**Ligature and Self-Harm Environmental Risk Assessment Tool (v2 2017)**

Adapted from VA Mental Health Environment of Care Checklist (v 12/8/16)

**Unit Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Completing Assessment (Name and Title):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Purpose**

1. To prospectively identify and eliminate environmental risks for patient suicide and suicide attempts in setting designated for management of psychiatric/behavioral patients.
2. To prospectively identify and eliminate environmental risks for patient suicide and suicide attempts.
3. To focus specific attention on environmental safety, above and beyond the routine inspections made for facility safety.

**Instructions**

1. **Complete Risk Assessment In All Applicable Areas**
   1. Complete this Risk Assessment Tool at least annually or when a new area is utilized as follows for all of the following areas:
      1. Non-behavioral health units DESIGNATED for the treatment of psychiatric patients (i.e. Emergency Departments, ICUs or Medical Units).
2. **Report Results to Leadership and Appropriate Oversight Committee**
3. **Develop Mitigations Plan/Controls to Mitigate Risk Based Upon Risk Assessment**
   1. Ensure that leadership and staff are aware of the current environmental risks
   2. Identify patients’ risk for suicide or self-harm, then implement appropriate interventions based upon risk.
   3. Conduct ongoing assessments and reassessments of at-risk behavior as defined by the organization.
   4. Ensure the proper training of staff to properly identify patients’ level of risk and implement appropriate interventions.
   5. Incorporate suicide risk and self-harm reduction strategies into the overall Quality Assessment/Performance Improvement (QAPI) program
   6. If equipment poses a risk but is necessary for the safe treatment of psychiatric patients (i.e. medical beds with side rails), the organization must consider these risks in patients’ overall suicide/self-harm risk assessments, then implement appropriate interventions to diminish those risks.

