



Reducing Risks Associated with Falls, Heights, and Windows

This policy describes the measures taken to prevent anyone from accidentally or intentionally falling from a window or structure on any site or surface

Key words: Falls, Heights, Windows, Restrictors

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Policy On A Page

SUMMARY & AIM

This policy describes the arrangements put into place for Leicestershire Partnership NHS Trust to manage appropriately the risks of anyone accidentally or intentionally falling from a window or structure on any Trust premise or where an employee / patient would be expected to attend e.g. falls arising out of a confused mental state, deliberate self-harm or suicide

KEY REQUIREMENTS

1. Undertake the appendix 1 process.
2. Where falls from height risks have been identified, ensure risk assessments are undertaken and that adequate controls appropriate to the risk are implemented.
3. Staff need to familiarise themselves with these risk assessments, controls and safe systems of work/Trust guidance documents.
4. Where used, equipment must be suitable to the nature and duration of the any work identified and staff are instructed on their use.

Undertake weekly/monthly (based on level of risk) window restrictor inspections of the area within their remit to check for any new risks or loss of safety controls via (Appendix 4) or AMAT

TARGET AUDIENCE:

All Staff

TRAINING

None

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1.0 Quick Look Summary

This policy describes the arrangements put into place for Leicestershire Partnership NHS Trust to manage appropriately the risks of anyone accidentally or intentionally falling from a window or structure on any Trust premise or where an employee / patient would be expected to attend e.g. falls arising out of a confused mental state, deliberate self-harm or suicide

The following safeguards are in place, and must be adhered to:

- Workplace Health, Safety and Welfare Regs 1992, regulation 14 and 15 glazing material and risks of falling from height will be adhered to
- Window openings: Windows, that are accessible to vulnerable service users, irrespective of their height from the ground, are restricted to an opening of 100mm
- Window cleaners: Window cleaners are not required to disengage window restrictors.
- Fitting windows, window restrictors and physical barriers: Windows, window restrictors and physical barriers must only be fitted and removed by the Trusts Estates and Facilities function (outsourced), or their approved contractors unless removal required in the event of a fire.
- Windows and restrictors specifications: The specification for windows and restrictors is taken from HTM 55 and should be of a type that can be disengaged by means of a special tool or key only.
- HBN00-10 part d, windows and associated hardware will be adhered to for all refurbishments and new builds
- weekly/monthly checks: Managers or other authorised staff carry out weekly/monthly checks on windows using the checklist in Appendix 4 if an environment where vulnerable user identified, otherwise annually.
- A more frequent check might be carried out, depending on the risk e.g. patient care plan and clinical risk assessment
- The Estates and Facilities function (outsourced) will carry out PPM on windows
- Monitoring: Health and Safety Team and representatives of patient safety will monitor checklists and risk assessments, to ensure the checks and assessments have been carried out. This will be in the annual Health and Safety Inspection and audit.

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1.1 Version Control

Version number	Date	Comments (description change and amendments)
V1	December 2011	New Policy
V2	April 2014	Review Health, Safety and Security Team amended to Health and Safety Compliance throughout Estates and Facilities amended to NHS Horizons / Estates and Facilities (outsourced) throughout
V3	May 2016	Reviewed and amended to reflect organisational changes
V4	February 2019	Policy reviewed Reference to Fundamental Standard 15 removed Link to Course Directory removed Inclusion of Uniform in Reference Documents Privacy Impact Assessment included
V5	January 2025	Reference to Health and Safety Compliance team amended to Safety and EPRR Team throughout Reference to inspections changed to Support Visits throughout Changes to team name, added support visits and ad-hoc walkthroughs undertaken and recording of weekly restrictor checks introduced on AMaT for inpatient areas.

For further information contact:

1.2 Key individuals involved in developing and consulting on the document

- Christian Knott, Health and Safety Advisor
- Members of the Health and Safety Committee
- Members of the Directorate Health, Safety and Security Action Group

1.3 Governance

Level 2: Health and Safety Committee

Level 1: Quality and Safety Committee

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Final – Reducing Risks Associated with Falls from Heights V5 May 2025

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups

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to participate in public life or in other activities where their participation is disproportionately low.

