

GSH: 2nd Floor Risk Level Floor Plan

Key:

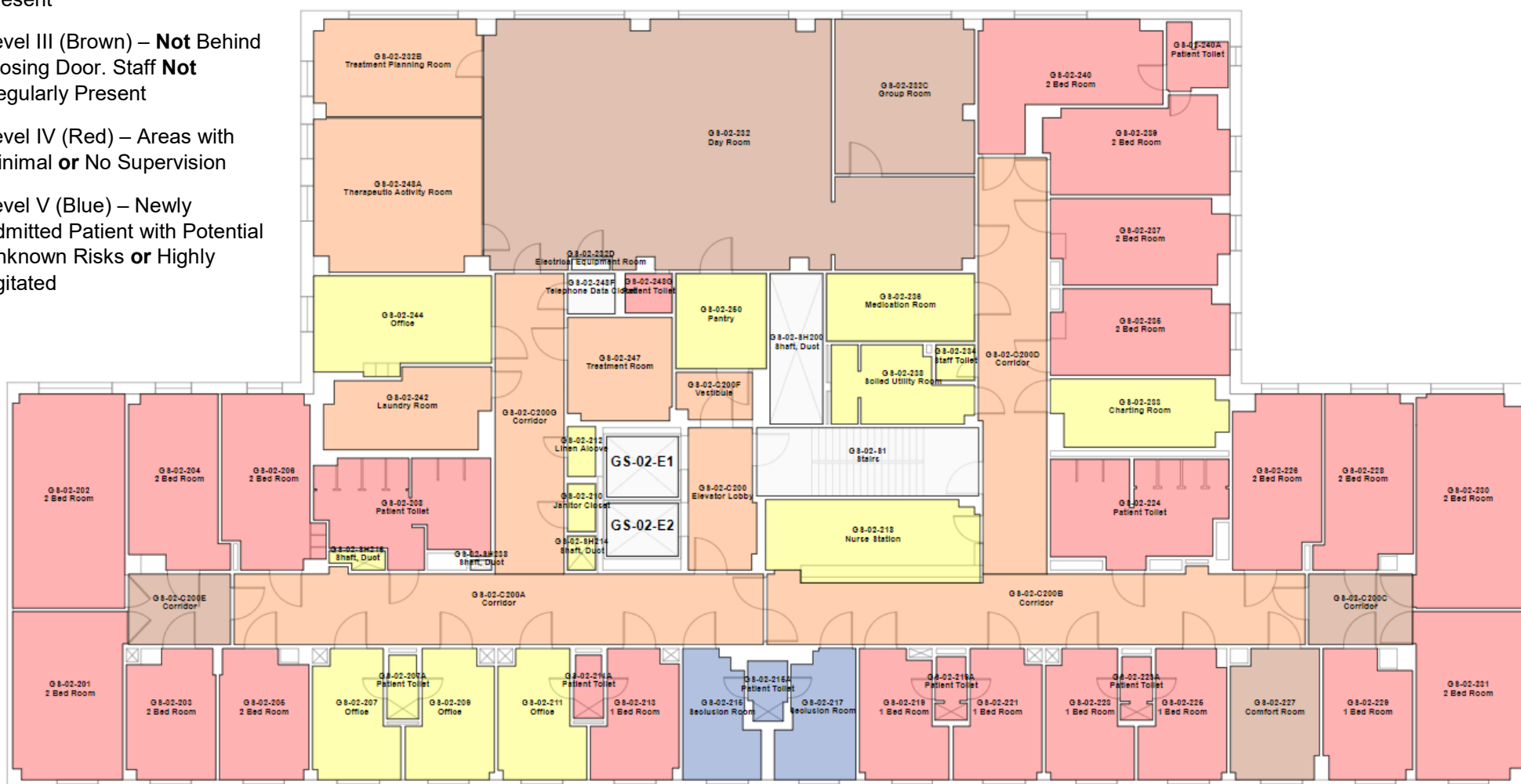
Level I (Yellow) – Patients Not Allowed

Level II (Orange) – Behind Closing Door. Staff Regularly Present

Level III (Brown) – **Not** Behind Closing Door. Staff **Not** Regularly Present

Level IV (Red) – Areas with Minimal **or** No Supervision

Level V (Blue) – Newly Admitted Patient with Potential Unknown Risks **or** Highly Agitated



Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Seclusion Room December 2021

Clinical PCD: Julio Torres
Facilities Manager: Brian Bello



NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)





FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019





VA - Mental Health Environment of Care Checklist, 2018





ASHE - Patient Safety and Ligature Risk Checklist, September 2017

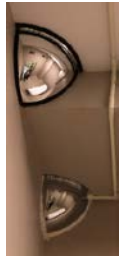




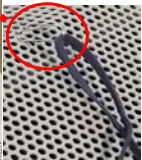
Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Seclusion Room						
Door Hinge (Anteroom & Seclusion Room)	Constant	V	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.	
Door Latch (Anteroom & Seclusion Room)	Constant	V	Ligature Risk	<p>There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.</p>	<p>A lockset 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 as has the opening behind the strike plate.</p>	






Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Door Handle (Anteroom & Seclusion Room)	Constant	V	No Ligature/Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Note: Periodically check fixture to ensure it's properly fastened and sealed. This fixture is OMH accepted for high risk areas. It also withstood the paperclip test.	
Door Top (Anteroom & Seclusion Room)	Constant	V	Ligature Risk	FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.	Note: The tops of doors may always present a pinch point.	
Door Closer (Anteroom)	Constant	V	Ligature & Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk. Do not use closers unless required by code, or at doors that shall control patient access in supervised spaces.	This closer is OMH approved but use with caution for low-risk areas. The seclusion room is a high risk area. It is loopable. If broken, it could be used for self-harm or as a weapon.	
Door view window (Seclusion Room)	Constant	V	Self-Harm Risk	OMH & FGI: Windows should either be flush inside the face of the wall or provided with supplemental polycarbonate shielding or detention screens flush with the inside face of the room. The window should be installed at height that allows shorter staff members to see into the room. FGI: A variety of window glazing materials that cannot be easily broken to produce sharp shards of glass and, if broken, will stay in the frame to resist egress are appropriate for use in psychiatric facilities.	Note: Periodically check the fixture to ensure it's properly fastened and sealed. If broken, the material could be used for self-harm or as a weapon.	