**General Criteria**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| **FLOORS** | |  |  |  |  |  |  |  |  |  |  |  |
| 1 | Floor covering | 1.a. Are floor coverings free of tripping hazards? ------------------------- 1.b. Are floor coverings secured to the floor? | *Floor coverings should be tightly sealed to the floor, in good repair without tripping hazards, and not easily torn or dislodged.* |  |  |  |  |  |  |  |  |  |
| 2 | HVAC vents | Are floor-mounted HVAC vents removed? | *Floor-mounted HVAC vents should not be used. There should be no exposed and accessible HVAC equipment such as floor mounted fan coil units, radiators, convectors, or finned tube radiation. Note these vents can be used as a weapon and as a tie-off point for a ligature. Until they can be removed the risk must be mitigated and this mitigation noted in the tracking sheet.* |  |  |  |  |  |  |  |  |  |
| 3 | Thresholds | 3.a. Are door thresholds secured to the floor and no higher than 3/4 inches above the floor? ------------------------- 3.b. Are door thresholds secured using tamper resistant anchors or fasteners? | *Avoid thresholds where possible. Look for other projections on the floor that could be tripping hazards or could be removed easily to be used for self-harm or as a weapon.* |  |  |  |  |  |  |  |  |  |
| **WALLS** | |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Wall covering or paint | 4.a. Are wall coverings and paint non-toxic? ------------------------- 4.b. Are wall coverings secured to the wall and not peeling? | *Non-toxic wall paper, glue, and paint should be used. (Note that most newer wall coverings, glues and paints are non-toxic). Paint and wall paper should not be peeling.* |  |  |  |  |  |  |  |  |  |
| 5 | Pictures | 5.a. Are picture frames and coverings made of non-breakable material? ------------------------- 5.b. Are picture frames secured to the walls using tamper resistant screws or anchors? ------------------------ 5.c . Are picture frames hung so that they cannot be used for hanging? | *No glass coverings; no sharp edges; wood frames only, no metal frames; secured to the wall; may also be frameless; smaller is better; safe pictures are encouraged for milieu.* |  |  |  |  |  |  |  |  |  |
| 6 | Electrical outlets | 6.a. Are the number and locations of electrical receptacles in the room adequate? ------------------------- 6.b. Are receptacles and switches covered by metal plates that are secured by tamper resistant screws? ------------------------- 6.c. Are the electrical boxes flush mounted? ------------------------- 6.d. Are all receptacles provided with GFCI protection? | *GFCI-protected outlets, adequate number of outlets, short electrical cords. Equipment with cords should be located close to the wall outlet; cords should be too short to loop around the neck and secure to an anchor point for hanging. If the outlet will be used for medical equipment it should be tamper resistant but not GFCI as GFCI outlet may trip and shut off the equipment (added August 2008).*  ***Note:***  [As of August 2008 there are GFCI-Tamper Resistant outlets that should be used.   http://management.cableorganizer.com/search#w=tamper%20resistent%20GFCI%20outlets](http://management.cableorganizer.com/search#w=tamper%20resistent%20GFCI%20outlets) |  |  |  |  |  |  |  |  |  |
| 7 | HVAC vents | 7.a. Are HVAC vents flush with the wall? ------------------------- 7.b. Are HVAC vents secured with tamper resistant screws? ------------------------- 7.c. Are louvers designed so that they cannot be used to secure any item that might be used to attempt suicide by hanging? ------------------------ 7.d. Are vents designed without sharp edges to prevent self-harm? | *Vents should be flush with the wall and secured with tamper* ***resistant*** *anchors; vents or registers must be designed so that they cannot be used as anchor points for hanging. Vents should not be able to be removed and used as a weapon or for self-harm.* |  |  |  |  |  |  |  |  |  |
| 8 | Edges of walls | Are corner guards present on all wall edges?  --------------------------- Are corner guards secured with tamper resistant screws? | *Wall edges and corners should be protected by corner guards.* |  |  |  |  |  |  |  |  |  |
| 9 | Vinyl Baseboard | If used, is vinyl baseboard secured to the wall so that it cannot be easily removed and used as a weapon? | *Vinyl baseboard is used in many buildings. It should be secured to the wall. Look for sections that may be loose or have gaps making it easy to remove. If removed it could be used as a weapon.* |  |  |  |  |  |  |  |  |  |
| 10 | Surface wire mold | Has all surface-mounted wire molding been removed? | *In older buildings, it is not unusual for wiring to newer receptacles to be run in surface-mounted wire molding. Ideally, wire should be run inside of the wall and out of sight. Surface-mounted molding could potentially be used as an anchor point and should be replaced with flush wall-mounted receptacles. Prior to being replaced, any surface-mounted wire molding must be secured tight to the wall with no gaps and secured with tamper resistant screws.* |  |  |  |  |  |  |  |  |  |
| 11 | Corner Mirrors | Corner mirrors are secured with tamper resistant screws and are flush mounted so that they will not support a rope or material for hanging. | *Corner mirrors may be necessary for safety, but must not provide an anchor for hanging and must be made of non-glass material.* |  |  |  |  |  |  |  |  |  |
| 12 | Other items on the wall | 12.a. Are bulletin boards, message boards, posters, telephones, door stops, exit signs, and lights secured using tamper resistant screws? -------------------------  12.b. Alcohol dispensers should not be on the walls in patient areas? | *Look at each item. All items must be secured to the wall in a manner that prevents removal or use as a weapon or for self-harm. It must be flush with the wall or beveled in a manner so that it cannot be used as an anchor for hanging. If lights are on the wall, the glass bulbs should not be easily accessed.   Alcohol based gels and foams may be consumed by patients and therefore should not be accessible to them.*  ***NOTE:***See question #19 below for guidance on sprinklers |  |  |  |  | . |  |  |  |  |
| 13 | Other projections | Are items projecting from the wall, even if otherwise considered a safety item, designed so they cannot be used for harm of self or to harm others? For wall-mounted sprinklers, see sprinkler criteria under Ceilings section. | *Cords should be too short to use to wrap around a neck and hang from any securing point (maximum of 12 inches). Wall telephones should only be in locations that can be continuously observed by staff and the cord between the telephone base and the hand set should be as short as practically possible. Hooks and hangers, even if structured with safety features, should be evaluated for risk to others. Drinking fountains should be secured to the wall and visible to staff.* |  |  |  |  |  |  |  |  |  |
| 13.1 | Tamper Resistant Screws | Are all tamper resistant screws checked quarterly to ensure that they are still tight and do not create an anchor point for hanging? | *Tamper resistant screws can become loose making them easy to remove.* |  |  |  |  |  |  |  |  |  |
| 14 | Thermo-stats | Are wall mounted exposed room thermostats removed from patient areas? | *No wall mounted exposed room thermostat in patient areas. Use duct mounted temperature sensor programmable from a remote control panel or (if necessary) recessed wall mounted aspirating type room thermostat with a tamper resistant perforated cover.* |  |  |  |  |  |  |  |  |  |
| **CEILINGS** | |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Surface | 15.a. Are ceilings that are in areas not in the direct line of sight of the nursing station constructed of solid materials such as plaster/lath, gypsum board, or a metal pan system that requires the use special tools for removal? ------------------------- 15.b. Are ceilings free of hanging objects such as plant hangers and wind chimes?  ------------------------- 15.c. Check all ceiling tiles and access panels semi-annually to make sure they are still secure and that patients cannot access the ceiling. | *The space above a ceiling will almost always contain pipes, conduits, ductwork, and other building features that could be used as an anchor point for hanging. In areas accessible to patients and not continuously observable by staff (e.g., patient bed rooms, day rooms), ceilings should be solid or of a rigid, locking metal tile. Acoustical tile lay-in ceilings are not acceptable in these areas, even if the tiles are locked in place. There should not be items hanging from the ceiling since these will present anchor points.* |  |  |  |  |  |  |  |  |  |
| 16 | Access Doors | Are access doors in solid ceilings locked using a key or special tool to prevent unauthorized access and secured to the ceiling using tamper resistant fasteners? | *Access doors are needed to access electrical and mechanical equipment above the ceiling. Patients having access to this space may harm themselves or others or use the space for storing contraband items. It is critical that these access doors be locked at all times and the locks are routinely checked. All access doors should be flush with ceiling to prevent being used as an anchor point or being bent into a sharp edge.* |  |  |  |  |  |  |  |  |  |
| 17 | Light fixtures | Are light fixtures flush mounted in the ceiling, tamper resistant, and provided with break-resistant panels or covers and designed so they cannot serve as an anchor point for hanging? | *Light fixture coverings should be secure and of break-resistant material so that bulbs cannot be accessed for self-harm or harm to others. Tamper resistant screws/attachment devices should be used, and the light fixtures should not create an anchor point.* |  |  |  |  |  |  |  |  |  |
| 18 | HVAC vents | 18.a. Are vents in the ceiling flush mounted with the ceiling surface and secured with tamper resistant fasteners? ------------------------- 18.b. Are vents in the ceiling designed so they cannot serve as an anchor point for hanging? | *Louvers can be used as an anchor point; mesh or grates are preferable or the louver should not support weight. Edges should be caulked with tamper resistant caulk to avoid being used as anchor point or sharp.* |  |  |  |  |  |  |  |  |  |
| 19 | Sprinklers | Are fire sprinklers the institutional type that cannot be used as an anchor point for hanging? | *Institutional sprinklers should be used for sprinklers installed on the walls as well as the ceiling. An institutional sprinkler is designed to resist tampering and to not provide an anchor for hanging; the fusible element is designed to breakaway rather than support the weight of a person. See http://www.reliablesprinkler.com/sprinklers\_products.php?cid=28* |  |  |  |  |  |  |  |  |  |
| 19.1 | Access Point for Wireless Computers | Are all access points for wireless computers covered with a shatter-proof cover that cannot be pulled down from the ceiling? | *Wireless access points cannot be installed in patient sleeping rooms or patient bathrooms; the wireless access points are authorized to be installed in the corridors, day-room, computer rooms and nursing stations (For questions on any other areas within mental please contact Peter.Mills@va.gov). All wireless access points on mental health units must be protected by a shatterproof cover that is installed and secured with tamper resistance screws. Tamper resistant screws used for the covers should be of the TORX or Allen head type (tools typically carried by IT personnel) for maintenance access purposes. The access point and the cover will be secured in such a way to prevent pulling away from the ceiling.* |  |  |  |  |  |  |  |  |  |
| **WINDOWS** | |  |  |  |  |  |  |  |  |  |  |  |
| 20 | Panes | 20a. Does the glazing material in windows comply with VA specifications (5/16 inch laminated safety glazing for general areas and 7/16 inch laminated safety glazing for high-security areas such as seclusion rooms? - updated January 2013) ------------------------- 20.b. If windows open, are they restricted so that the maximum opening is 4 inches or locked to prevent them from being opened by a patient? Do staff know the location of the key need to unlock the window and is it accessible to them if it is needed? Updated November 2016.  20.c. Are windows inspected at least semi-annually to ensure locking mechanisms have not been compromised (added 9/01/2009) | *See below for glazing requirements from VA Master Specification Section 08810, Glass and Glazing. If the unit was designed as a mental health unit it is likely that the glazing meets the requirements. If the unit was converted from a different use, the glazing may not meet the requirements for mental health units. Consult with facility Engineering staff regarding use of Section 08810.  For Glazing Specifications please see: Section 08 80 00, Glazing @* <http://www.cfm.va.gov/TIL/spec.asp#08>  ***Note****: Security screens, if placed over external windows, are also an acceptable mitigation. (August 2008)* |  |  |  |  |  |  |  |  |  |
| 20 | Panes, continued |  | *Excerpted from VA Master Specification Section 088000: 1. Mental health and behavioral science service for psychiatric, alcohol, and drug dependency treatment areas require "Security Glazing" assemblies, resistant to breakage and use as weapons. 2. Security (seclusion) rooms, including room doors, use 11 mm (7/16 inch) laminated clear glass, clear heat strengthened glass clad polycarbonate, or clear tempered glass clad polycarbonate. 3. For patient ward glazing use laminated assemblies of tinted, heat strengthened, clear, clear tempered, or clear heat strengthened glass. 4. Specify optional glazing of clear heat strengthened glass clad polycarbonate, or clear tempered glass clad polycarbonate for 11 mm inch (7/16) thick laminated glass. Please see: Section 08 80 00, Glazing @* <http://www.cfm.va.gov/TIL/spec.asp#08> |  |  |  |  |  |  |  |  |  |
| 21 | Window frames | 21.a. Are window frames designed to prevent them from being broken by a patient? ------------------------- 21.b. Are the windows frames free of projections or holes that could serve as an anchor point for hanging? | *Frames should be tamper resistant and shatter resistant and tested to make sure that they cannot be broken apart.   The following are the performance requirements for window frames in mental health units: “Behavioral Health Interior Access Windows: Provide interior access windows designed to meet the 2711 Newton meters (Nm) (2000 ft-lb.) simulated human impact test in accordance with AAMA 501.8-13.”* |  |  |  |  |  |  |  |  |  |
| 22 | Window coverings | 22.a. Are window covering designed so they cannot be used for hanging? ------------------------- 22.b. Is the hardware supporting the window covering designed and installed such that it cannot serve as an anchor point for hanging and secured with tamper resistant fasteners? | *Shades, or blinds inside of window panes are safest choices. There should be no cords or ropes attached and curtains should not be used. Hardware should be flush with the wall so that it can’t be used to secure a noose. It should also be tamper proof to prevent it being removed and used as a weapon or for self-harm.* |  |  |  |  |  |  |  |  |  |
| **DOORS** | |  |  |  |  |  |  |  |  |  |  |  |
| 23 | Corridor Doors | 23.a. Do corridor doors to patient-occupied rooms have the ability to swing out into the corridor or have a wicket door? (Only New Units)   23. b. If a gasket or sweep is used, it should be cut into sections that are short enough (e.g., 12 inches or less) so that if the gasket or sweep is removed it cannot be used for self-harm. | *Because of Life Safety Code limitations regarding door swing into the corridor and corridor obstruction from a fully-opened door, corridor doors have traditionally been designed to swing into the room. For corridor doors in new construction it is recommended to install a door and frame assembly that will permit the door to swing in both directions. Normal operation could be door swing into the room, but if necessary (e.g., patient barricaded inside the room), staff could release the door stop so that the door could swing into the corridor. NOTE: The use of a wicket door (a door within a door) is also acceptable in both new and existing construction.  Refer to the Life Safety Code (NFPA 101) for the complete set of door requirements.*  **Please Note**: We have not been able to find a corridor door that completely eliminates all suicide hazards. Thus far sliding doors have problems with maintenance and infection control. Corridor doors must also be designed to limit the transfer of smoke so they cannot be cut down. Consideration should be given to using hinge alarms or over the door alarms to decrease the risk of hang from the door. (added January 2013) |  |  |  |  |  |  |  |  |  |
| 23.1. | Interior Doors that do not need to limit the transfer of smoke | 23.c. Are doors that are within rooms and that open to other in-room areas such as bath/shower/toilet areas (i.e., not corridor doors) designed to eliminate anchor points?  23. d. Are thick wooden cut-down doors removed and replaced by SER doors, soft suicide prevention doors or break-away curtains?   23. e. Are interior doors are inspected semi-annually to ensure that the top hinge is intact and that there are no anchor points? | *For doors NOT opening to the corridor, the preferred door design is an angled top (hinge side higher) with an approximately 6-inch gap between the top of the door and the door frame. Doors that do not open to the corridor are not required to limit the transfer of smoke, so the dimension of the gap between the door and the frame is not specified. Doors to wardrobe cabinets or closets should be removed and shelves should replace rods and hangers.  Even with an angled top door, the presence of door latching hardware, including roller latches, provides an accessible anchor point to patients when ligatures are pinched between the door edge and the door frame. Another potential anchor point may exist above the continuous (piano) hinge of an angled top door. While a continuous hinge is recommended over standard door (2 or 3 point) hinges, it is not without risk. The continuous hinge must have a “hospital cut” at the top providing a sloped surface for the entire top surface of the door.*  **Note:**  If cut down doors or SER doors are installed in locked mental health units, then do one of the following: a) Remove latching door hardware, (positive latching or roller latches) on cut down doors or SER doors. Fill any holes in the doors to remove potential anchor points. Trim back the latching edge of the door to create a gap of approximately 1 inch between the door and the door frame that will not permit a ligature to be pinched between them. Install a soft gasket material to the latching edge of the door that is cut into lengths not exceeding 12 inches; or b) Replace cut down doors equipped with any type of latching door hardware with soft break-away doors for bathrooms and showers. |  |  |  |  |  |  | | | |
| 24 | Hinges | 25.a. Are swinging doors provided hardware that reduces the risk of the hardware being used as an anchor? ------------------------- 25.b. Are three-point hinges designed and installed so they do not protrude providing an anchor point for hanging? Standard butt hinges, if used, must have a "hospital tip" that is beveled. Wherever possible use continuous piano hinges.  ------------------------- 25.c. Are doors free of hold-open devices and self-closers that could be used as an anchor point for hanging? | *The dual-swing doors discussed in item 23 above are supported by a post at the top and bottom of the door and do not have hinges. Such hardware is acceptable as long as the gap at the top of the door is sufficiently small to reduce the risk that the post could be used as an anchor point. (Note it is not possible to completely eliminate the risk of a person threading a small lanyard around the post and using it to hang.) If piano hinges are used, it is recommended to use piano-type hinges that are flush-mounted to the door frame.   Spring loaded hinges are acceptable if the door is required to be self-closing by a code or regulation.* |  |  |  |  |  |  | | | |
| 25 | Door hardware for corridor doors | Is the door latching hardware designed and installed to prevent it from being used as an anchor point for hanging? | Hardware should be designed with a taper or a lever so a noose would slip off with the weight of a person. See Reference to Products for specific products. |  |  |  |  |  |  | | | |
| 25.1 | Door Stoppers | Are door stoppers attached with tamper resistant hardware and designed to prevent self-harm or harm to others? | *We have had several reports of door stoppers that expose long sharp screws when removed, it is important to check door stopper to be sure they are not loose and cannot be used as weapons or for self-harm.* |  |  |  |  |  |  | | | |
| **CLOSETS / SHELVES / RACKS** | | |  |  |  |  |  |  |  | | | |
| 26 | Closets | 27.a. Are closets free of clothes rods? There should be no clothes rods of any kind in closets. ------------------------- 27.b. Are closets free of clothes hangers (plastic, wood, and metal)? (Added September 2010) ------------------------- 27. c. Are doors on closets or wardrobe cabinets removed? | *Clothing rods of any type can be used as a ligature point for hanging and can be used as a weapon.  Doors on closets and cabinets should be removed so that they do not provide an anchor point for hanging.  Spring-loaded hooks designed for mental health areas should be used in lieu of closet rods and hangers.* |  |  |  |  |  |  |  |  |  |
| 27 | Shelves | 28.a. Are shelves in closets secured with tamper resistant fasteners and designed so they cannot be used as an anchor for hanging? ------------------------- 28.b. Are heavy items on shelves placed low to the floor and secured in place to prevent them from being removed? ------------------------- 28.c. Is each shelf layer secured and not removable so that it cannot be pulled apart to be used as a weapon? | *If there is a television or other electrical or heavy item on the shelf, it should be secured so that it cannot be pulled off onto someone, and the electrical cord must be short and plugged directly into the electrical receptacle. Sets of shelves should be short or low in height (low profile) to prevent the patient from reaching the ceiling.* |  |  |  |  |  |  |  |  |  |
| 28 | Racks | 29.a. Are racks secured to the wall with tamper resistant fasteners? ------------------------- 29.b. Are racks designed so they cannot be used as an anchor point for hanging? ------------------------- 29.c. Are racks free of parts or pieces that can be removed and used as a weapon? | *Any racks must be flush with the wall and secured with tamper resistant screws.* |  |  |  |  |  |  |  |  |  |
| **FURNITURE** | |  |  |  |  |  |  |  |  |  |  |  |
| 29 | Furniture – general considerations | 30.a. Is furniture secured or heavy enough to prevent it from being picked up and thrown or moved to block a door? ------------------------- 30.b. Is furniture designed to prevent it from being pulled apart or splintered to be used as a weapon for self-harm or harm to others? Examples of potential hazards are pieces of metal such as drawer roller assembly, or a part of a bed or chair that could be removed and used as a weapon. ------------------------- 30.c Is the furniture (e.g., chairs, stools, tables, beds, cabinets, shelves, desks) accessible to patients free of anchor points to prevent hanging? Are wheelchairs with anchor points inaccessible to patients? -------------------------- 30.d Are floor guards on all furniture in the unit either a) attached to the furniture using tamper-resistant fasteners or b) removed from the furniture? | *Furniture should be heavy and difficult to pick up and move; it should be made of wood or sturdy plastic; knobs and pulls should be designed to not support weight. Furniture should be low profile type so that it cannot be used by the patient to reach the ceiling.   Furniture should not have anchor points for hanging, or floor guards that can be removed by patients and used as a weapon or for self-harm.   Furniture in private areas such as bedrooms should be weighted or secured.  Furniture, including wheelchairs, should be free of plastic, vinyl, or other materials that could be removed and used for suffocation or strangulation (Added March 2014).* |  |  |  |  |  |  |  |  |  |
| **PLUMBING** | |  |  |  |  |  |  |  |  | | | |
| 30 | Plumbing – not bathroom | 31.a. Are sinks secured to the wall or floor so that they cannot be easily moved?  ------------------------- 31.b. Is the plumbing enclosed in a tamper-resistant enclosure to prevent access by patients? ------------------------- 31.c. Is under-sink storage secured? ------------------------- 31.d. Is the temperature of the hot water tested to ensure it will not cause a burn? ------------------------- 31.e. Do anchor points exist on the sinks or faucets (or other accessories)? (Added March 2012) | *There should be no exposed piping or conduit in patient areas. The sink faucet should be a single unit with a round handle that is designed with a taper or a round lever so a noose would slip off with the weight of a person. A sensor type faucet is preferable since this has no lever. Hot water should be regulated so that it is 105 - 110 degrees F at the tap (see VHA Directive 2002-073, Domestic Hot Water Temperature Limits).  Sinks must not have any anchor points and the patient should not be able to hang from the sink itself. One design that achieves this is a vanity that extends from wall to wall. Added March 2013.  Faucets must also have no anchor points.* |  |  |  |  |  |  |  |  |  |
| **OTHER CONSIDERATIONS** | | |  |  |  |  |  |  |  |  |  |  |
| 31 | Visibility | Is the unit designed to eliminate blind spots? Note: In existing buildings alternate and equivalent methods must be in place (e.g., non breakable mirrors) to increase visibility. | *Some older buildings have configurations that result in hallways that are not visible from the nurses station. Any blind spots should be mitigated or addressed. Rooms that house patients on special watches should not have any areas that are not visible. Blind corners or hallway intersections should have a corner mirror (non-glass material) installed at the ceiling as discussed above.* |  |  |  |  |  |  |  |  |  |
| 32 | Chemicals and equipment | Are chemicals, including those in housekeeping carts, secured when not in use?  -------------------------- Are carts locked away when not in use? (January 2013) -------------------------- Can locks for storage cabinets on the unit be disabled by items that may be available to patients, such as plastic cards? (2014) | *All chemicals, housekeeping supplies and equipment, and maintenance carts and equipment must be secured or have someone in attendance.* |  |  |  |  |  |  |  |  |  |
| 33 | Medical Equipment | 34 a. Are devices such as blood pressure cuffs and other medical equipment kept inaccessible to patients? Also make sure that wheelchairs with anchor points are not accessible to patients.  34 b. Have patients with assistive devices been evaluated for their risk for using the device as a weapon or to barricade themselves in a room? | *Blood pressure cuffs can be placed around the neck and inflated, or the cords and hoses can be used for self-harm or to harm others. Other medical equipment may present dangers also. These items should be kept in locked rooms or where a staff member is in attendance.  Practitioners should assess a patient’s suicide and fall risks, the need for assistive devices and the danger of the assistive device, on a case-by-case basis. The practitioners and the treatment team must weigh the risks vs. benefits for each patient and the environment as a whole. This assessment needs to include, at minimum, the patient’s risk for falls, the patient’s risk for suicide, aggression or aggressive behaviors on the part of the patient or other patients within the unit, and the ability of the device to barricade a door or be used as a weapon. It is suggested that physical therapy be consulted, as needed, to assist in developing an interdisciplinary plan of care that minimizes risk for injury from falls, self-harm behavior or of harm to others. Less complex options for patient mobility could be found to be more applicable (e.g., don’t permit use of a walker if a quad cane is equally effective and safe for the particular patient). Note that reassessment during a patient’s stay will be required if the patient’s behavior or suicidal status changes (e.g., if the patient become aggressive) or if the environment changes.* |  |  |  |  |  |  |  |  |  |
| 34 | Trash bags | Are trash cans in areas accessible to the patients free of plastic bags that can present a suffocation hazard? ------------------------------- All trash cans should be collapsible so they cannot be used to stand on. (Updated January 2013) | *The trash cans should be lined with paper liners. Also see question number 42.1.* |  |  |  |  |  |  |  |  |  |
| 35 | Cords | Is the area free of unnecessary cords? | *If cords are present, they should be 12 inches or less. Cords of any length are not recommended for seclusion rooms.* |  |  |  |  |  |  |  |  |  |
| 36 | Weapons | 37 a. Is the area free of lamps, steel trash cans, and other items that could be used as weapons?  --------------------------- | *Inspect ward and patient rooms. Also inspect for devices with detachable pieces that could be used to harm themselves or another e.g., wheelchairs with detachable pieces (e.g., arm rests, anti-tip parts, foot rest, etc.)* |  |  |  |  |  |  |  |  |  |
| 37 | Sharps | 38 a. Are sharps containers tamper-resistant and installed only in locations where the containers can be continuously monitored by staff?   38 b. Have plastic items, in areas where suicidal patients have access to or can potentially gain access to, been assessed for their ability to be torn or broken and subsequently created into sharp objects that could be used for self-harm or to harm others.? | *Inspect ward and patient rooms. Plastic items seem safe to have on mental health units treating actively suicidal patients and other areas treating or holding suicidal patients that are not on 1:1 observation (e.g., psychiatric holding areas in emergency departments); however, some plastics, when broken or torn, create sharp edged pieces that can be used for self-harm or harm to others.*  ***Note:***[See Patient Safety Advisory AD11-02.](http://www.patientsafety.gov/alerts/AD11-02.pdf) |  |  |  |  |  |  |  |  |  |