Falls: A fall is an event which results in an individual or a body part of the individual coming to rest inadvertently on the ground or other surface lower than the individual, whether or not an injury is sustained (Cohen & Guin 1991)

At height: A place is “at height” if a person could be injured falling from it, even if it is at or below ground level

Fall from Height: Is a fall from a raised position such as from a window or a stepladder. Under the Work at Height Regulations 2005 working at “a height” is a place where the person could be injured falling from it

Slips, trips, falls and falls from height: Slips, trips, falls and falls from a height should be reported as incidents under the Trust’s Incident Reporting Policy, either being recorded as a near miss or actual injury. Some of these may come under the definition of RIDDOR (see below)

RIDDOR: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Certain incidents that arise out of or in connection with work have to be reported to the Health and Safety Executive (HSE). These may include falls resulting in fractures amongst other incidents. Further guidance on RIDDOR is available on the Trust Intranet:

Fall Arrest Equipment: Generally known as personal protective equipment (PPE) e.g. harnesses used to prevent people from falling

2.0 Introduction

This policy needs to be read in conjunction with the Trusts Slip, Trip and Falls policy

Analysis of accident data continues to highlight the serious issue of people who use care services falling from windows in health and social care premises. The term “people who use care services” has been used to describe patients, residents and any other clients in health and social care premises.

LPT has statutory obligations under Health and Safety legislation to have in place arrangements and the provision of a safe environment to prevent falls that occur from a height (e.g. from a window or a step ladder). Falls from a height, even at quite low level can cause serious injury and death.

This policy applies to all staff employed by LPT. This policy also relates to members of the public, patients and visitors and applies to hospital sites and premises under the control of the Trust.

The policy aims to prevent anyone from accidentally or intentionally falling or climbing from a window or structure and sustaining a significant injury as a result of a defect or

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unauthorised removal of a restrictive mechanism of a window or physical barrier. It does this by:

- Describing the criteria for fitting restrictors and any additional physical barriers to windows (Appendix 2)
- Defining the requirement for environmental checks and risk assessments by managers, and planned preventative maintenance (PPM) by Estates and Facilities function (outsourced) to ensure control measures are in place and functioning correctly
- Setting out the responsibility for all staff and others who share the premises, to report any defects immediately and put into place temporary control measures until defect repaired.
- Describing the induction and training required to ensure that staff understand the risks, precautions to be taken, and the need to report any issues to a responsible person without delay

3.0 Purpose

LPT recognises its responsibilities under Health and Safety legislation and the importance of providing a working environment that is safe for all patients, staff, visitors, volunteers and contractors. This policy sets out the Trust's arrangements to meet the requirements of the Working at Height Regulations 2005, the Management of Health and Safety at Work Regulations 1999, Workplace (Health Safety and Welfare) Regulations 1992 and other appropriate legislation including the criteria set within the Fundamental Standard as identified in Care Quality Commission (CQC) Outcomes: All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose, for which they are being, properly used, maintained and appropriately located for the purpose for which they are being used.

The purpose of this policy is to describe the process for managing the risks associated with falls from a height involving patients, staff and any other persons who might come onto hospital or Trust premises. It will examine the contributory factors that lead to slips, trips and result in falls from a height and will outline the duties and responsibilities of all staff.

The aim of the policy is, by eliminating and managing risks to prevent falls from a height will minimise potential for of serious injuries should a person fall.

4.0 Duties within the Organisation

4.1 The Trust Board

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively. The Trust Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust and premises under the control of the Trust and Policy.

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4.2. Health and Safety Committee

The Health and Safety Committee has the responsibility for approving policies and protocols and monitoring the requirement of this policy.

