Reducing Environment-of-Care Risks for Behavioral Health Patients

Managing risks in the environment of care is an essential patient safety strategy in all types of healthcare settings, but particularly in behavioral health units and facilities. In these settings, seemingly innocuous items can be hazardous if patients use them to inflict self-harm or to harm others. As a result of these concerns, healthcare facilities should develop best practices for safeguarding their environment of care to protect their patients, visitors, and workers.

The following checklist is intended to help healthcare providers and staff members working in behavioral health units and facilities assess potential environmental risks, identify areas for improvement, and reduce risk factors. Although this checklist is not all-inclusive, it provides key areas for consideration and can be used along with relevant regulatory codes, standards, and professional guidelines to reduce environmental risks.[1]

	Yes	No
Policies/Procedures		
Does your organization have a written policy/procedure for screening patients and visitors for potentially hazardous items?	☐	☐
• Is the policy/procedure consistently implemented?	☐	☐
Does your organization have a written policy/procedure for inventorying and documenting patients' personal items at admission and periodically?	☐	☐
Does your organization have a written policy/procedure for conducting periodic searches of patients' rooms and personal items?	☐	☐
• Is the policy/procedure consistently implemented?	☐	☐
• Are patients and families educated about the policy/procedure?	☐	☐

	Yes	No
Policies/Procedures (continued)		
Does your organization have policies/procedures that address the use of restraints, seclusion, suicide precautions, and de-escalation?	☐	☐
Does your organization have clear guidelines about restricted items, including:		
• Clothing items and accessories that patients could use to inflict self-harm or harm others (e.g., shoelaces, drawstrings, scarves, ties, belts, hangers, and jewelry)?	☐	☐
• Personal electronic devices (e.g., phones, laptops, tablets, and cameras)?	☐	☐
• Items that patients could use to puncture or cut skin (e.g., pens, metal utensils and sharp plastic utensils, combs with sharp teeth, pushpins and tacks, scissors, knitting needles, glass plates and cups, and razors)?	☐	☐
• Certain personal care items (e.g., alcohol-based products, corded devices, products containing potentially dangerous chemicals, and aerosol containers)?	☐	☐
• Products that are fire hazards (e.g., matches and lighters)?	☐	☐
• Illicit substances (e.g., alcohol, illegal drugs, and unauthorized prescription or over-the-counter medications)?	☐	☐
Do trained staff members assess the environment of care on a set schedule to identify and address potential hazards and risks?	☐	☐
Are staff members given wearable panic buttons or real-time location devices to help pinpoint the location of an incident?	☐	☐
• Are these devices regularly tested?	☐	☐
Are staff members issued tear-away identification badges or badges that do not go around the neck?	☐	☐
Do identification badges include only staff members' first names?	☐	☐
Does your organization have a plan for providing ongoing staff education about environment-of-care issues and raising awareness about potential hazards and best practices for reducing risk?	☐	☐

	Yes	No
General Spaces and Structures		
Are efforts made to eliminate physical barriers that create obstructed views of common areas (e.g., lobbies, lounges, dining areas, corridors, etc.)?	☐	☐
Are safeguards such as security mirrors and video surveillance systems in place, particularly in areas where obstructed views cannot be eliminated?	☐	☐
Are fixed panic buttons available in locations that are not visible from the nursing station?	☐	☐
• Are these devices regularly tested?	☐	☐
Are structures (e.g., walls, flooring, molding, etc.) permanently fixed to prevent patients from concealing potentially harmful substances and objects?	☐	☐
Is vinyl baseboard secured to the wall so that patients cannot easily remove it or use it as a weapon?	☐	☐
Are surfaces (e.g., walls) coated with nontoxic substances in case patients ingest the coating?	☐	☐
Are walls, floors, upholstery, and décor selected that do not use color combinations, patterns, or materials that might cause visual misperceptions (e.g., reflective surfaces or patterns that cause optical illusions)?	☐	☐
Are medication storage areas, supply closets/cabinets, and unoccupied rooms kept locked?	☐	☐
Are cleaning supplies and chemicals secured, and do housekeeping carts have locks?	☐	☐
Do appliances (e.g., refrigerators, microwaves, water dispensers, coffee-makers, etc.) have lock-out functions?	☐	☐
Are appliances free from ligature risks if they are located in areas where patients might be unsupervised?	☐	☐
Are all wall-mounted exposed room thermostats removed from patient areas?	☐	☐
Are all tamper-resistant screws checked quarterly to ensure that they are still tight and do not create an anchor point for hanging?	☐	☐

