STANDARDS

HOSPITAL-BASED PSYCHIATRIC EMERGENCY SERVICES:

OBSERVATION UNITS

MARCH 2000

BRITISH COLUMBIA
Ministry of Health and
Ministry Responsible for Seniors

MESSAGE FROM THE DEPUTY MINISTER

March 2000

The Ministry of Health and Ministry Responsible for Seniors, is committed to strengthening crisis response and emergency mental health services in the province and assisting health authorities to implement best practices in the care of people with mental illness and their families.

The Ministry works in partnership with health authorities in the provision of a range of crisis response/emergency services in each region. Hospitals designated as observation units under the *Mental Health Act* are an important link in the crisis response/emergency services continuum. The development of observation units in rural and remote communities that lack psychiatric units is a crucial step in the continuing effort to increase access to timely and appropriate hospital-based psychiatric care.

The document, *Standards for Hospital-based Psychiatric Emergency Services: Observation Units* is consistent with the goal of the mental health plan to ensure responsive, accessible, and respectful care. Designation of a hospital as an observation unit requires the standards be met.

I trust you will find this document useful in your ongoing efforts to provide better care to people with mental illness and their families.

Yours truly,

Leah Hollins
Deputy Minister

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A. QUALITY OF CARE STANDARDS

INTENT

Care must be consistent with the principles of maintaining safety, respect, dignity and privacy to ensure patients presenting to the hospital in a psychiatric emergency receive timely and appropriate as well as gender and culturally sensitive treatment. Care must be provided by knowledgeable and competent health care professionals.

INTRODUCTION

The *Mental Health Act* of British Columbia, under Section 22, permits people with mental illness requiring involuntary treatment to be transported to a designated facility (provincial mental health facility or psychiatric unit or observation unit). Hospitals not designated under the *Mental Health Act* should only care for the patient while "in transit" to a designated facility. In order to provide involuntary treatment, these hospitals would require a designation under the *Mental Health Act.*

Hospitals designated under the *Mental Health Act* as observation units manage the care of and stabilize acutely ill psychiatric patients. If a hospital is designated as an observation unit, and a physician completes a medical certificate, the patient may be admitted to the hospital in order to receive involuntary treatment. Observation units are able to

accept involuntary psychiatric patients for short periods of assessment and treatment. The prescribed period for purposes of detaining a patient in an observation unit is a maximum of five days after the second certificate is completed.

A hospital designated as observation unit (most typically a rural hospital) will have a secure capacity within the emergency room or a medical/surgical unit (or be adjacent to some other crisis stabilization program located within the hospital). This arrangement will enable staff working in other areas of the hospital to provide coverage in the location where patients are being held under the provisions of the *Mental Health Act.*

The Quality of Care Standards include the following areas:

1. Safe management of patients with psychosis, delirium, suicidal and/or aggressive behavior;
2. Psychiatric consultation;
3. Patient rights and information sharing;
4. Documentation; and,
5. Staff education and training.

STANDARDS

STANDARD 1: SAFE MANAGEMENT OF PATIENTS WITH PSYCHOSIS, DELIRIUM, SUICIDAL AND/OR AGGRESSIVE BEHAVIOR

Standard 1.1: Medical Causes for Behavioral Disturbance

Policies and procedures are in place for the identification and treatment of underlying medical causes for the behavioral disturbance.

Standard 1.2: Assessment and Triage of Patients with Psychiatric and Behavioral Emergencies

Standard 1.2.1: Assessment of Psychiatric Symptoms

Policies and procedures are in place for assessment of the patient exhibiting psychiatric symptoms.

Standard 1.2.2: Assessment of Suicide Risk

Policies and procedures are in place for assessment of the patient at risk for suicide.

Standard 1.2.3: Assessment of Risk for Aggression

Policies and procedures are in place for assessment of the patient at risk for aggression.

Standard 1.2.4: Triaging of Patients with Psychiatric and Behavioral Emergencies

Policies and procedures are in place to ensure effective triaging to enable the patient exhibiting psychiatric symptoms to be treated in the observation unit or referred to the nearest psychiatric unit or provincial tertiary mental health facility.

Standard 1.3: Use of Restraints

Standard 1.3.1: Availability of a Range of Behavioral Control Options

A range of behavioral control options, including mechanical, pharmacological and environmental restraints, are available and are applied in the least restrictive manner consistent with patient and staff safety.

Standard 1.3.2: Assessment and Care of the Patient in Restraints

Policies and procedures are in place for the assessment of the patient requiring restraint, appropriate application of restraints and the care of the patient in restraints.

Standard 1.4: Secure Room

Standard 1.4.1: Availability of a Secure Room

At least one secure room that meets the provincial technical standards is available in the hospital.