**SLEEPING ROOMS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 38 | Mounted Fixtures | Are all mounted fixtures designed to prevent attachment of devices that could be used to inflict self-harm? Wireless Access Points for computers should not be installed in patient sleeping rooms or bathrooms. | *Sprinkler heads; flush mounted vent covers free of louvers; no attachment points on furniture parts or doors (i.e., no hooks) or anything fixed to the walls or ceilings. Tamper-resistant screws should be used on all devices.*  ***Note****: B*reak-away clothing rods are not allowed; No rods of any kind should be allowed. |  |  |  |  |  |  |  |  |  |
| 39 | Door Locks | Are locks on patient rooms free of anchor points and able to be open by staff? Also see 23 e. under the general criteria. (Added October 2010) | *1. There is a requirement that all female patient rooms on mixed gender units have door locks. This is included in VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, as follows:  “All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women. Mixed gender units must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to door locks and proximity to staff” (p. 11).*  **Notes:** For mental health units treating suicidal patients, it is important not to introduce new anchor points for hanging when adding locks to corridor doors to sleeping rooms. It is also critical to install door locks that can be opened by staff permitting them to enter the room and locking systems that do not prevent the patient from exiting the room (the exiting requirement does not apply to seclusion rooms). Either a manual locking system without anchor points or an electronic locking system that could be operated via a key fob or access card with rounded edges would be acceptable. Such an electronic locking system must also allow for staff access and have an override system that will allow for doors to be unlocked in the event of a power loss or system malfunction. Moreover, it is recommended that door locks not include slots in which cards are to be inserted or keyholes, as other materials may be placed in these slots and cause the locks to malfunction; rather, electronic sensors are recommended for electronic door locking systems, and cipher locks are recommended for mechanical locks. [Note: All locking systems must be in compliance with the requirements of the Life-Safety Code (National Fire Protection Association 101)].  In rare cases, the treatment team may determine that it is contraindicated to place a female patient in a sleeping room that has a corridor door that locks. In such instances, the reasons for not placing the patient in a locking room must be documented in the chart. |  |  |  |  |  |  |  |  |  |
| 40 | Mirrors | Are patient room mirrors shatter-resistant and not able to be used as an anchor point? | *Mirrors should be stainless steel, not glass and have no anchor points for hanging.* |  |  |  |  |  |  |  |  |  |
| 41 | Platform Beds | Are all beds free of anchor points for hanging? | *Platform beds are the safest for an acute psychiatric environment.*  ***Note:*** When reviewing beds make sure it is not possible to create an anchor point by standing the bed on its end or side, or by looping a lanyard over the top or back of the bed to hang. With some beds it is necessary to bolt them to the floor to avoid them being used as an anchor point. Securing platform beds to the floor also eliminates the beds being moved and used to barricade the door or stacked one on top of another to reach the ceiling. (added October 2010). |  |  |  |  |  |  |  |  |  |
| 41.1 | Medical Beds | Have electric and manually adjustable beds been eliminated unless indicated by clinical need? | *If electric beds are necessary, power cords should be shortened and securely fastened. If hospital beds (electrical or mechanical) are used in locked units, they should be in a sleeping room that is close to the nursing station, patients should be watched when the beds are occupied (often there is other medical equipment in the room, since the medical condition is driving the need for the hospital bed) and the room should be locked when not occupied.*  **Note:** When patients are in a hospital bed, or have medical equipment, a risk assessment should be conducted frequently to determine potential level of suicide risk. (section on medical beds added January 2013) |  |  |  |  |  |  |  |  |  |
| 41.2 | Pillows and mattresses | Are pillows and mattresses free of plastic, vinyl, or other materials that could be removed and used for suffocation or strangulation? | *Pillows and mattresses should not have covers that can be easily removed by the patient and used for suffocation. This requirement is consistent with eliminating plastic trash can liners (refer to question #35) and vinyl or plastic shower curtains (refer to question #59).*  **Note:**See [VA Alert: Use of elastic-hemmed fitted bed sheets in mental health units AL 11-02](https://www.patientsafety.va.gov/docs/alerts/AL11-02WWW.pdf) |  |  |  |  |  |  |  |  |  |
| 41.3 | Sheets | Are all fitted bed sheets (with elastic) removed from the units and replaced with either non-elastic fitted sheets or standard flat bed sheets? | *While bed sheets themselves can be used as ligatures, bed sheets with elastic are potentially more dangerous as ligatures than bed sheets without elastic. Elastic wrapped tightly around a neck may continue to remain tight and strangle the patient, even after the patient has passed out and stopped applying tension.* ***Note****: This is specific to fitted sheets and is not intended to suggest that other items which generally do not have non-elastic alternatives (e.g. pajama pants, underwear, brassieres) be removed from the units. However strong consideration should be given to removing belts, shoelaces and neckties from patients. Added March 2013.*  **Note:**See [VA Alert: Use of elastic-hemmed fitted bed sheets in mental health units AL 11-02](https://www.patientsafety.va.gov/docs/alerts/AL11-02WWW.pdf) |  |  |  |  |  |  |  |  |  |
| 41.4 | Mattresses covers | Are mattress covers with elastic hems at the corners (those that are the same style as elastic-hemmed fitted bed sheets) also removed from the unit? | *Mattress covers that completely encase the mattress and are impervious to bed bugs and fluids are preferred. It is also very important that all mattress covers cannot be removed by the patient and used for suffocation.* |  |  |  |  |  |  |  |  |  |
| 42 | Nurse call systems | If nurse call systems are used, are no anchor points or lanyards present? | *Inspect ward and patient rooms. Cords should be made out of plastic bead type materials or breakaway type (5 lbs. max weight). Cords must be segmented in such a way as to break into segments that are no longer than 12 inches. A system with 2 call buttons, one 12 inches from the floor and the other 38 to 44 inches above the floor, is also acceptable.* |  |  |  |  |  |  |  |  |  |
| 43 | Privacy Curtains | Have all privacy curtains and tracks for hanging the privacy curtains been removed? | *Privacy Curtains have been used to commit suicide by hanging.*  *See* [VA patient safety alert on privacy curtains AL-07](https://www.patientsafety.va.gov/docs/alerts/PrivacyCurtainAlert.pdf) |  |  |  |  |  |  |  |  |  |