4.3 Directors and Heads of Service

Directors and Heads of Service are responsible for bringing this policy to the attention of all their staff, including new and temporary staff, and management team and ensure that it is observed at all times. Directors and Heads of Service will also require each service to:

- Ensure risk assessments are undertaken which identify the risk of falls from a height and that adequate actions appropriate to the risk are undertaken. Appendix 3 provides guidance.
- All risk assessments must be reviewed at least annually or on significant change (e.g. change of use, modification of the building or after a serious adverse incident) or in accordance with outcome of assessment and review timeframe. The findings of risk assessments must be communicated to staff as should the controls and recommendations given as a result of the risk assessment
- Ensure control measures and safe systems of work as necessary are developed and implemented. These will include regular inspections to monitor whether control measures are in working order and ensure any maintenance issues are addressed.
- Ensure that the process is monitored and adequate support is provided for managers to ensure that their responsibilities are met

4.4 Estates and Facilities Management

- Ensure that arrangements are in place across hospital sites and premises for the maintenance of a safe working environment to prevent or minimise the risks from falls from a height
- Capital or minor works undertaken will be planned and carried out in such a way to prevent or minimise the risks from falls from a height, this must include method statements and production of permits to work identifying what safety precautions are to be used (e.g. edge protection/fall arrest systems)
- Provision of a defect reporting system where staff can report any problems with window restrictors etc and staff deployed to attend to the matter. Out of hours such problems may be notified to the switchboard staff who will notify on call staff.
- Where maintenance takes place risk assessments must be carried out to reduce the risk of falls from a height
- Will monitor the planned preventative maintenance (PPM) programme for the Trust to ensure required PPMs are carried out in accordance against schedule to prevent falls from a height
- Will ensure guidance and advice referred to in HTM 55 Windows and HBN00-10 part d, windows and associated hardware
- Will ensure risks from working at a height shall be avoided where reasonably practicable or by means of selection of appropriate access equipment, safe systems of work and risk assessment

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- Will ensure contractors and sub-contractors are effectively monitored against method statements and risk assessment
- Understand and have in place a process to deal competently with a rescue from height / first aid requirements
- New builds/refurbishments – follow Appendix 2

4.5 Managers and Team Leaders

Managers and Team Leaders will be responsible for:

- Promoting this policy to the attention of all their staff
- Ensuring that this policy is implemented within their team and that both clinical and non-clinical risk assessments are undertaken as appropriate to the setting
- Tasks involving work at a height shall be assessed and where reasonably practicable avoided. Where work is required at a height suitable control measures must be put in place to control the risk of falls. This Equipment must be suitable to the nature and duration of the any work identified.
- Ensuring control measures and safe systems of work as necessary are developed and implemented and communicated to staff
- Undertaking weekly/monthly (based on level of risk) inspections of the area within their remit to check for any new risks or loss of safety controls. These checks should be recorded on the Health & Safety Inspections - Window Restrictors (Appendix 4) or AMAT

4.6 Safety and EPRR Team

- Will advise and support staff as necessary in conducting prevention of working at height risk assessments and safely working at height risk assessments.
- Will advise on the content of the training provided by the Learning and Development Team as part of corporate Core Mandatory Training and regularly review it to ensure that it continues to provide the necessary skills and knowledge to enable staff to discharge their legal duties and duty of care in accordance with current standards and best practice
- Will conduct annual Safety Support Visits and ad-hoc walkthrough visits to review assessments and compliance with the arrangements described in this policy
- Provide guidance and support re: legal requirements, best practice guidance to be used in tool box talks re: safety and prevention of working at heights.

4.7 Responsibilities of Staff

- Every employee has a duty of care for the health and safety of people at work and of other persons who may be affected by work activities
- Employees must take care of themselves and others at work and co-operate with the Trust in the implementation of health and safety systems
- Every employee must help provide a safe environment by being vigilant at all times, and must report any obvious defects to windows or equipment or control measures in place to prevent falls from a height and, where appropriate, report any adverse incidents through the incident reporting process for the Trust

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- Where fitted in patient accessible areas, staff must not disengage window restrictors
- Ensure they do not work at height unless given appropriate instruction and suitable equipment and training
- Should not use inappropriate equipment to access shelves etc (this includes chairs, desks, window ledges etc)
- Follow the control measures including Safe Systems of Work identified in the risk assessment of activity / task to be undertaken.

4.8 Training and Education

All staff must complete the Trust Induction Training on commencement of employment. Information pertaining to falls from a height and risk assessment is provided during this time. In addition Mandatory Training on a triennial basis for all staff provides a refresher on risk assessment and falls from a height.

Staff identified and delegated to them by their Line Manager to undertake risk assessments will be provided training by the Staff Safety and EPRR Team.

