

Estates and Facilities Alert

Action

Ref: EFA/2014/003

Issued: 10 November 2014



Department
of Health



Health Facilities Scotland



Department of
Health, Social Services
and Public Safety
www.dhsspsni.gov.uk



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Device

Window restrictors of cable and socket design

Problem

Certain window restrictor mechanisms, when 'locked', can be opened with commonly available flat bladed instruments as well as the 'key' provided.

This alert provides new information to the recommended risk assessment contained in EFA/2013/002.

Action

- Review the available guidance on the installation, use, maintenance and inspection of window restrictors, e.g. HBN 00-10 Part D: *windows and associated hardware*, in addition to advice from the Health and Safety Executive.
- Review your organisation's existing risk assessments and inspection/maintenance systems relating to window restrictors.
- Inspect all installed windows to ensure they are adequate for the purpose intended.
- Replace restrictors that can be easily defeated by the insertion of a blade (such as a screwdriver, thin knife, scissors or similar)

Action by

Director with overall responsibility for patient safety
Directors of Estates & Facilities
Directors of Nursing
Risk Managers
Health & Safety Managers

Contact

Not applicable

Problem

1. An incident has occurred in which a resident at a mental health crisis house died following a fall from a second floor window at the home. The window was fitted with a restrictor. At the subsequent inquest evidence emerged of problems with the type of window restrictor fitted.
2. The restrictor is of a widely available design where a cable mounted to the opening frame clips into a socket mounted to a non-opening part of the frame, restricting the opening to a maximum of 100 mm (see Annex for accompanying photographs)
3. Evidence at the inquest demonstrated that:
 - a. If the cable was clipped into the socket by a simple push it would appear secure when pulled or tugged. However, just by pushing the key lock/release button the cable was released.
 - b. The cable was only secure when physically locked with a key
 - c. Even if locked with the key, the lock was easily defeated within no more than a couple of seconds by inserting the blade of a pair of scissors into it.
4. The Health and Safety Executive (HSE) is aware of this type of restrictor. Whilst it may be suitable in some general domestic environments where its features may be acceptable, they are not suitable for health and social care where the vulnerable are at risk of falling. Note that there are other designs of cable and socket type restrictors available which are not easily defeated and would be suitable, where fitted correctly, for health and social care premises.
5. There are other types of restrictors on the market that are also unsuitable for the protection of the vulnerable. These include models which restrict openings when a window is initially opened but can be overridden by pressing a button or disengaging to allow fuller opening. Others have been found to deflect under certain forces.
6. Whilst many of these restrictors may comply with current British Standards, some designs can be overridden easily and are unlikely to be suitable where people are at risk of falling in a health or social care setting.
7. The Coroner has issued a Regulation 28 Report to Prevent Future Deaths to the Secretary of State for Health and the Care Quality Commission in England requesting action be taken to prevent future deaths.
8. The HSE has been in contact with BSI setting out its concerns and the need for improved standards for different types of restrictors.
9. The HSE have indicated that the outcomes of research, due to be published soon, will help establish the forces that restrictors (when fitted) need to be capable of resisting but this may not assist in decisions regarding whether types of restrictors, or certain designs, are too easily overridden with a scissor or a blade, etc.
10. It is a duty holders' responsibility to assess the risks of falls from windows and to select and fit suitably robust restrictors.
11. Further information on falls from windows and other related topics is available from the Department of Health and the HSE - see References (1), (2), (3), and (4).

Action

12. All healthcare organisations should review the guidance on window restrictors contained in HBN 00-10 Part D: *windows and associated hardware* and guidance from the HSE.
13. All healthcare organisations should review their existing risk assessments and inspection/maintenance systems relating to window restrictors
14. All installed window restrictors should be inspected to ensure they
 - meet the guidance cited in HBN 00-10 Part D.
 - are suitably robust and in good working order and have not been damaged, disconnected or defeated and are not capable of being so.
15. Identify those restrictors that can be easily defeated by the insertion of a blade (such as a screwdriver, thin knife, scissors or similar)
16. Where problems are identified, a programme to repair or replace damaged or unsuitable restrictors should be put in place.
17. Assess the need for window restrictors in those patient locations where none currently exist.

