



**Royal Society for the
Prevention of Accidents
(RoSPA)**

Home Safety Position Statements

January 2018

These statements represent a summary of RoSPA's position at the time of publication, based on the current evidence available. As other issues emerge or the picture changes with regard to an area covered by these position statements they will be reviewed and updated.

- These “e-liquids,” the key ingredients in e-cigarettes, which are not supplied in child resistant containers, are powerful neurotoxins. Tiny amounts, whether ingested or absorbed through the skin, can cause vomiting and seizures and even be lethal. A teaspoon of even highly diluted e-liquid can kill a small child.
- Often e-cigarettes will be plugged into the mains or a USB port to charge. There have been reports of them overheating when charging and at least one death has been attributed to fire caused by overheating. Often these products will be left to charge overnight and this should be avoided.
- Many of these products are very new onto the marketplace and there are no specific regulations governing their safety. As such, consumers should exercise extreme caution when considering whether to buy or use these products, as often it is simply unknown whether the contents of the product are safe or not.

4.22 Dog Bites

RoSPA seeks to remind the general public of the potential dangers around dogs

During 2012/13, 6317 people in England alone were treated in hospital as a result of being bitten or stuck by dogs every year¹⁵. This does not mean that RoSPA advocates that people should not experience the joy of having a dog as a family pet. Dogs can be extremely beneficial to both mental and physical health and wellbeing. However, with practical safety measures this relationship with man’s best friend can also be a safe one.

- Do your research before bringing home a dog. Careful consideration needs to be given to the breed of dog that is compatible with your family’s lifestyle.
 - Ensure your dog is trained – preferably by attendance at dog obedience classes - and that positive behaviour is reinforced
 - Supervise babies and young children around your dog at all times and teach your child never to tease a dog or disturb it when it is eating or sleeping or in its special place
 - Having your dog neutered reduces aggression
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- Remind children of the potential dangers of petting another person’s dog and they shouldn’t do it without asking its owner first

- If a dog does attack, stay very still (like a tree) and don't look it in the eye and the dog will lose interest.

5 Older Peoples' Safety

5.1 Older people should be a primary target for activities aimed at preventing accidental injury in the home

- During 2010 11,438 people died as a result of an accident of which 59% were deaths to people over the aged sixty five and over¹⁶
- Every year around one in six of those attending hospital following a home accident are aged 65 and over. In 2002 an estimated 345,200 people aged over 74 years attended A&E after a home accident¹⁷
- Death and hospital admission rates grow exponentially with increasing age for women over 55 and men over 65 years of age. Increasing frailty and failing health can contribute to these accidents and the severity of the injury sustained. Falls in particular can reflect instability associated with impaired general health, longstanding illness or disability
- Around 30% of adults who are over 65 and living at home will experience at least one fall a year. This rises to 50% of adults over 80 who are either at home or in residential care.
- The injuries sustained by older people tend to be more extensive and/or severe than those experienced by other adults as reflected in their higher hospital admission rates and longer hospital stays
- Most of these accidents involve females but this gender difference is partly the result of the higher proportion of women in the older population in this country
- Accidental injuries in the home involving older people lead to significant levels of disability and frequently contribute to a loss of confidence and a fear of further accidents that can move a person from independence into dependence and possibly some form of institutional care

5.2 RoSPA recommends that all areas of the country should have a multi-faceted falls prevention strategy in place.

- The commonest cause of accidental death in older people is a fall (45% in England) and it is estimated that 85% of deaths from a fall occur in the home¹⁸

- The vast majority of non-fatal accidents involving older people are also falls and their incidence increases with age. In 1999, over 280,000 people in England alone aged over 65 years were admitted to hospital following a fall in the home during 2010-11¹⁹
- About a third of people aged over 54 will fall at least once a year and this proportion rises to half of those aged 85 and over²⁰. In a 1996 survey 31% of people aged 65-74 years, 17% of people aged 74-84 years and 20% of people aged 85 years and over had suffered broken bones as a result of a fall²¹. In 2010-11 over 54,000 people over 65 years old were admitted as a result of a hip fracture.²²
- A substantial proportion of falls happen on the stairs (over 60% deaths). Falls also occur between two levels (15%) such as off a chair or out of bed and on the same level (around 15%) due to a slip or trip¹⁸
- The key risk factors for falls in the home involving older people include: - their level of physical ability, mobility, balance and gait; vitamin D and calcium deficiency; medication e.g. analgesics, sleeping pills and antidepressants; underlying diseases and disorders including stroke and heart disease, and; a history of previous falls²³
- RoSPA is aware of the large number of studies and reviews of the evidence that has taken place and, whilst there are still some gaps in our knowledge, a consistent picture of the most effective approach to the prevention of injuries from falls in older people has now emerged
- This approach takes the form of a combination of measures including environmental changes to reduce the risk of falls, exercise to maintain and improve strength and balance, the prevention and treatment of osteoporosis and the use of aids by those most at risk to reduce the impact of a fall²⁴

5.3 Stairs and Steps: RoSPA recommends that all steps and staircases within the home should have a rise not exceeding 170mm and a minimum going of 250mm

- Stairs and steps pose a significant risk to older people. Over 60% deaths and non-fatal injuries from falls in older people result from accidents on stairs²⁵
- Nearly 30,000 over 75s attend A&E departments every year following a fall on or from stairs or steps²⁶
- At present the Building Regulations recommend that the height of any rise should not be more than 220mm and the going of any step should not generally be less than 220mm. However, in part M of the Building Regulations, the requirements for accessibility for the ambulant disabled, there is now a requirement that any steps within areas of common access to flats, the riser should not be more than 170mm high and not less than 250mm going.