5.0 Approval of this Document

This Policy has been written by the Health and Safety Compliance Team. It has been circulated for comments to the Trust Health and Safety Committee. It will be agreed by the LPT Health and Safety Committee and following the Trust procedure for the approval of policy documents.

6.0 Process for Review of this Document

The Health and Safety Committee in consultation with other stakeholders will review the policy every three years or sooner where a change to legislation, national policy or guidance occurs.

7.0 Dissemination and Implementation

This policy will be disseminated immediately throughout the Trust following ratification. The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet
- The policy will be disseminated through training

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- The policy will be disseminated via the Divisional Health, Safety and Security Action Groups

8.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

9.0 References and Associated Documentation

This policy was drafted with reference to the following:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Working at Height Regulations 2005
- Health and Safety Policy
- Risk Assessment Guidance
- Slips Trips and Falls Policy (inc Falls Pathway)
- Health and Safety Inspection Policy
- HTM 55 Building Components: Windows
- HBN 00-10 part d, windows and associated hardware
- Control of Contractors Policy
- HBN 03-01 Design in Mental Health
- Uniform Policy
- Safe system to work when working at height
- Use of kick-step/step stool

10.0 Fraud, Bribery and Corruption Consideration

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The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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Appendix 1 Risk Control Checklist for Slips, Trips, Falls and Falls from a Height

RISK ASSESSMENT CHECKLIST		
<i>Slips - Common Hazards</i>	<i>Examples</i>	<i>Tick if present</i>
Inappropriate floor surfaces	<ul style="list-style-type: none"> Slippery surfaces that require anti-slip coating; Inappropriate cleaning/polishing; Unsuitable surfaces on external fire escapes 	
Areas that may have liquid on the floor	<ul style="list-style-type: none"> Wet surfaces near external doors where traffic and weather brings in rain; Areas around sinks/toilets/showers etc; Polishing/wet cleaning of floors Inadequate barrier matting around entrances 	
Wet spills and contamination of floors	<ul style="list-style-type: none"> Spillage of drinks and food; Spillage from the carriage of chemicals/specimens; Contamination of floor with blood and body fluids; Spillage of oil etc in workshops 	
Dry contamination of floors	<ul style="list-style-type: none"> Accumulation of lint or dust; Spillage of talcum powder 	
Inadequately drained floor surfaces in wet areas	<ul style="list-style-type: none"> Toilets, washrooms and bathrooms 	
Sudden changes in floor surfaces	<ul style="list-style-type: none"> Carpeted offices to polished floors 	
Snow/ice on external approaches	<ul style="list-style-type: none"> Car park areas, external pathways & steps Poor gritting and salting procedures that react too late to the hazard 	
Growth over floor surfaces	<ul style="list-style-type: none"> Moss on external pathways, mould in showers or toilets Decking areas becoming slippery due to algae growth 	
<i>Slips - Footwear</i>	<i>Examples</i>	<i>Tick if present</i>
Safety footwear is used to protect against crushing hazards without consideration of slip resistance	Worn treads on soles of shoes or boots; No risk-based procedure for ordering safety footwear that considers the area and type of use	
Inappropriate footwear worn for the task	<ul style="list-style-type: none"> High heeled shoes worn on step stools or Step ladders to access storage or filing Flip flop" type shoes / smooth soled slippers 	
<i>Slips – Ramps</i>	<i>Examples</i>	<i>Tick if present</i>
Ramps that are too steep or with slippery surface	<ul style="list-style-type: none"> External concrete ramps 	
Hand trucks and trolleys used on ramps	<ul style="list-style-type: none"> Hand trucks, trolleys and roll cages used on ramps without edge protection 	