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Charting Desk (Anteroom)	Constant	V	Self-Harm Risk	There is no specific guideline for a fixture like this.	<p>The lip of the fixture used to open the charting desk could be used for self-harm. A patient could hit their head against the metal to cause self-harm.</p> <p>Note: This is found in the ante-room of the seclusion room area.</p>	
Floor (Anteroom & Seclusion Room)	Constant	V	No Ligature/Self-Harm Risk	FGI: Continuous sheet vinyl with foam backing and heat-welded seams. No baseboards should be used in these rooms.	Note: Periodically check the floor for any chipped sections or peeling areas that could be ingested for self-harm.	
Wall (Anteroom & Seclusion Room)	Constant	V	No Ligature/Self-Harm Risk	FGI: Impact-resistant gypsum board. No electrical outlets, switches, thermostats, blank cover plates, or similar devices are permitted inside seclusion rooms.	Note: Periodically check the walls for any chipped sections or peeling areas that could be ingested for self-harm.	
Ceiling (Anteroom, Seclusion Room, Bathroom)	Constant	V	No Ligature/Self-Harm Risk	FGI: A continuous ceiling made with impact-resistant and/or abrasion-resistant gypsum board at a minimum height of 9 feet	Note: Periodically check the ceiling and it's fixtures to ensure they are properly fastened and sealed.	


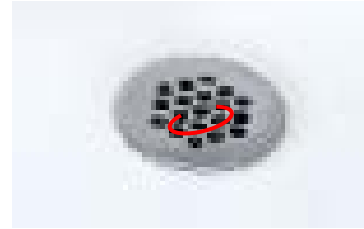


Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Light (Anteroom, Seclusion Room, Bathroom)	Constant	V	No Ligature/Self-Harm Risk	OMH & FGI: Install light fixtures flush with ceiling. The fixture must be moisture-resistant and vandal-resistant, and any remaining gaps shall be filled with tamper resistant sealant.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Ceiling Cover (Anteroom)	Constant	V	Ligature & Self-Harm Risk	There is no guideline for a fixture like this.	If accessed, the fixture could be use for looping. If the hard plastic is broken, it could be used for self-harm or as a weapon.	
Beds (Medical)	Constant	V	Ligature & Self-Harm Risk	FGI: Where hospital beds are medically necessary, manual hospital beds are preferred. The wheels of these beds should be removed or rendered inoperable to reduce the opportunity of using a bed to barricade the door. It should be noted that the bed rails, headboard, and footboard all present hazards for behavioral health patients. If hospital beds (electrical or mechanical) are used, they should be close to the nursing station, patients should be watched when the beds are occupied.	The arms and legs/wheels of this bed can be looped. Parts of this bed are made of plastic that, if broken, can be used for self-harm or as a weapon.	
Mattress & Mattress Cover	Constant	V	Ligature & Self-Harm Risk	VA: Mattress covers that completely encase the mattress and are impervious to bed bugs and fluids are preferred. It is also very important that all mattress covers cannot be removed by the patient and used for suffocation.	Note: The mattress cover over the bed could be ripped and used as a ligature or suffocation tool.	


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Observation Mirror	Constant	V	Self-Harm Risk	<p>FGI: Locate mirror in the upper corner of the room opposite the seclusion room door.</p> <p>OMH: Should have ligature resistant connections and fasteners. Provide tamper-resistant sealant at mirror frame perimeter. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.</p>	Note: Periodically check this fixture to ensure it's properly fastened and sealed around the perimeter to prevent looping. If broken, the material could be used for self-harm or weaponization.	
Sprinkler Head (Anteroom, Seclusion Room, Bathroom)	Constant	V	No Ligature/Self-Harm Risk	OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.	Note: Periodically check fixture to ensure it's properly fastened. OMH accepted for high risk areas	
Fire Alarm	Constant	V		OMH: All fire alarm equipment should be ceiling mounted in high risk areas. Device covers are susceptible to abuse and can be looped/weaponized.	<p>Fire alarms should be ceiling mounted in high risk areas where there is little supervision.</p> <p>Many alarms are potentially loopable and, if broken, could be used as a weapon.</p>	N/A
Diffusers/ Grilles (Anteroom, Seclusion Room, Bathroom)	Constant	V	Ligature Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	 
FCU Grille (Anteroom)	Constant	V	Ligature & Self-Harm Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	 

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Window (Anteroom)	Constant	V	Self-Harm Risk	FGI: To prevent opportunities for suicide, self-harm, and escape, the entire window system shall be able to withstand an impact of 2,000 foot-pounds applied from inside. All glazing in patient-accessible areas should be safety glass. If broken, this glazing will stay in the frame and not yield sharp shards that patients could use as weapons	Note: Periodically check windows to make sure they are properly fastened and sealed.	
Window Treatment (Anteroom)	Constant	V	No Ligature/Self-Harm Risk	OMH: Where possible, concealed operable blinds should be used to reduce ligature/self-harm risk from window treatments	Internal blinds are used in place of curtains	
Seclusion Room Bathroom						
Soft Doors	Constant	V	Self-Harm Risk	FGI: Shower stalls should be designed so a shower curtain is not needed. Otherwise, curtains should be made of breathable material.	Shower curtains were replaced with soft doors in order to eliminate the risk associated with shower curtains and curtain tracks. Periodically check the metal plates used to mount the soft doors to ensure they are properly fastened and sealed around the perimeter with tamper resistant sealant.	
Toilet	Constant	V	Self-Harm Risk	OMH: Toilets located in inpatient areas shall be specified as either 3.5 gallons per flush blowout or 1.6 gallons per flush siphon jet. The wall surface must be flush with the toilet to avoid gaps that can become ligature points. Concealed flush valves reduce looping ligature opportunities.	Note: Periodically check that the toilet is appropriately flush to the wall and floor to prevent looping risk.	

