

Oregon HB 4002

Joint Task Force on Improving the Safety of Behavioral Healthcare Workers

October 3, 2024



Today's Guest Participants



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Industry Resources to combat VIOLENCE

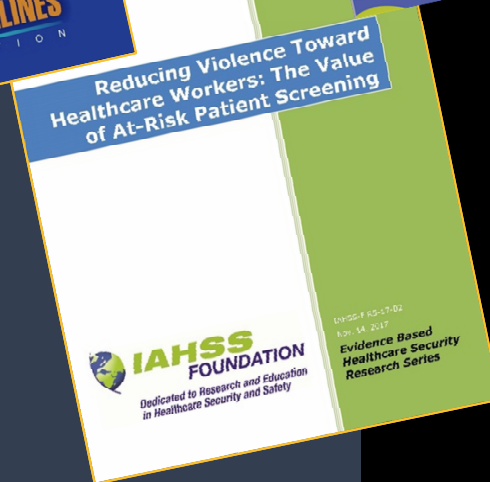
Security Design Guidelines for Healthcare Facilities



Healthcare Security Industry Guidelines



Evidence Based Healthcare Security Research Series



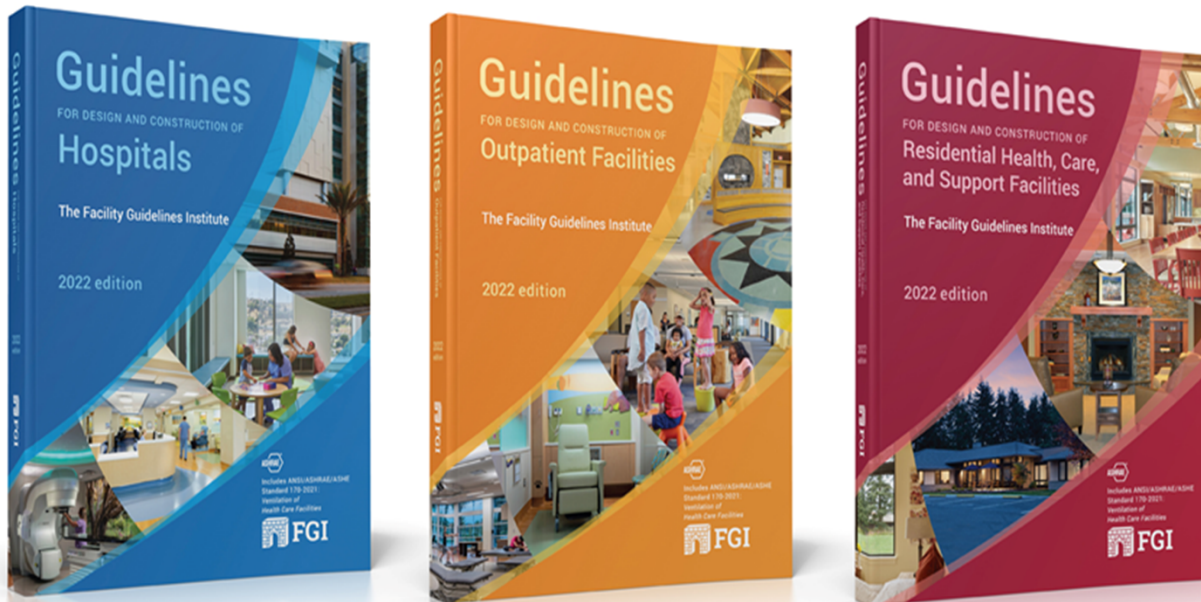
Workplace Violence Prevention Certificate Program