**Bathrooms**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 44 | Light Fixtures | Are light fixtures securely mounted to the ceiling by inaccessible fasteners or tamper resistant fasteners (or equivalent) with non-breakable lenses? | *Flush mounted fixtures are recommended; however, surface mounted lights are acceptable provided they do not provide an anchor point for hanging. All energized parts must be secured with tamper resistant fasteners. It is required by NFPA 70 to have GFCI circuits in all wet locations.* |  |  |  |  |  |  |  |  |  |
| 45 | Walls/Tiles | Are walls solid (gypsum, plaster/lath, concrete block, etc.) and free of Ceramic Tile? **Note: Only new units need to be free of ceramic tile with the exception of 2 inch by 2 inch tile on the floor.** | *Ceramic tile may be broken and the shards used for self-injury or as a weapon. If gypsum board walls are provided in rooms serving patients in seclusion rooms’ additional protection is needed. These walls should be provided with a backing material such as fire treated plywood, or equivalent, to provide additional structural integrity.* |  |  |  |  |  |  |  |  |  |
| 46 | Grab rails | 47.a. Are grab rails installed around the toilet and shower areas the closed type that prevent materials from being wrapped around them?  ------------------------- 47.b. Are all grab rails eliminated where they are not needed? | *The grab rail should be of a design that permits them to be easily grasped while preventing materials from being threaded through that meet ABA standards. For example rails with continuous filer that extends down from the bottom of the rail before going to the wall (in showers drill very small holes for drainage) or slanted design with two anchoring points for top and bottom only - that still meet ABA standards.* |  |  |  |  |  |  |  |  |  |
| 47 | Toilet paper holders | Are toilet paper holders recessed in the wall and designed to hold the paper without providing materials that could be used as a weapon? | *Toilet paper holders may have metal spring clips used to hold the paper roll in place. These clips may be used as weapons. Toilet paper holders should be a soft plastic rod so that it can not support weight of a person.* |  |  |  |  |  |  |  |  |  |
| 47.1 | Paper Towel Holders | Are paper towel dispensers free of all anchor points? | *Paper towel dispensers must be free of anchor points and secured to the wall using tamper resistant hardware. Make sure the unit cannot be pulled off the wall. Also ensure that any locks are tamper resistant and cannot be easily opened.   An anchor point can also be created on some paper towel dispensers by knotting the end of a bath towel, sheet, or other ligature and jamming it into the opening of the paper towel holder (where the paper towels exit the holder). Once a ligature is jammed into the paper towel holder’s opening, it can be used for hanging.* |  |  |  |  |  |  |  |  |  |
| 48 | Towel Bars | Have towel bars been removed and replaced with flip-down type hooks designed to support the weight of a bath towel and nothing heavier? |  |  |  |  |  |  |  |  |  |  |
| 49 | Mirrors | Are mirrors shatter proof or other non breakable material and affixed to the wall using tamper resistant fasteners and unable to be used as an anchor point for hanging? | *Polished stainless steel mirrors are preferred.* |  |  |  |  |  |  |  |  |  |
| 50 | Electrical Receptacles | If electrical receptacles have not been removed and covered by a plate fastened using a tamper resistant fastener, is a Ground Fault Circuit Interrupter (GFCI) receptacle or GFCI circuit breaker provided? | *Removal of the receptacle is preferred [MET]. If a receptacle must be used, GFCI protection is required to reduce the risk of shocks and electrocutions, and the receptacle cover must be fastened with tamper resistant screws [PARTIALLY MET]. An electrical receptacle requires that an electrical cord be plugged into it to be used. Electrical cords may be used as a lanyard (noose) and must be strictly controlled. Ideally electrical receptacles and the need for cords should be eliminated altogether.* |  |  |  |  |  |  |  |  |  |
| 51 | Call buttons | If provided, two Emergency Call buttons should be used. One mounted using tamper resistant fasteners and located approximately 1 foot above the floor level and the other should be 38” to 44” above the floor. Pull cords should be of plastic breakaway beads in lieu of cords. | *Call buttons (when provided) should be accessible to someone who has fallen on the floor. If plastic break-away beads are used the unit should develop a protocol for quickly and easily replacing the beads as they are removed or pulled off by patients.* |  |  |  |  |  |  |  |  |  |
| 52 | Toilets | **52.a. For new units, are toilets floor mounted with no exposed piping that could serve as an anchor point for hanging and free of removable seat covers? (Only New Units)** ------------------------- 52.b. For existing units, are all pipes and plumbing that could be used as an anchor point enclosed?  ------------------------- 52.c. Do toilet partitions have no cross connections that could be used for hanging? | *Plumbing fixtures should be enclosed to minimize risks. All facilities should replace removable toilet seats with integrated seats where feasible. Added March 2013* |  |  |  |  |  |  |  |  |  |
| 53 | Toilets | In areas accessible to patients in seclusion, are toilets shatter proof (e.g. metal)? | *Porcelain toilets can be broken and the pieces used as a weapon or self-harm.* |  |  |  |  |  |  |  |  |  |
| 54 | Urinals | Are privacy dividers angled down at least 30 degrees toward the floor to prevent hanging? | *Angled privacy dividers decrease the chance of hanging on the dividers. In addition, electronic sensors for flushing systems decrease the need for plumbing over the urinal that can also be an anchor point.* |  |  |  |  |  |  |  |  |  |
| 55 | Sinks | Are sinks securely mounted to the wall and all supply and waste plumbing concealed and inaccessible (with tamper resistant fasteners)? Do anchor points exist on the sinks or faucets (or other accessories)? | *Sink pipes can be used as a weapon and an anchor point. Sinks must not have any anchor points and the patient should not be able to hang from the sink itself. One design that achieves this is a vanity that extends from wall to wall.* |  |  |  |  |  |  |  |  |  |
| 56 | Showers | Are showers free of anchor points? Shower heads should be institutional type. Soap holders should be recessed. Floor drain plates should have tamper-resistant screws. | *Institutional shower head is designed to not provide an anchor point for hanging. The shower head and controls should be free of anchor points. Consider using automatic on/off faucets to eliminate the faucet handles. Push button controls for the shower are also an acceptable alternative. Updated February 2013* |  |  |  |  |  |  |  |  |  |
| 57 | Water Temperature | Is the water temperature limited to a maximum of 110 degrees F? | *Check the water by running the faucet in the sink or shower or install temperature control guard for all faucet and set temperature to 105-110 degrees F.* |  |  |  |  |  |  |  |  |  |
| 58 | Shower Curtains | Are shower curtains hung from ceiling mounted tracks with curtains designed to tear away when a static load of 5 pounds or more is applied? Are shower curtains made of breathable material (not plastic or vinyl) so that they cannot be used for suffocation? Tracks in bathrooms should be the flush type and not surface mounted. | *Shower Curtains are important for privacy and to keep water from flooding the floor - causing fall hazards. It is vital to check that the mounted tracks cannot be used as an anchor point for hanging. Break away curtain rods may be used as a weapon and are not recommended.* ***Note: On new construction showers can be built to provide privacy by walking around a corner so that doors or curtains are not needed.   Check to make sure that the curtain cannot be gathered together to form a lanyard that can be used for hanging from either a standing or seated position. (Added 2014)***  *See* [VA Patient Safety Alert AL-09 Shower Curtains](https://www.patientsafety.va.gov/docs/alerts/AL09-01ShowerCurtainsinLockedMHUnitsWWW.pdf) |  |  |  |  |  |  |  |  |  |
| 59 | Interior Bathroom Doors | Are interior bathroom doors designed without anchor points and designed such that it is not possible to barricade the door?  Are thick wooden cut-down doors removed and replaced by SER doors, soft suicide prevention doors or break-away curtains?   Are interior doors are inspected semi-annually to ensure that the top hinge is intact and that there are no anchor points?  Updated November 2016  Also see question #23.1 | *There is no Life Safety Code requirement for the construction of doors to toilets and shower rooms (as long as the rooms are not used for storage). Doors to these rooms may be removed and replaced with cut-down doors that do not have anchor points and do not latch.*  *Note:*  If cut down doors or SER doors are installed in locked mental health units, then do one of the following: a) Remove latching door hardware, (positive latching or roller latches) on cut down doors or SER doors. Fill any holes in the doors to remove potential anchor points. Trim back the latching edge of the door to create a gap of approximately 1 inch between the door and the door frame that will not permit a ligature to be pinched between them. Install a soft gasket material to the latching edge of the door that is cut into lengths not exceeding 12 inches; or b) Replace cut down doors equipped with any type of latching door hardware with soft break-away doors for bathrooms and showers.  See VA [Patient Safety Alert AL10-03 (10/06/2009)](https://www.patientsafety.va.gov/docs/alerts/AL10-03WWW.pdf) |  |  |  |  |  |  |  |  |  |
| 60 | Bathroom Doors opening onto the corridor. | See Question #23 Corridor Doors. | *All door opening onto the corridor must limit the transfer of smoke, see question #23*  **Note***:* Bathroom doors that open onto the corridor must be lockable if used by female patients. |  |  |  |  |  |  |  |  |  |

