

Spring 2009

Updated



Design Guide for the Built Environment of Behavioral Health Facilities

Edition 3.0

by David M. Sine, ARM, CSP, CPHRM
and James M. Hunt, AIA, NCARB

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ELEMENTS OF PERFORMANCE:

“The organization conducts proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and other people coming to the organization’s facilities.”

“The organization uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to the organization’s facilities.”

-- The Joint Commission

“Listen to the patients, they’ll tell you what you need to know.”

**-- J.J., Safety Officer,
Greystone Park State Psychiatric Hospital, New Jersey**

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**Design Guide
for the
Built Environment
of Behavioral
Health Facilities**
Edition 3.0

Spring 2009

(formerly: *Guidelines for the Built Environment of Behavioral Health Facilities*)

INTRODUCTION

This document is intended to address the built environment of the general adult inpatient behavioral healthcare unit. Additional considerations that are *not* addressed here are required for child and adolescent patients, patients with medical care needs, geriatric patients, and some diagnoses such as substance abuse and eating disorders.

This document is not a replacement for regulatory requirements, but rather augments them to detail practical means of protecting patients and staff. It is not intended to be employed as a legal “Standard of Care” which facilities are in any way required to follow.

NOTE:

Product information included in this document is intended for illustration of one or more specific items that are deemed appropriate for use in this type of facility. Comparable products by other manufacturers meeting the same design criteria may be substituted after careful comparison.

A WORD FROM THE AUTHORS

Our first edition of the *Guidelines for the Built Environment of Behavioral Health Facilities* opened as follows:

“Having spent our careers working to improve patient safety, we welcome the opportunity to share our experiences with you. What we have learned is that, while a safe environment is critical, no environment of care can be totally safe and free of risk. No built environment – no matter how well designed and constructed – can be relied upon as an absolute preventative measure. Staff awareness of their environment, the latent risks of that environment, and the behavioral characteristics and needs of the patients served in that environment are absolute necessities. We also know that different organizations and different patient populations will require greater or lesser tolerance for risk; an environment for one patient population will not be appropriate for another. Each organization should continually visit and revisit their tolerance for risk and changes in the dynamics of the patient population served.”

The Design Guide continues to be based upon our experiences in the field as operators, designers, consultants, and surveyors: what we have seen that is working and what we have seen that has not worked. Since the *Guidelines* were first electronically published by NAPHS, we have received and welcomed countless suggestions, recommendations, and comments. New products have been introduced while others have been withdrawn from the market, and innovation continues to provide new approaches to the conundrum of providing a therapeutic environment that is also as safe as possible. Codes have been updated to more specifically address the needs of the behavioral health patient, and reduction of patient suicide is a National Patient Safety Goal. [See www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/.]

We are grateful for how well our suggestions have been received. We hope that this latest edition of the *Design Guide* will also prove useful to the designers, operators, and clinicians who are entrusted with both the care of behavioral health patients and with the environment of care in which those patients are treated and cared for.

Inclusion or exclusion of a product does not indicate endorsement or disapproval (nor that any product we identify is free of risk).

There may be equivalent products available: all facilities should continuously look to the marketplace to find products that are safer or more cost-effective.

-continued-

As before, we have highlighted products that we have found to be both safe and able to withstand the rigors of use in the behavioral healthcare environment. However, inclusion or exclusion of a product does not indicate endorsement or disapproval (nor that any product we identify is free of risk). There may be equivalent products available: all facilities should continually look to the marketplace to find products that are safer and more cost-effective.

SHARE YOUR BRIGHT IDEAS



A continuing feature is the inclusion of **Bright Ideas** that are indicated by the graphic shown at the left. These are applications that we have thought of, or that have been suggested by readers. They do not require the use of any specific product, but utilize readily available items in creative ways to improve the safety of these units. Most of these **Bright Ideas** can be implemented by maintenance staff at nominal cost. We thank those who have contributed these ideas and information on new products. We encourage this kind of input and invite feedback from you, the readers. With your help, this can become a compilation of the best thinking of the industry. We promise to include more of your **Bright Ideas** in the future.

We hope that this document continues to provide a starting point in your search for resources that can enhance the safety of behavioral healthcare patients.

There continues to be a lot of attention and activity around “Suicide Prevention,” and many new products are on the market and in development. Edition 3.0 is an attempt to keep up with this rapidly changing marketplace and to keep you informed about these exciting new products.

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ACKNOWLEDGEMENTS

We want to express our appreciation to the following professionals who have shared their insight and experience with us and helped make this edition more helpful to other readers:

Larry Denoyer – The Menninger Clinic

Steve Linquist – Avera McKennan Behavioral Health Services

Tom Hess – Sheppard Pratt Health Systems

Byron Kitagawa – Sharp Healthcare Corp.

A WORD FROM NAPHS

THE VALUE OF FOCUSING ON THE BEHAVIORAL HEALTH ENVIRONMENT

The National Association of Psychiatric Health Systems (NAPHS) is proud to partner with authors David Sine and Jim Hunt to bring you this unique, valuable, and newly revised resource. The first and second editions of this publication were extremely well received by the behavioral healthcare field, and we appreciate the authors' efforts to incorporate new products and thinking into this third edition.

Whether you are involved in designing a new building, renovating space, or maintaining an existing behavioral healthcare program, this document is designed to help you think through the many aspects of the environment that can have a significant impact on patient safety.

In behavioral health care, this is particularly important as many patients are admitted because they are at risk of harming themselves or others. In every aspect of building design and maintenance, it is essential to make determinations about the built environment based on the potential risk to the specific patient populations you serve. This requires a continuous process of review and evaluation. This document is unique in that it gives you a concrete starting point for your internal discussions.

There are no hard and fast answers, and there may on occasion be conflicting state or federal requirements that you will need to discuss with your own attorneys. Some questions to consider:

- Could a patient be hurt by this aspect of the environment? Could they use it to harm someone else?
- Can staff easily navigate the environment to get to patients in need of assistance?
- Is it possible to maintain patient privacy in this environment?
- Does the environment convey a hopeful, helpful atmosphere that will contribute to recovery?

NAPHS does not endorse or recommend any specific product, nor does exclusion of a product indicate disapproval. However, we believe that it is important to share ideas that can help you in the process of continuously enhancing patient safety and improving patient care.

Mark Covall
President/CEO

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GENERAL COMMENTS

1. Space Planning Considerations:

- A. **Behavioral health units and facilities should be designed to appear comfortable, attractive, and as residential in character as possible.** Every effort should be made to avoid an “institutional” look while still meeting the vast array of applicable codes and regulations and meeting the therapeutic and safety needs for patient and staff safety.
- B. **Nurse stations should provide the least possible barrier between staff and patients.** HIPAA information privacy regulations (the *Healthcare Insurance Portability and Accountability Act*) make an “open” design increasingly challenging. Patient records, electronic or otherwise, must be protected from view of other patients, visitors, and unauthorized staff. Care must also be taken to shield computer monitors from unauthorized viewing. Areas must be provided in which clinical staff may discuss patients without being overheard by other patients or visitors. Provision should be made to accommodate storage of charts and patients’ valuables in appropriately secure areas.
- C. **Gathering areas for patients near the nurse station are encouraged because patients often congregate near there to socialize.** It is far better to plan for this in the original design and to accommodate this behavior. This area should encourage comfortable seating and places for conversation, card or board games, and other quiet activities that will not be distractions for staff working in the nursing station. Television sets, CD players, etc. should not be included at these locations.
- D. **Chart rooms and other staff areas should be located so that staff members may have conversations regarding patients and other clinical matters without being overheard by patients or visitors.**
- E. **Medication rooms should be sized to accommodate the number of staff that will be necessary at peak times as well as planned for future (if not current) computer systems.** HVAC and electrical systems should have sufficient capacity to accommodate the cooling load of the refrigerator, computer, automated medication systems, and the number of people who may be in the room at peak times. The medication room should also have a hand-washing sink. The room should be sized to accommodate storage of the medication cart when not in use without restricting use of the space by staff. (See “*Guidelines for Design and Construction of Hospital and Health Care Facilities - 2006; 2.1-2.3.4*”)
- F. **When possible, locate service areas such as trash rooms and clean and soiled utility rooms so that they are accessible both from the unit and from a service corridor.** This eliminates the need for environmental staff servicing these rooms to enter the treatment areas of the unit and possibly disturb patient activities. All doors to these rooms must be kept locked at all times.
- G. **Nurse call systems are not required** in behavioral health units.

- H. When possible, have all **electrical outlets** in each patient room on a separate circuit and locate the breakers for these circuits where they are readily available to staff without entering the patient rooms.
- I. **All electrical circuits** having receptacles near sources of water (such as sinks, lavatories, and toilets) must be protected by Ground Fault Circuit Interrupters (GFCI). All other outlets in areas accessible to patients should be hospital grade, tamper resistant. Making them GFCI also add a significant level of safety for patients trying to tamper with the receptacles
- J. When possible, locate **water shut-off valves** in corridor walls where they are accessible from the corridor by opening a locked access door. This has been successfully accomplished during remodeling projects of existing units.
- K. When possible, **locate serviceable parts of patient room HVAC systems** where they can be serviced without entering the patient rooms.
- L. **Housekeeping rooms should be large enough to lock away the carts when not in use.** All cleaning materials must be locked inside at all times when the carts are in patient areas or corridors and not attended by staff.
- M. **Smoking areas should be outdoors.** These can be in the form of screened-in porches using heavy stainless steel screen fabric¹⁸ similar to that specified in Level 3.H.i. below. Furniture should be lightweight and without upholstery. Provision should be made for staff observation without entering the space, and no waste baskets are allowed in these areas. Indoor smoking rooms are not recommended.
- N. **At the time of this writing, the applicable standards** [*Guideline for Design and Construction of Hospital and Health Care Facilities*, published by the American Institute of Architects, 2006 edition] **require 100 net usable square feet per private patient room and 80 net usable square feet per patient in semi-private rooms (2.3-2.1.1.2(2)).** All requirements of the *Guidelines, NFPA 101 Life Safety Code (2009 edition)*, The Joint Commission Standards, as well as state and local regulations and building codes must be incorporated into the planning.

2. Safety:

The levels of concern for the safety of patients and staff due to the design of the built environment are not the same in all parts of a behavioral health unit or facility. The level of precautions necessary depends on the staff's knowledge of the patient and the amount of supervision the patient will have while using that part of the facility. The level of concern falls roughly into five categories (with 5 being the highest level of concern):

Level 1. Staff and service areas where patients are not allowed.