	Yes	No
General Spaces and Structures (continued)		
Are any racks free of parts or pieces that patients could remove and use as a weapon?	☐	☐
Are racks secured to the wall with tamper-resistant fasteners?	☐	☐
If outdoor areas are available, are they routinely evaluated for environmental safety hazards?	☐	☐
Are patients and family members educated about appropriate use of outdoor areas?	☐	☐
Furniture/Closets		
Is furniture secured to the floor to prevent patients from moving it?	☐	☐
Is furniture devoid of sharp edges and difficult to dismantle?	☐	☐
Is furniture selected that is free from anchor points (e.g., bedposts and cabinet handles) to prevent hanging attempts?	☐	☐
Is upholstered furniture made of nontoxic, nonflammable, easy-to-clean material?	☐	☐
Are doors on closets or wardrobe cabinets removed?	☐	☐
Are closets and dressers that contain clothing or linens kept locked to prevent patients from using the items to attempt suicide or inflict harm?	☐	☐
Bedding		
Are platform beds used, and are they secured to the floor?	☐	☐
Are electric beds and beds with rails avoided when not medically necessary?	☐	☐
Are mattresses free from zippers, cording, and internal components that patients could use to inflict harm?	☐	☐
Are bedsheets free from elastic hemming, and are they tear-resistant?	☐	☐
Do pillows have nonremovable covers?	☐	☐

	Yes	No
Lighting and Fixtures		
Are lamps, televisions, and other movable fixtures securely attached to furniture or walls?	☐	☐
Are hinges, light fixtures, and sprinklers recessed?	☐	☐
Are electrical cords and phone cords restricted — and, when used, are they secured and limited to fewer than 12 inches?	☐	☐
Do lighting and signage have protective coverings that patients cannot break?	☐	☐
Are light bulbs made from shatter-resistant glass?	☐	☐
Doors and Windows		
Do entry ways have two sets of lockable doors to create anterooms?	☐	☐
Do counseling and treatment rooms have doors with locks and two exits?	☐	☐
Do door hinges allow for doors to be opened in either direction (if building codes permit)?	☐	☐
Do doors have handles and latches that point down, and are they designed so they cannot be tied together?	☐	☐
Are ligature-resistant lock sets used on doors requiring locks?	☐	☐
Do corridor doors to patient sleeping rooms have over-the-door alarms?	☐	☐
Are all over-the-door alarms checked twice a year to ensure they are operating properly?	☐	☐
Are doors free of hold-open devices and self-closers that patients could use as anchor points for hanging?	☐	☐
Are door thresholds secured to the floor and no higher than 3/4-inch above the floor?	☐	☐
Are door thresholds secured using tamper-resistant anchors or fasteners?	☐	☐
Are all windows made of unbreakable glass or acrylic?	☐	☐

	Yes	No
Doers and Windows (continued)		
Are windows locked or do they open less than 4 inches?	☐	☐
Do windows have security screens?	☐	☐
Are window blinds free from cords, hooks, and weight-bearing rods?	☐	☐
Are window coverings flame retardant?	☐	☐
Are window coverings designed so they cannot be used for hanging?	☐	☐
Are windows inspected at least twice a year to ensure locking mechanisms have not been compromised?	☐	☐
Is the hardware supporting the window covering designed and installed in a way that prevents patients from using it as an anchor point?	☐	☐
Bathrooms		
Are breakaway rods and racks used for shower curtains, towel bars, and closets?	☐	☐
Are toilets wall-mounted with concealed plumbing?	☐	☐
Are toilet flush valves recessed in the wall and activated by push button or securely enclosed and activated by push button?	☐	☐
Are toilets low flow?	☐	☐
Are showerheads, faucets, and other plumbing designed to prevent being broken off and to avoid ligature risks?	☐	☐
Are ligature-resistant grab bars used for patients who are at risk of falling?	☐	☐
Are temperature controls for water restricted?	☐	☐
Are soap dispensers, paper towel dispensers, hand dryers, and toilet paper dispensers secured to the wall without removable wall mounting?	☐	☐
Is nontoxic soap used in case patients ingest it?	☐	☐
Are collapsible, nonweight-bearing trash cans used with nonplastic liners?	☐	☐