Standard 1.4.2: Assessment and Care of the Patient in Seclusion

Policies and procedures are in place for the assessment of the patient requiring seclusion, appropriate steps to be undertaken in initiating seclusion of the patient and the care of the patient in seclusion.

Standard 1.5: Care Plan

Standard 1.5.1: Care Plan on Admission

Policies and procedures are in place to ensure that a written care plan, including follow-up after care, is initiated on admission of the patient to the hospital.

Standard 1.5.2: Involvement of the Patient and Family in the Care Plan

Policies and procedures are in place to ensure that the patient and the family are involved in the care plan.

Standard 1.6: Gender and Culturally Sensitive Care

Policies and procedures are in place to assist staff in the provision of gender and culturally sensitive care.

Standard 1.7: Discharge and After-Care Plan

Policies and procedures are in place to ensure that the patient and the family receive a copy of the written after-care plan upon discharge of the patient from the hospital.

RATIONALE:

Care of the patient and family members must be provided in accordance with hospital policies and procedures, professional practice standards and code of ethics and the best possible evidence available to ensure positive outcomes.

People exhibiting symptoms of acute psychosis or delirium, as well as those at imminent risk for suicide and aggression, require timely and comprehensive assessments in order for effective diagnosis and treatment plans to be generated. Assessments must identify and integrate the multiplicity of factors (biological, psychological and/or social) that may have produced the psychiatric emergency.

It is critical that the underlying medical causes for the presenting problem are identified and treated. Effective triaging processes are critical in order to ensure that the patient may receive optimal care promptly and through the setting that would best assist the patient in the recovery process. Accurate and efficient triaging of the patient to available services is based on comprehensive assessments of the patient to determine the level of acuity and severity of the patient's condition, including additional factors that may contribute to or impede early recovery.

People experiencing psychiatric crisis must receive care that optimizes engagement and assists the individual in regaining control as quickly as possible, prevents or anticipates crisis and reduces risk of self-harm or harm to others.

Risk management is an over-riding concern for patients exhibiting psychosis, delirium and suicidal or aggressive behavior. A range of behavioral control options are essential in

order for the most appropriate and least restrictive option consistent with patient and staff safety to be utilized. Secure rooms are necessary to ensure safety of patients who may be at risk of harming themselves or others and when other forms of behavioral control options are deemed to be inappropriate. Seclusion assessments must include physical safety precautions, level of observation and additional interventions required to ensure patient and staff safety.

Care plans must be individualized and include specific interventions planned, desired outcomes, modifications based on change in the patient's condition and progress as well as discharge plans with specific arrangements for after-care in the community. The care plan must include risk assessments to be conducted, interventions and desired outcomes with the aim of assisting the person in regaining self-control. Reassuring explanations to the patient and family about the reasons for the use of seclusion, the steps being undertaken while seclusion is initiated and the ongoing care plan are critical for allaying fear and reducing anxiety. Reassuring explanations must be provided even when it is apparent the patient is not receptive.

Care of the person experiencing a suicidal crisis must include procedures for the assessment of suicidality, precautions to ensure patient safety, availability of short-term evidence-based treatments for suicidality, effective triaging processes and explicit criteria for appropriate disposition of these patients, including after-care linkages.

Care of the person at risk of aggressive behavior must include procedures for risk assessment, prevention and effective management of aggressive behavior, including explicit

directions to the patient to assist the patient in regaining and maintaining self-control.

Family members (including significant others) are a vital source of information. In many instances, they are the only source of support for the patient and, therefore, must be included in the assessment and care planning processes. Support to family members, including reassuring explanations and education, is critical when the person presents to the hospital, during the patient's hospital stay and upon discharge.

Relevant assessments and appropriate care are made possible when the patient and the family is viewed from a gender and culturally sensitive lens. Sex and gender interact to produce varied experiences of health and illness and impact on the design and delivery of health care. When sex and gender are not considered in service planning and delivery, the individual's health is at particular risk. Attention to these factors contribute to the understanding of differentials in risk factor as well as the manifestation, severity, frequency and social and cultural responses to disease. Access to and inclusion of interpreters and/or cultural advisors when conducting assessments, in ongoing care and prior to discharge is essential in order that the patient and the family receive the benefit of best care and support.

Discharge planning begins on admission, with the involvement of the patient, family physician, community mental health care team members, family members and primary health care providers who have been, and will be, involved in supporting the patient in the community. Discharge planning must also ensure a viable discharge to the community, where one did not previously exist.

After-care is essential to assist the patient to maintain well-being upon discharge from the hospital. The after-care must be individualized and clearly set out the care and rehabilitation plans, identify the care coordinator and specify actions to be taken in a crisis. The detailed after-care plan must include arrangements made for the patient to access any number of services: including community and outpatient mental health services, community housing program, substance misuse services, services to assist the person who may have experienced domestic violence, emergency/crisis intervention services and other community supports. Communication of the after-care plan in writing assists in reinforcing follow through with the plan.