Suggested Onward Distribution

Directors with overall responsibility for patient safety
 Directors of Estates & Facilities
 Directors of Nursing
 Medical Directors
 Risk Managers
 Health & Safety Managers
 Care Quality Commission
 Care provider representative bodies

References

Further information on preventing falls from windows can be found at:

- (1) Health Building Note 00-10 Part D: Windows and associated hardware
<https://www.gov.uk/government/publications/guidance-on-flooring-walls-and-ceilings-and-sanitary-assemblies-in-healthcare-facilities>
- (2) Risk of falls from windows <http://www.hse.gov.uk/healthservices/falls-windows.htm>
- (3) Health Services Information Sheet No 5 *Falls from windows or balconies in health and social care*, HSE, 09/12: <http://www.hse.gov.uk/pubns/hsis5.htm>
- (4) Further information relevant to health and social care can be found on the HSE website at <http://www.hse.gov.uk/healthservices/index.htm>

Additional information for England

The above sections of this Alert were compiled by the Department of Health in England and distributed nationally without modification.

Previous advice issued by NHS Estates and the Department of Health:
HBN 00-10 Part D: *windows and associated hardware*, published Dec 2013
<https://www.gov.uk/government/publications/guidance-on-flooring-walls-and-ceilings-and-sanitary-assemblies-in-healthcare-facilities>

Hazard Notice NHSE HN(2003)03, issued 4 Feb 2003,
DH (2007) 09, issued 31 Oct 2007,
EFA/2012/001, issued: 19 Jan 2012
EFA/2013/002, issued 23 Jan 2013

Action required by this alert should be **underway by: 17 November 2014**
Action required by this alert should be **completed by: 31 March 2015**

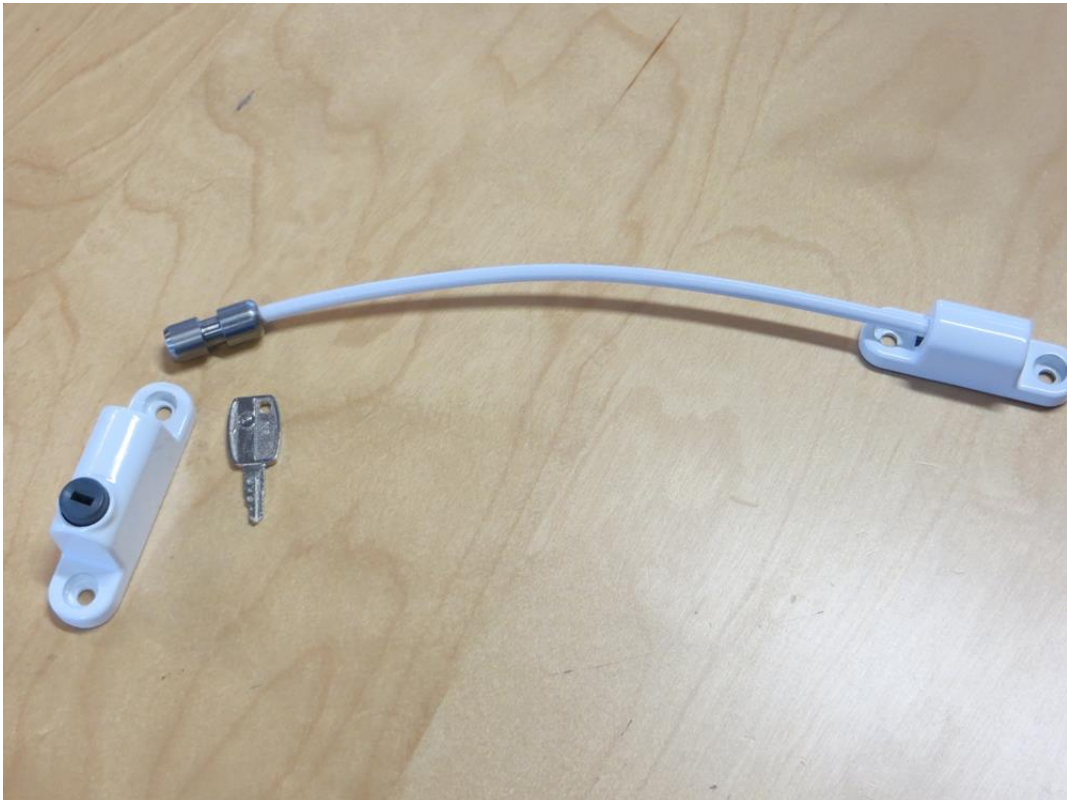
Enquiries in England should quote reference number EFA/2014/003 and be addressed to: Mb-defects&failures@dh.gsi.gov.uk

HOW TO REPORT DEFECTS & FAILURES

Defects and failures relating to non-medical equipment, plant and buildings should be reported to the Department as soon as possible. Advice on what needs to be report can be found in DH/2014/001. Defect and failure reporting is an on-line only reporting facility, available on the Health and Social Care Information Centre website at <http://efm.hscic.gov.uk/>

This Alert can be found on <https://www.cas.dh.gov.uk>

Annex



Cable and socket window restrictor of the type involved in the incident