**SECLUSION ROOMS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 61 | Floor | Is the floor resistant to damage and of a material that provides cushioning in the event of a fall? | *Flooring in seclusion rooms should be seamless or have heat welded seams to prevent tampering and damage. Flooring material should have some cushioning to decrease the risk of injury in a fall.* |  |  |  |  |  |  |  |  |  |
| 62 | Walls | 63.a. Is the wall material impact-resistant?  ------------------------- 63.b. Are the walls smooth with no objects that could pose a risk of self-harm or used for hanging? | *VA specifies that walls should be constructed of double layer gypsum wall board or concrete masonry unit construction. Walls should be bear with no projections. Thermostats, outlets and switches should be outside the room in the vestibule.* |  |  |  |  |  |  |  |  |  |
| 63 | Ceiling | Is the ceiling solid surface? | *Ceiling must be solid surface with no projections. No access above ceiling and access to light fixtures must be fully recessed, tamper resistant and break-resistant.* |  |  |  |  |  |  |  |  |  |
| 64 | Light switches | Are light switches outside the room and are they on a dimmer switch? | *Light switch should be outside of the room and able to be controlled by staff. There should be the ability to dim the light rather than turning on a full overhead light in the room to observe patient.* |  |  |  |  |  |  |  |  |  |
| 65 | Doors | Do doors open out from room? | *Doors to seclusion rooms must swing out from the room. See the discussion under General Criteria, question #23, regarding use of dual swing doors or the use of alcoves for outward swinging doors.* |  |  |  |  |  |  |  |  |  |
| 66 | Doors | Is door made of steel or is a wood door coated with hard epoxy to prevent chipping off pieces of wood? | *Doors should be made of a material that cannot be easily damaged by pulling off pieces of wood that could be used for harmful purposes.* |  |  |  |  |  |  |  |  |  |
| 67 | Windows | Is all glazing impact-resistant and is glass kept to a minimum – ideally seclusion rooms should not have windows other than the observation window in the door. There should be no curtains or external window coverings. | *Consideration should be given to eliminating exterior windows in seclusion rooms. If present, they should be small and sealed so they cannot be opened; and of a material that meets VA requirements for glazing (see discussion under General Criteria). The observation window in the door should be only large enough to see into the room adequately. No window covering or hardware should be accessible to the patient.   Wired glass is not permissible in new construction and if found in existing construction an action plan should be developed to replace it. Added March 2013* |  |  |  |  |  |  |  |  |  |
| 68 | Size of room and visibility | **Is the ceiling 9 ft minimum height? (Only New Units)** | *The room should be of a size and configuration to ensure that the patient has adequate room and that he/she may be visualized in any location in the room by staff from outside the room. Joint Commission standards require 1:1 observation at window for the first hour of seclusion; after that, the patient may be observed via camera from the nurses station. Cameras must be flush to the ceiling in a corner away from the bed so the patient cannot reach the camera by standing on the bed.* |  |  |  |  |  |  |  |  |  |
| 69 | Size of room and visibility | **Is the room at least 7 feet wide and no greater than 11 feet long? (Only New Units)** | *Hallway cameras should visualize the seclusion room door.* |  |  |  |  |  |  |  |  |  |
| 70 | Blind Spots | Are blind spots eliminated? | *Seclusion rooms cannot have blind spots because patients can inflict self-harm when out of sight of the staff.* |  |  |  |  |  |  |  |  |  |
| 71 | Blind Spots | If there are blind spots are there cameras or mirrors in the room for patient visualization? | *Cameras can help when direct staff supervision is not possible, but there must be a protocol in place for staff to continuously view the cameras. Convex mirrors can also be used to ensure all areas of the seclusion room can be seen. Any mirror must be unbreakable (e.g. steel frame with polycarbonate face) and sealed so they do not create anchor points (added January 2012).* |  |  |  |  |  |  |  |  |  |
| 72 | Cameras | Are the cameras flush mounted and away from the location of the bed? | *Cameras can be broken by the patient if they can reach it. Be sure the patient cannot reach the camera by standing on the bed.* |  |  |  |  |  |  |  |  |  |
| 73 | Locations and configuration of room | **Is the seclusion room located near the nursing station? (Only New Units)** | *Ideally the seclusion room should be close to the nurses’ station and should be separated from other patients by a vestibule or area that will allow separation of these patients from other patient activities. In addition, there should be access, outside of the seclusion room, to a toilet. A vestibule or anteroom can provide separation, safe access, and increase patient privacy. It is recommended that the vestibule contain only portable furniture that can be brought into the room once the patient is placed in seclusion.* |  |  |  |  |  |  |  |  |  |
| 74 | Furniture | Is the only furniture in the room a psych style box bed, bolted to the floor? | *There should be no furniture other than a bed that is bolted to the floor or a mattress.* |  |  |  |  |  |  |  |  |  |
| 75 | Seclusion room beds | Are seclusion room beds free of potential hazards to patients? | *No protrusions, posts, or sharp edges/corners; head/foot boards removed or secured; bed secured to the floor.* |  |  |  |  |  |  |  |  |  |
| 75.1 | Mattress for seclusion rooms | Use specialized mattress for mental health units with no springs. | *Mattress must not have springs or sharp edges. Pillows and mattresses should not have covers that can be easily removed by the patient and used for suffocation. A self-contained closed mattress (sealed with no zippers or stitching) is recommended.* |  |  |  |  |  |  |  |  |  |
| 76 | Other | Are special precautions in place for seclusion rooms? | *All fixtures (covers/vents/windows) secured with tamper-resistant screws; all furniture is free of separate pieces/parts, and secured; room free of decorations; solid ceilings and walls; institutional sprinklers; laminated glazing in windows.* |  |  |  |  |  |  |  |  |  |
| 77 | Locks | Are locks dead-bolt with no hardware on the inside of the door? | Use dead-bolt locks with no hardware on the inside of the seclusion room. |  |  |  |  |  |  |  |  |  |
| 78 | Thermostats | In new units the seclusion room should have it's own thermostats | Seclusion rooms can easily become overheated. Monitor the temperature in the room. The Thermostat control should be outside of the room. |  |  |  |  |  |  |  |  |  |