Evaluation processes to assist in the analysis of critical incidents and planning the next steps, assists the patient in developing more effective coping strategies and the health care team members to provide effective and individualized care. These processes are most effective when they are based on the foundation of learning both for the health care team members and the patient. The patient and/or the family members are included in the evaluation processes as appropriate.

STANDARD 2: PSYCHIATRIC CONSULTATION

Policies and procedures are in place to assist physicians and other health care team members involved in the assessment and care of people presenting to the hospital with psychiatric emergencies to access psychiatric consultation in a timely manner.

RATIONALE:

Psychiatric consultation for patients presenting with psychiatric emergency may be required in order to clarify and confirm a diagnosis and/or treatment plan. Physicians and staff must be encouraged and supported in accessing the appropriate level of consultation necessary to assist them in the assessment and management of acutely ill psychiatric patients.

STANDARD 3: PATIENT RIGHTS AND INFORMATION SHARING

Standard 3.1: *Mental Health Act*

Standard 3.1.1: Informing the Patient and Family Members of Their Rights

Policies and procedures are in place to inform patients and family members of their rights under the *Mental Health Act.*

Standard 3.1.2: Assisting the Patient in Exercising Legal Rights

Policies and procedures are in place to support patients in accessing legal counsel and in exercising their rights under the *Mental Health Act.*

Standard 3.2: *Freedom of Information and Protection of Privacy Act (FOIPPA)*

Standard 3.2.1: Information Sharing with Third Parties

In accordance with the FOIPPA, policies and procedures are in place to share information among health care team members and third parties.

RATIONALE:

Information about the rights of the patient under the *Mental Health Act* must be communicated in a prompt and clear manner. This will ensure protection of the patient's legal rights. The patient must receive information about the basis for admission/certification, rights advice, reasons for and side effects of medications and other pertinent information that will assist the patient to allay fears and reduce anxiety, as well as make informed choices related to their rights.

Families must be contacted promptly and given appropriate information. A near relative must receive information that the patient has been admitted on a medical certificate under the *Mental Health Act* and the near relative or the patient can apply to the review panel or the court for review of the certification and possible discharge of the patient. In addition, when the patient applies for the review panel hearing or is discharged from involuntary status, the near relative must be informed.

In addition to the information provided to the patient and family members under the *Mental Health Act*, the *Freedom of Information and Protection of Privacy Act* (FOIPPA) allows information to be provided, without the patient's consent, to the people involved in the patient's care including the family. Communicating information to family members and other health caregivers must address the needs of the patient and be consistent with the purposes for which it was collected.

Pertinent information must be communicated in a timely and comprehensive manner to all involved, including health care team members and third parties, such as family members and residential care providers, in order to ensure effective care and maintain the continuity of care.

STANDARD 4: DOCUMENTATION

Standard 4.1: Documenting Assessment and Care

Policies and procedures are in place for documenting assessment and care of the patient and family members.

Standard 4.2: Documenting and Reporting Critical Incidents

Policies and procedures are in place for documenting and reporting of critical incidents, including the evaluation conducted and follow-up steps initiated.

Standard 4.3: Transmitting Assessment and Treatment Recommendations to Physicians and Community Agencies

Policies and procedures are in place for documenting assessment and treatment recommendations in a form that can be promptly transmitted to community agencies.

RATIONALE:

Assessments and care of the patient and family members must be documented in accordance with hospital policies and procedures and in keeping with professional practice standards.

Written records must be maintained on each patient and include:

- Assessments, diagnoses, planned interventions and treatment, including desired outcomes;
- Detailed evaluation of significant risks and behaviors, including suicidal and aggressive behaviors;
- Interventions carried out;
- Patient progress;
- Modifications to the care plan; and
- Discharge plan and after-care arrangements.

Critical incidents must be reported and analysis of each incident conducted in order to initiate follow-up steps associated with risk management and continuous quality improvement.

To ensure effective care and continuity of care for the patient and the family, pertinent information including assessments, treatment and care recommendations must be clearly communicated and in a timely and comprehensive manner to the family physician and community agencies involved in follow-up care and support of the patient and the family.

STANDARD 5: STAFF EDUCATION AND TRAINING

Standard 5.1: Knowledge of Psychiatric Disorders and Skills in the Assessment and Treatment of Psychiatric Disorders

Policies and procedures are in place for staff to receive education and training related to assessment and diagnosis of a variety of psychiatric conditions across the age-range, including the care of acutely ill psychiatric patients.

Standard 5.2: Knowledge of Relevant Legislation

Policies and procedures are in place for staff to receive education and training related to relevant legislation including the *Hospital Act, Mental Health Act, Freedom of Information and Protection of Privacy Act* (FOIPPA) and other relevant legislation.