FACILITY GUIDELINES INSTITUTE

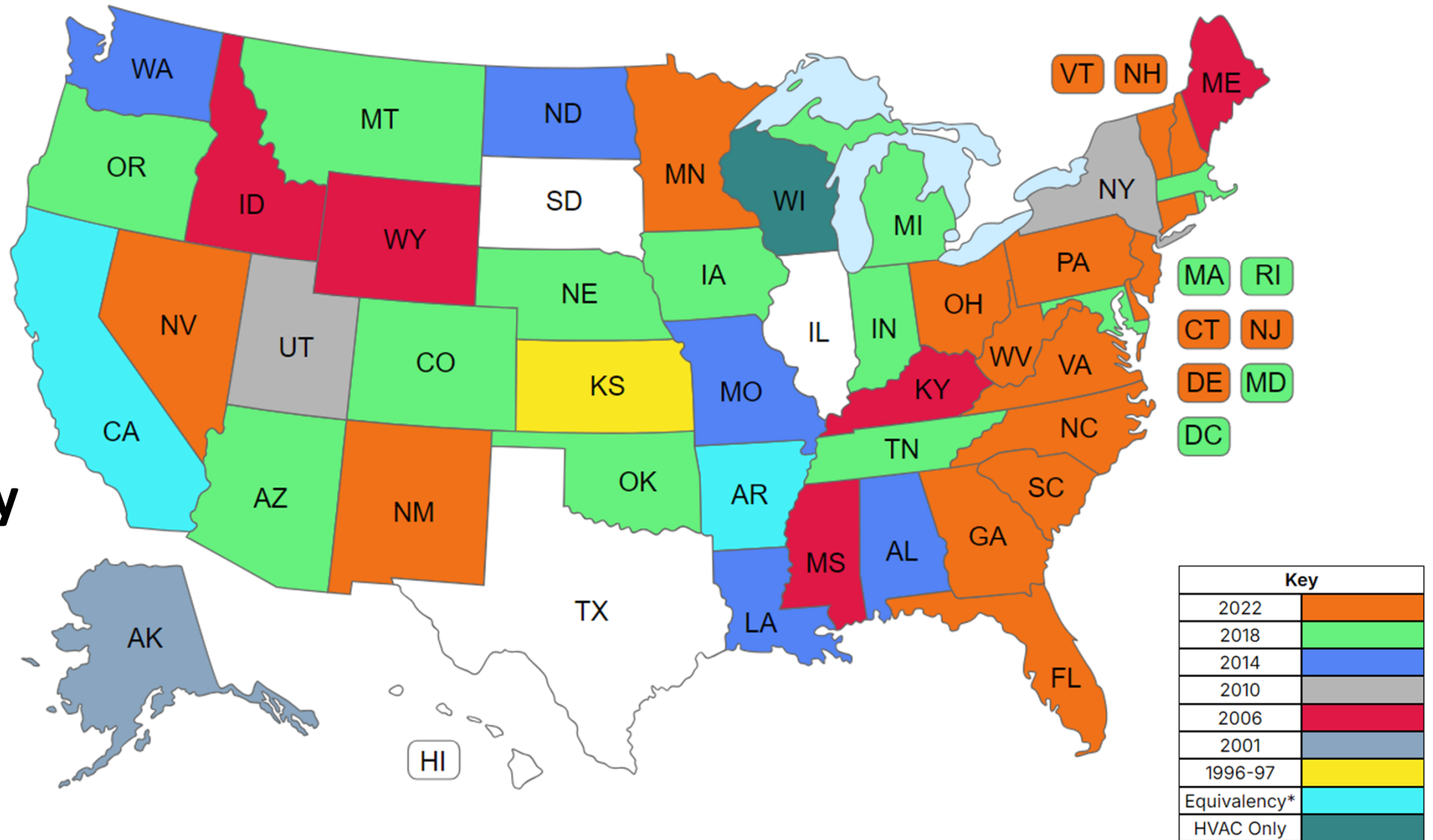
The keystone to health care planning, design, and construction



- 501(c)(3) not-for-profit
- Develops and publishes three *minimum* standards
 - New work
 - Scalable
 - Risk-based
- Various supporting resources
- Updated code every 4 years
- Manages a national, public consensus process to consider revisions

43 states have adopted some edition of the *Guidelines*.

Adoption by reference, typically by licensing agencies.