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<i>Trips – Common Hazards</i>	<i>Examples</i>	<i>Tick if present</i>
Internal floor surfaces	<ul style="list-style-type: none"> ▪ Broken tiles; Worn floor coverings; Uneven floor surfaces; ▪ Poorly maintained access routes; Changes in level 	
External access or egress to the workplace	<ul style="list-style-type: none"> ▪ Uneven or loose paving; Footpaths and garden edging poorly maintained; ▪ Car parks in poor condition 	
Storage of equipment in aisles and walkways	<ul style="list-style-type: none"> ▪ Surplus equipment; Trolleys and wheelchairs; Stores deliveries (roll cages); Laundry bags; Boxes of medical records etc 	
Storage of personal items around workstations	<ul style="list-style-type: none"> • Handbags, briefcases on floor by desks 	
Low obstacles where employees need to walk	<ul style="list-style-type: none"> ▪ Protruding items from shelves at low level; Desk/filing drawers left open ▪ Dishwasher doors left open 	
Trailing Cables	<ul style="list-style-type: none"> ▪ Use of vacuum cleaners/polishers; ▪ Computer equipment <p>Inspection lamps, Medical devices in use on ward</p>	
Unsuitable carpets/matting	<ul style="list-style-type: none"> ▪ Carpets that have stretched causing 'ripples'; Entrance mats with turned up edges; Loose or unsecured mats on polished floors 	
Untidy work areas	<ul style="list-style-type: none"> ▪ Workshop with tools, waste or Materials on floor; ▪ Cluttered storage areas 	
<i>Trips – Steps and Stairs</i>	<i>Examples</i>	<i>Tick if present</i>
Condition of steps and stairs	<ul style="list-style-type: none"> ▪ Steep or slippery steps and stairs 	
Inappropriately designed steps and stairs	<ul style="list-style-type: none"> ▪ Steps with inadequate foot space; ▪ Rise and going of steps in staircase inconsistent in size; ▪ Slip resistant nosing creating a heel - catch hazard ▪ Round edged metal nosing 	
Steps and stairs that have poor lighting	<ul style="list-style-type: none"> ▪ Nosing or treads poorly defined visually 	
Landings	<ul style="list-style-type: none"> ▪ Small or missing landings where doors open directly onto stairs 	
Isolated low steps	<ul style="list-style-type: none"> ▪ Isolated low steps particularly at doorways entrances 	
Hand or guard rails	<ul style="list-style-type: none"> ▪ Lack of suitable handrails or Guardrails on steps or stairs 	
Carrying loads on stairs	<ul style="list-style-type: none"> ▪ Carrying a load which prevents an employee from gripping a handrail ▪ Carrying a large load that prevents the employee seeing the steps beyond the load 	

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Falls from a height	Examples	Tick if present
Un-protected windows	<ul style="list-style-type: none"> Windows without restrictors or restrictors with inadequate strength 	
Balconies	<ul style="list-style-type: none"> Access to unprotected balconies and areas with significant drops 	
High shelving	<ul style="list-style-type: none"> Inappropriate items used to stand on Steps without handrails, kick stools Shelving not secured to the wall Inappropriate clothing and shoes for the use of steps Holding items in your hands Activities of others in the same area Over-reaching or leaning on the steps Individuals health status or pregnancy Lack of anchor points Moving the steps including the load 	
Cleaning at a high level	<ul style="list-style-type: none"> Inappropriate items used to stand on Steps without handrails, kick stools Inappropriate tools to reach high areas 	
Retaining walls	<ul style="list-style-type: none"> Low retaining walls easily scaled with significant drops, not signed if unsighted 	
Falling materials	<ul style="list-style-type: none"> Building materials, tools etc falling down onto workers and public below 	
RISK CONTROL EXAMPLES		
Slips – Common Hazards	<ul style="list-style-type: none"> Increase micro-roughness of surface of existing floors; acid etching, sandblasting, grinding or replacement Use slip resistant floor surface in areas where ice, grease or dust create a slipping hazard 	
Maintenance Work	<ul style="list-style-type: none"> Use of inappropriate access equipment, ladders and steps Roof work without edge protection Fragile roofing materials and skylights Lack of fall arrest equipment Adverse weather Establish an effective cleaning and maintenance program Ensure system for hazardous warning signs and procedures for the immediate management of spills Maintain equipment to prevent leakage or repair any leakage immediately Cleaning of floor surfaces outside working hours OR, if not practicable, use an effective system to exclude personnel from floors that may be hazardous until dry after cleaning Ensure effective drainage of outdoor ground surfaces Abrasive materials can be applied to concrete, metal and wood surfaces to reduce slips and falls 	