Level 2. Corridors, counseling rooms, interview rooms and smoking rooms – where patients are highly supervised and not left alone for periods of time.

Level 3. Lounges and Activity Rooms – where patients may spend time with minimal supervision.

Level 4. Patient rooms (semi-private and private) and patient toilets – where patients spend a great deal of time alone with minimal or no supervision.

Level 5. Admissions rooms, examination rooms and seclusion rooms – where staff interact with newly admitted patients that present potential unknown risks and/or where patients may be in a highly agitated condition.

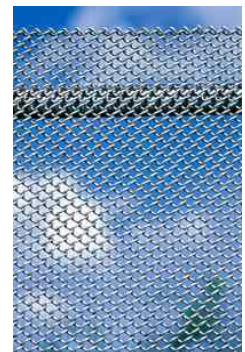
3. Outdoor Areas:

Outdoor areas (e.g. enclosed courtyards, fenced areas adjacent to the treatment unit, or simply an open campus) are considered to be of great therapeutic benefit. In all cases, careful consideration should be given to exterior landscaping and furniture in the vicinity of patient use buildings. Trees should be located away from buildings to prevent access to building roofs. Climbable fences can permit, if not encourage, unauthorized access to windows and roofs or elopement over walls. Shrubbery should be non-toxic and low-growing. Avoid planting shrubbery close together as it can create visual barriers that patients or unauthorized visitors may hide behind. Landscape or decorative rocks that can be thrown and injure staff or other patients should not be used.



All out-of-doors furniture should either be anchored firmly in place or be sufficiently heavy to be difficult to move. This is to prevent the furniture from being moved to create barricades or stacked to allow climbing over fences, into windows, or onto buildings. Levels of staff supervision for patients using outdoor areas should be carefully reviewed by the facility and be dependent the acuity and assessment of patients using the area. There are many types of furniture commercially available that can be anchored or are made of concrete or other heavy materials. One interesting item that may be considered is the John Gale™ chair⁴⁸ [Rotocast plastic products, inc.].

Buildings, walls, or fences may be used to establish clear boundaries and impede elopement to a degree appropriate to the patient population being served should enclose outdoor recreation areas for patients requiring close observation. Where patients may attempt to climb a fence, a fine mesh chain link fence fabric⁴⁹ [Fence Factory; Miniature Mesh] installed over the existing fence material. This fabric comes in a range of sizes down to as small as 3/8” openings. This makes it more difficult to climb and the openings are too small for



most bolt cutters. Care should be taken when using this material to assure that fence posts and rails are sufficiently strong to support the fabric and the additional wind loading that can occur. There has been at least one verified instance of a patient successfully climbing a mini-mesh fence, so it is suggested that a section at the top be angled inward to further increase the difficulty of climbing.

All areas surrounding patient use buildings and areas where staff will be walking or escorting patients at night should be well lighted. Care should be taken that exterior lights do not shine directly into patient room windows. Parking areas for staff and visitors should be well lighted and reviewed regularly for design features that encourage personal and property security. While security is generally beyond the intended scope of this document, closed circuit television monitoring and video surveillance recording of these semi-public areas (i.e. where there is no expectation of privacy) should be considered.

All manhole covers, access panels, and area drain grates should be anchored firmly in place to prevent them being removed and used as weapons or allowing patients to enter the underground piping.

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CONSTRUCTION AND MATERIALS CONSIDERATIONS

Each of these levels of concern requires increasing attention to the built environment to reduce the potential of the patients being afforded a means of doing harm to themselves or others. These levels are cumulative, and all steps taken for lower levels are also required for a higher level. For example: all steps recommended for Levels 1, 2, and 3 are also recommended for Level 4.

Level 1. Staff and Service Areas – Compliance with all applicable codes and regulations.

Level 2. Corridors, Counseling, and Interview Rooms - Minimize blind spots in corridors where patients can not be observed from an attended nurse’s station.

- A. **Floors** – Carpet or vinyl tile meeting class A rating. Avoid patterns and color combinations that may appear to “animate” into objects that could contribute to visual misperception by patients. Anti-microbial carpet with solution dyed yarn and moisture resistant backing generally works well in these facilities and is available from most major carpet companies.
- B. **Walls** – Lightweight concrete block, abrasion-resistant, or impact-resistant gypsum board¹ [*National Gypsum Hi-Abuse Brand Wallboard*] on a minimum of 20 gage metal studs. Consult manufacturers regarding the characteristics of the specific material most appropriate for a particular installation. These products are now available from several manufacturers. A painted finish is preferred because of easy reparability and relative low cost of renewing or changing colors to keep up with current trends. This helps with minimizing the institutional qualities of the space and aids in providing as residential or home-like ambiance as possible while meeting the institutional requirements.
- C. **Ceiling** – May be lay-in acoustic tile if needed for accessibility to equipment. However a solid ceiling is preferred in interview rooms used for patient in-take and assessment purposes (see section 5a: Admissions). If a “lay-in” ceiling is used consideration should be given to the use of clipped in place ceiling tiles. If clips are used, regular safety rounds should include checking to see that the clips are in place. Frequently, they do not get replaced after maintenance is performed on equipment above the ceiling.
- D. **Glass** –All glazing should be safety glass including exterior windows. If wire glass is required by code, install ¼” polycarbonate type glazing²[*GE brand “Lexan” MR10 Sheet with Margard II UV and Abrasion-Resistant Coating*] on side(s) to which patient has access if allowed by authority having jurisdiction. If replacing existing glass is cost prohibitive, application of a security laminate³⁷ [*ACE Security Laminates; 200 Series*] to existing glass may be an alternative. All mirrors and fire extinguisher cabinet windows should be made of ¼” polycarbonate². Convex mirrors⁵⁰ [*Norix, DuraVision, model QD18 shown*] may be used to assist with seeing into blind spots where



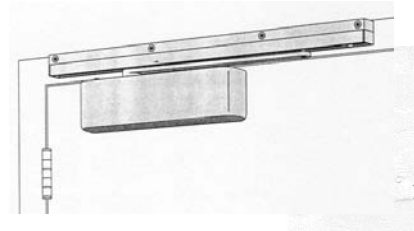
patients could hide. This particular line is more shatter resistant than some and includes a frame with recessed holes that fits tightly to smooth surfaces to discourage tampering

E. Hardware

1. **Hinges** – Continuous hinges are preferred for all patient accessible areas because they minimize possible attachment points. They are available in either geared type²¹ [*Hagar-Roton Hinges*] or barrel type⁷¹ [*Markar-Continuous Hinges*]. In either case, the top edge should be sloped. If the slope is cut in the field, great care should be taken to avoid creating sharp edges or hanging points. Standard 4 ½” hinges with non-rising-pins and “hospital tip”³ [*Stanley brand five Knuckle Full Mortise Hinges FBB179 or FBB191 with Hospital Tips*] are still commonly used, but are not preferred because they allow something to be tied around the top hinge when the door is open.



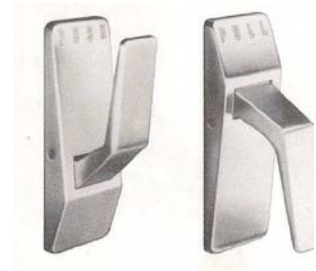
2. **Closers** – use parallel arm security rated units⁴ [*LCN 4510T Series Security Track Closer*] mount on corridor side of door away from rooms where patients will be alone or in groups.



3. **Lever handle locksets and passage sets** - A new lever handle, mortise lockset is now available⁷ [*Stanley: SPSL*] that is highly resistant to ligature attachment. It is tapered and provides virtually no edges that could catch a ligature and has no exposed fasteners. If something is tied around the lever and looped over the door, the lever swings up without retracting the latch bolt.



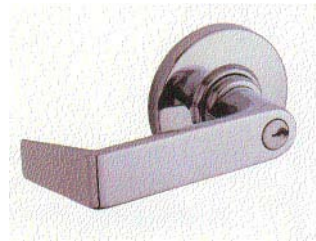
4. **Push/pull latches**⁵ – [*Sargent; 114; Push/Pull Latch*] may be used for patient room/corridor doors and other locations. This type of hardware should be very carefully evaluated for risk to the specific patient population(s) to be served. When these are installed with handles pointing down as shown, these may provide less risk than standard knobs or levers. Some facilities have chosen to install this type of hardware with the handle on the corridor side of the door pointing up so something cannot be tied to the handle and looped over the door.



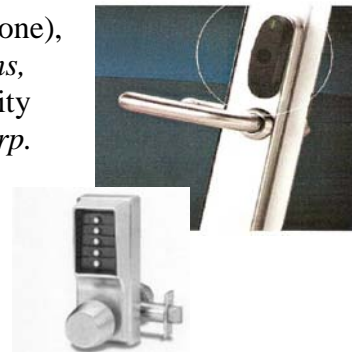
5. To accomplish locking of doors, a separate **deadlock**⁶ [*Marks USA; #31SS50S*] with key operation on corridor side and a tapered knob on room side that will unlock the door, but not lock the door from the inside. This is to prevent patients from going into a room and locking themselves in the room.



6. **Knobs and levers** – **This type of hardware should be very carefully evaluated for risk** to the specific patient population(s) to be served. All doors from corridors must have a lockset or deadbolt of type appropriate to space being served (see following sections). Counseling rooms and interview rooms should have a “classroom” type lockset that requires a key to lock or unlock the outer lever, but that allow the inside lever to always be free.



7. **Unit entrance doors** – Provide intercom (or telephone), electronic controlled access systems⁶¹ [*Salto Systems, Inc.*] that utilize barcode, magnetic strip, or proximity readers or pushbutton type lock⁸ [*ILCO Unican Corp. Mechanical Pushbutton Locks, 1000 Series*] at all doors to allow access to the unit by staff and/or visitors. The integrity of the pushbutton code must be carefully protected. These are also available with a lever handle in lieu of the knob shown.

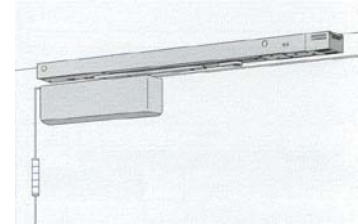
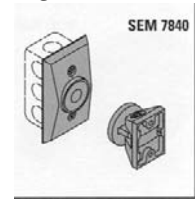


8. **All exit doors** (including stairway doors) may be locked at all times. Exit doors may be locked with magnetic locks⁹ [*Dynalock Corp. series 2011 Full Size Series*] that are connected to the fire alarm system to release (may be time delayed) when the alarm is activated, where deemed appropriate for patient population. The acceptability of this type of hardware should be verified with the authority having jurisdiction at the location of the unit. When



extraordinary circumstances exist, a vertical magnetic-jam strip with at least two magnetic-hold devices (1100 lb. holding force) should be installed. To provide additional strength, the door may also be equipped with a continuous heavy-duty door hinge^{21or71} [*Hagar –Roton Hinges or Markar – Continuous barrel hinges*].