- Hospital
 - Institutional and Emergency
- Outpatient
 - Behavioral Health Crisis units
 - Freestanding BH clinic
- Residential
 - Full spectrum of care
 - Focus on setting
- All rooted in multidisciplinary risk assessments

Environmental Safety Risk Assessment - Methodology

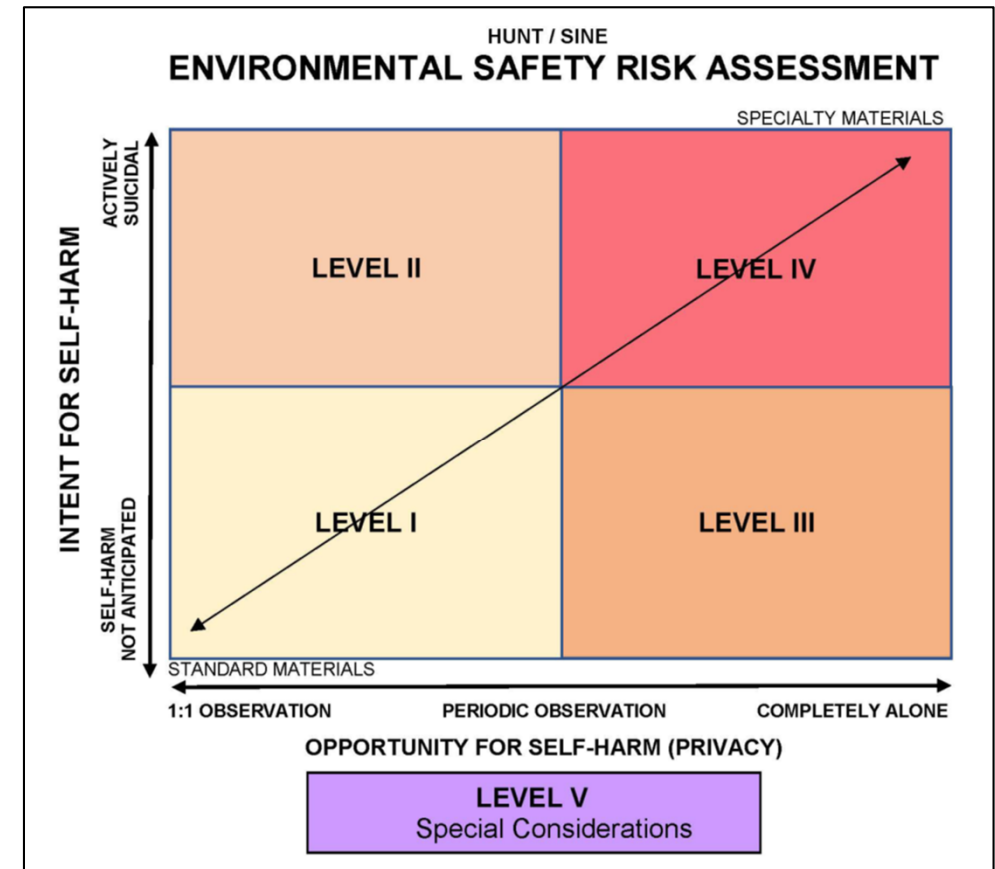
Level I: Areas where patients are not allowed.

Level II: Areas behind self-closing and self-locking doors where patients are highly supervised and not left alone, such as counseling rooms, activity rooms, interview rooms, group rooms as well as corridors that do not contain objects that patients can use for climbing and where staff are regularly present.

Level III: Areas that are not behind self-closing and self-locking doors where patients may spend time with minimal supervision, such as lounges, day rooms and corridors where staff are not regularly present. Open nurse stations should be considered under this Level

Level IV: Areas where patients spend a great deal of time alone with minimal or no supervision, such as patient rooms (semi-private and private) and patient toilets.

Level V: Areas where staff interact with newly admitted patients who present potential unknown risks or where patients may be in highly agitated condition. Due to these conditions, these areas fall outside the parameters of the risk map and require special considerations for patient (and staff) safety. Such areas include seclusion rooms and admission rooms.



Source: Behavioral Health Design Guide, 2024 Edition

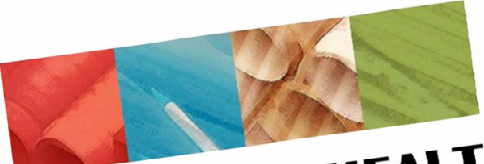
Lead Author: Kimberly McMurray

Emeritus Authors: James Hunt and David Sine



Behavioral Health Design Guide – 2024 Edition

2024 Edition



BEHAVIORAL HEALTH DESIGN GUIDE

Formerly:
Design Guide for the Built Environment
of Behavioral Health Facilities

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Behavioral Health Facility Consulting, LLC

