

Mental Health Environment of Care Checklist General Criteria								
Ques . No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods	N/A	Met	Partially Met	Not Met	Comments
FLOORS								
1	Floor covering	1.a. Are floor coverings free of tripping hazards? ----- 1.b. Are floor coverings secured to the floor?	<i>Floor coverings should be secured to the floor, in good repair without tripping hazards, and not easily torn or dislodged.</i>					
2	HVAC vents	Are floor-mounted HVAC vents removed?	<i>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.</i>					
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?	<i>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.</i>					
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?	<i>Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling.</i>					
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?	<i>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.</i>					

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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?	<i>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. Flush mounted switches reduce the risk of using a projecting switch to propel self or other person into the projection. 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).</i>					As of August 2008 there are GFCI-Tamper Resistant outlets that should be used. http://www.hubbell-wiring.com/comm.aspx
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?	<i>Vents should be flush with the wall and secured with tamperproof 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. Updated January 2012</i>					
8	Edges of walls	Are corner guards present on all wall edges?	<i>Wall edges and corners should be protected by corner guards.</i>					
9	Vinyl Baseboard	If used, is vinyl baseboard secured to the wall so that it cannot be easily removed and used as a weapon?	<i>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.</i>					

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10	Surface wire mold	Has all surface-mounted wire molding been removed?	<i>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.</i>					
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.	<i>Corner mirrors may be necessary for safety, but must not provide an anchor for hanging and must be made of non-glass material.</i>					
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. Are dispensers for alcohol based hand cleaners not accessible to patients?	<i>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. See: http://www.elights.com/vanwalceilfi.html <i>Alcohol based gels and foams may be consumed by patients and therefore should not be accessible to them.</i></i>					
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.	<i>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.</i>					
14	Thermo-stats	Are wall mounted exposed room thermostats removed from patient areas?	<i>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.</i>					

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CEILING								
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?	<i>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.</i>					
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?	<i>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. Look for hiding places above ceilings, look for material that would be harmful if ingested.</i>					
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?	<i>Light fixture coverings should be secure and of break-resistant material so that bulbs cannot be accessed. Tamper resistant screws/attachment devices should be used.</i>					
18	HVAC vents	18.a. Are vents in the ceiling flush 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?	<i>If the ceiling is not solid, ceiling vents will not be tamper-proof. Large box-like projections with HVAC equipment/vents should be evaluated for level of safety. Louvers can be used as an anchor point; mesh or grates are preferable or the louver should not support weight.</i>					

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19	Sprinklers	Are fire sprinklers the institutional type that cannot be used as an anchor point for hanging?	<i>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</i>					
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?	<i>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.</i>					Although making wireless access to the Internet on mental health units treating suicidal patients may require special considerations, patients treated for mental health conditions are likely to benefit from Internet access. If wireless access to the Internet is available to other patients on medical-surgical or rehabilitation units in a facility, it must also be available to patients on mental health units.

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WINDOWS								
20	Panes	<p>20a. Does the glazing material in windows comply with VA specifications (7/16 inch laminated glazing for seclusion rooms and 5/16 for all other windows) Updated 08/2012</p> <p>-----</p> <p>20.b. Are windows restricted so that the maximum opening is 6 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?</p> <p>20.c. Are windows inspected at least semi-annually to ensure locking mechanisms have not been compromised (added 9/01/2009)</p>	<p>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.</p>					Security screens, if placed over external windows, are also an acceptable mitigation. (August 2008)
	Panes, continued		<p>Excerpted from VA Master Specification Section 08810:</p> <ol style="list-style-type: none"> 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. 					

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21	Window frames	21.a. Are window frames designed to prevent them from being broken by a patient? ----- 21.b. Are the windows free of projections that could serve as an anchor point for hanging?	<i>The frame should be simple and made of a material in a manner that would make it difficult to break off a piece of the frame. High floor windows must be secured to prevent jumping, but provisions must be made to ensure that a locked window can be unlocked by staff in an emergency.</i>					
22	Window coverings	21.a. Are window covering designed so they cannot be used for hanging? ----- 21.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?	<i>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. See http://www.pella.com/maint/blinds/casement.asp?path=/main/blinds/casement/operating And http://www.variolight-sonnenschutz.de/eng/produkte.html</i>					
DOORS								
23	Type	23.a. Do corridor doors to patient-occupied rooms have the ability to swing out into the corridor? (Only New Units)	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. Refer to the Life Safety Code (NFPA 101) for the complete set of door requirements. <i>Note: The 2012 Edition of the Life Safety Code has been changed (See 18.3.6.3.9.2) based upon a proposal by the VA to assist in the hardware selection for psyche facilities. It would essentially allow the option of using a roller latch (not previously permitted in new construction) along with no door handle to assist in meeting the Life Safety Code corridor door requirements. See: http://vaww.ceosh.med.va.gov/01FS/Pages/firesafety.shtml</i>					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. The previously recommended "suicide-proof" door knob from Oddball Industries is difficult to use and the paddle type door hardware could be used as an anchor point if a lanyard were put up over the top of the door. The Anti-ligature door handle from Stanley could be used as an anchor point if the lanyard is wrapped around both handles. Finally, a knotted sheet can be closed in any door and used for hanging. All these risks should be minimized but will not be completely eliminated. 11-15-2007