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	<ul style="list-style-type: none"> ▪ A number of slip-resistant products can be purchased in strips and rolls and can be applied to stair treads, ramps and other hazardous 	
	<ul style="list-style-type: none"> ▪ walking or working surfaces. ▪ Ensure that suitable mats are located at entrances ▪ Install suitable drainage in wet areas ▪ Keep outside areas free of leaves, mud, clipping, paper and gravel; Remove moss or slime with suitable cleaner ▪ Establish a procedure for clearing and gritting of snow/ice during winter months 	
Slips - Footwear	<ul style="list-style-type: none"> ▪ Ensure suitable footwear is chosen using a risk-based procedure that considers the area of use-refer to supplier and manufacturer specifications for selection of footwear for different surfaces and risk factors ▪ Ensure suitable footwear is worn when doing the task 	
Slips - Ramps	<ul style="list-style-type: none"> • Ramps should be made slip resistant with foot grips or textured surfaces • Ensure the slope of a ramp is no more than 1 in 8. If the ramp is accessed by wheelchair users then the maximum slope should be 1 in 12. ▪ Ramps should be fitted with handrails, and have mid-rails and kick rails to prevent trucks and trolleys running off the edge 	
Trips – Common Hazards	<ul style="list-style-type: none"> ▪ Regularly inspect and maintain uneven, worn or damaged surfaces ▪ Regularly inspect and maintain external access areas ▪ Designate safe areas for storage of trolleys and equipment ▪ Provide adequate storage facilities for goods ▪ Ensure aisles and passageways remain clear at all times ▪ Keep work areas tidy ▪ Slip resistant doormats at entrances should be secured or large enough to remain in place 	
Trips – Steps and Stairs	<ul style="list-style-type: none"> ▪ Use non-slip bull nose finish on steep or slippery steps and stairs ▪ Only use steep stairways for secondary access and ensure they have sturdy handrails on both sides ▪ The rise and going of each step in a stair should be consistent in size ▪ Paint or fix a high-visibility strip on the nosing of step/stairs that are poorly lit ▪ Ensure there are sturdy handrails or guardrails on all platforms, steps or stairs ▪ 	
Falls from a Height	<ul style="list-style-type: none"> ▪ Fitting of robust window restrictors 	

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	<ul style="list-style-type: none"> ▪ Securing access to roofs, balconies, etc ▪ Planning of any work at height which cannot be avoided ▪ High signed fencing of areas with significant drops 	
	<ul style="list-style-type: none"> ▪ Removing high shelving or providing appropriate access equipment with handrails ▪ Avoidance by using reach handles etc or provision of appropriate access equipment for high cleaning where avoidable 	

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Appendix 2 Windows and Restrictors Specifications

Windows

All new windows must be designed and fitted in accordance with building and fire regulations

All new window openers must be permanently restricted to an opening of no more than 100 mm, irrespective of their height from the ground

The design of new windows must allow for this restriction and might require additional openers in each casement to compensate for the restriction in airflow and to provide adequate ventilation

All new window openers must be fitted with a lockable mechanism so that any defective window can be secured

Window Restrictors

Window restrictors must not allow windows to be opened more than 100 mm

All window restrictors must be suitably designed so that they cannot be disengaged without a specialist tool, only held by identified designated persons.

Restrictors must be suitably designed to withstand accidental or forcible destruction using exceptional force

Windows of Restrictors Requiring a Higher Specification and/or additional safety considerations

A higher specification will be applied in high-risk areas, proportionate to the risk of harm e.g. anti-ligature window where it is identified vulnerable patient groups.

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Appendix 3 Guidance on application of the Work at Height Regulations

The work at Height Regulations requires employers to ensure that:

- all work at height is properly planned and organised
- a risk assessment is carried out for all work conducted at height
- appropriate work equipment is selected and used
- people working at a height are competent
- equipment used for work at height is properly inspected and maintained
- risks from fragile surfaces are properly controlled

NB: Within LPT no working at height will be undertaken unless a permit to work has been issued by the Estates and Facilities

The risk assessment should include a careful examination of what harm could be caused from working at height with a view to taking the effective steps to reduce the likelihood of this harm occurring, either through avoiding the activity or, where this is not reasonably practicable, by carrying it out in a safe manner using work equipment that is appropriate to the task and the level of risk.

