

Estates and Facilities Alert



Reference: EFA/2019/005 Issued: 31 October 2019 Review Date: 31 October 2021

Issues with doorstops / door buffers.

Summary.

The use of door stops and door buffers in health care settings may present a hazard resulting in a risk of harm to patients. A door stop is a common term for all fixtures that protect or restrict a door operating freely, see 'Device Details section for list of definitions. This EFA will use 'door stop' to cover all types and functions.

Action

Organisation should

- 1) Review their existing environmental risk management processes and update their 'use of building' risk assessments to include residual risks from the use of door stops. The risk assessment should identify door stops with potential issues which then may be addressed by multidisciplinary review to include patient safety considerations. The risk assessment will determine what actions will be taken and the amount of resource allocated will be dependent on the level of risk. The assessment of the level of risk for the use of the area should demonstrate reasonableness in the approach.

The risk assessment should:

- Be a collaborative multi-disciplinary risk assessment in-situ at department level to identify door stops, as described in this alert, areas where used, the potential hazards and their likelihood to occur.
 - Review the need for door stops; i.e. if removal or a replacement is to overall benefit, or if the existing doorstop is the most appropriate option based on the area/ risks
 - Plan and implement agreed door stop mitigation measures, if any, e.g. remove or relocate replace or redesign to mitigate against fabric damage or functional deterioration, and thereby risk to patient health and safety
 - Avoid doorstop use, such as loose wedges or weights holding open fire and smoke doors.
- 2) Schedule periodic collaborative multi-disciplinary reviews of procedures and environments for managing residual or changing risks e.g. increased tripping hazard due to changed patient type.

New Build and Refurbishment Construction:

- Consideration of the hazards posed by door stop type and locations should be undertaken for future new build, upgrade or refurbishment construction risk assessments
- Facility design to consider whole environment, and in order of preference for door stops:

- eliminate where practical, e.g. door swing in alternate direction, protective furniture or wall, electromagnetic hold-open device
- mitigate where unable to eliminate, e.g. hidden/ integrated restrictor in a door closer, integrated buffer on door handle or hook, wall or floor mount relocated to less frequently traffic zone/ near hinge
- select most appropriate type given specific environment, building use and patient type.

The risk assessor should be a competent person able to understand the wider terms of reference for doorstop use and decide, with multi-disciplinary support, whether it is a greater health and safety risk to add/ remove/ replace door stop, or to leave as is.

Design options and considerations may include:

- Removal e.g. impact to building fabric and potential of patient harm from this due to fabric damage, lack of functionality, disruption; versus any potential benefits of the proposed change.
- Addition e.g. new floor door stop in bathroom as no wall or closer available to mount, consider if a visually contrasting tone/ colour (>30 LRV) would reduce elderly tripping risk, or would this instead encourage people with dementia to fall as they may fall when trying to pick it up.
- Replacement e.g. replace floor door stop for wall type located near hinge if it does not cause a greater issue itself e.g. ligature hazard.

Action by

- Estates Managers
- Health and Safety
- Risk Managers
- Design Teams

Multidisciplinary group should also include, a fire officer, infection control lead, clinician(s) & capital planning as required for the project.

Deadlines for action

Actions underway: 2 weeks to devise a workable plan to assess door stops in the organisation
Actions complete : 6 months to have identified and started a programme of works on door stops, where agreed necessary.

Timescale of periodic review: schedule periodic collaborative multi-disciplinary reviews of procedures and environments for managing risk e.g. "use of building" risk assessments, and include door stops. These reviews will be annually as minimum; but also, pre and no more than 6 months post, any major functional change or building works.

If just completed your normal annual building assessment, do not wait more than 6 months to add a survey of door stops and their risks.

Device details

Definitions: Door stop is a common term for all fixtures that protect or restrict a door opening freely. Technically, this is subdivided into four functions, the first two of which are the main subject of this EFA.

1. doorstop: a loose wedge or weight, used to hold door in an open position (Fig 1).
2. door buffer: fixed ironmongery to restrict door opening too far; often door, floor or wall mounted (Fig 2, 3 & 4).
3. door closer: fixed ironmongery to close a door after use, but also may restrict opening too far; often spring & arm mounted on door head or wall above (Fig 5), may be jamb or floor mounted.
4. door obstruction protection: fixed structure to protect people from impact of door unexpectedly opening into a circulation/ open space; often a waist-height L- or U-shape barrier (Fig 6).



