

Windows safety policy			
Board library reference	Document author	Assured by	Review cycle
P049	Head of Health & Safety and Operational Risk Management	Quality and Standards committee	3 years

This document is version controlled. The master copy is on Ourspace.

Once printed, this document could become out of date.

Check Ourspace for the latest version.

Contents

1. Introduction	3
2. Purpose or aim	3
3. Scope	3
4. Definitions	3
5. Policy Statement	3
6. Arrangements for Implementing this Policy	4
6.1 Specification for Window Safety	4
6.2 Standard of Risk Assessment Required	5
6.3 Frequency of Risk Assessment	5
6.4 Organisational Overview of risk	6
6.5 Maintenance Inspections of Window Restrictors	7
7. Roles and responsibilities	7
7.1 Executive Management	7
7.2 Responsibilities of the Chief Executive	8
7.3 Responsibilities of All Managing Directors & Clinical Directors	8
7.4 Responsibilities of the Estates Department	8
7.5 Responsibilities of the Health and Safety Team	8
7.6 Responsibilities of Line/Ward Managers and Team Leaders	9

Windows safety policy

7.7 Responsibilities of Individual Employees10

8. Standards 10

9. Training..... 11

9.1 Raising Awareness.....11

10. Monitoring and Audit..... 12

11. Retention, Disposal and Archiving 12

12. Associated and Related Procedural Documents 12

12.1 Trust Policies12

12.2 Other Guidance12

13. References..... 13

14. Appendices..... 13

1. Introduction

Falls from windows, either accidentally or intentionally, pose a foreseeable major risk for service users within the Trust. Although instances historically are rare the consequences of any such incident are almost always extremely severe. Nationally a number of serious incidents each year have occurred. This policy is in response to this risk and the safe system of work that is applied to implement the NHS standards and guidance notes published by the HSE.

In this policy the term falls and falls from height are used interchangeably but in all cases it should be inferred that the use of the word fall means a fall from a height.

2. Purpose or aim

The purpose of this policy is to describe the process for managing the risks associated with falls from windows. The objective of this policy is to ensure that all windows within Trust owned or leased buildings, no matter what area they may be in, will be restricted to prevent falls, and to make staff aware of their responsibilities for the health and safety of all users of Trust estate and properties

The Health & Safety At Work Act 1974 places duties on the employer to ensure that, so far as is reasonable and practicable, work is safe and without risk. This also covers persons not at work but who may be affected by the employers undertaking. In the case of AWP such persons are service users, visitors, contractors and members of the public.

3. Scope

This policy applies Trust-wide, and applies to all existing and new buildings the Trust acquires and to renovations or refurbishments of existing estate.

4. Definitions

FALL – A fall is an event which results in the person or a body part of the person coming to rest inadvertently on the ground or other surface lower than the person, whether or not an injury is sustained. It occurs at the same level as the surface being traversed. It does not normally apply in respect of windows or balconies

FALL FROM A 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 a height should be reported as incidents under the Trusts Adverse 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 Industrial Diseases and Dangerous Occurrences (Regulations, 1995). Certain incidents such as major injuries that arise out of or are 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:

5. Policy Statement

The Trust's specifications should be applied in all cases as far as is reasonably practicable. Where for reasons of practicability a window cannot be restricted then a suitable and sufficient risk assessment must be made. This is the responsibility of the manager and will be supported a member of the Health and Safety Team or Estates wherever possible. No area will be permitted to expose any service user to a window that is unrestricted and has a fall exceeding 2 metres from it.

Windows safety policy

For the purposes of this policy a risk assessment shall either be

1. a completed Window audit report (see Appendix 1) showing that all windows comply with the standard listed in section 5.1 “Specification for window safety”;
2. a completed Window audit report (see Appendix 1) showing that there is not a fall exceeding 2 metres from the window
3. or, a risk assessment completed on the standard AWP H&S risk assessment form indicating that the window is not considered likely to create the risk of significant injury to service users and members of the public (for instance because it is in a location that is not a service user accessible area and is protected with appropriate access control)

It should be noted that by default it is Trust policy to restrict all windows above 2 metres and that windows may only be exempt from this on the grounds that it is technically not reasonably practicable to restrict the window (in which case other suitable safeguards must be in place) or that the window is in a non-patient area and has adequate measures in place to prevent access. To determine if a window cannot be restricted due to technical issues the advice of the Estates and health and safety personnel is required. Where the window is not restricted and the risk assessment indicates that there is a significant risk from falls then suitable safety measures must be taken without delay and this may include cessation of clinical use for that part of the building.