- RoSPA believes that this guidance could and should also apply within all new, renovated and refurbished homes
- In practice this would probably mean an increase in the use of a “dogleg” design of staircase. RoSPA would welcome this as it would have the additional benefits of helping to reduce the distance of many falls that do happen and could make higher floors more accessible to some ambulant disabled

5.4 Handrails: RoSPA strongly recommends that handrails are provided on both sides of all steps, ramps and staircases within and around the home.

- It is common for many older people and the ambulant disabled to have a second handrail fitted to the staircases in their homes
- The Building Regulations (AD M 7.6 and 7.7) for common access steps, communal access stairs and steps within the entrance area of a dwelling requires that a handrail is fitted on both sides of the steps. However this is not a requirement for stairs within the home
- RoSPA recommends the provision of handrails on both sides of all steps, ramps and staircases within the home and believes that this should be made a requirement for all new, renovated and refurbished properties.

5.5 Grab rails: RoSPA recommends that grab rails should be provided in all sanitary accommodation within dwellings intended for the use of wheelchair disabled, the ambulant disabled, older people and children.

- More than 13,000 people over the age of 75 years attend A&E Departments each year following an injury sustained in the toilet or bathroom. Many older people find using these facilities in their homes problematic and it is common to provide handrails in the bathroom and toilet to assist them
- For dwellings that contain more than one storey, the Building Regulations require that sanitary accommodation for the disabled should be provided at the entrance level. Although sanitary accommodation for the disabled in other building types requires the provision of handrails within the toilet and shower, it is not a requirement for all dwellings in Sections AD M 10.1 to 10.3 in the Regulations
- RoSPA believes that the regulations should require handrails to be installed in bathrooms and toilets within the home

5.6 Operation of windows: RoSPA recommends that all windows and vents in kitchens and bathrooms should be operable at worktop level or provided with some mechanical means of opening from a distance.

- Access to window catches above worktops, sinks, baths and washbasins is difficult for older people, those of short stature and some disabled people. In order to open the window individuals are often tempted to climb on the worktop or stand on a chair. This can expose them to greater risk of an accidental fall
- The Building Regulations (Part AD F1) require some natural ventilation to be provided 1.75m above floor level. This can be provided in kitchens and bathrooms by a controllable, high level airbrick or trickle ventilation over the head of a window, operated by a cord or handle
- In addition, there is a requirement to provide extract ventilation in kitchens and bathrooms. Rapid ventilation has to be provided by a window that ideally should be located free from obstruction by fixtures within the home. However, this is rarely possible in kitchens and bathrooms
- Part N3 of the Regulations, which requires that windows, skylights and ventilators can be opened, closed and adjusted safely, does not apply to dwellings
- RoSPA proposes that the provision of low-level controls for at least one window in the kitchen and one in the bathroom should be provided in all homes
- RoSPA also believes that this provision should be made a requirement for all new, refurbished and renovated properties under the Building Regulations

5.7 RoSPA has reservations about the use of slip resistant bath mats on dimpled and uneven bath surfaces where secure fitting is not possible.

- A bath mat must be effectively secured by downwards pressure applied to its suction pads prior to use.
- Where this is not possible as with a dimpled finish on the bath surface the mat is likely to slip and will not provide the expected safe slip resistant support

5.8 Hip Protectors:

RoSPA supports the use of hip protectors for those most at risk of falls but would welcome further research and development in order to identify more effective and comfortable designs of hip protectors.

- Hip fractures are one of the most debilitating results of an accidental fall
- Approximately 90% of hip fractures occur among those aged 50 and over²⁷
- The risk of hip fractures in institutional settings can be up to three times that of the general population

- Hip protectors can be useful in preventing hip fractures and reducing the severity of falls related injuries. In one study of frail older people living within an institutional setting, hip protectors reduced hip fractures by 56%.²⁸
- Most hip protectors are worn under clothing and consist of plastic shields or foam pads held in place over the greater trochanter by specially designed underwear
- Many people find hip protectors uncomfortable to wear and for some the positioning of the pads may be incorrect when they fall. In general they are unpopular with many people and usage rates are low. Even within the study mentioned above the compliance rate was only 24%
- Given the current situation RoSPA supports the use of hip protectors but only for those most at risk due to their frailty or repeated experience of falls who are most likely to be found with institutional settings
- Whilst supporting the use of hip protectors for those most at risk, RoSPA would also encourage and support further research to examine the role of hip protectors in preventing hip fractures in practice