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		23.b. Are corridor doors arranged to limit the transfer of smoke?	<i>Corridor doors must limit the transfer of smoke between the corridor and the room. If the gap between the door and the frame is excessive (it is preferred that the gap not exceed 1/8-inch), a gasket or sweep can be installed around the edge of the door to limit the transfer of smoke. 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.</i>					
		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 doors on closets or wardrobe cabinets removed or designed to eliminate anchor points?	<i>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.</i>					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 Patient Safety Alert AL10-03 (10/06/2009)

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23.e		23.e. Are locks on patient rooms free of anchor points and able to be open by staff? (Added October 2010).	<p>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:</p> <p><i>“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).</i></p>					<p>3. 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)].</p> <p>4. 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.</p>
24	Material	Are doors, including the glazing material, made of a substantial material to prevent them from being broken or damaged by a patient?	See question 19 above regarding glazing.					

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25	Hinges	<p>25.a. Are swinging doors provided with piano hinges or other hardware that reduces the risk of the hardware being used as an anchor? (Only New Units)</p> <p>-----</p> <p>25.b. Are three point hinges designed and installed so they do not protrude providing an anchor point for hanging?</p> <p>-----</p> <p>25.c. Are doors free of hold-open devices and self-closers that could be used as an anchor point for hanging?</p>	<p>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. See http://www.rockler.com/CategoryView.cfm?Cat_ID=51</p> <p>Spring loaded hinges are acceptable if the door is required to be self closing by a code or regulation.</p>					
26	Door hardware	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.					
CLOSETS / SHELVES / RACKS								
27	Closets	<p>27.a. Are closets free of clothes rods? There should be no clothes rods of any kind in closets.</p> <p>-----</p> <p>27.b. Are closets free of clothes hangers (plastic, wood, and metal)? (Added September 2010)</p>	<p><i>Spring-loaded hooks designed for mental health areas should be used in lieu of closet rods and hangers.</i></p>					<p>Clothing rods can be used for hanging. Even "break-away" rods should be avoided as they can still provide an anchor point for hanging and the rod can be used as a weapon.</p>

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28	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?	<i>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.</i>					
29	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?	<i>Any racks must be flush with the wall and secured with tamper-proof screws.</i>					

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FURNITURE								
30	Furniture – general considerations	<p>30.a. Is furniture secured or heavy enough to prevent it from being picked up and thrown or moved to block a door?</p> <p>-----</p> <p>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.</p> <p>-----</p> <p>30.c. Is the furniture (e.g., chairs, stools, tables, beds, cabinets, shelves, desks) accessible to patients free of anchor points to prevent hanging? Also make sure that wheelchairs with anchor points are not accessible to patients.</p> <p>-----</p> <p>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?</p>	<p><i>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. Information on specialized furniture can be found at: www.norix.com and: http://www.max-secure.com/</i></p> <p><i>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.</i></p>					Updated June 2011

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PLUMBING								
31	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? ----- 31e. Do anchor points exist on the sinks or faucets (or other accessories)? (Added March 2012)	<i>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).</i>					
OTHER CONSIDERATIONS								
32	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.	<i>Some older buildings have configurations that result in hallways that are not visible from the nurses station; these areas should have cameras or staff assignment that allows for ease of visibility (staff assignment as an approach to this may not be successful due to fluctuations). 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.</i>					
33	Chemicals and equipment	Are chemicals, including those in housekeeping carts, secured when not in use?	<i>All chemicals, housekeeping supplies and equipment, and maintenance carts and equipment must be secured or have someone in attendance.</i>					
34	Medical Equipment	Are devices such as blood pressure cuffs and other medical equipment kept inaccessible to patients?	<i>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.</i>					