Previously Published by:
National Association of Psychiatric Health Systems (NAPHS) 2003-2014
Facility Guidelines Institute (FGI) 2015-2017

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b. Door Hardware – Hardware on doors that connect to a higher Level of Risk shall have hardware suitable for the higher level of risk.

i. Double-Acting Continuous Hinges¹¹³ are preferred and can be used on patient room-to-corridor doors to counteract barricading without the hazard presented by pivot hinges. These continuous hinges can be paired with full-height emergency stops¹¹⁵ that lock in place and can be easily unlocked to allow the door to swing into the corridor.

ii. Geared-Type Single -Acting Continuous Hinges¹¹⁴ are a solution for retrofit frame conditions at doors patients will pass through and normally locked doors that have hinges exposed in patient accessible areas because they minimize possible attachment points. These hinges are available from various manufacturers with a “hospital tip” (factory installed closed-sloped top) and continuous gears that resist ligature attachment.¹¹⁴ Field cutting the top of hinges to create this slope is strongly discouraged because that often exposes voids that may be used as ligature attachment points.

Geared continuous hinges do provide significant pinch points between the two leaves of the hinge when the door is closed. If this is not an acceptable risk to an organization, double acting continuous hinges that do not have this pinch point¹¹³ can be provided.

iii. Wicket Doors¹¹⁴ use single acting continuous hinges with hospital tips for the main door and the center portion is mounted on a continuous hinge with hospital tip (or concealed) hinge and secured with a deadbolt lock that has no visible hardware on the room side of the door. Care should be taken with the detail of the edge of the smaller panel so that a crack is not provided that can be seen through and is smoke tight if required.

iv. Unequal Pair of Double Egress Doors – both doors may be mounted on single acting continuous geared hinges with hospital tips. The lock-set can be the same as any other single-acting door. If the mullion is not provided, a deadlock with concealed bolts that engage the head of the door frame (and possibly the floor) is needed for the smaller inactive leaf. This deadlock is similar to item #143b except that it is preferred to not



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#113d

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have any visible hardware on the room side of the door. If the mullion is provided, a deadbolt that does not have any exposed hardware on the inside can be used to secure the door into the mullion

v. Closers – See Level II

vi. Lock-sets – Use of some type of ligature-resistant lock-set is recommended for all door handles in patient-accessible areas. A lock-set handle can be used for ligature attachment in three ways: pulling down, pulling up and over the top of the door, and tying something around the latch edge of the door using both the inside and outside handles (transverse). The latchbolt itself has even been used successfully as an attachment point and some companies offer a tapered bolt to help with this. The downside to the tapered bolt is that it makes it easier to open a locked door by using a small piece of cardboard or other item. Also, the opening behind the strike plate can be a ligature attachment point; for this reason, a box should always be provided behind the strike plate. In our opinion, the perfect solution for this dilemma does not exist at this time. Several of the better options are discussed below.

- Lock-sets with a Lever Handle¹²⁰ – These effectively reduce the level of risk of up and down pressure but are susceptible to transverse attachment. The lever should move freely in both directions when locked to reduce ligature attachment risks. This type of handle is more typical (less institutional) in appearance and operation than other choices. Both of these qualities are very desirable in items that patients will touch and use on a regular basis. However, lever handles may be susceptible to transverse attachment as mentioned above.
- Crescent Handle Lockset¹²⁰ – This type of lock-set has a lever handle and thumb turn that are ligature-resistant and may meet ADA requirements. It is available with a handle that can be mounted in either horizontal or vertical position and allows the user's hand to easily slip off the free end.
- Push/Pull Hardware – This type of door handle is available with a flush push pad on one side and a ligature-resistant pull handle on the other.¹²⁰

This document is intended to represent leading current practices, in the opinion of the authors. It does not represent minimum acceptable conditions or establish a legal “standard of care” that facilities are required to follow.

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c. Seating - Furniture used in behavioral health facilities is preferred to be easily cleaned, easily reupholstered, very sturdy, and as heavy as possible to minimize the likelihood of patients throwing chairs, tables, etc. Where indicated by the Safety Risk Assessment, furniture is suggested to be securely anchored in place or weighted to resist stacking or removal of ligatures and breaking into items that can be used as weapons.⁴⁸² Upholstered lounge chairs with assemble typical residential furniture are generally polyethylene rotationally molded⁴⁸³ and sanding is now available with a less institutional appearance. The patient population served and the location in which it is intended.