Windows below 2 metres may still be restricted but normally these are for security reasons and are not primarily for the purposes of preventing falls from a height.

The Trust takes the issue of health and safety with the utmost seriousness and may follow the disciplinary procedure with any individual who fails to comply with this policy or removes, damages or otherwise renders a window restrictor ineffective where a window restrictor is deemed necessary for safeguarding patients and members of the public.

6. Arrangements for Implementing this Policy

6.1 Specification for Window Safety

The specification that the Trust applies to windows where there is a risk of falls is as follows:

Where the window leads to a fall of 2 metres or more the following specification applies (unless assessed as no risk):

- All windows must have their openings restricted to a maximum of 100mm.
- All restrictors must be of robust construction, capable of withstanding a high degree of abuse (and meeting BS 6375-2:2009) for load testing – 350 Newtons
- Windows must be fitted with 2 restrictors
- All restrictors must not be defeatable without the need for a specialist tool. A flat head screw is not a suitable method of fixing as it can easily be removed. A posidrive screw may be acceptable method of fixture. Tamperproof fittings will be required in high dependency units, PICUs and secure service settings for example where there is a risk of tampering. Torx head or hexagonal head screws will be appropriate for other inpatient settings
- Tools provided for the removal of restrictors are for maintenance purposes only and must not be available for staff to use. They must be kept secure and under the managers care in each location. Their security and protocols for handing over to, and return from, to maintenance will be the responsibility of a named senior manager on each site.
- All window glazing shall comply with the Management of Health & Safety (Workplace) Regulations 1992 in that all glazing in exposed areas shall be constructed to meet BS 6262. Retrospectively this will be achieved either by filming the glass or replacement. It should be noted that this is a minimum standard and that some units may have higher specification glazing which has been arrived at by risk assessment.

- **Note:** In non AWP premises where AWP does not have control, staff are directed to the obligations under Section 3 of the Health and Safety at Work Act 1974 that require the Trust and its employees to protect the health and safety of persons other than employees (specifically patients). With this principle staff are reminded that they should not use rooms with windows without restrictors when the fall from those windows is above 2 metres (typically those on the first floor and above).

Where the window leads to a fall less than 2 metres:

- Window restrictors are not required for the purposes of preventing injury from falls. However they may still be fitted where there is a requirement for maintaining the security of the building, reducing the risk of AWOL's or protecting patients considered to be vulnerable from low level falls

6.2 Standard of Risk Assessment Required

Each and every window shall be individually assessed or, as appropriate grouped with similar windows and covered by a risk assessment. For the purposes of this policy a risk assessment shall be either

6.2.a. a completed Window audit report (see [Appendix 1](#)) showing that all windows comply with the standard listed in section 6.1 "Specification for window safety";

6.2.b. OR a completed Window audit report (see [Appendix 1](#)) showing that there is not a fall exceeding 2 metres from the window

6.2.c. OR a risk assessment completed on the standard AWP H&S risk assessment (see P054, [Appendix 4](#)) form (for windows being assessed as not in a patient accessible area).

6.2.d. AND for Balconies and other spaces where there is a risk of falls from a height a risk assessment completed on the standard AWP H&S risk assessment form (see [Appendix 4](#) of the [Risk Assessment Policy P054](#)).

Assessments should clearly define the areas and windows to which they apply. To standardise this the following guidance should be adhered to – "Identification of each window (see [Appendix 4](#))"

The Stages in Assessing Windows flowchart (see [Appendix 2](#)) should be used by managers to aid them in establishing the level of window safety required (if restrictors are required) for a given window and take account of the level of hazard, probability and risk that employees and others (particularly vulnerable patients) are exposed to should window restrictors not be fitted in accordance with sections 6.1 above.

Assessments made to determine if a window with a fall above 2 m can be exempted from having a restrictor should be approached with caution. The assessor must be sure that the mitigations in place for controlling access to a window are robust. This should not just include physical controls such as digilocks and swipe access but also custom and practice, attitudes to security, door wedges being used and so forth. If there is doubt, given the impact of a fall, the restrictors should remain.