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Toilet Seat	Constant	V	Ligature & Self-Harm Risk	OMH: Toilet seats that are not integral with the bowl create ligature opportunities.	Note: If feasible, toilets with seats integral to the bowl are recommended to reduce ligature risk.	
Grab Bar	Constant	V	Ligature Risk	OMH: Nearly all grab bars are subject to possible wedge ligature with a shoe or other object. Provide continuous blocking. Be attentive to potential moment arm issues on existing installations without continuous blocking. Sealant may be required to fill voids around the perimeter of grab bars depending on the installation substrate. ICRA notes potential infection control problem at end closure plates.	Note: Periodically check the grab bars to ensure they are properly fastened and sealed. OMH accepted but use with caution in high risk areas.	 
Toilet Paper Holder	Constant	V	No Ligature/Self-Harm Risk	OMH & FGI: Best practice is to use recessed fixtures and tamper resistant screws. Install with tamper resistant fasteners and sealant around the perimeter.	Note: Ensure that it is properly secured and has tamper-resistant sealant around the perimeter. OMH accepted but use with caution in high risk areas.	
Toilet Paper	Constant	V	No Ligature/Self-Harm Risk	OMH & FGI: Loose toilet rolls present a hazard to toilets because they can be lodged in the toilets. They also pose a potential infection control issue because they can easily be dropped on the floor and many people handle them.	It is not necessary to have more than one toilet paper roll in the patient toilet at any given time. The staff who help clean can restock the toilet paper as needed each day. This will help reduce any potential to use the toilet paper to clog toilets and the infection control issue associated with toilet paper.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Mirror	Constant	V	Self-Harm Risk	OMH & FGI: Provide tamper resistant sealant at full perimeter of frame to prevent ligature point. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.	Note: If not sealed properly, could provide a ligature point. If broken, could be weaponized.	
Light	Constant	V	No Ligature/Self-Harm Risk	OMH: Install light fixtures flush with substrate. It is critical to ensure there are no gaps for graspability or ligature tie-off. Any remaining gaps shall be filled with tamper resistant sealant.	Note: Periodically check fixtures to ensure they are properly fastened and sealed. OMH accepted in high risk areas.	
Soap Dispenser	Constant	V	Ligature Risk	OMH: Soap dispensers allow for wedging opportunities. They are acceptable in high risk areas but use with caution FGI: Dispensers can be removed from the wall, broken, and weaponized.	Dispenser allows for wedging opportunities. Note: OMH approved but use with caution in high risk areas.	
Paper Towel Dispenser	Constant	V	No Ligature/Self-Harm Risk	OMH & FGI: Best practice is to use recessed fixtures and tamper resistant screws. Install with tamper resistant fasteners and sealant around the perimeter.	Note: Ensure that it is properly secured and has tamper resistant sealant around the perimeter. OMH accepted in high risk areas.	

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Sink	Constant	V	No Ligature/Self-Harm Risk	<p>FGI: Corner lavatories make ligature attachment difficult. If a wall-hung sink, is used that does not fit into a corner, the optional filler panel is recommended to fill the space between the side of the fixture and an adjacent wall when there is one near the fixture.</p> <p>OMH: Individual components, used either independently of the system they are specified with, or combined with other systems, may not be ligature resistant. Specifiers should take care to utilize products in concert to create systems that are safe for installation (e.g. in a niche as opposed to freestanding) and combinations of components that make a functional and safe system.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Sink Drain	Constant	V	Ligature Risk	<p>OMH: Only fixed strainers should be used. Do not use pop-up drains. Care should be taken to specify ligature resistant strainers.</p> <p>Typical grid strainers are rejected because ligature can be created by threading a ligature item through the perforations and be hung over the lavatory or vanity edge.</p>	The holes in the drain are large enough to loop material through and create a ligature point.	
Sink Faucet	Constant	V	No Ligature/Self-Harm Risk	<p>OMH: A projecting faucet is allowed when the lavatory is positioned so that a lateral ligature hang is not possible. Perimeter must be sealed with tamper-resistant sealant.</p>	Note: Ensure this fixture is sealed properly to reduce ligature risk. OMH accepted for high risk areas.	
Trash	Constant	V	Self-Harm Risk	<p>VA: Waste receptacles in patient bedrooms must not be able to support significant weight.</p>	This cardboard waste bin reduces risk significantly because it is collapsible at a weight of 88 pounds; however, it may be possible to ingest the material for choking or self-harm	

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Floor Drain	Constant	V	Ligature & Self-Harm Risk	<p>OMH: Only fixed strainers should be used. Do not use pop-up drains. Care should be taken to specify ligature resistant strainers.</p> <p>Typical grid strainers are rejected because ligature can be created by threading a ligature item through the perforations and be hung over the lavatory or vanity edge.</p>	The holes in the drain are large enough to loop material through and create a ligature point.	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Bedroom

December 2021

Clinical PCD: Julio Torres

Facilities Manager: Brian Bello




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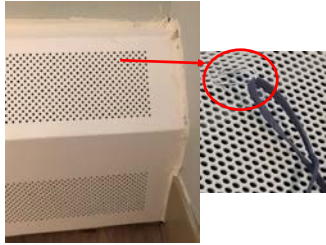
VA - Mental Health Environment of Care Checklist, 2018




ASHE - Patient Safety and Ligature Risk Checklist, September 2017




Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms






Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bedroom						
Door Hinge	Minimal/None	IV	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.	
Door Latch	Minimal/None	IV	Ligature & Self-Harm Risk	<p>There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.</p>	<p>A lockset 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 as has the opening behind the strike plate.</p>	 





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Patient Bedroom						
Door Handle	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability.	
Door Top	Minimal/None	IV	Ligature Risk	FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.	Note: The tops of doors may always present a pinch point.	
Observation Window	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Glazing products other than polycarbonate or laminated safety glazing should never be used in patient areas.	In rooms with CPAP machines, observation windows are used to provide staff a visual of the patient. Note: Periodically check the the window to ensure it's properly fastened and sealed. Also keep note of the window cover so it's not removed by a patient and used for self-harm or ligature.	
Door Closer	Minimal/None	IV		OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk and are not permitted for use in high risk areas.	Note: No closers were used in patient rooms.	N/A
CPAP Enclosures	Minimal/None	IV	Ligature & Self-Harm Risk	FGI: Care is suggested in locating built-in cabinets and consideration of other patients who may have access to the tubing. It is suggested that if these are provided they be equipped with concealed hinges, key operated locks, ligature resistant pulls and be designed so the doors resist ligature attachment when closed and locked.	The tubing and wires from the machine may be able to be used for self-harm or for looping. Clinical mitigation should be in place to prevent ability to misuse the accessible tubing/wiring.	No Picture Available