Seating is needed (e.g., dining and activity) and light polypropylene chairs⁴⁸⁰ that resist pieces are preferred. An alternative is partially filled with sand (or otherwise) to make it difficult to throw or use as a weapon.

Other lounge areas may have specially designed bear bag⁴⁸⁴ type seating that are covered with very durable materials.

Seating has been believed to be soothing and calming. Seating should be designed seating that should be taken to realize that the movement of furniture in a higher risk area of a unit to reduce the risks being created. Furniture should have



#482h
#482a
#483
#480b

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01 00 00 – General

01 00 01 – Trash Receptacle Liner

1a. Trash receptacle liner – paper
Sani-liner®
Wisconsin Converting
Green Bay, WI
920-593-8297
www.wisconsinconverting.com

1c. Trash receptacle liner – paper
Psych-Select-Bag™
Dano Group
Stamford, CT
800-348-3266
www.danogroup.com

07 00 00 – Thermal and Moisture Protection

07 92 00 – Joint Sealants

10a. Sound and Smoke Seals – Breakaway
Cush'N'Seal w/breakaway anti-ligature option
Door and Hardware Systems, Inc.
Rochester, NY
585-235-8543
www.dhst-seal.com

10b. Sound and smoke seals – breakaway
Ligature-resistant Zag option
Zero International – Allegion
Indianapolis, IN
877-671-7011
www.zerointernational.com

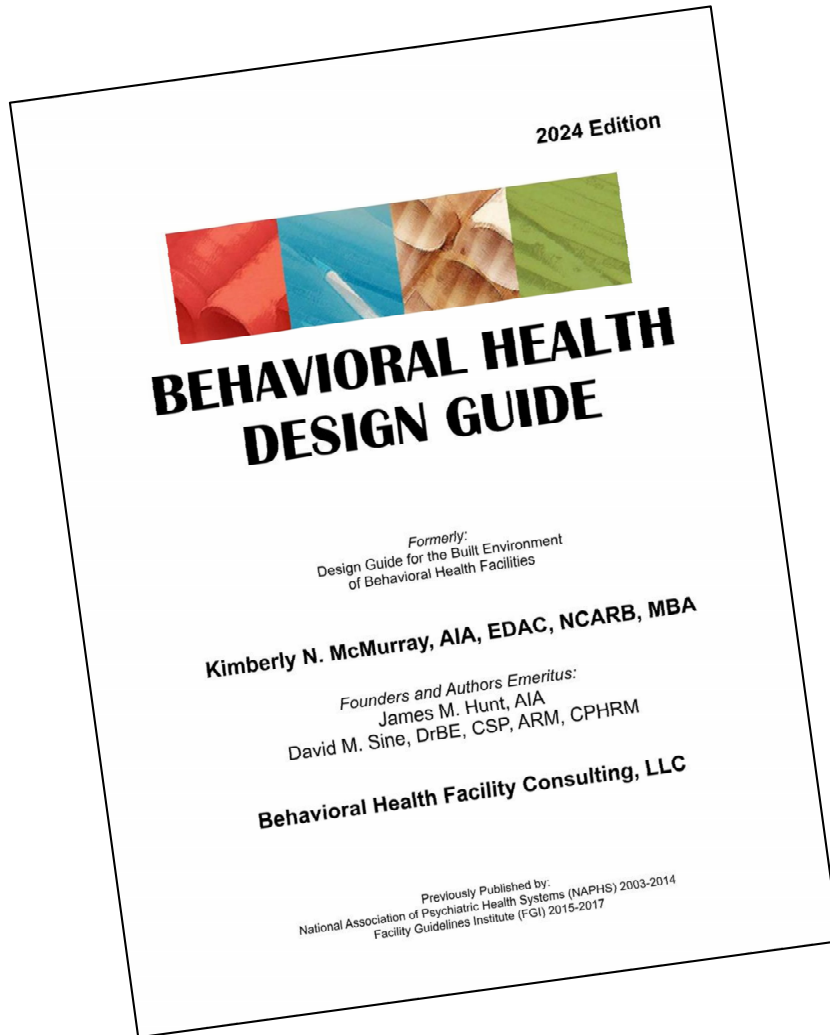
10c. Sound and smoke/fire seals – breakaway
Zero International – Allegion
Indianapolis, IN
877-671-7011
www.zerointernational.com