6.3 Frequency of Risk Assessment

Assessments should be undertaken:

As per the [Annual schedule](#) (detailed in the Risk Assessment Policy P054)

But also if any of the following occur:

- There is a change of use of the building etc., particularly where there is an increased likelihood that vulnerable patients may be present in the building. This should occur BEFORE the change has been made.
- An incident involving a fall, or near miss, from a window

Windows safety policy

- An incident where a window is damaged to an extent that it no longer is safe (i.e. restrictors are removed, broken or disengaged)
- Degradation of windows had occurred through wear and tear, such as regular use, rot etc. so that the restrictor no longer functions correctly.
- An alert by the Trust is issued (or a National one through NHS Estates or SABS)..

6.4 Organisational Overview of risk

The Management of Health and Safety Regulations 1999 places a specific duty on employers to carry out risk assessments on the hazards that service users may be exposed to and determine what control measures need implementing to avoid or minimise the risks in so far as is reasonably practicable.

In compliance with statutory requirements risk assessments should be undertaken to ensure the:

- The suitability of windows and window restrictors in preventing falls
- The risk of falls from heights
- Access to other areas (i.e. balconies) where falls could occur. These are also addressed in the Prevention & Management of Slips, Trips and Falls and Falls From a Height Policy – [Appendix 2 : Risk Control Checklist for slips, trips and falls and falls from a height](#) but should be assessed at the same time as windows for consistency.

The Trust's approach to risk assessment is described in the Non Clinical Risk Assessment Policy and this includes a template for risk assessments in the form of the Standard Risk Assessment Form. The Window Safety Policy also uses a Window audit report (see Appendix 1). As stated in Sections 6.2 a and b Appendix 1 may be used to show there is no risk as the windows comply with the standard listed in section 6.1 "Specification for window safety" or show that there is not a fall exceeding 2 metres from the window and there is not a risk of serious injury if there is a fall below 2 m. If none of these apply then the standard AWP H&S risk assessment template should be used (see Risk Assessment Policy - P054, [Appendix 4](#)) and risks escalated accordingly.

Action plans will be developed as a result of window risk assessments and audit forms to identify priority activity areas. The risk assessment template requires actions to be identified where risks have been found, risk rated and controls have been considered. Each item is assigned a target date to assist in reviewing actions taken and prioritising work.

Many risks will be able to be managed within the team and local resources. Indeed window defects should be managed without delay and priority work requests issued and the area made safe by locking off etc. Items identified as requiring priority attention and not able to be resolved at a local level will be escalated to the service's management group supported by the service Health and Safety Group as necessary. Ongoing risks may need to escalate through local, service and Trust risk registers as necessary. The process for escalating and reporting risk is shown in Section 8 of the Trust's [Health and Safety Policy PO94](#)

In parallel there is a maintenance process which inspects windows on a scheduled basis. The results of these inspections also gives an overview of trends and themes as well as identifying specific issues. Outcomes will be used to determine any change in policy, maintenance review or Estates work as appropriate to the risk. The Health, Safety, Security and Fire Group will monitor the findings of the maintenance process on an annual basis, or before if matters of risk arise.

Review of risk registers is described in Section 10 of the [Risk Management Policy P136](#) and the Health, Safety, Security and Fire Group as appropriate. Less significant risks managed within the team shall be monitored by the line manager as part of ongoing review of all safety actions. Additionally scrutiny of risk assessments and action plans form part of the overall health and safety audits programme

When carrying out a risk assessment practical advice and support may be obtained from the Estates Directorate, the Head of Health and Safety and Health and Safety Advisors.

6.5 Maintenance Inspections of Window Restrictors

Windows over 2 metres fitted with restrictors

All windows with potential for falls over 2 metres will be subject to routine inspection by an appropriate provider arranged by the Estates department (unless exempt by virtue of an assessment showing there is no service user access). Any window found to be in a poor condition will be subject to repair or replacement as appropriate and at a timescale appropriate to the level of defect. Where windows fail to meet the standard of this policy and are unsafe, the area may be taken out of use until repairs are completed. This should not be confused with annual risk assessments, security checks and routine quarterly inspections by staff.

The inspection schedule is based on the level of risk within a building and the rationale for this is shown in [Appendix 3](#).