**ENTRANCE TO UNIT**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 79 | Sally Port | Is a Sally Port provided at the entrance into the unit used by staff, visitors and patients? | *The Sally Port is the space between two locked doors that must be traversed to enter the unit. When entering the unit the first door is unlocked to enter the Sally Port and the second door remains closed and locked. ONLY when the first door is closed and locked the second door opening to the unit is opened. This arrangement prevents patients from bolting out of the unit when the door closest to the unit is opened; it also eliminates tailgating. Sally Port door should be wide enough for a code cart, bed, or laundry cart to move through.* |  |  |  |  |  |  |  |  |  |
| 80 | Sally Port | Is there a "panic button" in the Sally Port that rings into the nurse’s station? | *It is important for staff to be able to communicate emergency situations.* |  |  |  |  |  |  |  |  |  |
| 81 | Sally Port | Are there windows looking into the Sally Port from both attached doors? | *It is important to be able to see inside the Sally Port from both doors that look into the Sally Port for staff safety. Wording for this item was updated for clarity January 2012.* |  |  |  |  |  |  |  |  |  |
| 82 | Entrance /exit | Are entrances and exits to the unit in line of sight of the nursing station? (Only New Units) This does not apply to exits used for emergency exit only. | *Staff need to be able to see who is standing around the exit doors.   This does not apply to exits used for emergency exit only.* |  |  |  |  |  |  |  |  |  |
| 82.1 | Entrance /exit | Do all entrances and exits to the unit protect against patient elopement? | Patients and Staff should go on and off the unit through the Sally Port. Any other entrance to the unit must have at least one more locked door between the exit and the outside. For example, a door exiting the unit that is inside of the nursing station. Emergency exits must be alarmed. January 2012. |  |  |  |  |  |  |  |  |  |
| 83 | Entrance Control | It is permissible to control the entrance and exit doors from the nursing station. | *Having the option of controlling the door from the nursing station will save staff time and offers less distractions. However, this should not be provided if staff cannot see who is at the door.* |  |  |  |  |  |  |  |  |  |
| 84 | Entrance Observation | Is it possible to observe people coming onto the unit before they are allowed onto the unit? | *Camera surveillance will assist staff in determining who is trying to enter the unit without needing to walk to the entrance door. It is critical to be able to identify all people coming onto the unit.* |  |  |  |  |  |  |  |  |  |

**DINING ROOM**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 85 | Tables | Are the tables in very high security or forensic unit Dining Rooms fixed to the floor or secured so they cannot be moved or overturned? | *The intent is to provide a secure environment that will prevent tables from being moved or overturned. This may be accomplished in several ways. They can be physically secured or too heavy to move.* |  |  |  |  |  |  |  |  |  |
| 86 | Furnishings in Dining Room. | Is it difficult to throw Dining room furnishings or use them as a weapon? | *Dining room furnishings should not be able to be easily thrown or used to harm others.* |  |  |  |  |  |  |  |  |  |
| 87 | Food Temp | Is the temperature of food and liquids being served in the dining room monitored to ensure that temperatures do not exceed 130 degrees F? | *This is important to prevent patients and staff from receiving 3rd degree burns (can occur in 10 seconds at 130 degrees F temperature) from spilled or thrown food/liquids.* |  |  |  |  |  |  |  |  |  |
| 88 | Flatware | 88.a. Is the flatware counted before and after meals to ensure it is not taken and used for self-harm?  ------------------------- 88.b. Do especially high-risk patients use a spoon only or use disposable medium-weight bendable plastic cutlery? (Food should be cut for them) | *Rigid plastic utensils (knives, spoons, forks) should not be used as they can easily be broken and used as a weapon or cutting implement. If disposable medium-weight bendable plastic cutlery is used, it should also be counted and tracked so that patients cannot take it and use to harm themselves or others.* |  |  |  |  |  |  |  |  |  |

**NURSING STATIONS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 89 | Entry to Nursing Station | Are nursing stations secured from unauthorized entry? | *Walls around nursing stations should be substantial (i.e. not modular office furniture) and fixed in place. Doors should be capable of being locked. As younger, more agile patients are admitted the likelihood of a patient climbing over a counter increase. Counters should be tall and wide, if open above, to prevent this from occurring.* |  |  |  |  |  |  |  |  |  |
| 90 | Objects | Are objects in the nursing station kept out of reach of the patients? | *This is particularly important around pass through openings or near counters.* |  |  |  |  |  |  |  |  |  |
| 91 | Panic Alarms | Are panic alarms provided for staff use in nursing stations? | *Panic alarms monitored by the should be in place on all Pysch units and in ED preferrably are needed to provide immediate support to staff in the event of a disruptive patient event. Testing of alarm should be done on a periodic basis at a frequency determined by staff. Alarm testing should be documented in a log. Alarm testing should include response-time by Police.   Personal breakaway lanyard alarms for staff are recommended.* |  |  |  |  |  |  |  |  |  |

