.

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

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