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Patient Bedroom						
Windows	Minimal/None	IV	Self-Harm Risk	FGI: To prevent opportunities for suicide, self-harm, and escape, the entire window system shall be able to withstand an impact of 2,000 foot-pounds applied from inside. All glazing in patient-accessible areas should be safety glass. If broken, this glazing will stay in the frame and not yield sharp shards that patients could use as weapons	Note: Periodically check windows to make sure they are properly fastened and sealed.	
Window Treatment	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH: Where possible, concealed operable blinds should be used to reduce ligature/self-harm risk from window treatments	Internal blinds are used in place of curtains	
Diffusers/ Grilles	Minimal/None	IV	Ligature Risk	OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability. For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
FCU Grille	Minimal/None	IV	Ligature & Self-Harm Risk	OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability. For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	

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Patient Bedroom						
Sprinkler Heads	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.	Note: Periodically check fixture to ensure it's properly fastened. OMH accepted for high risk areas	
Ceiling	Minimal/None	IV	No Ligature/Self-Harm Risk	FGI: A continuous ceiling is required in high risk areas. Where access panels are required in patient-accessible areas, panels must be secured with tamper-resistant screws in the corners or along the sides of the panels.	Note: Periodically check fixtures within the ceiling to ensure they are properly fastened and sealed.	
Furniture	Minimal/None	IV	Self-Harm Risk	Furniture should not have anchor points for hanging, or floor guards that can be removed by patients and used as a weapon or for self-harm. Sharp edges can be used for self-harm. FGI: Sturdy wood, thermoplastic, or composite furniture should be bolted to the floor or walls whenever possible. Care must be taken to assure the furniture will withstand abuse, will not provide opportunities for hiding contraband, does not have joints that will allow penetration of liquids such as urine, and will resist being dissembled to provide patients with weapons. Open-front units with fixed shelves and no doors or drawers are recommended. Doors can be used as ligature points, and drawers can be broken to be used as weapons.	Note: Periodically check sealant around the fixture to ensure it is still intact and properly secured to the floor and wall. In multi-bed rooms, doubles of each type of furniture increase risk because they allow for more looping/self-harm points, items to move, items to stand on, wedge points, etc...	
Bed (Medical)	Minimal/None	IV	Ligature & Self-Harm Risk	FGI & VA: Where hospital beds are medically necessary, manual hospital beds are preferred. The wheels of these beds should be removed or rendered inoperable to reduce the opportunity of using a bed to barricade the door. It should be noted that the bed rails, headboard, and footboard all present hazards for behavioral health patients. If hospital beds (electrical or mechanical) are used, they should be close to the nursing station, patients should be watched when the beds are occupied.	There are many potential ligature points on a medical/restraint bed. If made of hard plastic, it could be broken and used for self-harm or as a weapon. The bed is movable and large enough to be used to barricade the door or stand on to gain access to higher fixtures.	No Picture Available

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Patient Bedroom						
Bed (Platform)	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>OMH: Beds must be platform type with flush side panels, headboards and footboards, with no overlapping lips between members. Provide solid wood or 3/4" plywood panels with veneer. Particleboard and plastic laminate are not acceptable. All members, both exposed and internal, shall be sealed with three layers of polyurethane. All top and edge joints shall be sealed with tamper resistant sealant. Provide no exposed fasteners, except when fastening bed to the floor. Glides and adjustable feet are not acceptable. Felt pads only. Exercise caution with platform beds that have restraints. These should be removed in all patient rooms unless one-on-one supervision is provided</p> <p>FGI: These beds should be securely anchored in place to prevent patients from using them to barricade the door.</p>	<p>Note: Periodically check the sealant between the wall and the bed to ensure it's intact. Beds have been secured to prevent use for barricading.</p> <p>In multi-bed rooms, doubles of each type of furniture increase risk because they allow for more looping/self-harm points, items to move, items to stand on, wedge points, etc...</p>	
Pillows and Mattress	Minimal/None	IV	Ligature & Self-Harm Risk	<p>FGI: Mattresses for platform beds should be designed for behavioral health facilities and be resistant to abuse and contamination. Pillows and mattresses should not have covers that can be easily removed by the patient and used for suffocation.</p>	<p>Note: The pillow cases look like they could be easily removed. This creates the opportunity for patients to use these materials for self-harm/ligature.</p> <p>In multi-bed rooms, the pillows and mattresses should not be covered on the second bed if only one patient is occupying the room. Extra materials can be used for self-harm or looping.</p>	
Bedsheets	Minimal/None	IV	Ligature & Self-Harm Risk	<p>FGI: While bed sheets themselves can be used as ligatures, bed sheets with elastic are potentially more dangerous as ligatures than bed sheets without elastic. Elastic wrapped tightly around a neck may continue to remain tight and strangle the patient even after the patient has passed out and stopped applying tension.</p>	<p>Note: Fitted sheets should be used with caution because of the elastic in them.</p> <p>In multi-bed rooms, bedsheets should not be on the second bed if only one patient is occupying the room. Extra materials can be used for self-harm or looping.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bedroom						
Light	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH: Install light fixtures flush with substrate. It is critical to ensure there are no gaps for graspability or ligature tie-off. Any remaining gaps shall be filled with tamper resistant sealant.	Note: Periodically check fixtures to ensure they are properly fastened and sealed. OMH accepted for high risk areas.	 
Observation Mirror	Minimal/None	IV	Self-Harm	OMH & FGI: All mirrors should have ligature resistant connections and fasteners. Provide tamper-resistant sealant at mirror frame perimeter. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.	Note: Periodically check the mirror to ensure that it is properly fastened and sealed.	
Wall	Minimal/None	IV	No Ligature/Self-Harm Risk	Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling. Provide some rooms with seamless epoxy or sheet vinyl flooring with an integral cove base. Metal or plastic strips should not be applied at the top edge of the base. FGI: Impact- and/or abrasion-resistant gypsum board installed on minimum 20-gauge metal studs spaced no more than 16 inches on center; paint finish preferred. Sound-attenuating gypsum board may also be used on walls if approved by the manufacturer for use in behavioral health applications.	Note: Periodically check the paint on the walls to ensure it's not peeling or chipped.	
Wall Base	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Use only heat welded integral cove base, solid wood, or prefinished rubber/PVC base. Provide tamper resistant sealant along the top edge of base. Do not use conventional vinyl or rubber wall base in patient areas because they are easily removable, presenting risk of weaponization.	Note: Periodically check wall base to ensure it's not peeling or ripped because patients may use the peeling material for self-harm or they could wedge an object in the base to create a ligature point.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bedroom						
Electrical Outlet	Minimal/None	IV	Self-Harm Risk	<p>FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits.</p> <p>Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.</p>	The outlet faces protrude slightly. They should be flush with the rest of the fixture to reduce ability to tamper with the fixture using small items like paper clips.	
Mirror	Minimal/None	IV	Self-Harm Risk	<p>OMH & FGI: Provide tamper resistant sealant at full perimeter of frame to prevent ligature point. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.</p>	Note: If not sealed properly, could provide a ligature point. If broken, could be weaponized.	
Sink	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>FGI: Corner lavatories make ligature attachment difficult. If a wall-hung sink, is used that does not fit into a corner, the optional filler panel is recommended to fill the space between the side of the fixture and an adjacent wall when there is one near the fixture.</p> <p>OMH: Individual components, used either independently of the system they are specified with, or combined with other systems, may not be ligature resistant. Specifiers should take care to utilize products in concert to create systems that are safe for installation (e.g. in a niche as opposed to freestanding) and combinations of components that make a functional and safe system.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Sink Faucet	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>OMH: A projecting faucet is allowed when the lavatory is positioned so that a lateral ligature hang is not possible. Perimeter must be sealed with tamper-resistant sealant.</p>	Note: Ensure this fixture is sealed properly to reduce ligature risk.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bedroom						
Pipe Covers	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Piping can provide a ligature point. All piping should be covered by a stainless steel or high impact polymer cover.	Note: Ensure that the pipe covers are properly fastened and sealed.	
Soap Dispenser	Minimal/None	IV	Ligature Risk	OMH: Soap dispensers allow for wedging opportunities. They are acceptable in high risk areas but use with caution FGI: Dispensers can be removed from the wall, broken, and weaponized.	Dispenser allows for wedging opportunities. Note: OMH accepted but use with caution in high risk areas.	
Waste Bin	Minimal/None	IV	Self-Harm Risk	VA: Waste receptacles in patient bedrooms must not be able to support significant weight.	This cardboard waste bin reduces risk significantly because it is collapsible at a weight of 88 pounds; however, it may be possible to ingest the material for choking or self-harm	
Night Light	Minimal/None	IV		OMH: Night lights are recommended to be recessed at approximately 12" – 18" above finish floor for proper use and to minimize potential ligature risk.	Many of these fixtures are made of hard plastic that could be broken and used as a weapon or for self-harm.	N/A
Smoke Detector	Minimal/None	IV		There is no official guideline for smoke detectors. However, the devices may be loopable, if accessed. If broken, they may be able to be used for self-harm or weaponization.	These devices are typically made of hard plastic that may be broken and used as a weapon or for self-harm.	N/A
Fire Alarm	Minimal/None	IV		OMH: It is recommended that fire alarm devices are ceiling mounted in medium risk areas. Device covers are susceptible to abuse and can be looped/weaponized.	The hard plastic could be broken and used for self-harm or as a weapon.	N/A