Standard 5.3: Skills in the Assessment and Care of the Suicidal Patient

Policies and procedures are in place for staff to receive education and training to develop skills in the assessment of suicide risk and in the prevention and management of suicidal crisis.

Standard 5.4: Skills in the Assessment and Care of the Aggressive Patient

Policies and procedures are in place for staff to receive education and training to develop skills in the assessment of potential for aggression/violence and in the prevention and management of disturbed behavior and aggression/violence.

Standard 5.5: Use of Restraints

Standard 5.5.1: Appropriate Use of Restraints

Policies and procedures are in place for staff to receive education and training related to the appropriate use of restraints.

Standard 5.5.2: Care of the Patient in Restraints

Policies and procedures are in place for staff to receive education and training related to the care of the patient in restraints, including seclusion.

Standard 5.6: Critical Incidents

Standard 5.6.1: Reporting and Analysis of Critical Incidents

Policies and procedures are in place for staff to receive education and training related to the reporting and analysis of critical incidents.

Standard 5.6.2: Support Following a Critical Incident

Policies and procedures are in place for staff to receive support following a critical incident.

Standard 5.7: Knowledge of Gender and Culturally Sensitive Issues

Policies and procedures are in place for staff to receive education and training related to gender and culturally sensitive issues and care.

RATIONALE:

Knowledge of psychiatric illnesses across the age-range and differential diagnosis of a range of psychiatric conditions, knowledge of neurocognitively-based disorders (delirium, dementia), gender and cultural sensitivity and the ability to perform mental status examinations are necessary in the care of acutely ill patients. Staff must have knowledge and skills in emergency psychiatric assessment, crisis intervention and the safe management of patients with psychosis, delirium, suicidal and aggressive behaviors.

Staff must understand the relevant legislation, including the *Hospital Act* and the *Mental Health Act*, to ensure the rights of the patient are protected. Staff must also be well versed in the provisions of FOIPPA pertaining to the sharing and release of information among service providers, family members and other third parties, to ensure timely and effective care and support for the patient in the community.

Initial and ongoing education and training are necessary for staff to maintain competence and skills in order that the best possible care is provided to the patient and the family and to ensure patient and staff safety.

Staff must receive support in the reporting and analysis of critical incidents and participate in ongoing risk management and quality improvement activities. In addition, staff must receive support to ensure their own well-being following a critical incident.

B. TECHNICAL STANDARDS FOR PSYCHIATRIC SECURE ROOM

INTENT

The secure room must provide conditions that maintain respect and dignity, as well as privacy for the occupant. The design and construction must also prevent the loosening or detachment of any building construction material or component by tampering or body impact. Finished materials must be capable of being easily cleaned and of non-toxic composition. Sharp, intrusive and abrasive surfaces or elements are not acceptable. All finishes and fittings are to be fabricated and installed in a manner to prevent their use for suicide attempts, including by ligature.

INTRODUCTION

These abbreviated-format technical standards are for the construction of psychiatric secure rooms in hospitals to assist in the provision of psychiatric emergency services. The standards first address ideal options, however, since in most instances secure rooms will be retrofitted into existing facilities, the standards present alternatives, which would be appropriate for most retrofit applications. Not all existing conditions can be anticipated, so some judgment will be required to ensure that the intent of the standards is met.

STANDARDS

STANDARD 1: BUILDING ENVELOPE

Standard 1.1: Windows

Standard 1.1.1: Exterior Windows

New exterior windows are to be obscure glass block, reinforced at mortar joints to prevent their collapse on repeated impacts. Wall opening edges are to be rounded.

Standard 1.1.2: Interior of Existing Windows

Interior of existing windows must be protected by a steel-framed security window comprised of a layer of 3 mm (1/8”) polycarbonate (Lexan) laminated between 2 layers of 6mm (1/4”) heat strengthened glass, with intermediate mullions as required for opening size and strength. Security windows shop drawings are to be signed and sealed by the design engineer.

Standard 1.1.3: Protection of Patient Privacy

For privacy, install reflective or ‘frosted’ film on existing exterior windows if room is easily observable from outside.

[Note: Reflective film does not provide complete privacy when the lighting level is higher in the room than it is outside. Frosted film does not afford the occupant a beneficial view of the outside. Designer discretion is required.]

Standard 1.1.4: Window Frame Finish

Window frames are to be painted ‘beige’ in color.

STANDARD 2: INTERIOR ARCHITECTURE

Standard 2.1: Interior Walls

Standard 2.1.1: Construction of Interior Walls in New Facility

Interior walls in a new facility are to be concrete block, with every core reinforced and filled with grout. Joints are to be flush.