Records of inspections should cover the similar criteria as used in the Window Restrictor Audit Form ([Appendix 1](#)). These are:

- If the windows is fitted with restrictors (2 restrictors are required)
- Whether the window gap exceeds 100 mm or not,
- Whether the restrictor is of robust construction (i.e. showing signs of weakness, working loose, missing or loose screws etc.) and meets the force specification of BS 6375-2:2009
- Whether the fixings used to secure the restrictor to the window require specialist tools or not,
- Whether the restrictor can be removed without the need for a specialist tool

Records for each window must be trackable over the period of inspection.

Results of inspections will be reviewed and used to modify the inspection period as necessary and in line with recommendations of the review.

Windows with drops below 2 metres in ward areas

All windows with potential for falls below 2 metres and which are provided for the security of the clinical ward area will be subject to routine inspection by ward staff as part of daily security checks. These windows are not part of the Estates window checking programme. Any window found to be in a poor condition will be subject to repair or replacement as appropriate and at a timescale appropriate to the level of defect and the risk of absconding etc.

The checks should include the robustness of the restrictor, the fixings and general wear and tear.

7. Roles and responsibilities

7.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP.

The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The 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.

Windows safety policy

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all staff, visitors and others within the wards, offices etc. under their specific management.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

7.2 Responsibilities of the Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies..

7.3 Responsibilities of All Managing Directors & Clinical Directors

Locality Directors will bring 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. Locality Directors will also require each team to:

- Ensure risk assessments are undertaken where windows do not meet the specifications detailed in section 5.1 of this policy. Instrumental in developing safe systems of work is the knowledge of risks present. These risks and the control measures or safe systems of work are identified through the risk assessment process. Managers will therefore need to ensure that suitable and sufficient risk assessments have been made and that measures are identified to reduce the risk of falls from windows to the lowest level which is reasonable and practicable.
- Risk assessment findings must be recorded and should be entered on the service specific risk register. Action should be taken to rectify any risks in line with good risk management process.
- Ensure window restrictors and other control measures and safe systems of work as necessary are developed and implemented in accordance with this policy
- Ensure that the process is monitored and adequate support is provided for line managers to ensure that their responsibilities are met.
- Ensure arrangements which implement this policy are devised and reviewed.
- Play a key leadership role in developing and sustaining a pro active culture, personal and professional responsibility for health and safety issues and work as they relate to windows safety.

7.4 Responsibilities of the Estates Department

All refurbishments, renovations and new buildings are subject to this policy. It shall be the responsibility of the Estates Department to ensure that the specification for windows contained within this policy is applied to the windows in the project. The Estates Department should seek additional advice as necessary from the team to occupy the building and the H&S department on specific risks to the building, i.e. specific clinical risks arising from the type of service being provided.

The Estates department also manages the inspection programme for windows above 2 metres.

7.5 Responsibilities of the Health and Safety Team

The Health and Safety Team is responsible for providing advice to employees at all levels in regards to window safety. They will work in partnership with, and advise the Estates Department in regards to the standard of window restrictor to be provided in refurbishments and new buildings. They will audit the implementation of this policy and to provide feedback to the management team at appropriate levels including making recommendations for reviewing this

policy as necessary. They will assist the Estates Department in the review of maintenance check data so that corrective action can be taken and performance of safety management can take place. They will also provide, or ensure the provision of, relevant training and related material resources to the Trust as and when required

7.6 Responsibilities of Line/Ward Managers and Team Leaders

Managers will bring the Trust's Window Safety Policy to the attention of all their staff and ensure that these are observed. Managers will also:

- Ensure that this policy is implemented within the building area of their responsibility.
- Investigate all adverse incidents and near misses and take appropriate action.
- Conduct risk assessments of window safety as detailed in Section 5.2 of this policy
- Risk assessments must be reviewed annually ([as part of the schedule of risk assessments](#)) or on significant change (i.e. change of use, modification of the building or after a serious adverse incident as described in Section 5.3 of this policy. The significant findings of risk assessments must be communicated to staff as should the controls and recommendations given as a result of the risk assessment.
- Only permit maintenance staff to remove window restrictors with prior consent from the Estates or Safety department. The risks associated with any such work must be assessed by the manager prior to the work being done (seeking advice from the Estates and H&S departments).
- Specialist tools are for maintenance purposes only and must not be available for other staff to use. They must be kept secure and under the managers care in each location. Their security and protocols for handing over to, and return from, maintenance will be the responsibility of a named senior manager on each site.
- Ensure that suitable and sufficient risk assessments have been made where it is contemplated that restrictors are not required or where windows do not comply with section 5.1 of this policy and that measures are identified to reduce the risk of falls from windows to the lowest level which is reasonable and practicable. Managers should communicate any risks via their LDU service specific risk register using the locally agreed process for undertaking this.
- Conduct quarterly inspections of the workplace to ensure that the building remains in a safe condition. Inspections should be made with the co-operation of any accredited health and safety representatives or workplace reps and may be either part of a wider safety inspection or a dedicated inspection of window condition. In all cases written records of these inspections must be kept.
- Make safe immediately (i.e. by locking it or preventing access to the room) any window that is opening beyond the safe limit or is damaged so that it is unsafe, It should also be reported for rectification to the maintenance department, via the Maintenance Provider Help Desk, as an urgent job request.
- Ensure daily checks of window restrictors are undertaken in high risk buildings (those where inpatient services use rooms where windows have falls in excess of 2 metres or in wards where restrictors are fitted to prevent patients absconding). These will normally form part of daily security and environmental checks carried out by a security nurse.
- Take immediate action to render an area safe if for any reason the window becomes unsafe and no longer meets the specification detailed in section 6.1 of this policy.
- Play a key management role in developing and sustaining a proactive culture, personal and professional responsibility for health and safety issues and work as they relate to windows safety.

7.7 Responsibilities of Individual Employees

The Health and Safety at Work Act 1974 states the following duties:

- 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 AWP in the implementation of health and safety systems.
- Employees must obey the directions of their employer in matters relating to health and safety or compliance with legal duty.
- Employees must not interfere with or misuse items provided in the interests of health and safety.

These duties under the Health & Safety at Work Act in relation to window safety and this policy are detailed in the absolute safety instructions below:

- Windows that are secured (i.e. screwed or nailed shut) should not be freed and opened without also installing adequate restrictors. Guidance and assessment should be sought from Estates or Safety personnel as to what type of restrictor should be installed.
- Windows that are opening beyond the safe limit or are damaged so that they are unsafe should be made safe immediately (i.e. by locking it or preventing access to the room) and reporting this for rectification to the maintenance department, via the Maintenance Provider Help Desk, as an urgent job request and also reporting the defect to a supervisor or manager.
- Staff must not remove or alter or tamper with window restrictors.
- Staff may only permit maintenance staff to remove window restrictors with the prior consent of the Estates department. The risks associated with any such work must be assessed by the manager prior to the work being done.
- Staff discovering circumstances which may threaten the health and safety of themselves or others, i.e. any defect or concern over window restrictors or a lack of window restrictors, must draw the facts to the attention of a supervisor or manager immediately.
- All staff must be aware of these controls. Bank and agency staff must be informed on commencement of duties.
- **Note:** In non AWP premises where AWP does not have control, staff are directed to the obligations under Section 3 of the Health and Safety at Work Act 1974 that require the Trust and its employees to protect the health and safety of persons other than employees (specifically patients). With this principle staff are reminded that they should not use rooms with windows without restrictors when the fall from those windows is above 2 metres (typically those on the first floor and above).

8. Standards

The following are regulations enforceable by HSE:

- Health & Safety At Work Act 1974
- Management of Health & Safety At Work Regulations 1999
- Workplace, Health Safety and Welfare Regulations 1992
- The Work at Height Regulations 2005 (as amended)

There are three applicable standards on windows:

HTM 55 Windows (NHS Health Technical Memorandum, DoH 1998)

This states: “Any windows that are accessible to vulnerable service users (2 m above ground level), can be opened and are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. It is advisable to restrict the opening to 100 mm (based on NHS guidance)”.

Health and Safety in Care Homes - HSG 220 (Book) by Health and Safety Executive (HSE) (2001)

This states: “...The restriction of opening lights (windows) will be required in many rooms, or even throughout a building. A restricted opening of not more than 100mm is recommended for use within reach of patients, particularly in areas for the elderly, those with learning difficulties or mental illness, and is essential where windows are accessible to children.”