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35	Trash bags	Are trash cans in areas accessible to the patients free of plastic bags that can present a suffocation hazard?	<i>The trash cans should be lined with paper liners. Also see question number 42.1.</i>					
36	Cords	Is the area free of unnecessary cords?	<i>If cords are present, they should be 12 inches or less. Cords of any length are not recommended for seclusion rooms.</i>					
37	Weapons	<p>37 a. Is the area free of lamps, steel trash cans, and other items that could be used as weapons?</p> <p>-----</p> <p>37 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?</p>	<p><i>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.)</i></p> <p><i>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.</i></p>					Updated June 2011

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38	Sharps	<p>38 a. Are sharps containers tamper-resistant and installed only in locations where the containers can be continuously monitored by staff?</p> <p>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.?</p>	<p><i>Inspect ward and patient rooms.</i></p> <p><i>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.</i></p>					Updated September 2011
39	Combustibles	Are combustible materials in the rooms kept to a minimum?	<i>Excluding items such as beds, linens, furniture. Mattresses should be fire-resistant, however.</i>					

Mental Health Environment of Care Checklist for Sleeping Rooms							
In addition to the following criteria, sleeping rooms must also meet all General Criteria.							
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40	Mounted Fixtures	<p>Are all mounted fixtures designed to prevent attachment of devices that could be used to inflict self-harm?</p> <p>Wireless Access Points for computers should not be installed in patient sleeping rooms or bathrooms.</p>	<p><i>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.</i></p> <p>http://www.oddballindustries.com/ (Shower head, clothes/towel hook)</p> <p>http://www.tamperproof.com/ (Tamper-resistant screws)</p> <p>http://www.generalcubicle.com/carriers3.php (Pop-out hooks for curtain tracks)</p>				<p>Note: break-away clothing rods should not be used</p>

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In addition to the following criteria, sleeping rooms must also meet all General Criteria.						
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met
40.1		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)	<p>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:</p> <p>“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).</p>			
						<p>3. 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)].</p> <p>4. 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.</p>
41	Mirrors	Are patient room mirrors shatter-resistant?	Mirrors should be stainless steel, not glass.			

Mental Health Environment of Care Checklist for Sleeping Rooms							
In addition to the following criteria, sleeping rooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
42	Beds	Have electric and manually adjustable beds been eliminated unless indicated by clinical need? Are all beds free of anchor points for hanging?	<i>Platform beds are the safest for an acute psychiatric environment. 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.</i>				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 the bed 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). Also, make sure to check under beds for contraband such as sharps, pills, loose screws and other material that could be used for self harm. (added October 2012)
42.1	Pillows and mattresses	Are pillows and mattresses free of plastic or vinyl that could be removed and used for suffocation?	<i>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).</i>				Added July 2010 - updated July 2011
42.2	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?	<i>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.</i>				Updated April 2011
42.3	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?	<i>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.</i>				Added April 2011
43	Call Cords	Are emergency call cords, if used, shortened and/or permanently attached to beds?	<i>Inspect ward and patient rooms. Cords should be made out of plastic bead type materials or breakaway type (15 lbs. max weight). Cords must be segmented in such a way as to break into segments that are no longer than 12 inches.</i>				

Mental Health Environment of Care Checklist for Sleeping Rooms							
In addition to the following criteria, sleeping rooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
44	Privacy Curtains	Have all privacy curtains and tracks for hanging the privacy curtains been removed?	<p><i>Privacy Curtains have been used to commit suicide by hanging. See patient safety alert on privacy curtains:</i></p> <p>http://vaww.ncps.med.va.gov/Guidelines/alerts/Docs/PrivacyCurtainAL07-04.pdf</p>				

Mental Health Environment of Care Checklist for Bathrooms							
In addition to the following criteria, bathrooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
45	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. Surface mounted lights should be avoided. It is required by NFPA 70 to have GFCI circuits in all wet locations.				
46	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.				
47	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.				
48	Toilet paper holders and Paper Towel 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.				<i>Note: an anchor point can be created by knotting the end of a bath towel, sheet, or other ligature and jamming it into the opening of some paper towel holders (where the paper towels exit the holder). Make sure this type of anchor point is not created by the toilet paper or paper towel holders on the unit. This information was also sent to the field via e-mail on 08/16/2012.</i>
49	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?					