What do I need to consider if I am doing a risk assessment?

If you are doing a risk assessment you need to consider the following:

- the work activity
- the equipment to be used
- the duration of the work
- the location of the work activity e.g. presence of hazards such as open excavation, underground services overhead power lines etc
- the working environment, e.g. weather conditions, lighting
- condition and stability of existing work surfaces
- physical capabilities of the workers e.g. vertigo sufferers

What is required when planning to do work at height?

Any work at height needs to be planned in advance of the work activity. Careful consideration should be given to the selection and use of the work equipment so that a safe system of work is adopted. This safe system of work needs to take account of;

- any supervision of workers that may be necessary, e.g. work equipment selected lower down the hierarchy of control, such as fall arrest equipment, will require a high level of supervision;
- any weather conditions that workers may be exposed to, e.g. carrying out work on a sloped roof in icy or rainy conditions;
- any emergency or rescue procedures that may be required, e.g. if persons fall while using a fall arrest system, it is not acceptable to rely on the emergency services arrangements. It needs to be covered in the risk assessment and planned prior to the start of the work activity. The user of fall arrest equipment and sufficient numbers of persons must have received adequate training in the use of the equipment and this includes immediate rescue procedures. For example, how will

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an unconscious person be rescued, after falling into a net? How will a person be rescued after falling in a fall arrest harness?

- First Aid provision – understanding of what to do in the event of a person being suspended in fall arrest harness for more than five minutes: conscious and unconscious.

You may need to consider the use of a mobile elevating work platform, or tower to undertake the rescue.

What do I need to consider when selecting equipment for working at height?

When selecting work equipment for use at height, the following need to be taken into account:

- the working environment: What are the ground conditions, are there space constraints, are other people working in the same area, will members of the public be affected?
- the duration and frequency of use: Is the work activity of short duration, is it repetitive?
- emergency and rescue procedures: Can a timely evacuation and/or rescue be instigated?
- the task to be carried out: Does it require the use of both hands? Is it light duty?
- the risk, including the distance and consequences of any potential fall: Can a fall from the work equipment occur? If so, does this have the potential to cause injury?
- in the case of access and egress, what is the distance to be travelled?
- any other additional risks posed by the installation, use, dismantling or removal of the work equipment
- the dimensions of the work equipment, to ensure a safe working area and safe passage
- the potential loadings of persons, equipment and materials
- is it appropriate for the nature of the work to be undertaken? The type of work equipment required should be selected in conjunction with the risk assessment in accordance with the hierarchy of control

When can I use ladders and stepladders?

The work at height regulations do not ban ladders but require consideration to be given to their use. They require that ladders should only be considered where the use of other more suitable work equipment such as towers scaffolds or temporary stairs is not appropriate. Where ladders and stepladders are used they should only be used as a work place for light work that is low risk and of short duration (no more than 30 minutes).

In selecting the most appropriate work equipment for a particular activity the selection process has to take into account the hierarchy of controls:

- firstly to avoid work at height where an appropriate alternative is available
- then to minimise risk of falling from height; and, falling that;
- to reduce the consequences of a fall

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Where work at height is necessary you need to justify whether a ladder or stepladder is the most suitable access equipment compared to other access equipment options. You do this by using risk assessment and the hierarchy of controls.

When is it a suitable activity for using ladders or stepladders?

This refers to the type of work and its duration. As a guide, only use a ladder or stepladder:

- where the work is of short duration – ladders are not suitable where they are in one position for 30 minutes or more;
- where the risk is low, e.g. because the nature of the work makes a fall unlikely or where there is a fall that the nature of the fall would be unlikely to cause injury;
- for 'light work' – ladders are not suitable for strenuous or heavy work;
- for work that does not involve carrying heavy or awkward tools or equipment;
- where a handhold is available both for climbing the ladder and in the working position;
- where you can maintain three points of contact (hands and feet) at the working position. On a ladder where you cannot maintain a handhold, other than for a brief period of time, other measures will be needed to prevent a fall or reduce the consequences of one. On stepladders where a handhold is not practicable a risk assessment will have to justify whether it is safe or not.