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Bathroom

December 2021

Clinical PCD: Julio Torres

Facilities Manager: Brian Bello




NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)




FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019





VA - Mental Health Environment of Care Checklist, 2018





ASHE - Patient Safety and Ligature Risk Checklist, September 2017





Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Door Hinge	Minimal/None	IV	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge. These hinges are found in corridor bathrooms, not in bathrooms located in patient rooms	
Door Latch	Minimal/None	IV	Ligature & Self-Harm Risk	<p>There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.</p>	A lockset 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 as has the opening behind the strike plate.	 





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Door Handle	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>Non-institutional devices can be used as an anchor point.</p> <p>NYS OMH: Caution: Installation tolerances must be tight to ensure proper operation. Adjustments shall be made in the field.</p>	<p>Note: If not properly fastened, the screws could be ingested or material could be looped around the top of the fixture.</p> <p>Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability.</p>	
Door Top	Minimal/None	IV	Ligature Risk	<p>FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.</p>	<p>Note: The tops of doors may always present a pinch point.</p>	
Door Closer	Minimal/None	IV		<p>OMH: All closers inherently carry risk. Do not use closers unless required by code or at doors that shall control patient access in supervised spaces. Closers may be used in Medium Low Risk Areas or Low Risk Areas.</p>	<p>Note: The inspected bathroom did not use a closer, but no patient bathrooms should use closers.</p>	N/A
Soap Dispenser	Minimal/None	IV	Ligature & Self-Harm Risk	<p>OMH: Soap dispensers allow for wedging opportunities. They are acceptable in high risk areas but use with caution</p> <p>FGI: Dispensers can be removed from the wall, broken, and weaponized.</p>	<p>Dispenser allows for wedging opportunities.</p> <p>Some of the dispensers are peeling. This could allow the material to be picked off and ingested for self-harm.</p>	




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Sink	Minimal/None	IV	Ligature Risk	<p>FGI: Corner lavatories make ligature attachment difficult. If a wall-hung sink, is used that does not fit into a corner, the optional filler panel is recommended to fill the space between the side of the fixture and an adjacent wall when there is one near the fixture.</p> <p>OMH: Individual components, used either independently of the system they are specified with, or combined with other systems, may not be ligature resistant. Specifiers should take care to utilize products in concert to create systems that are safe for installation (e.g. in a niche as opposed to freestanding) and combinations of components that make a functional and safe system.</p>	<p>Note: Periodically check fixture to ensure it's properly fastened and sealed.</p> <p>It may be possible to wedge materials between the sinks.</p>	
Sink Faucet	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>OMH: A projecting faucet is allowed when the lavatory is positioned so that a lateral ligature hang is not possible. Perimeter must be sealed with tamper-resistant sealant.</p>	<p>Note: Ensure this fixture is sealed properly to reduce ligature risk.</p>	
Sink Drain/Strainer	Minimal/None	IV	Ligature Risk	<p>OMH: Only fixed strainers should be used. Do not use pop-up drains. Care should be taken to specify ligature resistant strainers.</p> <p>Typical grid strainers are rejected because ligature can be created by threading a ligature item through the perforations and be hung over the lavatory or vanity edge.</p>	<p>The holes in the drain are large enough to loop material through and create a ligature point.</p>	
Pipe Covers	Minimal/None	IV	No Ligature/Self-Harm Risk	<p>OMH & FGI: Piping can provide a ligature point. All piping should be covered by a stainless steel or high impact polymer cover.</p>	<p>Note: Ensure that the pipe covers are properly fastened and sealed.</p>	



Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Toilet Paper Dispenser	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Best practice is to use recessed fixtures and tamper resistant screws. Install with tamper resistant fasteners and sealant around the perimeter.	Note: Ensure that it is properly secured and has tamper-resistant sealant around the perimeter.	
Toilet Paper	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Loose toilet rolls present a hazard to toilets because they can be lodged in the toilets. They also pose a potential infection control issue because they can easily be dropped on the floor and many people handle them.	It is not necessary to have more than one toilet paper roll in the patient toilet at any given time. The staff who help clean can restock the toilet paper as needed each day. This will help reduce any potential to use the toilet paper to clog toilets and the infection control issue associated with toilet paper.	
Paper Towel Dispenser	Minimal/None	IV	Ligature & Self-Harm Risk	OMH & FGI: Best practice is to use recessed fixtures and tamper resistant screws. Install with tamper resistant fasteners and sealant around the perimeter.	The slotted dispenser allows wedging opportunity for downward ligature. This is an OMH rejected fixture.	
Toilet	Minimal/None	IV	Self-Harm Risk	OMH: Toilets located in inpatient areas shall be specified as either 3.5 gallons per flush blowout or 1.6 gallons per flush siphon jet. The wall surface must be flush with the toilet to avoid gaps that can become ligature points. Concealed flush valves reduce looping ligature opportunities.	Note: Periodically check the toilet to ensure it's properly fastened and sealed to the wall and floor to prevent looping opportunities.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Toilet Seat	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Toilet seats that are not integral with the bowl create ligature opportunities.	Note: If feasible, toilets with seats integral to the bowl are recommended to reduce ligature risk.	
Mirror	Minimal/None	IV	Self-Harm Risk	OMH & FGI: Provide tamper resistant sealant at full perimeter of frame to prevent ligature point. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.	Note: If not sealed properly, could provide a ligature point. If broken, could be weaponized.	
Grab Bars	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Nearly all grab bars are subject to possible wedge ligature with a shoe or other object. Provide continuous blocking. Be attentive to potential moment arm issues on existing installations without continuous blocking. Sealant may be required to fill voids around the perimeter of grab bars depending on the installation substrate. ICRA notes potential infection control problem at end closure plates.	There were two types of grab bars noted within the group bathrooms. Left Grab Bar: This is an OMH accepted but use with caution in high risk areas fixture. It should be periodically checked to ensure that it is properly fastened and sealed. Some of the grab bars had peeling finishes that could be ingested for self-harm. Right Grab Bar: This grab bar is OMH rejected. It may allow for end to end looping ligature.	
Nurse Call	Minimal/None	IV	Self-Harm Risk	FGI: Nurse call systems are generally not required for behavioral health units. If they are provided, pushbutton-type activation switches are preferred. If cords are provided, it is recommended they be no longer than 4" and as lightweight as possible.	The hard plastic can be broken and used for self-harm or as a weapon.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Diffuser/Grille	Minimal/None	IV	Ligature Risk	OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability. Fully recessed vandal-resistant grilles with S-shaped air passageways are recommended for all ceiling and wall-mounted grilles. All units should be secured with tamper-resistant screws.	Note: Ensure that the fixture is properly fastened and sealed so as to prevent any ligature or self-harm hazard.	
Ceiling	Minimal/None	IV	No Ligature/Self-Harm Risk	FGI: Should be monolithic in high risk areas. Gypsum board with mold- and moisture-resistant facing with epoxy paint is recommended.	Note: Periodically check the ceiling fixtures and access panels to ensure they are all properly fastened and sealed.	
Light Fixture	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Install light fixtures flush with wall or ceiling. Any remaining gaps shall be filled with tamper resistant sealant.	Note: Periodically check fixtures to ensure that they are properly fastened and sealed. OMH accepted for high risk areas.	
Access Panel	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Avoid the use of access doors in patient areas to the greatest extent possible, particularly in unsupervised areas such as patient bedrooms and bathrooms. Hinges should be continuous. The door shall be automatic closing, self-latching and contain an interior latch release. FGI: All patient bedrooms, bathrooms, bathing facilities and seclusion rooms are suggested to have key-lockable access panels that fit tightly to their frames. Larger sizes of these panels may require tamper-resistant screws in the corners or along the sides of the panels. Pick-resistant caulk may be needed if the flanges of these panels do not fit tightly to the ceiling or wall surface.	It is unclear if this fixture is self-closing, self-latching and contains an interior latch release. Note: Periodically check this fixture to ensure it's properly locked, fastened, and sealed.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Fire Alarm	Minimal/None	IV		OMH: All fire alarm equipment should be ceiling mounted in high risk areas. Device covers are susceptible to abuse and can be looped/weaponized.	Many devices are made of plastic and if tampered can be very sharp which can be used for self-harm or as a weapon against others.	N/A
Sprinkler Head	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.	Note: Periodically, check the fixture to ensure it's properly fastened and secured.	
Shower Head	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & TJC: The institutional shower head is designed to not provide an anchor point for hanging. The shower head and controls should be free of anchor points.	Note: If not properly fastened and sealed, there may be an opportunity to loop material around the top of this fixture.	
Shower Control	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH: Best practice recommends flow control by resident, but with controlled flow time. When both shower heads and hand showeres are provided, specify either a diverter valve or separate shower controls for both.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Shower Drain	Minimal/None	IV	Ligature & Self-Harm Risk	OMH: Typical grid strainers are rejected because ligature can be created by threading a ligature item through the perforations and be hung over the lavatory or vanity edge.	Grid strainer may provide a ligature point by allowing threading of a ligature item through the perforations or wedging items. The drain had debris on top and mold/mildew that could be ingested for self-harm.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Shower Chair	Minimal/None	IV		FGI: Sturdy wood, thermoplastic, or composite furniture should be bolted to the floor or walls whenever possible. Care must be taken to assure the furniture will withstand abuse, will not provide opportunities for hiding contraband, does not have joints that will allow penetration of liquids such as urine, and will resist being dissembled to provide patients with weapons.	The frame of the shower chair could be used as a ligature tie off point. Depending on it's weight, it could be picked up and used as a weapon.	N/A
Soft Shower/ Bathroom Door	Minimal/None	IV	Self-Harm Risk	FGI: Shower stalls should be designed so a shower curtain is not needed. Otherwise, curtains should be made of breathable material.	Shower curtains were replaced with soft doors in order to eliminate the risk associated with shower curtains and curtain tracks. Periodically check the metal plates used to mount the soft doors to ensure they are properly fastened and sealed around the perimeter with tamper resistant sealant.	
Towel Hook	Minimal/None	IV	No Ligature/Self-Harm Risk	OMH & FGI: There are OMH accepted fixtures for towel hooks. However, it is highly recommended that shelves for folded garments shall be used instead of arrangements for hanging garments.	Note: Periodically check fixture to ensure it is properly fastened and sealed.	
Electrical Outlet	Minimal/None	IV		FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits. Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.	Note: Periodically check the fixture to ensure it's properly fastened and sealed.	N/A
Floor	Minimal/None	IV	Self-Harm Risk	Ceramic and Porcelain Tile - Larger tiles may be used (to reduce the number of joints) as long as the installation is maintained in good condition. One-Piece Floor Units – These units provide a monolithic floor (European-style) for the entire patient toilet room that drains the shower to a central location. If used in conjunction with location of the shower enclosure and shower head, this unit can eliminate the need for shower curtains.	The floor near the toilets in one bathroom were severely damaged and dirty. This poses not only a potential infection control issue but also allows for sharp edged tiles that could be used for self-harm.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Patient Bathroom						
Seating/Raised Area	Minimal/None	IV	Ligature & Self-Harm Risk	There is no official guideline for a piece like this. However, the elevated area/seating may allow for taller patients to gain access to fixtures in the ceiling.	The elevated area/seating may allow for taller patients to gain access to fixtures in the ceiling.	
Soiled Linen Bag	Minimal/None	IV	Self-Harm Risk	VA: Because of unique safety concerns, inpatient mental health areas will not permit patients to use plastic bags or waste receptacles with components that can be detached and used as a weapon. Waste receptacles must not be able to support significant weight.	Note: Staff should frequently exchange these bags.	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Comfort Room December 2021