Standard 2.1.2: Construction of Interior Walls in Existing Facilities

In existing facilities where floor loading limitations preclude concrete block, walls are to be comprised of heavy-duty steel studs at 406 mm (16”) on centre with batt insulation, 13 mm (1/2”) plywood and 16 mm (5/8”) abuse-resistant gypsum board. Existing plastered clay tile walls are acceptable if they are in good condition.

Standard 2.1.3: Wall Finishes

Walls are to be finished with solvent-free epoxy polymer coating conforming to CGSB 1-GP-153M or CSGB 1-GP-186, installed in accordance with manufacturer’s instructions. Alternatively, if epoxy coating is precluded, walls are to be painted with three coats of acrylic semi-gloss.

Painting of the walls must be in accordance with the recommendations of the CPCA/MPDA Architectural Specification Manual of the Master Painters & Decorators Association of British Columbia,
4090 Graveley St., Burnaby, BC V5C 3T6.
Telephone: (604) 298-7578.

Paint must be approved by the Environmental Choice Program (e.g. Ecologo) c/o TerraChoice Environmental Services Inc., #300-2197 Riverside Drive, Ottawa, ON K1H 7X3.
Telephone: 1-(800)-478-0399
or e-mail: www.environmentalchoice.com.

Walls are to be painted 'faded rose pink' in color.

Standard 2.2: Door, Frames and Hardware

Standard 2.2.1: Construction of the Door, Frames and Hardware

The door width is to be 42" (3'-6"). The door is to be flush painted 12 gauge galvanized steel, insulated, 45 mm (1¾") thick, all-welded construction with painted 12 gauge all-welded frames having a strike bucket that will accept a 25 mm (1") throw deadbolt. The area of the strike bucket is to be wedged in to prevent spreading.

Steel frames are to be fully grouted if installed in concrete block or clay tile walls. As doors are subject to tampering or body impact, special care shall be taken to permanently and securely fasten frames to wall if installed in stud walls.

The door must swing outward.

Standard 2.2.2: Observation Window in the Door

The door must have an observation window 406 x 610 mm (16" x 2'0"), comprised of 3 mm (1/8") smoked polycarbonate laminated between two layers of 6 mm (1/4") heat strengthened glass.

The windowsill is to be 1219 mm (4'-0") above the floor. The observation window in the door must be fitted on the staff side with sturdy adjustable louvres (horizontal mini-blinds are not acceptable) to provide visual privacy.

If the plywood/abuse-resistant gypsum board wall option is used, note that a non-standard frame 'throat' dimension is required.

Standard 2.2.3: Electro-mechanical Lock, Keying, Latch and Hinges to the Door

Electro-mechanical lock, keying, latch, hinges and concealed closer shall be Folger-Adam (alternate lock: Adtec). Locks are to be operated remotely from the nurses' station, with manual key override.

Standard 2.2.4: Door Finishes

The door is to be painted 'beige' in color.

Standard 2.3: Flooring

Standard 2.3.1: Flooring

Install slip-resistant solvent-free epoxy polymer coating with quartz granules conforming to CGSB 81-GP-4M or CGSB 81-GP-5M and CAN4-S102.2 for fire hazard classification, installed in accordance with manufacturer's instructions.

Alternatively, if epoxy coating is precluded, install non-skid, glue-down sheet vinyl to conform to CSA 126.3 (latest edition) Type II Grade 1 minimum gauge 2.15 mm (.085").

All joints are to be heat welded. Linoleum-type products are not acceptable.

Resilient flooring shall be laid with an adhesive approved by the resilient flooring manufacturer for the substrate to which it is to be applied. When acceptable to the manufacturer, adhesive is to be acrylic based, low TVOC, 0 TVOC (calculated) and approved by the Environmental Choice Program or equivalent.

No base is required if the walls are concrete block. If the walls are gypsum board, the flooring is to have a flash cove base. In both cases, apply a continuous bead of hardening security caulking at the joint between the flooring material and the wall.

Standard 2.3.2: Floor Level Changes

If a floor level change is required by retrofitting an under-floor heating system and lightweight concrete topping, locate at the door from the corridor or ramp up outside the room and mark with a highly visible warning strip and wall-mounted warning sign.

Standard 2.4: Ceiling

Standard 2.4.1: Ceiling

A minimum ceiling height of 3m (10’ – 0”) is preferred in new facilities.

The ceiling is to be either concrete, cement plaster or abuse-resistant gypsum board. If the ceiling is suspended, cement plaster is to be on diamond lath, backed with 19 mm (3/4”) plywood or 16 mm (5/8”) abuse-resistant gypsum board on 13 mm (1/2”) plywood, suspended on heavy-duty steel studs at 406 mm (16”) on centre.

Standard 2.4.2: Ceiling Finishes

The ceiling is to be painted three coats semi-gloss enamel, that is off-white in color.

