

TITLE	Prevention of Falls from Windows and Balconies Policy		
Policy ref:	YH017P	Approval date	August 2024
Owner	Corporate Services Director	Planned review date	August 2027
Approved by	Executive Committee		

Version	Purpose/change	Author	Date
1.0	New policy to ensure we safeguard our residents, visitors and staff from the possible risks associated with falls through open windows and external balconies.	David Coggrave	December 2020
2.0	Split into policy and procedure. Terminology updated to reflect current organisational structure (including policy owner changed from Director of Legal & Compliance to Corporate Services Director).	Mary Boothman	May 2024
2.1	Process maps for window restrictors and balconies added to policy.	Mary Boothman	October 2025

1 Background	Death and serious injury from people falling from opened windows and external balconies is a known risk within the care and housing industry. This policy details the methods in which we will minimise the risk of these falls occurring in both existing and new build Abbeyfield Care and Nursing Homes, Sheltered Housing projects and Independent Living services. Section 2 of the Health and Safety at Work etc. Act (1974) states that it is the duty of every employer to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of all their employees. In addition to this, Section 3 of the Act states that it is the duty of every employer to conduct their undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in their employment who may be affected thereby are not exposed to risks to their health and safety. The care and controls in respect to vulnerable persons is expected to be higher than for the general population. Moreover, Building Regulations and Health and Safety Regulations such as The Workplace (Health, Safety and Welfare) Regulations (1992) and various Social Care standards expect the risks from opened windows and exposed balconies to be eliminated or suitably managed by Abbeyfield. The Health and Safety Executive (HSE) and the Care Quality Commission (CQC) require risk assessments to be carried out and recorded on vulnerable
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	persons who may be at risk and reasonable controls to be taken to protect them from any of the above risks.
2 Objectives	The aims of this policy are: • To prevent employees, residents, and visitors falling from windows and balconies. • To ensure that, where control measures are put in place, they are inspected regularly, and the results of these inspections are recorded. • To ensure any controls that require repair or replacement will be completed as soon as possible. • To confirm our policy on the safety measures for our new developments and existing buildings.
3 Scope	All residents, staff, and visitors who live, work, or are visiting any of our services.
4 Policy	There are three broad categories of falls from balconies and windows identified by the Health & Safety Executive (HSE), detailed below: <u>Accidental falls</u> – this is where people (including visiting children) are sitting on a windowsill or leaning out, or where the sill height is low and acts as a pivot, allowing them to fall out. Accidental falls could also occur if an individual experiences a slip, trip, or fall, which subsequently leads to them falling through an open, unrestricted window. Poor eyesight, lack of dexterity, lack of mobility, immaturity and poor perception of risk may all be contributing factors to these kinds of falls. <u>Falls arising out of a confused mental state (poor capacity)</u> - A significant number of these refer to the mental state of individuals, such as a resident being anxious or confused, perhaps due to dementia, mental illness or use of medication or illegal drugs. Residents may try to escape from a perceived hostile environment, or to use a window believing it to be a door, possibly unaware that they are not at ground level. Other influencing factors include a resident being unfamiliar with new surroundings, possibly uncomfortable with the room temperature, anxiety, broken sleep, medication effects and alcohol abuse. <u>Deliberate self-harm or suicide</u> – this is a recognised risk for some residents with certain health conditions or previous history. The propensity to self-harm should be considered as part of the ongoing clinical assessment and actioned as appropriate.

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	With the effective implementation and review of this policy and its associated procedures, Abbeyfield aims to minimise the risk of these types of falls from balconies and windows occurring as far as is reasonably practicable.
5 Finance, Value for Money & Social Value	Cost of buying and installing control measures e.g. restrictors for installation in “at risk” rooms/properties.
6 Linked policies	• Health and Safety (YH009P) • Construction (Design and Management) (CDM) (YH0106P) • Risk Assessment (HSR001)
7 Relevant Legislation / Regulation	Building Regulations - Section K2 2 “Protection from falling” (BS6180) Health and Safety at Work etc. Act (1974) Management of Health and Safety at Work Regulations (1999) Workplace (Health, Safety and Welfare) Regulations (1992) Fire Safety Guidance
8 Guidance	HSE Guidance – Falls from windows and balconies - HSIS No. 5 HSE – Risk of falling from windows Health Building Note 00-10 HSG220 - Health and Safety in Care Homes HM Government: Protection from falling, collision and impact
9 Review	Every 3 years, subject to any regulatory or legislative updates.
10 Procedure(s)	
10.1	Balcony Management and Safety
10.2	Window Restrictor Management and Safety
11 Process Map(s)	
11.1	Balcony Inspection Process Map
11.2	Window Restrictor Checks Process Map