Mental Health Environment of Care Checklist for Bathrooms							
In addition to the following criteria, bathrooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
50	Mirrors	Are mirrors shatter proof or other non breakable material and affixed to the wall using tamper resistant fasteners?	<i>Polished stainless steel mirrors are preferred.</i>				
51	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?	<i>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.</i>				
52	Call buttons	If provided, are Emergency Call buttons mounted using tamper resistant fasteners and located approximately 1 foot above the floor level and 38" to 44" above the floor. Pull cords should be of plastic breakaway beads in lieu of cords.	<i>Joint Commission requires the call buttons (when provided) to 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.</i>				

Mental Health Environment of Care Checklist for Bathrooms							
In addition to the following criteria, bathrooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
53	Toilets	<p>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)</p> <p>-----</p> <p>53.b. For existing units, are all pipes and plumbing that could be used as an anchor point enclosed?</p> <p>-----</p> <p>53.c. Do toilet partitions have no cross connections that could be used for hanging?</p>	<p>Plumbing fixtures should be enclosed to minimize risks. See Yeager et al. Measured response to identified suicide risk and violence: What you need to know about psychiatric patient safety. Brief Treatment and Crisis Intervention. 2005:5:121-141.</p>				
54		In areas accessible to patients in seclusion, are toilets shatter proof (e.g. metal)?	<p>Porcelain toilets can be broken and the pieces used as a weapon or self harm. See these web-pages for toilets: http://www.acorneng.com/acorn_catalog/PDF/catalogpdf/p/1440.pdf And http://www.eljer.com/ And: http://www.acorneng.com/envirog/index.htm</p>				
55	Urinals	Are privacy dividers angled down at least 30 degrees toward the floor to prevent hanging?	<p>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.</p>				
56	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)?	<p>Sink piping can be used as a weapon and an anchor point. Sinks should not have anchor points. Added January 2012</p>				

Mental Health Environment of Care Checklist for Bathrooms							
In addition to the following criteria, bathrooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
57	Faucets	Are faucets and spouts in sinks and showers institutional type? There should be no handheld shower devices and no temperature adjusting devices with in the showers (unless recessed). Shower heads should be institutional type. Soap Holders should be recessed. Floor drain plates should have tamper-resistant screws.	<i>Institutional faucets will not provide an anchor point for hanging. Consider using automatic on/off faucets to eliminate the faucet handles. Push button controls for the shower are also an acceptable alternative. Break away fixtures are also permitted but only if they can be tested without damaging the fixture.</i>				
58	Water Temp.	Is the water temperature limited to a maximum of 110 degrees F?	<i>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.</i>				
59	Shower Curtains	Are shower curtains hung from ceiling mounted tracks with curtains designed to tear away when a static load of 15 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.	<i>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. Also see question #42.1.</i>				See Patient Safety Alert regarding shower curtains.
60	Doors	Are interior bathroom doors arranged to swing out of the bathroom and not provided with locks? (Only New Units)	<i>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 breakaway curtains used to ensure patient privacy. However, if corridor doors are used and are designed to swing into the corridor, the Life Safety Code requirements must be met regarding door swing into the corridor and corridor obstruction by the fully-open door. See the discussion under General Criteria regarding use of dual swing doors or the use of alcoves for outward swinging doors.</i>				Bathroom doors that open onto the corridor must be lockable if used by female patients.

Mental Health Environment of Care Checklist for Bathrooms							
In addition to the following criteria, bathrooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
61		Is flush mounted door hardware installed or hardware that will not provide an anchor point for hanging?					

Mental Health Environment of Care Checklist for Seclusion Rooms							
Seclusion rooms are intended for patients with the most serious psychological care and safety needs. Therefore, it is imperative that these areas are considered priority for ensuring a protective environment. In addition to the following criteria, seclusion rooms must also meet all General Criteria and Sleeping Room Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
62	Floor	Is the floor resistant to damage and of a material that provides cushioning in the event of a fall?	<i>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.</i>				
63	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?	<i>VA specifies that walls should be constructed of double layer gypsum wall board or concrete masonry unit construction. Walls should be bare with no projections. Thermostats, outlets and switches should be outside the room in the vestibule.</i>				
64	Ceiling	Is the ceiling solid surface?	<i>Ceiling must be solid surface with no projections. No access above ceiling and access to light fixtures must be fully recessed, tamperproof and break-resistant.</i>				
65	Light switches	Are light switches outside the room and are they on a dimmer switch?	<i>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.</i>				
66	Doors	Do doors open out from room?	<i>Doors to seclusion rooms must swing out from the room. See the discussion under General Criteria regarding use of dual swing doors or the use of alcoves for outward swinging doors.</i>				
67		Is door made of steel or is a wood door coated with hard epoxy to prevent chipping off pieces of wood?	<i>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.</i>				

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Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
68	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. (Note change in red added 9/01/2009).				
69	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.				
70	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.				
71		Are blind spots eliminated?	Seclusion rooms cannot have blind spots because patients can inflict self-harm when out of sight of the staff.				
72		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).				