9. **All doors** on the unit that are required by applicable codes and regulations to have a closer (but that need to be open to provide observation of patients by staff) shall be provided with approved device. If the door has a standard closer, provide an accessory magnetic hold-open device¹⁰ [*LCN SEM7800 Series*]. If a new closer is being provided, it is recommended to use a closer with a built-in closing device¹¹ [*LCN Fire/Life Safety Series Sentronic closer*] that will allow the door to close automatically when the fire alarm is activated.



10. **All fire alarm pull stations and all fire extinguisher cabinets should be locked.** All staff on duty must carry keys for these at all times. Key should be provided with a red plastic ring or other means of providing quick identification.

11. **Lighted exit signs**⁴⁷ [*Chloride Systems; Caliber Series*] should be vandal resistant and installed tight to the ceiling to avoid use as a hanging device.

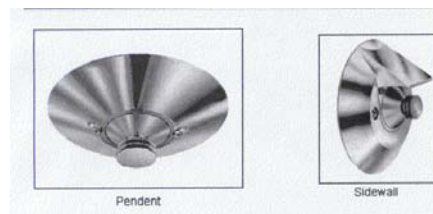


- F. **Light fixtures** – If located at a height or location that is not easily accessible to patients, these may be normal fixtures and lamps as long as staff observation from the nursing station is good and staff members are in attendance, but tamper resistant fixture are preferred. Where they can be reached by the patients or are in areas that are not readily observable by staff, they must be the tamper-resistant type or have ¼” thick polycarbonate prismatic lenses securely fixed in the frame and the covers firmly secured with tamper-resistant screws¹² [*Tamperproof Screw Company, Inc.*]. No glass components should be used in any fixture. Use of table lamps or desk lamps is strongly discouraged; but if used, they must be firmly attached to the surface on which they sit. Incandescent light bulbs accessible to patients must always be a “shatter-resistant” type¹³ [*GE Cov-R-Guard; Shatter Resistant; Teflon Coated*]. Fluorescent tubes should never be accessible to patients.



- G. **It has been suggested that corridor light fixtures (other than minimal night lighting) be controlled at night by motion detectors. This would allow staff to know immediately when a patient leaves his or her room.**

- H. **Fire sprinklers – institutional heads**¹⁴ [*Reliable Automatic Sprinkler Company, Inc.; Model XL-INST*] which will break-away under 50-pound load dropped from one inch.



- I. **Window covering hardware** – All curtain tracks¹⁵ [*Imperial Fastener Company, Inc.*] must be flush mounted tight to the ceiling or soffit and must have no cords or chains. The minimum number of hook and loop (or snap) tabs should be used to limit the amount of weight that can be supported if the fabric is bunched together. This product can be used with a wide variety of window and shower curtain fabrics. Mini-blinds should never be used.



J. **Miscellaneous** –

1. No plastic trash can liners should be allowed in any space accessible to the patient. Breathable paper liners⁴⁴ [*Wisconsin Converting; Sani Liner*] should be provided.
2. All operable windows in these areas should have opening limited to six inches.
3. Telephones located in corridors or common spaces for patient use should have a stainless steel case⁵², be securely wall mounted, have a non-removable shielded cord of minimal length (12 inches maximum), and be equipped with an on/off switch that can be controlled by staff.
4. Cabinet pulls should be either recessed (with no protruding openings) or of a closed type⁷⁵ [*Top Knobs; Mayfair cup pull*].



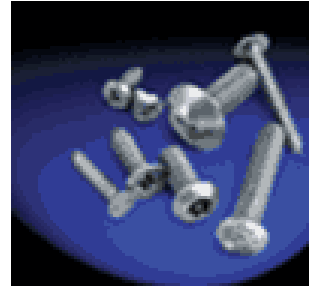
K. **Furniture** –

1. Should be easily cleaned, and should be very sturdy and as heavy as possible to minimize likelihood of patients throwing chairs, tables, etc. It is recommended that as much furniture as practical be built-in or securely anchored in place to prevent stacking or barricading of doors. The remaining loose items such as chairs can vary from high quality wood frame upholstered chairs⁶⁰ [*Norix Group, Inc.; Sierra Series*] that resemble typical residential furniture in appearance, to polyethylene rotationally-molded⁶² [*Norix Group, Inc.; Roto Mold Series*] and sand-ballasted seating that is very institutional looking. The selection depends on the facility's determination regarding the patient population to be served.



2. Provide lockable storage cabinets and drawers and the means to lock phones and computers away from patients.
3. All upholstery and foam used in furniture should have flame spread ratings that comply with the requirements of NFPA 101 Section 10.3.

L. All pictures and art work mounted on walls should have polycarbonate² type glazing and heavy frames should be screwed to the walls with a minimum of one tamper-resistant screw¹² per side. Care should be taken to reduce the opportunity of attaching ligatures to the frame or the joint between the top of the frame and the wall. The frame should be beveled to slope away from the wall and the joint at the top should be sealed with a tamper resistant sealant⁷⁷ [*Silka Corp. – Silkaflex-2c NS*].



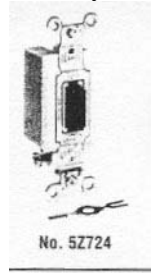
Level 3. Lounges and Activity Rooms

- A. **Floors** - Use sheet vinyl²⁷, vinyl tile or seamless flooring²⁰ where wet or potentially messy activities will be conducted. Carpet should have solution-dyed yarn and non-moisture absorbing backing¹⁶ [*Lees Tenure Broadloom; Product Number L3106*].
- B. **Walls** - Same as for corridors in #2 above.
- C. **Ceiling** – Prefer non-accessible solid gypsum board ceiling. If more sound attenuation is desired, apply 1’x1’ acoustic tile to the gypsum board with adhesive. A nine foot high ceiling is highly desirable in that the added height makes it more difficult to reach and therefore decreases patient tampering with ceiling mounted devices.
- D. **Glass** - Same as for corridors in #2 above.
- E. **Hardware** - Same as for counseling and interview rooms in #2 above.
- F. **Light fixtures** - Same as for corridors in #2 above.
- G. **Fire sprinklers** – Institutional type – Same as for corridors in #2 above.
- H. **HVAC grilles and equipment** – Only grilles with small perforations¹⁷ [*Carnes; Stamped, Perforated Diffuser; see catalog D-22*] shall be used in new construction and shall be affixed with tamper resistant screws.
 - 1. If other types exist and must remain, cover with heavy gauge stainless steel screen fabric¹⁸ [*McMaster-Carr; Type 304 Stainless Steel, Standard Grade Woven Wire Cloth*]
 - 2. If individual fan/coil type units exist and must remain, secure all access panels, grilles, and controls with tamper-resistant screws¹² and cover all supply and return air openings with stainless steel screen fabric¹⁸.
- I. **Window covering hardware** – Same as for counseling and interview rooms in #2 above.
- J. **Furniture** – All lounge furniture requirements listed for counseling and interview rooms in Level #2 above apply to this level also. Where movable seating is required (such as dining and Activity Rooms), use sturdy wood furniture⁷³ [*This End Up Furniture Co.; Classic Series Side Chair*] or polypropylene very light weight chairs⁷⁴ [*Norix Group, Inc.; Integra Series*] that resist breaking into sharp pieces.



K. Kitchen appliances

1. All **cooking appliances** (ranges, microwaves, coffee makers, etc.) should have key operated lock-out switches¹⁹ [*Hubbell Locking Type Switch #5Z724*] to disable the appliance.
2. Patients' access to **coffee** should be carefully considered by each facility's Risk Management Program. If access to this (and other potentially scalding liquids) is allowed, the location of the coffeemaker should be chosen so it is readily observable by staff. Glass coffee pots should never be available to patients.
3. All **garbage disposal units** should have a key operated lock-out switch¹⁹ to disable the device.
4. **GFCI-protected receptacles** must be provided near all sources of water including sinks.



L. Miscellaneous

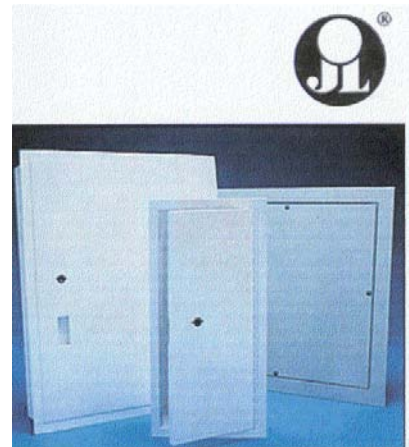
1. All electrical device (switches, outlets, etc.) cover plates must be attached with tamper-resistant screws¹². Electrical cover plates for switches and receptacles should be made of polycarbonate materials and secured with tamper-resistant screws.
2. All miscellaneous requirements listed for counseling and interview rooms in Level #2 above apply to this level also.
3. Television – TV sets should *not* be mounted on walls using brackets because of the risk presented to patients. All cords and cables should be as short as possible. Consideration should be given to providing built-in TV or media centers and installing an isolation switch that staff can control.

Level 4a. Patient Rooms

- A. **Floors** – Same as lounges and activity rooms in #3 above. If some of the patient population have problems with urinating on the floor, provide some rooms with seamless epoxy flooring²⁰ [*Dex-O-Tex Cheminert “K” Flooring*] with integral cove base or sheet vinyl flooring with integral cove base.

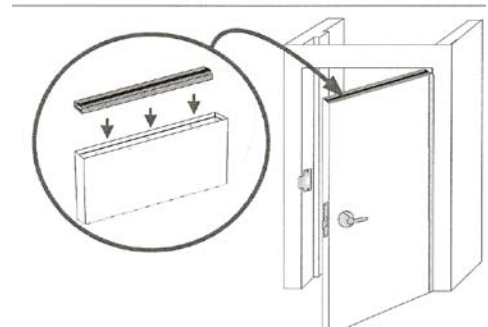


- B. **Walls** – Impact resistant gypsum board¹ [*National Gypsum Hi-Impact Brand Fire Shield Wallboard*] on metal studs – paint finish preferred.