BS 6375 – 2: 2009

This states: “window safety devices (restrictors) should, when fitted in accordance with the manufacturer’s instructions and tested in accordance with BS EN 14609 but with the safety device engaged shall be capable of...” withstanding 350N force (as detailed in BS EN 14351)...”on the casement or sash in the most unfavourable position and/or direction”.

9. Training

The Learning & Development Department will provide an adequate training resource to ensure that the Trust can comply with its policy. The Trust’s overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust’s learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups. It will liaise with operational management to ensure that training needs are monitored and that provision reacts accordingly.

The Trust lead for health and safety has agreed the training standard with the learning and development team and training standards have been informed by statutory instruments, approved codes of practice and national best practice.

9.1 Raising Awareness

Awareness in window safety and falls from a height are generated by a number of processes within the Trust, and include:

- Corporate induction training
- Team level induction training
- Health and safety for managers training
- Statutory safety risk assessment schedule
- Communications bulletins
- Health and Safety and PLACE meetings
- Thematic reviews
- Workplace inspections

10. Monitoring and Audit

The Trust will establish key performance indicators for health and safety and closely monitor performance through the use of the balanced scorecard. The corporate balanced scorecard will be reported to the Board on a quarterly basis and directorate balanced scorecards will be considered on a quarterly basis as part of performance review meetings.

Implementation of this policy will follow a number of lines, and include:

- Inspections of windows within the maintenance programme (as per schedule in [Appendix 3](#) of this policy)
- Annual review of the findings of the maintenance programme including any failures – within Health and Safety Department and Estates Directorate reporting to Health, Safety, Security and Fire Group
- Annual review of [Appendix 3](#) following the review of maintenance and failures during the year
- Audit and review of risk assessments – annually reported to the Health, Safety, Security and Fire Group and the Safety Management Group. Assurance reports are provided to the Quality and Healthcare Governance Committee on annual basis with six monthly interim reports
- Undertaking and reviewing the results of the Annual Health and Safety Self Assessment process - annually reported to the Health, Safety, Security and Fire Group and the Safety Management Group. Assurance reports are provided to the Quality and Healthcare Governance Committee on annual basis. See the [schedule of risk assessments](#) is linked to the [Risk Assessment \(Non-Clinical Risks\) Policy P054](#)

An annual assurance report on health and safety will be provided to the Health, Safety, Security and Fire Group and assured by the Quality and Safety Committee with oversight by the Trust Board.

11. Retention, Disposal and Archiving

Promulgated procedural documents are formal corporate records and shall be managed in accordance with the Trust's [Records Management Policy](#)

An audit trail of all previous versions of documents is required for auditing purposes and shall be automatically stored by the designated OurSpace libraries.

Master copies of documents will be archived in a purpose-built OurSpace archive. A register of archived documents will be retained in the OurSpace library. Copies of archived documents shall be available on request from the Corporate Secretariat.

12. Associated and Related Procedural Documents

12.1 Trust Policies

[P095 Policy for the Recognition, Prevention and Management of Violence and Aggression](#)

[P054 Risk Assessment Policy](#)

[P057 Incident Management Policy](#)

12.2 Other Guidance

[Guidelines for the Management of a Fall or Suspected Fall](#)

13. References

- Health & Safety At Work Act 1974
- Management of Health & Safety At Work Regulations 1999
- Workplace, Health Safety and Welfare Regulations 1992
- The Work at Height Regulations 2005 (as amended)
- HTM 55 Windows (NHS Health Technical Memorandum, DoH 1998)
- Health and Safety in Care Homes - HSG 220 (HSE) (2001)
- BS 6375:2009 Part 2: Performance of Windows and Doors.

14. Appendices

Appendix 1 : [Window Restrictor Audit form](#)

Appendix 2: [Stages in Risk Assessing windows](#)

Appendix 3: [Maintenance Inspection Schedule](#)

Appendix 4: [Protocol for Identifying Windows for Window Restrictor Audit](#)

Version History				
Version	Date	Revision description	Editor	Status
1.0	25 May 2008	Approved by Board	Head of Health and Safety	Approved
2.0	02 Nov 2010	Approved by the Quality and Healthcare Governance Committee	Head of Health and Safety	Approved
3.0	03/09/2013	Approved by Quality and Standards Committee	Head of Health and Safety	Approved
4.0	20/01/2017	Amended by Director of Nursing	Head of H,S and Risk	Approved