Mental Health Environment of Care Checklist for Seclusion Rooms							
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Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
73		Are the cameras flush mounted and away from the location of the bed?	<i>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.</i>				
74		Is there a camera located outside of the room in a hallway?	<i>This camera can be used to monitor whether the patient has gotten out of the room.</i>				
75	Locations and configuration of room	Is the seclusion room located near the nursing station? (Only New Units)	<i>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 for these patients only. The room should have ready staff access. There should be no toilet or access to a bathroom inside the seclusion room, but these patients should have easy access to a toilet that is close to the seclusion room but separated from other patients. A vestibule or anteroom can provide separation, safe access, and increase patient privacy.</i>				
76	Furniture	Is the only furniture in the room a psych style box bed, bolted to the floor?	<i>There should be no furniture other than a bed that is bolted to the floor or a mattress.</i>				
77	Seclusion room beds	Are seclusion room beds free of potential hazards to patients?	<i>No protrusions, posts, or sharp edges/corners; head/foot boards removed or secured; bed secured to the floor.</i>				
78	Other	Are special precautions in place for seclusion rooms?	<i>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 or wired glass in windows.</i>				

Mental Health Environment of Care Checklist for the Entrance to the Unit							
In addition to the following criteria, the entrance to the unit must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
79	Sally Port	Is a Sally Port provided at the entrance into the unit used by staff, visitors and patients?	<i>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.</i>				
80	Sally Port	Is there a "panic button" in the Sally Port that rings into the nurses station?	<i>It is important for staff to be able to communicate emergency situations.</i>				
81	Sally Port	Are there windows looking into the Sally Port from both attached doors?	<i>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.</i>				
82	Entrance	Are entrances and exits to the unit in line of sight of the nursing station? (Only New Units)	<i>Staff need to be able to see who is standing around the exit doors.</i>				
82.A	Entrance	Do all entrances and exits to the unit protect against patient elopement?	<i>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.</i>				
83	Locks	Are the entrance doors, if electronically controlled, capable of being operated from the nursing station?	<i>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. See this web-site for information on electronic locks: http://www.sdssecurity.com/category.aspx?id=6</i>				

Mental Health Environment of Care Checklist for the Entrance to the Unit							
In addition to the following criteria, the entrance to the unit must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
84	Cameras	Is camera surveillance of the Sally Port entrance provided and monitored at the nursing station?	<i>Camera surveillance will assist staff in determining who is trying to enter the unit without needing to walk to the entrance door.</i>				

Mental Health Environment of Care Checklist for Dining Rooms							
In addition to the following criteria, dining rooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
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?	<i>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.</i>				
86	Chairs	Are dining room furnishings (e.g. chairs) physically heavy or secured to the floor or table?	<i>The intent is to prevent furniture from being thrown.</i>				
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?	<i>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.</i>				
88	Silverware	<p>88.a. If steel knives are used, are they without an efficient cutting edge (e.g. butter knives)? -----</p> <p>88.b. Is the silverware counted before and after meals to ensure it is not taken and used for self-harm? -----</p> <p>88.c. Do especially high-risk patients use a spoon only or use disposable medium-weight bendable plastic cutlery? (Food should be cut for them)</p> <p>(Note underlined text was updated for the 10/01/2007 version of this checklist.)</p>	<p><i>Rigid plastic utensils (knives, spoons, forks) should not be used as they can easily be broken and used as a weapon or cutting implement. <u>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.</u> (Note underlined text was updated for the 10/01/2007 version of this checklist.)</i></p>				

Mental Health Environment of Care Checklist for Nursing Stations							
In addition to the following criteria, nursing stations must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
89	Entry to Nursing Station	Are nursing stations secured from unauthorized entry?	<i>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 increases. Counters should be tall and wide, if open above, to prevent this from occurring.</i>				
90	Objects	Are objects in the nursing station kept out of reach of the patients?	<i>This is particularly important around pass through openings or near counters.</i>				
91	Panic Alarms	Are panic alarms provided for staff use in nursing stations?	<i>Panic alarms monitored by the VA Police 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.</i>				

Mental Health Environment of Care Checklist for Utility Rooms							
In addition to the following criteria, utility rooms must also meet all General Criteria.							
Ques. No.	Site / Item	Questions / Criteria	Rationale / Assessment Methods:	Met	Partially Met	Not Met	Comments
92	Storage	92.a. Are all chemicals stored in a locked utility room? ----- 92.b. Does the utility room have a self-locking door?	<i>It is critical that patients on locked mental health units do not have access to cleaning supplies 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.</i>				
93		Does the utility cart fit into the utility room such that the door can be locked behind it?	<i>See previous question.</i>				
94	Cleaning Chemicals	Are cleaning chemicals locked or under direct staff observation at all times?	<i>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.</i>				