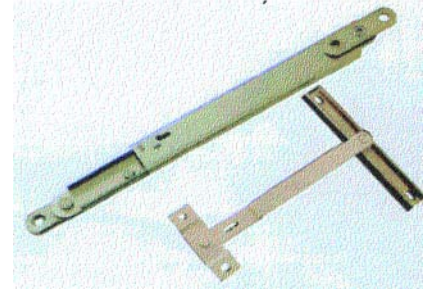
- C. **Ceiling** - Non-accessible solid gypsum board ceiling - paint. Provide key lockable access panels²² [*J. L. Industries, Inc. Standard SP Security Panel with mortise prep.*] at all locations where access is required.

- D. **Doors** - Strongly recommend that doors to corridor swing into corridor to prevent patients from barricading themselves in room. When this is difficult or impossible to accomplish in remodeling or new construction, there are still a range of options available. If the door and frame are not part of a fire-rated wall, the door could be mounted on pivot hinges³³ [*Stanley; DAP-3 Center hung door pivot set*] with emergency strike³¹ [*Stanley; ES-1 Emergency door stop*] or the door-within-a-door solution where a small portion of the center of the door is hinged to swing into the corridor. The options are much more limited when the corridor is fire-rated. If space is available, a separate narrow (18”-24”) wide door that swings into the corridor that is mounted in a separate metal frame is one possible solution. The top of doors provide a pinch point that allows a patient to tie a knot in a sheet or other object, place it over the top of the door, and close the door. This provides a hanging device. One way to reduce this risk is with a pressure-sensitive device placed on the top of the door that sounds an alarm⁷⁹ [*Securitech; Concealed Over Door Alarm*].



E. Glass

1. **Exterior windows** – 1”-insulated glass panels with both layers ¼”-tempered glass or laminated glass should be used in patient-accessible areas. Advances in different types of safety glass make it worthwhile to consult an expert for advice for any specific project. The height above the ground, patient population, and many other factors should be taken into account in making these decisions. Comply with all applicable codes and regulations for operable sash. Fixed windows or units equipped with sash control devices²³ [*Truth Hardware; Limit Device*] that limit the amount of opening and can be released using a key to full opening for evacuation purposes are preferred.
2. **Security screens** - If replacing the windows presents a prohibitive cost in remodeling work, provision of a security screen with a very sturdy steel frame designed to resist deflection with multiple key locks and equipped with heavy gage stainless steel screen fabric may be acceptable,⁵⁸ [*Kane manufacturing Corporation*] may be used. These are very functional and secure, but create a very “institutional” appearance.
3. **Mirrors** – polycarbonate² or polished metal type only. Both of these provide some distortion but provide a higher level of safety than any form of glass. If polished metal mirrors are used, great care must be taken with their attachment so the patient cannot remove them and have a weapon to use on themselves or others.
4. **View windows to corridors in doors or sidelights** – Use polycarbonate² (if possible). If wire glass is required by codes, request permission from the authority having jurisdiction to install a layer of polycarbonate² on each side of the wire glass. (Wire glass can be broken and yield shards of glass that can be used as weapons.)



- F. **Hardware** – A lever handle lockset that provides minimal attachment opportunities for a ligature⁷ [*Stanley; SPSL Anti-Ligature lockset as illustrated in Corridors, #2 above*] is highly desirable.
- G. **Deadlocks** – It is highly desirable to keep vacant patient rooms locked at all times to avoid other patients entering these rooms without staff’s knowledge. Many jurisdictions do not allow the capability of locking a patient in a room. Therefore, “Classroom Deadlocks”⁶ [*Marks USA; #31SS50S*] with key operation on corridor side and a tapered knob on room side that will unlock the door, but not lock the door from the inside. This keeps a patient from using the deadlock to lock themselves in the room. The device is locked or unlocked by use of the key in the corridor side of the door. The tapered knob on the inside of the door is more ligature resistant than a standard thumbturn.
- H. **Light fixtures** – Same as in #2 above except that all light fixture lenses should be polycarbonate, secured into the frame. And the frame should be secured with tamper-

resistant screws¹² to prevent lens from being removed and fixture being opened (to prevent the patient from having access to the bulb). No glass components should be used in any fixture, and table lamps are discouraged (or should be anchored in place with access to the bulb limited or shatter-proof bulbs provided and power cords shortened.). Many facilities are using security fixtures⁴⁰ [The L. C. Doane Company; SCB Series with polycarbonate external lens TP door fasteners] in one of the many styles available. These do have more of an “institutional” look, but the level of patient safety provided is much higher.



I. **Fire sprinklers** – Institutional type – Same as for corridors in #2 above.

J. **HVAC grilles and equipment** –

1. Same as for lounges and activity rooms in #3 above.
2. In new construction or major remodeling, locate individual room HVAC equipment (such as fan/coil units) in an adjacent corridor or in other location (such as an interstitial space) where they can be serviced without entering the patient’s room.

K. **Window covering hardware** –Same as for counseling and interview rooms in #2 above.

L. **Furniture** -

1. **General** – Sturdy wood, thermoplastic, or composite furniture²⁴ [Norix, Attenda Series; This Side Up, Tough Environment Series; Hill-Rom, Harbor Glen Series or; or Kwalu; casegoods, seating and beds] should be bolted to the floor or walls whenever

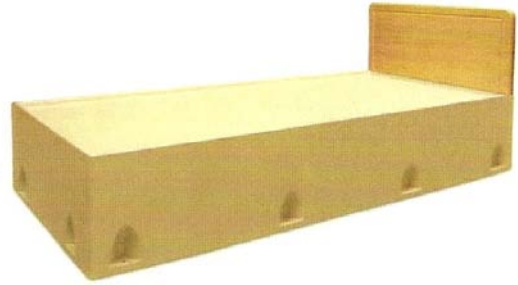
possible. Care must be taken to assure that the furniture will withstand abuse, will not provide opportunities for hiding contraband, and will resist being disassembled to provide the patients with weapons. Some facilities are choosing to use open shelves in lieu of closed cabinets or drawers. Doors should not be provided because they can be used by patients to hang themselves.

Drawers should not be provided because they can be removed by the patients and broken to use as weapons. If drawers and doors are provided, they should be lockable and the keys should be controlled by staff. They should have pulls that are flush or cup type that cannot be used for ligature attachment and the doors should have continuous hinges. All upholstery and foam used in furniture and mattresses should have flame spread ratings that comply with the requirements of NFPA 101 Life Safety Code, Section 10.3.



2. Bed –

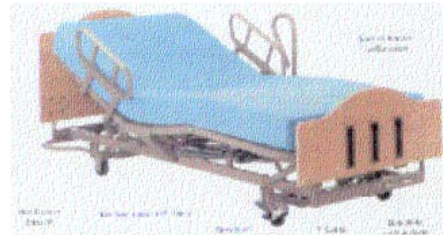
- a. Non-adjustable beds without wire springs or storage drawers are preferred. The necessity and frequency of the use of restraints should be considered when selecting beds. (The beds shown can be equipped for the use of restraints.)



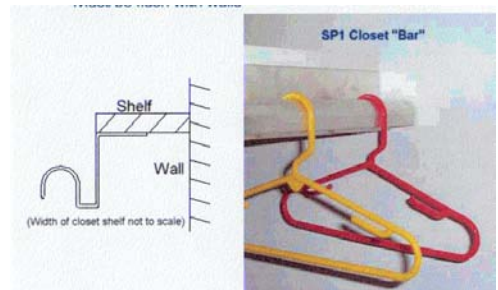
- b. If medical necessity is present, manual hospital beds²⁵ [Hill-Rom, Resident Upgradeable LTC Bed] are preferred. This bed is no longer manufactured, but many used examples appear to be available. It is recommended that the wheels of hospital type beds be removed or rendered inoperable to reduce the chance of patients using them to barricade the door.



- c. If electrically operable beds are needed to reduce risk of staff injuries (especially on geriatric units), use only beds that require a constant pressure on a switch located on the bed rail (not a remote-control device or paddle that can be placed on the floor). Provide key lockout switches¹⁹ on beds (or removable pigtail) so that only staff can operate the beds. All electrical cords should be secured and shortened. It is recommended that the wheels of hospital type beds be removed or rendered inoperable to reduce the chance of patients using them to barricade the door.



3. **Wardrobe/closet** - Wardrobes with clothes poles requiring hangers are discouraged because, while the bar itself can be made safe²⁶ [Odd Ball Industries; SP1 Closet "Bar"], the hangers present serious hazards. It should be noted that the current edition of the "Guidelines" calls for patient rooms to have accommodations for "hanging full length clothing." However, many facilities report that patients no longer come with clothing that needs to be hung-up, partially due to the short lengths of stay.



M. Miscellaneous –

1. **Pull cords** on nurse call and/or emergency call switches (where required or provided) shall be no longer than 6” and as lightweight as possible.
2. All **miscellaneous requirements** listed for lounges and activity rooms in Level #4 above apply to this level also.
3. In new construction, or major remodeling, provide **dedicated circuit for all electrical outlets in each patient room and bath**. This will allow power to the outlets in a specific room to be turned off if necessary for patient’s safety. Where this is not practical, the outlet may be temporarily covered⁵¹ [*Integrated Facility Products; Security Outlet Cover*] by attachment with a tamper resistant screw. It is strongly recommended that all electrical outlets in patient rooms and patient toilet rooms be hospital grade, tamper-resistant type; and it is preferred that they be GFCI receptacles⁸⁰ [*Hubbell Incorporated; Hospital Grade Receptacles*] to greatly reduce the risk of patients being able to harm themselves by tampering with the receptacles.
4. **Coat hangers** – Wire coat hangers should be prohibited. Plastic hangers generally present less risk.
5. **Curtain cubicle tracks** that include runners should be prohibited because of the risk to patients. Their use should be carefully considered and eliminated in patient rooms.
6. **Telephone** – If desired, cordless phones may be provided to allow the patient to check out a phone for private conversations when appropriate. Phones should not be left in patient rooms permanently because they can be used as weapons.
7. **Television sets** – Should not be provided in patient rooms to encourage patients to use activity areas with other patients and provide easier supervision.
8. **Medical gas outlets** – These are not normally required for behavioral health units. If there is medical necessity or the outlets are a pre-existing condition in remodeling projects, they should be covered with panels attached with tamper-resistant screws¹². These covers should be removed only for medical necessity of the current patient and replaced when that patient is discharged or moved. Special care must be taken in semi-private rooms to assure that access to the medical gasses does not present a safety risk to the other patient.
9. **Trash cans and liners** – Trash cans and liners requirements listed for counseling and interview rooms in Level #2 above apply to this level also. In choosing trash cans and liners, the potential for patient risk should always be assessed. Plastic liners should be



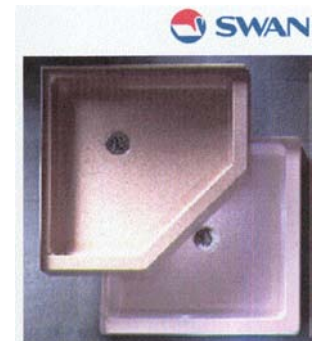
prohibited because of their potential risk. A substitute liner made of paper⁴⁴ may be used.