#7a
#7c
#10a
#10b
#10c

1st Edition 2003 (21-Years)
Behavioral Health Design Guide, 2024 Edition www.bhfllc.com

Translating Safety Risk Assessment into Design



Behavioral Health Design Guide
January 2024 Edition
www.bhfcllc.com



FGI – Guidelines for the Design and Construction of
Hospitals, Outpatient and Residential Facilities
2022 Edition
www.fgi.org

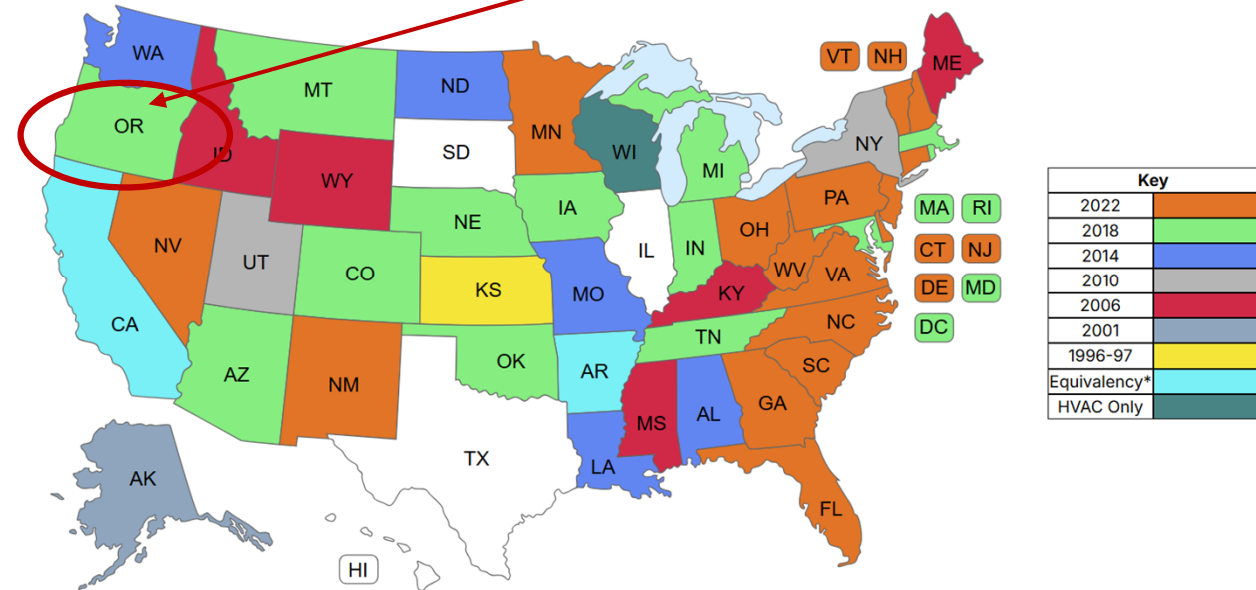


Translating Safety Risk Assessment into Design – Across BMH Continuum

The data on state adoption that FGI had as of **August 21, 2024**, can be summarized as follows:

- 43 states have adopted some edition of the *Guidelines* (this includes Wisconsin, which has adopted only the HVAC requirements).
- 16 states (NV, NM, MN, OH, PA, WV, VA, NC, SC, GA, FL, VT, NH, CT, NJ, DE) that adopt the *Guidelines* permit use of a more recent edition than that adopted in some instances.
- 3 states do not adopt but allow use of the *Guidelines* as an alternate path to compliance in some instances.
- 4 states do not use the *Guidelines* in any official capacity, although most of these appear to use the documents for reference.
- 2022 Edition – 16 States have adopted as of August 21, 2024

Last updated 8/21/24 Oregon – 2018 Edition



Regulatory & Accreditation - The Joint Commission recognizes the latest edition of the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals for new construction and renovation.



DISCUSSION



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THANK YOU