Standard 2.5: Fixtures and Fittings in the Walls

Provide a secure hinged, lockable metal cover over existing wall-mounted medical services outlets, such as oxygen and suction valves.

Any exposed screws are to have Robertson type head.

All joints between different materials, surfaces and fixtures are to be filled with hardening security caulking.

STANDARD 3: MECHANICAL SYSTEMS

Standard 3.1: Heating

Remove existing floor or wall-mounted convectors.

Provide separately zoned hydronic or electric under-floor radiant heating. If under-floor radiant heating is precluded, electric radiant heating in plaster ceiling is an acceptable alternative.

Electronic sensor is to be in a secure recessed enclosure located in the room. Temperature reset control is to be provided at the nurses' station.

Standard 3.2: Ventilation

Ventilate the secure room at a minimum rate of six air changes per hour.

Exhaust the secure room to the exterior.

Security type ventilation grilles are to have 12 gauge faceplate with 3 mm (1/8") diameter holes at 5 mm (3/16") staggered centres.

Locate the smoke/heat detectors in return air ducts. Alternatively, provide surface mounted security-type detectors which cannot be used for suicide attempts or typical detectors protected by a ULC (Underwriter's Laboratories of Canada) guard.

The HVAC system is to limit equipment vibration and noise propagation such that background noise from these systems do not exceed 35 NC (dB).

Standard 3.3: Sprinkler Heads

If the secure room is sprinklered, provide security type sprinkler head to prevent suicide attempts.

Standard 3.4: Plumbing

Provide a floor mounted (wall-mounted if required by existing conditions) stainless steel combined sink/toilet fixture with rounded corners. The sink is to have a single push-button water supply complete with a mixing valve for hot and cold water, adjusted to 40° C (105° F). Provide a secure water shut-off valve located outside the secure room.

Locate the floor drain with a self priming trap inside the secure room. Round nickel bronze strainer with square openings to be secured with tamper-proof screws.

STANDARD 4: LIGHTING / ELECTRICAL

Standard 4.1: Lighting

Provide a two-level lighting (normal and night low level) maximum security corner mounted luminaire with polycarbonate lens.

Lamp: 2F32T8 lamps.

Night light: Tivoli style linear light rope, running the entire length of the luminaire.

Ballast: Hybrid electronic cathode cut-out type.

Install two single-pole light switches to control night-light and normal light, located immediately outside the room.

Switching: Provide externally controlled light switches. Switch luminaire such that either night-light is on OR the fluorescent lamps are on. Both light sources shall not be on at the same time.

Standard 4.2: Electrical

Do not provide any electrical receptacles in secure room. Provide secure blank stainless steel coverplate over existing receptacles.

STANDARD 5: COMMUNICATIONS

Standard 5.1: Intercom / Monitoring System

Provide a stand-alone, two-way intercom system between the secure room and the nurses' station. The system is to allow continuous sound monitoring of the patient and to allow the patient to signal and speak to, and hear from the nurses' station.

Console in the secure room to be flush mounted, impact and tamper resistant security type with voice-activated, hands-free feature.

Controls at the nurses' station are to allow for adjustment of volume, capability to disable the patient's call button and allow speaking to the patient.

Standard 5.2: Closed Circuit Television (CCTV) System

Standard 5.2.1: CCTV System

Provide a complete stand-alone CCTV system. All cable and equipment supplied, and all installation methods used, to be as specified by the equipment manufacturer.

Any hardware or software required to make programming changes to the system(s) shall be included with the system.

On completion of the installation, the installer is to provide a complete set of "as built" drawings, hardware and software manuals, staff instruction on the use and programming of the system(s).

Standard 5.2.2: Secure Room Camera

The secure room camera shall be based on the following specifications:

- compact size;
- high resolution, black and white;
- 180° wide angle;
- pan tilt and rotation controller;
- auto-electronic iris and lens providing quality imaging in all lighting conditions (particularly at night/low level);
- ceiling mounted (as flush as possible), hard-coated optically correct, water-resistant polycarbonate dome housing.

[Note: Periodic application of a silicone-based rain shield on the dome is recommended.]

Standard 5.2.3: Nurses' Station Monitor

The monitor at the nurses' station shall be based on the following specifications:

- 9" – 15" high resolution black and white or color monitor recessed in millwork in a manner to prevent viewing by passersby.

  [If more than one room is monitored, provide a monitor for each camera, unless there are four monitored rooms, in which case a 20" quad split screen would work.]

[Note: A VCR system is not required.]

STANDARD 6: FURNISHINGS

Standard 6.1: Bed and Mattress

A hospital bed and mattress are to be used for patient comfort and care. The hospital bed may be removed as required to maintain patient safety.

The bed must be inspected to ensure there are no parts that could be detached by the patient. An electrical bed is not to be used.