Clinical PCD: Julio Torres
Facilities Manager: Brian Bello




NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)





FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019


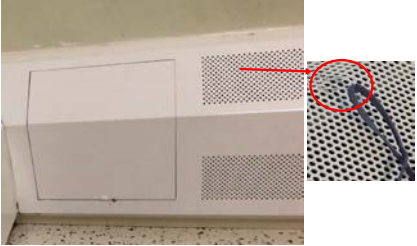


VA - Mental Health Environment of Care Checklist, 2018





ASHE - Patient Safety and Ligature Risk Checklist, September 2017



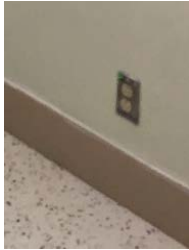
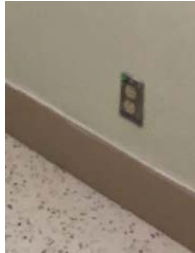
Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Comfort Room						
Door Top	Minimal Supervision	III	Ligature Risk	FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.	Note: The tops of doors may always present a pinch point.	
Door Handle	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability.	
Door Latch	Minimal Supervision	III	Ligature & Self-Harm Risk	There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.	A lockset 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 as has the opening behind the strike plate.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Comfort Room						
Door Hinge	Minimal Supervision	III	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.	
Door Closer	Minimal Supervision	III		<p>OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk and are not permitted for use in high risk areas.</p>	Note: No closers were used in this room.	N/A
Window	Minimal Supervision	III	Self-Harm Risk	<p>FGI: To prevent opportunities for suicide, self-harm, and escape, the entire window system shall be able to withstand an impact of 2,000 foot-pounds applied from inside. All glazing in patient-accessible areas should be safety glass. If broken, this glazing will stay in the frame and not yield sharp shards that patients could use as weapons</p>	Note: Periodically check windows to make sure they are properly fastened and sealed.	
Window Treatment	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH: Where possible, concealed operable blinds should be used to reduce ligature/self-harm risk from window treatments</p>	Internal blinds are used in place of curtains	
Light Fixtures	Minimal Supervision	III	Self-Harm Risk	<p>OMH: Install light fixtures flush with substrate. It is critical to ensure there are no gaps for graspability or ligature tie-off. Any remaining gaps shall be filled with tamper resistant sealant.</p>	Note: Periodically check fixtures to ensure they are properly fastened and sealed. OMH accepted fixture for high risk areas.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Comfort Room						
Diffusers/Grilles	Minimal Supervision	III	Ligature Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
FCU Grille	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Ceiling	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>FGI: A continuous ceiling is required in high risk areas. Where access panels are required in patient-accessible areas, panels must be secured with tamper-resistant screws in the corners or along the sides of the panels.</p>	Note: Periodically check fixtures within the ceiling to ensure they are properly fastened and sealed.	
Sprinkler Heads	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.</p>	Note: Periodically check fixture to ensure it's properly fastened. OMH accepted fixture for high risk areas.	
Smoke Alarm	Minimal Supervision	III		There is no official guideline for smoke detectors. However, the devices may be loopable, if accessed. If broken, they may be able to be used for self-harm or weaponization.	These devices are typically made of hard plastic that may be broken and used as a weapon or for self-harm.	N/A
Fire Alarm	Minimal Supervision	III		OMH: It is recommended that fire alarm devices are ceiling mounted in medium risk areas. Device covers are susceptible to abuse and can be looped/weaponized.	The hard plastic could be broken and used for self-harm or as a weapon.	N/A