**UTILITY ROOMS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 92 | Storage | 92.a. Are all chemicals stored in a locked utility room?  ------------------------- 92.b. Does the utility room have a self-locking door? | *It is critical that patients on locked mental health units do not have access to cleaning supplies or other chemicals at any time. A patient can drink a fatal dose of cleaning chemicals within seconds. Environmental staff may not continually observe chemicals (due to a variety of reasons) or to think of the chemicals as lethal. In addition, brooms and other cleaning instruments can be used as weapons and must also be either locked or under constant supervision. Consider alarming the utility room door to sound when the door is open. The utility room should also meet all other fire and environmental codes.* |  |  |  |  |  |  |  |  |  |
| 93 | Storage | Does the utility cart fit into the utility room such that the door can be locked behind it? | *See previous question.* |  |  |  |  |  |  |  |  |  |
| 94 | Cleaning Chemicals | Are cleaning and other chemicals locked or under direct staff observation at all times? | *Consider the use of signs in the utility room and on the utility cart reminding staff of the need for constant vigilance with chemicals and other cleaning instruments such as brooms and other tools. Consider the use of locking utility carts and locking chemicals in a cabnet within the utility rooms.* |  |  |  |  |  |  |  |  |  |

**STAFF OFFICES**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 95 | Door | **Do doors to staff offices have the ability to swing outward from the room? (Only New Units)** | *This helps prevent staff from being locked in with patient. Important Note: The door swing must meet the requirements of NFPA 101 Life Safety Code. Installing doors that normally swing into the corridor could create corridor obstructions that are not in compliance with the Life Safety Code. One option for solving this problem is to build an alcove for each door so that when the door is in the full open position it does not extend more than 7 inches into the corridor (see NFPA 101, 2006 edition, section 7.2.1.4.4). Another option is to consider dual-swinging doors. See the discussion under General Criteria.* |  |  |  |  |  |  |  |  |  |
| 96 | Door | Are the doors to staff offices locked when unoccupied or when staff are in the office alone? | *This is a staff safety issue. Other staff members should be able to unlock the office door in case of an emergency. Consider use of Dutch doors for staff offices in low-security areas. A Dutch door that is open at the top and closed at the bottom can offer an open appearance while restricting easy access into the room.* |  |  |  |  |  |  |  |  |  |
| 97 | Office | When a patient is in the office is the door unlocked or left open? | *Consider the use of interview rooms rather than personal offices to interview patients. Interview rooms should be equipped with panic buttons.* |  |  |  |  |  |  |  |  |  |
| 98 | Computer and desk top objects | Are computers secured to the desk, and is the desk free of objects that could be grabbed by a patient and used to harm themselves or others? | *Remove all unnecessary paperwork and objects from desktop during patient treatment or interview. Unsecured items in the office can be used as a projectile or stowed away and later used for harm to self or others..* |  |  |  |  |  |  |  |  |  |
| 99 | Furniture | Is the furniture arranged so that staff can have access to the exit if needed? | *The office furniture should be arranged so that the patient is not in a position to block access to the exit.* |  |  |  |  |  |  |  |  |  |
| 100 | Panic alarm | 100 a. Are panic alarms installed in staff offices as needed?  100 b. Are the panic alarms periodically tested to ensure that they are functioning correctly? | *Alarms should sound at the nurse station and alert the police. Testing of all panic alarms should be done on a periodic schedule (at least quarterly). Alarm testing should be recorded in a log and include response-time by police.* |  |  |  |  |  |  |  |  |  |
| 101 | Window | See General Criteria |  |  |  |  |  |  |  |  |  |  |
| 102 | Electrical receptacles | Are receptacles that are not in use secured with a cover and are power strips (if used) hidden under the desk and secured on the floor or wall? | *Reduce the risk of patients inserting objects in the outlets. Consider using outlet covers that allow appliances to be plugged in then locked down. Use of power strips is not encouraged. If additional electric outlets are needed, flush wall-mounted outlets should be installed.* |  |  |  |  |  |  |  |  |  |

**OUTDOOR AREAS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 103 | Fence & gate | 103.a. Are fences designed to be not easily climbable (e.g., chain-link fences can be easily climbed and should not be used)? ------------------------- 103.b. Is the fence anchored to handle body force? | *A fence must be a minimum of 10 feet high and with strong and tall enough to prevent elopement.  The ground below the fence should not be easily moved (mulch or aggregate) to eliminate the possibility of elopement?* |  |  |  |  |  |  |  |  |  |
| 104 | Fence & gate | If there is a gate:   104.a. Does the gate swing outward?  ------------------------- 104.b. Is the hinge installed on the outside?  ------------------------- 104.c. Is the gate wired with an alarm system?  ------------------------- 104.d. Do staff members have keys to unlock the gate? | *If present, a gate must be secured to the fence with enough strength to withstand force. Each staff member must carry a key at all times for unlocking the gate.* |  |  |  |  |  |  |  |  |  |
| 105 | Trees and landscape | 105.a. Can trees or branches be used to go over the fence (due to height or proximity to the fence)?  ------------------------- 105.b. Can the tree branches be used as weapons?  ------------------------- 105.c. Are the bushes large enough to hide patients? ------------------------- 105.d. Are there rocks or dirt that can be used to throw at others? ------------------------- 105.e. Are there any toxic plants? | *Keep trees low and within the confine space of the fence area, keep bushes and flower beds small so they cannot hide patients. Allow no dirt or rocks on grounds. Groundskeepers should maintain a daily/weekly schedule to upkeep grounds.* |  |  |  |  |  |  |  |  |  |
| 106 | Outdoor lights | 106.a. Are light fixtures out of the reach of patients?----------------------  ---106.b. Are surface-mounted outdoor lights equipped with tamper-resistant enclosures?-------  106.c. Are pole-mounted lights equipped with tamper-resistant enclosures and access holes equipped with tamper-resistant screws?------------------------  -106.d. Are the light fixtures and poles designed to be not easily climbed?-------------------------  106.e. Is there sufficient light for the entire outdoor area? | *Switch for outdoor light must be located inside the building. Tamper-resistant enclosures and lamp covers will hamper attempts to get inside the lighting fixtures.* |  |  |  |  |  |  |  |  |  |
| 107 | Security camera & alarm | Ideally, outdoor areas should be monitored by cameras. If cameras are used:  107.a. Are the cameras located high enough to have a 180 degree view of the outdoor area? ------------------------- 107.b. Are the cameras secured with tamper-resistant covers? ------------------------- 107.c. Is there always a specific staff member(s) assigned to monitor the cameras and activate the alarm if there is any problem? ------------------------- 107.d. Can police respond quickly to calls? | *Staff must be train to monitor camera when patients are outdoors. A procedure must be in place for response to alarm. A periodic check of security system and alarm must be done to prevent system malfunction, and recorded in a log.   Note: Staff must be physically present with patients in outdoor areas. The patient to staff ratio should be sufficient to monitor patients.   Alarms should sound at the nurse station and alert the police. Testing of all panic alarms should be done on a periodic schedule (at least quarterly). Alarm testing should be recorded in a log and include response-time by police.* |  |  |  |  |  |  |  |  |  |
| 108 | Outdoor furniture | 108.a. Is furniture secured to the ground or too heavy to be easily moved? ------------------------- 108.b. Is furniture located at a sufficient distance away from the fence to prevent it being using to get over the fence? | *Outdoor furniture must be anchor to concrete pad and away from trees, fences or doors to prevent patients from escaping the outdoor area. Staff must check the condition of the furniture on a regular basis to ensure it is not broken or unsecured.* |  |  |  |  |  |  |  |  |  |
| 109 | Elevated Courtyards | If the courtyard is elevated, are there skylights that could be broken through or unprotected ledges or walkways? | *Some courtyards are on upper floors. These must be checked for potential jumping sites.* |  |  |  |  |  |  |  |  |  |

**KITCHEN-LAUNDRY-OT ROOMS**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 110 | Kitchens | 110.a. Are kitchens secured with a self-closing self-locking door, or is there a control switch at the nurses station that activates the power to the appliances (this control switch can be on a timer)? ------------------------- 110.b. Is a protocol in place for observing all patients using the kitchen?  ------------------------- 110.c. If the kitchen area has a sink, is the sink securely mounted to the wall and all supply and waste plumbing concealed and inaccessible with tamper resistant screws? | *High hazard areas must be locked to prevent access to patients and have warning signs and labels. Generally, only patients assessed at low risk for suicide should be allowed in the kitchen even under supervision. If there are appliances such as refrigerators they should be secured to the wall and glass bulbs should not be accessible.* |  |  |  |  |  |  |  |  |  |
| 111 | Kitchens | If there is a stove top, does it have a key switch to active the heat? | *If there is a stovetop it should not be accessible to patients.* |  |  |  |  |  |  |  |  |  |
| 112 | Laundry Rooms | 112.a. Are laundry rooms secured with a self-closing self-locking door? ------------------------- 112.b. Is a protocol in place for observing patients using the laundry room? | *High hazard areas must be locked to prevent access to patients and have warning signs and labels. Generally, only patients assessed at low risk for suicide should be allowed in the Laundry Room even under supervision.* |  |  |  |  |  |  |  |  |  |
| 113 | Laundry Rooms | Are laundry chemicals kept locked and away from the patients when they are not being supervised? | *Patients can use laundry chemicals for self-harm.* |  |  |  |  |  |  |  |  |  |
| 114 | Occupational Therapy Rooms | Are OT rooms secured and not available to patients when they are not supervised? | *High hazard areas must be locked to prevent access to patients and have warning signs and labels. Generally, only patients assessed at low risk for suicide should be allowed in the OT room even under supervision.* |  |  |  |  |  |  |  |  |  |