10. **Baseboards** of any kind that are applied to the surface of the wall (vinyl, rubber, wood, etc.) intended to cover the joint between the wall and floor are strongly discouraged. They become prime targets for patients to tamper with and can be used to conceal contraband. Integral cove base is acceptable as long as it does not have a metal edge strip on the top of the base. Finishing the wall surface to the floor and sealing the joint with tamper resistant sealant⁷⁵ and painting a contrasting color stripe at the floor is preferred.

Level 4b. Patient Toilets

A. **Floors** – Use one of the following depending on the acuity of the patient population:

1. Seamless epoxy flooring²⁰ with integral cove base including shower. Do not use metal strip at top of base as this can be removed by patients and used as a weapon.
2. Sheet vinyl flooring²⁷ [*Armstrong World Industries, Inc. Commercial Flooring, vinyl, homogeneous*] with integral cove base in room and ceramic tile floor in shower.
3. Vinyl tile (12”x12”) floor²⁸ [*Armstrong World Industries, Inc. Commercial Flooring, vinyl composition tile*] with top-set base and pre-cast artificial stone shower floor²⁹ [*The Swan Corporation, Swanstone Solid Surface Shower Floors*]. (Fiberglass shower stalls and floors are generally not durable enough.)



B. **Walls** - Use one of the following depending on acuity of the patient population and budget.

1. Avonite³⁰ [*Avonite Solid Surface Wall Panels*]
2. Ceramic tile
3. Gypsum board that is impact resistant with mold- and moisture-resistant facing¹ with epoxy paint and ceramic tile in shower

C. **Ceiling** – Gypsum board with mold- and moisture-resistant facing¹ with epoxy paint

D. **Glass** – Mirrors, same as patient rooms in #4 above.

E. **Door** – A “Soft Suicide Prevention Door” (SSPDoor)⁵⁶ [*Integrated Facility Products; SSP Door*] has been developed that eliminates many of the hanging hazards



associated with a typical door. The door may be easily removed by staff and used as a shield against an attacking patient and can have a photograph printed on its faces . This door cannot be locked or latched in any manner. (Use of this product eliminates the need for the items listed under “Hardware” below.)

F. Hardware -

1. Same as for counseling and interview rooms in #2 above. Use hospital privacy set as well as a deadlatch so patient can be locked out of room.

2. Door frame should have no stop.

3. Provide emergency door stop³¹ [Stanley; *ES-1 Emergency door Stop*] to allow door to be opened out in the event that a patient collapses or barricades himself or herself in the room (only necessary if door normally swings into toilet room).

4. Double Lipped Strike³² [Stanley; *DLS-2*] in conjunction with iii above.

5. Hinges shall be double-acting pivot hinges³³ [Stanley; *DAP-3 Center Hung Door Pivot Set*] in conjunction with iii above.



G. Light fixtures – Same as patient rooms in #4 above except that fixtures inside showers shall be water resistant type. No glass components should be used in any fixture.

H. Fire sprinklers – institutional type – Same as for corridors in #2 above.

I. HVAC grilles and equipment – Same as activity rooms and lounges in #3 above.

J. Miscellaneous

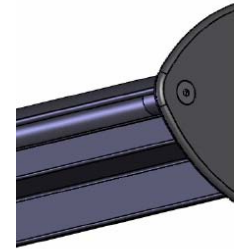
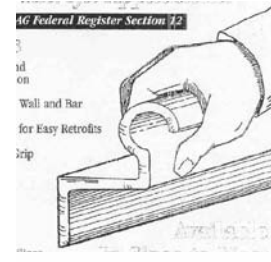
1. **Medicine cabinets** – should not be provided because of difficulty in observing potentially dangerous items that may be placed in them.

2. Evaluate the risk of using **robe hooks**. If you require them, they should be the break-away type³⁴ [Odd Ball Industries; *SP6 Clothes/Towel Hook*]

3. **Towel bars** should not be used. Provide break-away hooks³⁴ for towels.



- Grab bars** for toilets and showers are preferred to be removable and installed only when patient has medical necessity. Grab bars should be removed when the patient with medical necessity is discharged or moved to another room. Special care should be taken in semi-private rooms to assure that access to the grab bars does not present a safety risk to the other patient. However, when this is not practical a closed grab bar⁴⁵ [Northwest Specialty Hardware, Inc.; Safebar] may be installed on a slight slope with one end cap on the higher end. This provides a high degree of safety and is also self draining and easy to clean and sanitize.



- Shower curtain rods** are to be avoided but if used should be of a tamper resistant design and the same as curtain rods.¹⁵



Another solution that has proven effective is to take a shatter-resistant plastic sleeve (made to slip over a fluorescent tube), slit it from end to end, and use it as a shower curtain rod. It will hold minimal weight and does not give the patient a weapon to use for harming himself/herself or others.

- Shower curtain material** should be made of cloth treated with waterproofing⁷² so the fabric is “breathable.” No plastic shower curtains should be allowed due to risk of suffocation by patients. If water that gets out of the shower will drain to a floor drain, consideration could be given to using the SSPD⁵⁶ door mentioned in paragraph E above in lieu of a shower curtain.

- Pull cords** on nurse call switches (where required or provided) should be no longer than 12” and as lightweight as possible.

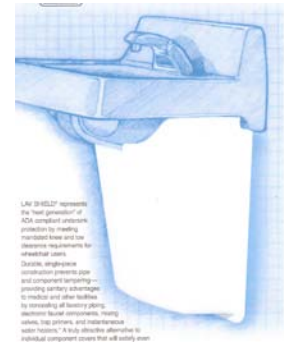
- Lavatories** – that make it very difficult to tie anything around have been developed⁶³ [Bradley Corporation, Lavatory Express System SS-1N]. These are made from solid surface material and have optional stainless steel or acrylic pipe covers that fit beneath the unit.



- Lavatory and sink faucets** provide attachment points for ligatures. Faucet and valve assemblies⁶⁶ [Norva Plastics, Inc.; Suicide Prevention Patient Sink Faucet] exist that are made of solid surface material and have push-button water control. These are difficult to attach ligatures to and provide a much safer solution.



10. All **lavatory waste and supply piping** must be enclosed and should not be accessible to patients⁵⁹ [Truebro; Lav Shield]. Extreme care should be taken when doing this to ensure that the material is trimmed to fit tightly to the underside of the lavatory fixture to prevent the patient from using this to hide contraband.



11. **Soap dishes**⁵³ [NORIX; Detention Series] should not have handles and should be recessed.



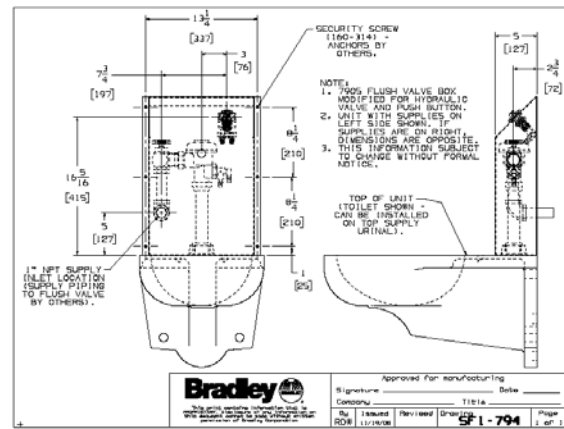
12. Many facilities are now using **liquid soap** in patient areas. The hard plastic dispensers in use in many facilities are problematic in that they can fairly easily be pulled off of the wall and broken to provide sharp shards that can be used as weapons. One solution is a dispenser that is made of solid-surface material⁶⁷ [Norva Plastics; soap dispenser] that is commonly used for countertops and is relatively tamper-resistant.



13. **Toilets** used by these patients in new construction should be floor-mounted, back outlet⁴² [American Standard; Neolo 2531.016 Elongated Flush Valve Bowl, Floor Mounted, Back Outlet, Concealed Back Spud Bowls, integral seat or Eljer; Newark Model 111-0527] in lieu of wall-mounted fixtures which can be broken off of their hangers. Where wall hung toilets exist and replacing them is not practical a wall-hung toilet support⁶⁵ [Big John Products, Inc.; Big John Toilet Support] can be used if it can be secured in place so that patients cannot remove it to use as a weapon. Movable seats provide attachment points for ligatures and should be considered carefully by each hospital. The solution is to use a fixture with an integral seat as suggested above. Some facilities feel this is too prison-like and choose to accept the risk of the movable seat. China fixtures themselves can be broken (both floor and wall mounted) and yield large, sharp shards. Stainless steel toilet fixtures⁵⁵ with integral seats are now available in a range of powder-coated finishes which may reduce the prison appearance and are not breakable.



14. **Flush valves** are preferred to be recessed in the wall⁴³ and activated by a push button. Where this is not practical, they should be mounted no more than 6" above top of fixture. [Zurn Plumbing Products Group, Concealed, ZH6142AV]. When this valve is used, attention must be paid to the pipe that supplies water to the toilet fixture. If the fixture does not have the attachment for the water supply (spud) in the back face of the fixture, then the supply pipe will need to come out of the wall and into the top of the fixture. This provides an attachment point, and this pipe will need to be covered with a stainless steel cover that has a sloped top and is securely anchored in place with tamper-resistant fasteners. Where existing exposed flush valves are in place and it is not practical to re-plumb the toilets, a stainless steel cover for the pipes⁶⁸



[Bradley Corporation; Model No. 7905-31 flush valve with cover] that incorporates a push-button activator for the valve may be used.

15. Single lever mixing valves for **shower controls** that provide minimal opportunity for tying anything around are preferred⁴⁶ [Odd Ball Industries; SP-10 Shower Valve]. An alternative is a “wall pak”⁷⁶ [Acorn Engineering, Penal-Pak Wall Shower] shower that activates with a push button and a timer. The timer prevents flooding if the shower is left on and the drain is blocked.

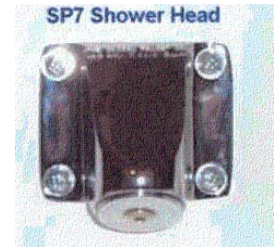


16. If it is only necessary to replace the valve handles and the valve itself in working properly, a **replacement valve handle**⁷⁰ [Norva Plastics; Shower Valve Control Handle] that can be adapted to a variety of valves might be considered.