	Yes	No
Electrical Outlets		
Do electrical outlets have protective secure covers?	☐	☐
Are receptacles and switches covered with metal plates that are secured by tamper-resistant screws?	☐	☐
Are the electrical boxes flush mounted?	☐	☐
Are all receptacles provided with ground-fault circuit interrupter (GFCI) protection?	☐	☐
Heating, Ventilation, and Air Conditioning Vents		
Are heating, ventilation, and air conditioning (HVAC) vents flush with the wall?	☐	☐
Do HVAC vents have protective secure covers or are they secured with tamper-resistant screws?	☐	☐
Are louvers designed so that patients cannot use them as anchor points?	☐	☐
Are floor-mounted HVAC vents removed?	☐	☐
Are vents designed without sharp edges to prevent self-harm?	☐	☐
Wall Items		
Are wall decorations made of unbreakable material?	☐	☐
Are wall decorations secured to the walls using tamper-resistant screws or anchors and placed out of patients' reach?	☐	☐
Are bulletin boards, message boards, posters, telephones, door stops, exit signs, and lights secured to the walls using tamper-resistant screws?	☐	☐
Are all alcohol dispensers removed from the walls in patient areas?	☐	☐
Are corner mirrors secured with tamper-resistant screws and flush mounted so that they cannot serve as anchor points?	☐	☐
Has all surface-mounted wire molding been removed?	☐	☐

	Yes	No
Ceilings		
Are ceilings (particularly in patient rooms and seclusion rooms) constructed of solid material rather than removable tiles to prevent patients from accessing anchor points and concealing contraband?	☐	☐
Are ceilings free of hanging objects such as plant hangers and wind chimes?	☐	☐
Are ceiling tiles and access panels checked twice a year to ensure they are secure and that patients cannot access the ceiling?	☐	☐
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?	☐	☐
Are light fixtures flush mounted in the ceiling, tamper-resistant, and break-resistant?	☐	☐
Are fire sprinklers designed to prevent patients from using them as anchor points?	☐	☐
Are vents in the ceiling flush mounted with the ceiling surface and secured with tamper-resistant fasteners?	☐	☐

Endnotes

[1] U.S. Department of Veterans Affairs. (2018, November). *Mental health environment of care checklist.* VA National Center for Patient Safety. Retrieved from www.patientsafety.va.gov/professionals/onthejob/mentalhealth.asp; McMurray, K. N. (2022, January). *Behavioral health design guide.* Behavioral Health Facility Consulting. Retrieved from www.bhfcllc.com/; Knoll IV, J. L. (2012, May). Inpatient suicide: Identifying vulnerability in the hospital setting. *Psychiatric Times, 30*(6). Retrieved from www.psychiatrictimes.com/view/inpatient-suicide-identifying-vulnerability-hospital-setting; Pennsylvania Patient Safety Authority. (2007, September). Diligence and design in behavioral health impact patient safety. *PA PSRS Patient Safety Advisory, 4*(3), 78–82. Retrieved from http://patientsafety.pa.gov/ADVISORIES/Pages/200709_78.aspx; Minnesota Department of Health, Stratis Health, & Minnesota Hospital Association. (2015, October). *Suicide prevention in healthcare facilities: Environmental safety recommendations.* Retrieved from www.health.state.mn.us/facilities/patientsafety/adverseevents/publications/suicideprevhealthcarefac.pdf; U.S. Department of Veterans Affairs. (2014). *Environmental Program Service mental health guide.* Retrieved from https://lhatrustfunds.com/assets/uploads/documents/Environmental-Program-Service-Mental-Health-Guide.pdf