**SUMMARY OF NEW UNIT CRITERIA**

| **QuesNo.** | **Site / Item** | **Criteria** | ***Rationale / Assessment Methods*** | **Criteria Status PRIOR to Controls Implemented** | | | | **Controls Added to**  **Mitigate Risk**  ***(Required if Criteria is Partially Met or Not Met)*** | **Status of Risk Mitigation AFTER Controls Implemented**  ***(Required if Criteria is Partially Met or Not Met)*** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N/A** | **Met** | **Partially Met** | **Not Met** | **N/A** | **Met** | **Partially Met** | **Not Met** |
| 23 | Corridor Doors  *From General Criteria* | 23.a. Do corridor doors to patient-occupied rooms have the ability to swing out into the corridor or have a wicket door? (Only New Units)   23. b. If a gasket or sweep is used, it should be cut into sections that are short enough (e.g., 12 inches or less) so that if the gasket or sweep is removed it cannot be used for self-harm. | *Because of Life Safety Code limitations regarding door swing into the corridor and corridor obstruction from a fully-opened door, corridor doors have traditionally been designed to swing into the room. For corridor doors in new construction it is recommended to install a door and frame assembly that will permit the door to swing in both directions. Normal operation could be door swing into the room, but if necessary (e.g., patient barricaded inside the room), staff could release the door stop so that the door could swing into the corridor. NOTE: The use of a wicket door (a door within a door) is also acceptable in both new and existing construction.  Refer to the Life Safety Code (NFPA 101) for the complete set of door requirements.* |  |  |  |  |  |  |  |  |  |
| 24 | Hinges  *From General Criteria* | 25.a. Are swinging doors provided hardware that reduces the risk of the hardware being used as an anchor?  ------------------------- 25.b. Are three-point hinges designed and installed so they do not protrude providing an anchor point for hanging? Standard butt hinges, if used, must have a "hospital tip" that is beveled. Wherever possible use continuous piano hinges.  ------------------------- 25.c. Are doors free of hold-open devices and self-closers that could be used as an anchor point for hanging? | *The dual-swing doors discussed in item 23 above are supported by a post at the top and bottom of the door and do not have hinges. Such hardware is acceptable as long as the gap at the top of the door is sufficiently small to reduce the risk that the post could be used as an anchor point. (Note it is not possible to completely eliminate the risk of a person threading a small lanyard around the post and using it to hang.) If piano hinges are used, it is recommended to use piano-type hinges that are flush-mounted to the door frame.   Spring loaded hinges are acceptable if the door is required to be self-closing by a code or regulation.* |  |  |  |  |  |  |  |  |  |
| 45 | Walls/Tiles | Are walls solid (gypsum, plaster/lath, concrete block, etc.) and free of Ceramic Tile? Note: Only new units need to be free of ceramic tile with the exception of 2 inch by 2-inch tile on the floor. | *Ceramic tile may be broken and the shards used for self-injury or as a weapon. If gypsum board walls are provided in rooms serving patients in seclusion rooms’ additional protection is needed. These walls should be provided with a backing material such as fire treated plywood, or equivalent, to provide additional structural integrity.* |  |  |  |  |  |  |  |  |  |
| 52 | Toilets  *From Bathroom Criteria* | 53.a. For new units, are toilets floor mounted with no exposed piping that could serve as an anchor point for hanging and free of removable seat covers? (Only New Units) ------------------------- 53.b. For existing units, are all pipes and plumbing that could be used as an anchor point enclosed?  ------------------------- 53.c. Do toilet partitions have no cross connections that could be used for hanging? | *Plumbing fixtures should be enclosed to minimize risks. All facilities should replace removable toilet seats with integrated seats where feasible. Added March 2013* |  |  |  |  |  |  |  |  |  |
| 68 | Size of room and visibility  *From Seclusion Room Criteria* | Is the ceiling 9 ft minimum height? (Only New Units) | *The room should be of a size and configuration to ensure that the patient has adequate room and that he/she may be visualized in any location in the room by staff from outside the room. Joint Commission standards require 1:1 observation at window for the first hour of seclusion; after that, the patient may be observed via camera from the nurse’s station. Cameras must be flush to the ceiling in a corner away from the bed so the patient cannot reach the camera by standing on the bed.* |  |  |  |  |  |  |  |  |  |
| 69 | Size of room and visibility  *From Seclusion Room Criteria* | Is the room at least 7 feet wide and no greater than 11 feet long? (Only New Units) | *Hallway cameras should visualize the seclusion room door.* |  |  |  |  |  |  |  |  |  |
| 73 | Locations and configuration of room  *From Seclusion Room Criteria* | Is the seclusion room located near the nursing station? (Only New Units) | *Ideally the seclusion room should be close to the nurses’ station and should be separated from other patients by a vestibule or area that will allow separation of these patients from other patient activities. In addition, there should be access, outside of the seclusion room, to a toilet. A vestibule or anteroom can provide separation, safe access, and increase patient privacy. It is recommended that the vestibule contain only portable furniture that can be brought into the room once the patient is placed in seclusion.* |  |  |  |  |  |  |  |  |  |
| 82 | Entrance /exit  *From Entrance to Room Criteria* | Are entrances and exits to the unit in line of sight of the nursing station? (Only New Units) This does not apply to exits used for emergency exit only. | *Staff need to be able to see who is standing around the exit doors.   This does not apply to exits used for emergency exit only.* |  |  |  |  |  |  |  |  |  |
| 95 | Door  *From Staff Office Criteria* | Do doors to staff offices have the ability to swing outward from the room? (Only New Units) | *This helps prevent staff from being locked in with patient. Important Note: The door swing must meet the requirements of NFPA 101 Life Safety Code. Installing doors that normally swing into the corridor could create corridor obstructions that are not in compliance with the Life Safety Code. One option for solving this problem is to build an alcove for each door so that when the door is in the full open position it does not extend more than 7 inches into the corridor (see NFPA 101, 2006 edition, section 7.2.1.4.4). Another option is to consider dual-swinging doors. See the discussion under General Criteria.* |  |  |  |  |  |  |  |  |  |

**SUGGESTIONS FOR CREATING A MORE RECOVERY ORIENTED ENVIRONMENT**

|  |  |
| --- | --- |
| **Problem** | **Potential Solutions** |
| Stark, non-therapeutic environment | 1. Use pictures and bulletin boards; murals, posters with recovery messages 2. Use paints and paint colors that reflect ambient light without glare and create a sense of openness 3. Display Veteran’s artwork   It is critical that any artwork does not have anchor points for hanging. |
| Solid ceilings and walls echo | 1. Install echo-reducing sound boards as decorative artwork 2. Use carpet |
| Privacy-bathroom doors are removed in many places | 1. Use weight-bearing sensitive doors; vertical blind-type doors; curtains (without anchor points for hanging). 2. Some facilities have the bathrooms outside the bedroom. Check State Law. |
| People can peer through windows in the doors of Sally Ports and other unit entrances | 1. Install keyed blinds on entry doors so people cannot peer in. 2. Have windows in doors offset so you don’t have a straight line of vision. |
| Sally Ports can create an austere feel to the unit | 1. Utilize colors and murals to create a more appealing environment |

**REFERENCES & RESOURCES**

[Veterans Administration Mental Health Environment of Care Checklist](https://www.index.va.gov/search/va/va_search.jsp?NQ=URL%3Ahttps%3A%2F%2Fwww.va.gov%2F&QT=ligature+risk&submit.x=0&submit.y=0) retrieved 10/1/17 (***Please Note: Contains Numerous Other References & Resources***)

Joint Commission FAQ [Ligature Risk – Assessing and Mitigating Risk For Suicide and Self-Harm](https://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFAQId=1525&StandardsFAQChapterId=64&ProgramId=5&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=ligature), retrieved 10/1/17

National Association of Psychiatric Health Systems (NAPHS) Guidelines for the Built Environment of Behavioral Health Facilities.

[Patient Safety Standards Materials and Systems Guidelines Recommended by the New York State Office of Mental Health - Excellent source of specialized products for inpatient mental health units. (Note: Takes some time to download)](http://www.omh.ny.gov/omhweb/patient_safety_standards/guide.pdf)

[VA Design Guide for Mental Health Facilities - December 2010](https://www.cfm.va.gov/til/dGuide/dgMH.pdf)

[VA Patient Safety Alerts](https://www.patientsafety.va.gov/professionals/alerts/)