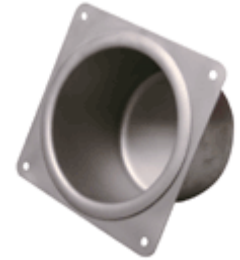
17. Provide **thermostatically-limited hot water** to prevent accidental or intentional scalding.

18. **Shower heads** should be institutional type³⁵ [*Odd Ball Industries; SP7 Shower Head with Quick Disconnect Hand Held Shower*].

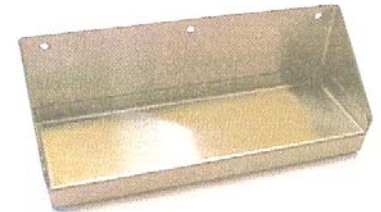


19. Provide **ground fault circuit interrupter** (GFCI) type electrical circuit breakers for all receptacles near sources of water such as lavatories, toilets, and showers.

20. **Toilet paper holders** should be fully recessed⁵⁴ [*NORIX; ITP-110; or Odd-Ball; SP-5*] stainless steel units.



21. **Shelves** to hold miscellaneous items are often requested in these rooms. A stainless steel suicide resistant shelf⁷⁸ [*Integrated Facility Products; Suicide Resistant Shelf*] may be considered for these applications.



Level 5a. Admissions (especially emergency admissions which frequently occur at night and on weekends). A separate room that has direct access from both outside and inside the unit should be considered for this purpose. This allows for the patient to be brought directly into the admissions area without entering the unit directly. At admission, unit staff members know very little about the new patient and his or her trigger points. A separate room avoids disrupting either the unit or the patient, due to the agitation of either. This room should be pleasant and welcoming and should be minimally furnished with a minimum of loose pieces of furniture. The room should be large enough to allow for several staff to physically manage the patient if necessary. If possible, the admitting staff member should not be in the room alone with the patient. After the admitting process is complete the patient can be taken through the second door and directly onto the unit.

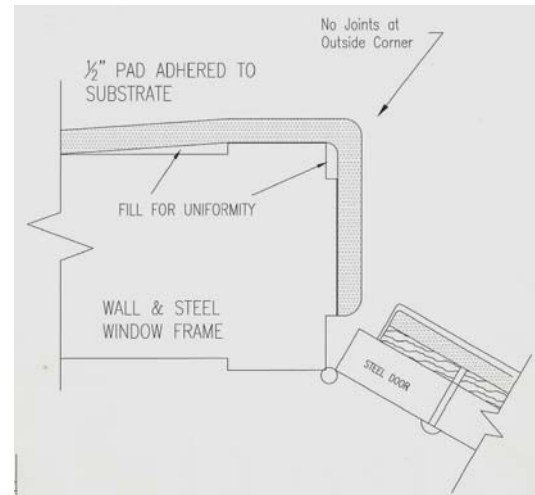
- A. **Floors** - Same as activity rooms and lounges in #3 above.
- B. **Walls** - Same as patient rooms in #4 above.
- C. **Ceiling** - Same as patient rooms in #4 above.
- D. **Glass** –
 - 1. Same as corridors in #2 above.
 - 2. Provide small (12”x12” or 4”x24”) view window in door to patient unit.
- E. **Hardware** - Same as corridor in #2 above.
- F. **Light fixtures** - Same as corridor in #2 above.
- G. **Fire sprinklers – institutional type** – Same as corridor in #2 above.
- H. **Window covering hardware** – Same as corridor in #2 above.
- I. **Furniture** –
 - 1. This room should have a built-in desk or table that is firmly attached to the floor or walls and contain a lockable file drawer for forms and a lockable box drawer for pens, pencils, staplers, etc. All loose items should be kept in drawers and out of sight.
 - 2. The computer, printer, and telephone should be located so they are not easily reached by the patient.
 - 3. Seating should be heavy weight as discussed above^{60 or 62}.
- J. **Miscellaneous** -
 - 1. All miscellaneous requirements listed for corridors in Level #2 above apply to this level also.

2. An emergency call button should be provided so the staff may summon additional staff if necessary.
3. “Baseboards” same as patient rooms in #4 above

Level 5b. Seclusion Rooms – should be no less than 7 feet wide and no greater than 11 feet long and designed to minimize blind spots where patients cannot be observed by staff without entering the room. A minimum of a 9’ ceiling height is preferred. The distance of the seclusion room from the nurse’s station needs to be considered. The goal is to avoid excessive distance so that staff can be readily available as needed. The door should open directly into a vestibule to separate these activities from the other patients as well as provide access to a patient toilet to be used by these patients.

A. **Floor** – Continuous sheet vinyl with foam backing and heat welded seams³⁶ [*Lonseal, Inc. LonFloor plain, smooth*].

B. **Walls** – Impact-resistant gypsum board¹ over 3/4” plywood on 20 gauge metal studs at 16” on center with Deco Coat⁵⁷ [*Sto-ex, Inc.; DecoCoat*] finish. If wall padding is desired, a Kevlar-based product⁶⁹ [*Padded Surfaces*] is suggested.

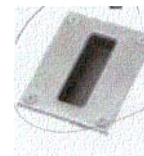


C. **Ceiling** – Gypsum board, painted – 9’-0” minimum height

D. **Glass** – All glazing exposed to patients should be Polycarbonate². Care must be taken on the size of the individual pieces and the amount of recess in mounting frames so that an impact to the center of the piece will not cause it to flex to the extent that it comes out of the frame. If exterior windows exist in seclusion rooms, the glazing should be replaced with polycarbonate whenever possible. If replacement is not feasible, either security laminate³⁷ or polycarbonate² may be applied to cover the glass and keep the patient from having access to broken glass.

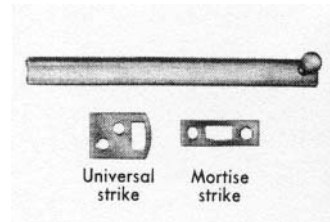
E. **Doors** – Commercial-grade steel doors and frames hinged to open out of room with a polycarbonate² view window not to exceed 100 square inches.

F. **Hardware** – No exposed hardware in the room except for a flush pull on door³⁸ [*Stanley Hardware cast, flush door pulls*].

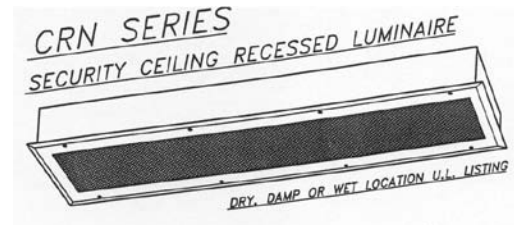


The Anteroom side shall have three Surface Bolts and may be individual bolts³⁹ [*Stanley Hardware CD4060 solid brass 6-inch long surface bolts*] or in one piece of hardware with a single lever to operate all three⁶⁴ [*Securitech, Seclusion*].

Room Locks]. For jurisdictions that require that patients not be locked in seclusion rooms without being under constant supervision, this device is available in a model that must be physically held in the locked position and automatically unlocks when pressure is released.

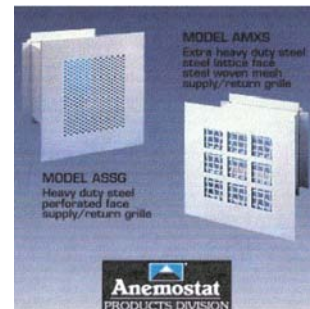


- G. **Light fixtures** – Fully recessed, moisture resistant, vandal resistant fixtures⁴⁰ [*The L. C. Doane Company; CRN Series with polycarbonate external lens TP door fasteners*] in ceiling.



- H. **Fire sprinklers – institutional type** – Same as for corridors in #2 above.

- I. **HVAC grilles** – Fully recessed vandal resistant grilles with small perforations⁴¹ [*Anemostat Products Model ASSG – Supply/Return Grille, Heavy Duty Steel Perforated Face*]



- J. **Thermostats** should be digital type mounted on wall in vestibule with sensors in return air ducts serving the room.

- K. **Miscellaneous** –

1. No electrical outlets, switches, thermostats, blank cover plates or similar devices are permitted inside these rooms.

2. Toilets same as toilets in 4B above or prison type⁵⁵ [Acorn Engineering Co.; Penal-Ware 1426FA series] stainless steel fixtures combining toilet and lavatory.

3. “Baseboards” same as patient rooms in #4 above.

4. Install a convex mirror same as for glass in Corridors in #2 above. Locate the mirror in the upper corner of the room and opposite the seclusion room door. Make sure the mirror can be seen when viewing it from the window in the door. By installing this mirror, you are now providing staff with a 360-degree view of the room prior to opening the door. Care shall be taken to assure that the attachment is secure so the patient will not be able to remove it and have a weapon



L. **Window covering hardware** – No window covering material or hardware should be accessible to the patient. An option would be electronically controlled blinds or shades behind polycarbonate². If chosen, controls should be by electric switches located outside the room.

SUMMARY

Thoughtful consideration of these design elements and materials by design professionals and healthcare professionals can result in a very aesthetically pleasing environment, which will enhance the treatment process and help maximize safety for all patients, staff, and visitors.

Appendix

1. Abrasion resistant wallboard

National Gypsum Hi-Abuse Brand Wallboard

National Gypsum Company

2001 Rexford Road

Charlotte, NC 28211

1-800-628-4662

<http://www.nationalgypsum.com>

Impact-resistant wallboard

National Gypsum Hi-Impact Brand Fire Shield Wallboard

National Gypsum Company

2001 Rexford Road

Charlotte, NC 28211

1-704-365-7300

<http://www.nationalgypsum.com>

2. Polycarbonate sheet glazing

GE brand “Lexan” MR10 Sheet with Margard II UV and Abrasion-Resistant Coating

GE Structured Products, GE Plastics

One Plastics Avenue

Pittsfield, MA 01201

1-800-451-3147

<http://www.geplastics.com>

3. Hospital tip hinges

Stanley brand five Knuckle Full Mortise Hinges FBB179 or FBB191 with Hospital Tips

Stanley Hardware

480 Myrtle Street

New Britain, CT 06053

1-800-337-4393

<http://www.stanleyworks.com>

4. Security arm door closers

LCN 4510T Series Security Track Closer

Ingersoll-Rand

Architectural Hardware

LCN Division

P.O. Box 100

121 West Railroad Avenue

Princeton, IL. 61356-0100

1-815-875-3111

<http://www.lcnclosers.com>

5. Push/pull latches

Sargent Lock Company; 114 Hospital Latches for Push-Pull Doors

Sargent Manufacturing Company 100 Sargent Drive

P. O. Box 9725

New Haven, CT 06536-0915

1-800-727-5477

<http://www.sargentlock.com>

6. Deadlatch with tapered knob on inside

Marks USA; #31SS50S, (ANSI E06091) Cylinder x Knob Deadlock, Classroom function.