Figure 1: door stop: a loose wedge or weight placed at base of door to hold open



Figure 2: door buffer: ironmongery used to restrict door opening too far; fixed to either a door, floor or wall



Figure 3: door buffer: ironmongery used to restrict door opening too far; fixed to either a door, floor or wall.



Figure 4 door buffer: ironmongery used to restrict door opening too far; fixed to either a door, floor or wall.



Figure 5 door closer: ironmongery fixed to door



Figure 6: door obstruction protection: floor mounted U-shaped bar

The above photos are only a guide, these and other models may be purchased or could be made locally.

Problem / background

Door stops are commonly fitted when the location of the door or its ironmongery is highly likely to cause impact damage whilst swinging open to an adjacent wall, furniture, structure or person.

Use of door closers that restrict a door swing can pose ligature risk therefore floor, wall, skirting or door mounted door buffer ironmongery may provide an overall safer solution. However, several incidents resulting in harm to patients and involving door stops buffers and door wedges have been reported to the National Reporting and Learning System (NRLS). Examples include:

'Got out of bed and was walking through to the corridor when he tripped over the door stop in his bedroom, falling to the floor.' [floor-mounted door buffer]

The patient had fallen between the two doors, he stated he was trying to kick the door stop out, so he could close the door. [door wedge]

Manufacturer contacts

No specific manufacturers.

Distribution

- Estates Managers, Risk Managers, Health & Safety, Infection Control, Design Teams, Clinical leads

References

Door stops (particularly doorstop wedges and floor mounted door buffers) should be eliminated where practical, and where not, or where refurb/ upgrade construction is undertaken, consider mitigation's where practical. Door stop type, patient type, location etc. should be considered and recorded in a multi-disciplinary H&S environmental risk management process, per legislative and NHS guidance e.g. [Construction Design Management Regs](#) (CDM), [HBN 00-10 series](#), [HBN 00-09](#) and in Scotland also: [HBN 59 + 69](#) building components and [SHFN 30](#) infection risk series.

In mental health facilities, low down ligatures points have proven problematic given several recent fatality investigations, e.g. suicide using headphones whilst lying on floor. Note current [HBN 03-01](#), and [HBN 03-02 CAMHS](#) NHS facility guidance, plus [P22 Repeatable Rooms](#) (for use in NHS Scotland as well as England). The overall room and door designs for mental health facilities should eliminate any need for door buffers or doorstop wedges.

All references are current at time of EFA preparation, but it is up to the reader to check at time of implementation whether these documents have since been superceded or deleted.

Enquiries

This alert has been compiled under a partnership arrangement by the organisation below and it has been distributed across the UK. Enquiries should be directed to the appropriate Regional Office quoting the alert reference number.

England

Enquires should quote reference number EFA/2019/005 and be addressed to: -
nhsi.mb-defectsandfailures@nhs.net

Reporting adverse incidents in England

Defects or failures should be reported on this system: <https://efm.digital.nhs.uk/>

The web-based D&F reporting system is managed by the NHS Digital on behalf of NHS Improvement. For further information on this system, including obtaining login details, please contact the efm-information Helpdesk. Tel 0300 123 2106.

Northern Ireland

Enquiries and adverse incident reports in Northern Ireland should be addressed to:

Northern Ireland Adverse Incident Centre, CMO Group,
Department of Health
Tel: 028 9052 3868 Email: niaic@health-ni.gov.uk
<http://www.health-ni.gov.uk/niaic>

Reporting adverse incidents in Northern Ireland

Please report directly to NIAIC using the [forms on our website](#).

Scotland

Enquiries and adverse incident reports in Scotland should be addressed to:

Incident Reporting and Investigation Centre (IRIC)
Health Facilities Scotland, NHS National Services Scotland
Tel: 0131 275 7575 E-mail: nss.irc@nhs.net

Reporting adverse incidents in Scotland

Use our [online report form](#) or download the [PDF form](#)
Independent facilities which only provide private care should report to the [Care Inspectorate](#).

Wales

Enquiries and adverse incident reports in Wales should be addressed to:

Simon Russell, Principal Engineer, NHS Wales Shared Services Partnership – Specialist Estates
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Tel: 029 2090 4100
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