A thick floor mat may be used where a mattress is deemed inappropriate.

Standard 6.2: Bedding

Strong sheets (six to seven layers of material sewed together) to be used for patient comfort. Do not use sheets with less than the recommended number of layers to prevent suicide attempts.

RATIONALE:

Risk management is an over-riding concern for patients exhibiting psychosis, delirium and suicidal and aggressive behavior. A secure environment is necessary for the care of acutely ill psychiatric patients who have the potential for aggressive behavior, are suicidal or at risk of elopement.

The secure room will be utilized for seclusion of acutely ill certified psychiatric patients who are deemed to be at risk for self-harm or harm to others. In addition, the secure room may be used for monitoring of patients who have a dual diagnosis and are neurologically unstable. Both categories of patients must be deemed to require some form of restraint/private enclosed area.

The secure room is to be located on a medical-surgical unit or in the emergency room or adjacent to a crisis stabilization unit co-located in the hospital. The location of the secure room must provide for the patients' privacy and enable easy access by staff. Proximity to the nurses' station is necessary to ensure quick access to the patient. To minimize noise and observe privacy, it is advisable that the secure room not be located in close proximity to an elevator, stairs, exits or common patient areas.

The layout and design of the secure room is to buffer the view in and out of the room without impeding access or egress.

A hospital bed and mattress are to be used for patient comfort and care. The hospital bed may be removed as required to maintain patient safety. The bed must be inspected to ensure there are no parts that could be detached by the patient. An electrical bed is not to be used due to potential safety hazards to the patient. A thick floor mat may be used where a mattress is deemed inappropriate. Strong sheets (six to seven layers of

material sewed together) provide warmth and comfort to the patient and reduce the opportunity for the patient inflicting self-harm. To prevent suicide attempts sheets with less than the recommended number of layers should not be used.

The construction of the secure room must provide for the secure confinement of the patient and safe operation by staff. To provide safe patient care and maintain staff safety, the configuration of the secure room must be capable of accommodating one patient and five attendants per room.

The design and construction of the secure room must prevent the removal or detachment of building construction materials. All fittings and architectural details must be of a design that prevents use of ligatures. Acutely ill psychiatric patients, as a result of impaired judgment, may be at considerable risk to use whatever means available to potentially hurt themselves or others.

Balancing the privacy, dignity and safety needs of the patient are of vital importance. Privacy is essential to maintain the respect and dignity of the patient. Windows assist in reducing the feeling of being contained in a closed space. Special features, such as reflective film or 'frosted' film on exterior windows, will assist in maintaining the patient's privacy and dignity, including reducing external stimulation. The window in the door must provide clear visibility into the secure room. To prevent injuries and provide effective care, full visibility to monitor behavior and intervene as needed is critical. Staff must have the capability of viewing all surfaces of the secure room. Clear visibility and safety features will assist staff to monitor the well-being of patients and protect patients from physical harm. The design of the secure room must prevent dark zones and blind spots. No areas should be dark enough to present a safety hazard. Window surfaces must enable easy sighting of a person in all areas of the room.

The secure room must have the capacity for continuous surveillance with the ability to function in low-level lighting and audio-visual monitoring capability from an externally-monitored station. This will assist in reducing stimulation for the patient and provide for more effective use of staff time, since the need for staff to physically be present near the secure room window will be greatly reduced. The level of monitoring will be determined by the individual patient needs. To maintain patient privacy, the monitor must be recessed inside the counter at the nurses' station and located in a manner that permits viewing by staff only and precludes viewing by passersby.

The secure room must comply with fire and safety regulations. Heat and air conditioning vents must not impede airflow and must be impervious to clogging. High-security quality grills are to be provided on the air exchange and heating vents. HVAC coverings must avoid surfaces or protrusions that could be used for ligature.

Patients must have access to a toilet and sink in the secure room. A communal shower located elsewhere on the ward may be accessed as appropriate.

The finishes must provide a safe, therapeutic milieu. Appropriate finishes are essential to provide a safe environment for patients and staff. The literature has suggested certain colors have a calming influence, with a consequent effect on reducing aggressive behavior. Surface finishes are to be non-reflective, non-wax, non-slip. Finishes must provide a soft, muted background that reduces external stimulation. The color of the ceiling, the floor, the door and the window frames must be of contrasting values to the walls to assist cognitively- or visually-impaired patients. Finishes/colors must be neutral, with no discernable pattern. Harsh, bright white or similar colors are to be avoided.