Marks USA

5300 New Horizons Blvd.

Amityville, NY 11701

800-526-0233

www.marksusa.com

Odd Ball Industries; ANSI E0121 Cylinder x Knob Deadlatch Lockset.

Odd Ball Industries Mfg. Co., Inc.

P.O. Box 376

Greenlawn, NY 11740

631-242-8482

www.oddballindustries.com

7. Anti Ligature Lockset

Stanley Hardware; SPSL Anti Ligature Lockset

Stanley Hardware

480 Myrtle Street

New Britain, CT 06053

1-800-337-4393

http://www.stanleysecuritysolutions.com/files/SPSL_VA.pdf

8. Pushbutton door lock

ILCO Unican Corp. Mechanical Pushbutton Locks, 1000 Series

ILCO Unican Corporation

Unican Lock Division

2941 Indiana Avenue

Winston Salem, NC 27105

1-800-849-8324

<http://www.ilcounican.com>

9. Electromagnetic lock
Dynalock Corp. series 2011 Full Size Series
DynaLock Corporation
705 Emmett Street
P.O. Box 9470
Forestville, CT 06011-9470
1-877-DYNALOCK
<http://www.dynalock.com>
10. Magnetic hold open device
LCN SEM7800 Series
Ingersoll-Rand
Architectural Hardware
LCN Division
P.O. Box 100
121 West Railroad Avenue
Princeton, IL. 61356-0100
1-815-875-3111
<http://www.lcnclosers.com>
11. Sentronic closer
LCN Fire/Life Safety Series Sentronic closer
Ingersoll-Rand
Architectural Hardware
LCN Division
P.O. Box 100
121 West Railroad Avenue
Princeton, IL. 61356-0100
1-815-875-3111
<http://www.lcnclosers.com>
12. Tamper-resistant screws
Tamperproof Screw Company, Inc.
Tamperproof Screw Company, Inc.
30 Laurel Street
Hicksville, NY 11801
516-931-1616
<http://www.tamperproof.com>

13. Shatter-resistant light bulbs
GE Cov-R-Guard; Shatter Resistant; Teflon Coated
General Electric Lighting
3135 Easton Turnpike
Fairfield, CT 06431
1-800-626-2004
<http://www.gelighting.com>
14. Institutional fire sprinkler head
Reliable Automatic Sprinkler Company, Inc.; Model ZX-QR-INST
The Reliable Automatic Sprinkler Co., Inc.
525 N. MacQuesten Parkway
Mt. Vernon, NY 10552
1-800-431-1588
<http://www.reliablesprinkler.com>
15. Curtain track – flush mounted
Imperial Fastener Company, Inc.; IFC-69 Jiffy curtain track and ‘safety tabs’
Imperial Fastener Company, Inc.
1400 SW 8th Street
Pompano Beach, FL 33069-9794
954-782-7130
<http://www.imperialfastener.com>
16. Carpet
Lees Tenure Broadloom; Product Number L3106
Lee’s Carpets
3330 W. Friendly Avenue
Greensburo, NC 27410
336-379-3897
<http://www.leescarpets.com>
17. Perforated air grilles
Carnes; Stamped, Perforated Diffuser; see catalog D-22
Carnes Company
448 South Main Street
Verona, WI 53593
608-845-6411
<http://www.carnes.com>

18. Stainless steel screen fabric
McMaster-Carr; Type 304 Stainless Steel, Standard Grade Woven Wire Cloth
McMaster-Carr Supply Company
P.O. Box 4355
Chicago, IL 60680-4355
1-630-833-0300
<http://www.mcmaster.com>
19. Key operated electric switches
Hubbell Locking Type Switch #5Z724
Hubbell, Inc.
584 Derby Milford Road
Orange, CT
<http://www.hubbell.com>
20. Seamless floors
Dex-O-Tex Cheminert “K” Flooring
Dex-O-Tex
Division of Crossfield Products Corp.
140 Valley Road
Roselle Park, NJ 07204
1-908-245-2800
<http://www.dexotex.com>
21. Continuous Hinges – gear type
Hager – Roton Hinges
Hager Hinge Company
139 Victor Street
St. Louis, MO 63104
800-255-3590
<http://www.hagerhinge.com/catalog/default.asp?c=25>
22. Access panel – lockable
J. L. Industries, Inc. Standard SP Security Panel with mortise prep
J.L. Industries, Inc.
4450 West 78th Street Circle
Bloomington, MN 55435
1-612-835-6850
<http://www.jlindustries.com>

23. Life safety window hardware

Truth Hardware; Limit Device

Truth Hardware
700 West Bridge St.
Owatonna, MN 55060
1-800-866-7884
<http://www.truth.com>

24. Patient room furniture

Norix Group Inc.; Roto Cast Series

Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>

This End Up Furniture Company; Woods End Series

This End Up Furniture Company
211 Wagner Rd.
Evans, PA 16033
1-800-979-4579
<http://www.thisendup.com>

Hill-Rom, Harbor Glen Series

Hill-Rom
Batesville, IN 47006
1-812-934-7777
www.hill-rom.com

Kwalu, casegoods, seating and beds

146 Woodlawn Street
Ridgeland, SC 29936
1-800-405-3441
www.kwalu.com

25. Manually adjustable hospital bed

Hill-Rom, Resident Upgradeable LTC Bed

Hill-Rom
Batesville, IN 47006
1-812-934-7777
www.hill-rom.com

26. Clothes pole design

Odd Ball Industries; SPI Closet “Bar”

Odd Ball Industries Mfg. Co., Inc.

P.O. Box 376

Greenlawn, NY 11740

1-631-242-8482

<http://www.oddballindustries.com>

27. Sheet vinyl flooring

Armstrong World Industries, Inc. Commercial Flooring, vinyl, homogeneous

Armstrong World Industries, Inc.

P.O. Box 3001

Lancaster, PA 17604

1-877-ARMSTRONG

<http://www.armstrong.com>

28. Vinyl floor tile

Armstrong World Industries, Inc. Commercial Flooring, vinyl composition tile

Armstrong World Industries, Inc.

P.O. Box 3001

Lancaster, PA 17604

1-877-ARMSTRONG

<http://www.armstrong.com>

29. Shower floor basin

The Swan Corporation, Swanstone Solid Surface Shower Floors

The Swan Corporation

One City Centre, Suite 2300

St. Louis, MO. 63101

1-314-231-8148

<http://www.theswancorp.com>

30. Synthetic wall material

Avonite Solid Surface Wall Panels

Avonite

1945 Highway 304

Belen, NM 87002

1-800-4-AVONITE

<http://www.avonitesurfaces.com>

31. Emergency door stop
Stanley; ES-1 Emergency Door Stop
Stanley Hardware
480 Myrtle Street
New Britain, CT 06053
1-800-337-4393
<http://www.stanleyworks.com>
32. Double lipped door strike
Stanley; DLS-2
Stanley Hardware
480 Myrtle Street
New Britain, CT 06053
1-800-337-4393
<http://www.stanleyworks.com>
33. Pivot hinges
Stanley; DAP-3 Center Hung Door Pivot Set
Stanley Hardware
480 Myrtle Street
New Britain, CT 06053
1-800-337-4393
<http://www.stanleyworks.com>
34. Robe hook – break-away
Odd Ball Industries; SP6 Robe/Towel Hook
Odd Ball Industries Mfg. Co., Inc.
P.O. Box 376
Greenlawn, NY 11740
1-631-242-8482
<http://www.oddballindustries.com>
35. Shower head – institutional
Odd Ball Industries; SP7 Shower Head with Quick Disconnect Hand Held Shower
Odd Ball Industries Mfg. Co., Inc.
P.O. Box 376
Greenlawn, NY 11740
1-631-242-8482
<http://www.oddballindustries.com>

36. Seclusion room floor material
Lonseal, Inc. LonFloor plain, smooth
Lonseal, Inc.
928 East 238th Street, Building A
Carson, California 90745
1-800-832-7111
<http://lonseal.com>
37. Security Glass Laminates
ACE Security Laminates, 200 Series – High-end Safety
Ace/Security Laminates, Inc.
200 Isabella St., Ste. 500
Ottawa, ON, Canada
K1S 1V7
1-888-607-0000
<http://www.smashandgrab.com>
38. Flush mounted door pull
Stanley Hardware cast, flush door pulls
Stanley Hardware
480 Myrtle Street
New Britain, CT 06053
1-800-337-4393
<http://www.stanleyworks.com>
39. Surface mounted slide bolt
Stanley Hardware CD4060 solid brass 6inch long surface bolts
Stanley Hardware
480 Myrtle Street
New Britain, CT 06053
1-800-337-4393
<http://www.stanleyworks.com>
40. Light fixture – seclusion room
The L. C. Doane Company; CRN Series with polycarbonate external lens TP door fasteners
The L.C. Doane Company
P.O. Box 975
Essex, CT. 06426
1-860-767-8295
<http://www.lcdoane.com>

41. Air grilles – seclusion room
Anemostat Products Model ASSG – Supply/Return Grille, Heavy Duty Steel Perforated Face
Anemostat Products
P.O. Box 4938
1220 Watson Center Road
Carson, CA. 90745
1-310-835-7500
<http://www.anemostat.com>
42. Toilet fixture – floor mounted, back outlet
American Standard; Neolo 2531.016 Elongated Flush Valve Bowl, Floor Mounted, Back Outlet, Concealed Back Spud Bowls, integral seat
American Standard
P. O. Box 6820
1 Centennial Way
Piscataway, NJ 08855-6820
1-800-442-1902
<http://www.americanstandard-us.com>
- Eljer; Newark Flush Valve Bowl 111-0527 Elongated Flush Valve Bowl, Floor Mounted, Back Outlet, Concealed Back Spud Bowls, integral seat**
Eljer Plumbingware, Inc.
14801 Quorum Drive
Dallas, TX 75254
1-800-423-5537
<http://www.eljer.com>
43. Recessed flush valve
Sloan Valve Company Regal 153 & WB-1-A Easy Access Wall Box
Sloan Value Company
10500 Seymour Avenue
Franklin Park, IL 60131-1259
1-800-9-VALVE-9
<http://www.sloanvalve.com>
44. Trash can liner
Sani-Liner®
Wisconsin Converting
Green Bay, WI
1-800-544-1935
<http://www.wisconsinconverting.com>