On a ladder or stepladder **do not**:

- overload it – the person and anything they are taking up should not exceed the highest load stated on the ladder;
- overreach – keep your belt buckle (navel) inside the stiles and both feet on the same rung throughout the task

When working on ladders and stepladders you should avoid work that imposes a side loading, such as side- on drilling through solid materials (e.g. bricks or concrete), by having the rungs or steps face the work activity. Where side- on loadings cannot be avoided you should reduce the likelihood of the ladder from tipping over, for example by tying the ladder to a suitable point. Otherwise a more suitable type of access equipment should be used.

You should avoid holding items when climbing (for example by using tool belts):

- on a ladder where you must carry something you must have one free hand to grip the ladder;
- on a stepladder where you cannot maintain a handhold (e.g. putting a box on a shelf), the use of a stepladder will have to be justified by taking in account:
 - the height of the task
 - a safe handhold still being available on the stepladder
 - whether it is light work
 - whether it avoids side loading
 - whether it avoids overreaching
 - whether the user's feet are fully supported, and whether you can tie the stepladder

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Appendix 4

- **Window Restrictor Log**

■

▪ **Ward / Department:** **Number windows with restrictors:**

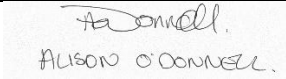
[illegible]

Appendix 5

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Not applicable	Audit of policy implementation	Audit by Safety and EPRR Team	Directorate/LPT Health and Safety Committee/Patient Safety Group	As per Health and Safety Audit programme
Not applicable	Health and Safety Inspection undertaken including	Annual schedule of safety support visits ad-hoc walkthrough visits presented Directorate/Corporate Health & Safety Action Group Key risks and actions reported to Directorate/Corporate Health & Safety Action Group.	Directorate/LPT Health and Safety Committee Managers/designated persons	Bi-monthly Bi-monthly. These would be held locally or on AMAT
Not applicable	Number of weekly/monthly/annually checks using checklist	Assurance report via Estates Facilities	Associate Director of Estates and Facilities	Bi-monthly
1.0	PPM by Estates and Facilities	Assurance report via Estates Facilities		Quarterly statutory compliance report

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Appendix 6 Training Needs Analysis

Training topic/title:			
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required		
Directorate to which the training is applicable:	<input type="checkbox"/> Directorate of Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <input type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)			
Governance group who has approved this training:		Date approved:	
Named lead or team who is responsible for this training:			
Delivery mode of training: elearning/virtual/classroom/informal/adhoc			
Has a training plan been agreed?			
Where will completion of this training be recorded?	<input type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?			
Signed by Learning and Development Approval name and date	 ALISON O'DONNELL		Date: 01/05/25

Appendix 7 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all

√ Respond to different needs of different sectors of the population yes/no

Work continuously to improve quality services and to minimise errors yes/no

√ Support and value its staff yes/no

Work together with others to ensure a seamless service for patients yes/no

√ Help keep people healthy and work to reduce health inequalities yes/no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no

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Appendix 8 Due Regard Screening Template

Section 1			
Name of activity/proposal		Reducing Risks Associated with Falls, Heights and Windows Policy	
Date Screening commenced		January 2025	
Directorate / Service carrying out the assessment		Staff Safety and EPRR	
Name and role of person undertaking this Due Regard (Equality Analysis)		Christian Knott, Health and Safety Advisor	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: Arrangements in place to demonstrate compliance with legal statute pertaining to the Health and Safety at Work etc Act 1974, associated legislation e.g. HTM 55 Windows and Trust Health and Safety Inspections			
OBJECTIVES: Arrangements in place to demonstrate compliance with legal statute pertaining to the Health and Safety at Work etc Act 1974, associated legislation e.g. HTM 55 Windows and Trust Health and Safety Inspections			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No		
Disability	No		
Gender reassignment	No		
Marriage & Civil Partnership	No		
Pregnancy & Maternity	No		
Race	No		
Religion and Belief	No		
Sex	No		
Sexual Orientation	No		
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor		Date	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Ian Cromarty	Date	01/05/25

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Appendix 9 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.

The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Reducing Risks Associated with Falls, Heights and Windows Policy	
Completed by:	Christian Knott	
Job title	Health and Safety Advisor	Date January 2025
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@nhs.net</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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