PSYCHIATRIC SECURE ROOM FOR OBSERVATION UNITS

Component: Psychiatric Secure Room for Observation Units

No. of Occupants: 1

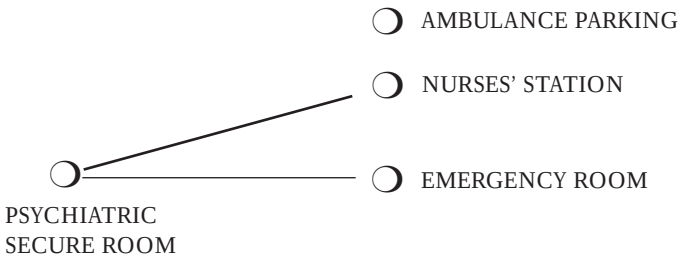
Operational Hours: 24 hours

Peak Period: As required

Area: **13.9m2**

Activity Description: Provide a safe and secure environment for patients who are at risk of self-harm or harm to others.

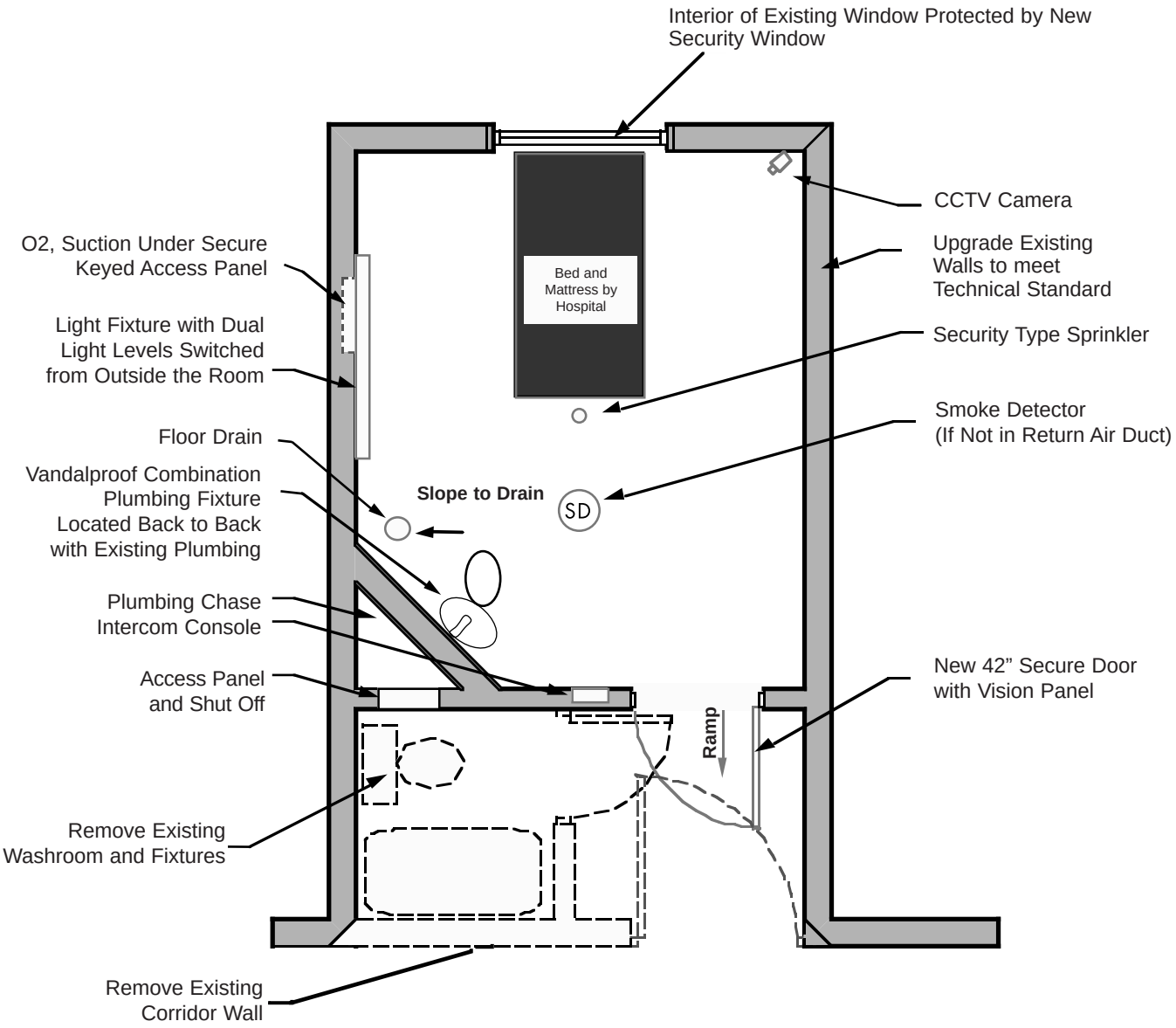
Access Priorities:



Locate room away from elevator, stairs, exits or common patient areas.

Furnishings:
- hospital bed and mattress
- thick floor mat if required
- strong sheets

SCHEMATIC PLAN



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