45. Grab Bar

Northwest Specialty Hardware, Inc., Safebar

Northwest Specialty Hardware, Inc.
15865 SE 114th Avenue, Suite C
Clackamas, OR 97015
503-557-1881
www.safebarinc.com

46. Shower Valve

Odd Ball Industries; SP-10 Shower Valve

Odd Ball Industries Mfg. Co., Inc.
P.O. Box 376
Greenlawn, NY 11740
1-631-242-8482
<http://www.oddballindustries.com>

47. Lighted Exit Signs – vandal resistant

Chloride Systems; Caliber Series

Chloride Systems
272 W. Stag Park Service Road
Burgaw, NC 28425
910-259-1000
www.chloridesys.com

48. Outdoor Furniture

Rotocast Display Products Division of Rotocast International.; John Gale chair

Rotocast Display Products
3645 NW 67th St.
Miami, FL 33147
1-800-327-5062
<http://www.rotocast.com>

49. Security Fencing

Fence Factory; Miniature Mesh

Fence Factory
1606 Los Angeles Ave.
Ventura, CA 93004
1-800-613-3623
<http://www.fencefactory.com>

50. Convex Mirrors

Norix Group Inc.; Duarvision, Model QD18

Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>

51. Security Electrical Outlet Cover

Integrated Facility Products; Security Outlet Cover

P. O. Box 382
Voorhees, NJ 08043-0382
609-504-7507
<http://www.4ifp.com>

52. Stainless Steel Wall Phones

TWAcomm.com; Ceeco Stainless Steel Wall Phone Model #SW-321-X

TWAcomm.com
Oceanview Promenade
101 Main Street, 3rd Floor
Huntington Beach, CA 92648
1-877-892-2666
<http://www.twacomm.com>

53. Soap Dish

Norix Group Inc.; Recessed Soap Dish

Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>

54. Toilet Paper Holder

Norix Group Inc.; Model ITP-110

Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>

Odd Ball Industries; SP-5 Toilet Paper Holder

Odd Ball Industries Mfg. Co., Inc.
P.O. Box 376
Greenlawn, NY 11740
1-631-242-8482
<http://www.oddballindustries.com>

55. Prison Toilet

Acorn Engineering Company; Penal-Ware 1426FA Series

Acorn Engineering Company
P.O. Box 3257
City of Industry, CA 91744
1-800-488-8999
<http://www.acorneng.com>

56. Patient Toilet Door

Soft Suicide Prevention Door

Integrated Facility Products; Security Outlet Cover

P. O. Box 382
Voorhees, NJ 08043-0382
609-504-7507
<http://www.4ifp.com>

57. Deco Coat

Sto-ex, Inc.; DecoCoat

Sto-ex, Inc.
3932 N Greenbrooke Dr. SE
Kentwood, MI 49512
1-800-782-3162
<http://www.sto-ex.com>

58. Kane Security Screens

Kane Manufacturing Corporation

Kane Manufacturing Corp.
515 North Fraley Street
Kane, PA 16735
1-800-952-6399
<http://www.kanescreens.com>

59. Truebro Lav Shield

Truebro, IPS Corporation

Truebro
202 Industrial Park Lane
Collierville, TN 38017
http://truebro.com/lav_shield.html

60. Upholstered seating
Norix Group Inc.; Sierra Series
Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>
61. Card Access Security Lock Systems
Salto Systems, Inc.
1-800-467-2586
<http://www.saltosystems.com>
62. PVC molded seating
Norix Group Inc.; Roto-Mold
Norix Group, Inc.
1000 Atlantic Drive
West Chicago, IL 60185
1-800-234-4900
<http://www.norix.com>
63. Lavatories
Bradley Corporation - Model SS-1N Express Lavatory System
Bradley Corporation
P.O. Box 309
Menomonee Falls, WI 53052
1-800-BRADLEY
<http://www.bradleycorp.com>
64. Seclusion Room Door Locks
Securitech – Seclusion Room Time-Out Lock
Securitech
54-45 44th Street
Maspeth, NY 11378
1-800-622-5625
<http://www.securitech.com>
65. Wall hung toilet support
Big John Products, Inc.; Big John Toilet Support
Big John Products, Inc.
8533 Canoga Avenue, Suite D
Canoga Park, CA 91304
1-866-366-0669
www.bigjohntoileseat.com

66. Lavatory Faucet
Norva Plastics – Suicide Prevention Patient Sink Faucet
Norva Plastics, Inc
3911 Killam Ave.
Norfolk, VA 23508
800-826-0758
www.norvaplastics.com
67. Soap Dispenser
Norva Plastics – Soap Dispenser
Norva Plastics, Inc
3911 Killam Ave.
Norfolk, VA 23508
800-826-0758
www.norvaplastics.com
68. Stainless Steel Flush Valve Cover
Bradley Corporation – Model No. 7905-31 Flush Valve with Cover modified to have sloped top
Bradley Corporation
P. O. Box 309
Menomonee Falls, WI 53052
800 BRADLEY
www.bradleycorp.com
69. Wall Padding
Padded Surfaces
Padded Surfaces
5323 W. Minnesota Street
Indianapolis, IN 46241
888-243-8788
www.paddedsurfaces.com
70. Shower Valve Control Handle
Norva Plastics - Shower Valve Control Handle
Norva Plastics, Inc
3911 Killam Ave.
Norfolk, VA 23508
800-826-0758
www.norvaplastics.com

71. Continuous hinges – barrel type

Markar Architectural Products. Inc

Markar

260 Santa Fe Street

Pamona, CA 91767

800-872-3267

<http://www.markar.com/products/>

72. Vita Futura, Fabric Shower Curtains

Vita Futura

Vita Futura

215 Willowick Avenue

Tampa, FL 33617

206-666-4583

www.vitafutura.com/curtains/fabric

73. Wood side chairs

This End Up Furniture Company: Classic Series side chair

This End Up Furniture Co.

211 Wagner Road

Evans City, PA 16033

1-800-979-4579

www.thisendup.com

74. Light weight seating

Norix Group Inc.; Integra Series

Norix Group, Inc.

1000 Atlantic Drive

West Chicago, IL 60185

1-800-234-4900

<http://www.norix.com>

75. Cabinet pulls

Top Knobs – Mayfair cup pull attached with tamper resistant fasteners

My Knobs.com

19-22 45th Street

Astoria, NY 11105

866-695-6627

www.myknobs.com

76. “Wall Pak” Shower
Acorn Engineering, Penal-Pak Wall Shower
Acorn Engineering Company
P.O. Box 3257
City of Industry, CA 91744
1-800-488-8999
<http://www.acorneng.com>
77. Tamper Resistant Sealants
Silka Corporation; Silkaflex-2c NS
Silka Corporation
201 Polito Avenue
Lyndhurst, NJ 07071
800-933-7452
www.silkainfo@silka-corp.com
78. Suicide resistant shelf
Integrated Facility Products; Suicide Resistant Stainless Steel Shelf
P. O. Box 382
Voorhees, NJ 08043-0382
609-504-7507
<http://www.4ifp.com>
79. Concealed over door alarm
Securitech Group, Inc.: CODA Concealed Over Door Alarm
54-45 44th Street
Maspeth, NY 11378
1-800-622-5625
<http://www.securitech.com>
80. Hospital grade receptacles
Hubbell Incorporated; Hospital Grade GFCI Receptacles
Hubbell Incorporated
Wiring Device-Kellems
185 Plains Road
Milford, CT 06461
800-255-1031
www.hubbell-wiring.com

About the Authors

David M. Sine, ARM, CSP, CPHRM, has had over a 25-year career in safety, risk management, human factors, and organizational consulting. He has been the state Safety Director of two eastern states, the Senior Staff Engineer for The Joint Commission, and a Senior Consultant for the American Hospital Association. Founding partner and one-time contributing editor for *Briefings on Hospital Safety*, co-author of *Quality Improvement Techniques for Hospital Safety*, one-time Vice Chair of the board of Brackenridge Hospital in Austin, Texas, Mr. Sine is certified by the Joint Board of the American Board of Industrial Hygiene and Certified Safety Professionals and as a Certified Professional Healthcare Risk Manager by ASHRM. He has been a healthcare risk management consultant since 1980 and has conducted more than 1,300 Joint Commission compliance assessment surveys. He serves as a member of the NFPA 101 Life Safety Code Subcommittee on Health Care Occupancies, The Joint Commission Committee on Healthcare Safety, and acts as a risk management advisor to the National Association of Psychiatric Health Systems. Mr. Sine served in the corporate offices of the Tenet HealthSystem in Dallas as Director of Risk Assessment and Loss Prevention and Vice President of Occupational Health and Safety. Mr. Sine continues to write and lecture extensively on healthcare policy, governance, quality improvement, and risk management as President of SafetyLogic Systems in Austin, Texas. He can be reached at info@safetylogicsystems.com.

James M. Hunt, AIA, NCARB, is a practicing architect and facility management professional with over 30 years experience. He is a registered Architect, holds a certificate from the National Council of Architectural Registration, and began his career practicing architecture for several major healthcare projects. He then served as director of facilities management for the Menninger Clinic for 20 years. In addition to managing their main campus, he also consulted on behavioral healthcare unit remodeling projects for their Clinical Network program, which involved work in eight states including both coasts and the Midwest. During this time he was a founding member of the Health Care Council of the International Facility Management Association. He held several offices in the council, including chair. He was featured in a cover story of *Facility Design and Management* magazine and was published in *Psychiatric Hospital* magazine. He is now the president of Behavioral Health Facility Consulting, LLC an organization that works with psychiatric hospitals and behavioral health facilities with improving patient and staff safety in 16 states including 7 states in 2008. He also works with hospitals and architects on the design of new or remodeling projects. He can be reached at 2342 SE Alamar Rd., Topeka, KS 66605 or jim@bhfcllc.com.

About NAPHS

The National Association of Psychiatric Health Systems (NAPHS) advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. The NAPHS vision is of a society that values and maximizes the potential of all its citizens by helping them to achieve overall health. To achieve healthy communities, behavioral health will be recognized, respected, and allocated resources with fairness and equity. Through NAPHS representation within accreditation organizations – for example, with representatives on both the Hospital and Behavioral Health Professional and Technical Advisory Committees of The Joint Commission – NAPHS is able to provide input into and advance warning of regulatory and accreditation developments that affect behavioral healthcare providers.

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