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Comfort Room						
Furniture	Minimal Supervision	III	Self-Harm Risk	<p>Furniture should not have anchor points for hanging, or floor guards that can be removed by patients and used as a weapon or for self-harm. Sharp edges can be used for self-harm.</p> <p>FGI: Sturdy wood, thermoplastic, or composite furniture should be bolted to the floor or walls whenever possible. Care must be taken to assure the furniture will withstand abuse, will not provide opportunities for hiding contraband, does not have joints that will allow penetration of liquids such as urine, and will resist being dissembled to provide patients with weapons. Open-front units with fixed shelves and no doors or drawers are recommended. Doors can be used as ligature points, and drawers can be broken to be used as weapons.</p>	<p>Note: Periodically check the furniture to ensure it's in good condition. Peeling material could be ingested for self-harm.</p> <p>It may be possible to move certain furniture to gain access to loopable fixtures. It may also be possible to hide items in the seams of the couch.</p>	
Electrical Outlet	Minimal Supervision	III	Self-Harm Risk	<p>FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits.</p> <p>Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.</p>	<p>The outlet faces protrude slightly. They should be flush with the rest of the fixture to reduce ability to tamper with the fixture using small items like paper clips.</p>	
Therapy Cabinet	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>FGI: Open-front units with fixed shelves and no doors or drawers are recommended. 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 patients and broken to use as weapons.</p>	<p>A door was added to the bookcase. It's hinge doesn't have hospital tips and may be loopable as a result. There is also a gap between the top of door and the frame of the bookcase where material can be wedged. There are holes drilled into the door that may be large enough to fit a shoelace through.</p>	
Artwork	Minimal Supervision	III	Self-Harm Risk	<p>FGI: Specially designed frames that slope away from the wall and have polycarbonate glazing are recommended. The frames that are screwed to the walls with a minimum of one tamper-resistant screw per side are preferred to provide a tight fit to walls which may have uneven surfaces. The joint at the top is suggested be sealed with a pick-resistant sealant.</p>	<p>Note: Periodically check fixture for cracks and gaps. It should be properly fastened and sealed to the wall.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Comfort Room						
Wall Mounted Items	Minimal Supervision	III	Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	The hard plastic could be broken and used for self-harm or as a weapon.	
Nurse Call	Minimal Supervision	III	Self-Harm Risk	FGI: Nurse calls are not required in behavioral health patient rooms by the FGI Guidelines; but, if they are provided, they are required to meet their standards and are suggested to have flush mounted push button activation. If cords are provided, it is recommended they be no longer than 6 inches and as lightweight as possible.	The hard plastic could be broken and used for self-harm or as a weapon.	
Wall Paint/Cover	Minimal Supervision	III	No Ligature/Self-Harm Risk	Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling. Provide some rooms with seamless epoxy or sheet vinyl flooring with an integral cove base. Metal or plastic strips should not be applied at the top edge of the base. FGI: Impact- and/or abrasion-resistant gypsum board installed on minimum 20-gauge metal studs spaced no more than 16 inches on center; paint finish preferred. Sound-attenuating gypsum board may also be used on walls if approved by the manufacturer for use in behavioral health applications.	Note: Periodically check the paint on the walls to ensure it's not peeling or chipped.	
Wall Base	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH: Use only heat welded integral cove base, solid wood, or prefinished rubber/PVC base. Provide tamper resistant sealant along the top edge of base. Do not use conventional vinyl or rubber wall base in patient areas because they are easily removable, presenting risk of weaponization.	Note: Periodically check wall base to ensure it's not peeling or ripped because patients may use the peeling material for self-harm or they could wedge an object in the base to create a ligature point.	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Day Room

December 2021

Clinical PCD: Julio Torres

Facilities Manager: Brian Bello


NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)





FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019




VA - Mental Health Environment of Care Checklist, 2018





ASHE - Patient Safety and Ligature Risk Checklist, September 2017





Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Door Hinge	Minimal Supervision	III	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	<p>Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.</p>	



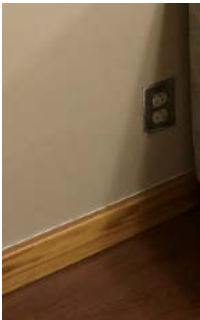
Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Door Top	Minimal Supervision	III	Ligature Risk	FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.	Note: The tops of doors may always present a pinch point.	
Door Latch	Minimal Supervision	III	Ligature & Self-Harm Risk	There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.	A lockset 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 as has the opening behind the strike plate.	
Door Handle	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability.	
Door Closer	Minimal Supervision	III	Ligature & Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk. Do not use closers unless required by code, or at doors that shall control patient access in supervised spaces.	This floor mounted closer, when the door is held open, provides a ligature and self-harm risk. The part that is available for patients to access may allow for looping material. If broken, it could be used for self-harm or as a weapon.	





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Ceiling	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>OMH & FGI: All ceiling panels should need the use of special tools to remove tiles. Suspended ceilings can be used as a hiding area and provide anchor points. If damaged, parts can be used as a weapon. Where there are continuous ceilings, there should be no gaps where patients could access above the ceiling or wedge materials to create a ligature point.</p> <p>TJC: Dropped ceilings in areas that are not fully visible to staff should be noted on the risk assessment and have some additional steps taken to make it more difficult for a patient to attempt to access the space above the dropped ceiling (such as, periodic checks, gluing or clipping tiles).</p>	Note: Periodically check the portions of the corridor with panels to ensure that they are properly secure. This area is not fully visible to staff, so periodic checks are used to provide appropriate supervision.	
Light Fixtures	Minimal Supervision	III	Self-Harm Risk	<p>OMH & FGI: Install light fixtures flush with wall or ceiling. Any remaining gaps shall be filled with tamper resistant sealant.</p>	Note: Periodically check fixtures to make sure they are properly fastened and sealed.	
Diffusers/ Grilles	Minimal Supervision	III	Self-Harm Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>All units must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	<p>Note: Perforated diffusers, grilles, and radiator covers utilizing the industry standard of 3/16" diameter are accepted but use with caution in medium risk environments.</p> <p>Periodically check to make sure the screws are present and tight.</p>	




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
FCU grilles	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	<p>Note: Periodically check fixture to ensure it's properly fastened and sealed.</p>	
Windows & Glazing	Minimal Supervision	III	Self-Harm Risk	<p>FGI: To prevent opportunities for suicide, self-harm, and escape, the entire window system shall be able to withstand an impact of 2,000 foot-pounds applied from inside. All glazing in patient-accessible areas should be safety glass. If broken, this glazing will stay in the frame and not yield sharp shards that patients could use as weapons</p>	<p>Note: Periodically check windows to make sure they are properly fastened and sealed.</p>	
Window Curtains	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH: Where possible, concealed operable blinds should be used to reduce ligature/self-harm risk from window treatments</p>	<p>Internal blinds are used in place of curtains</p>	
Sprinkler Heads	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.</p>	<p>Note: Periodically check fixture to ensure it's properly fastened. OMH accepted fixture for high risk areas.</p>	
WiFi Devices	Minimal Supervision	III		<p>OMH: Wireless routers shall be mounted above the ceiling in medium and high risk areas. Wireless routers can be mounted below the ceiling in low risk areas.</p>	<p>No wireless routers were found in this area. However, if they are ever installed in this area, care should be taken to either install them above the ceiling or with an access panel that is approved for the risk level of the space</p>	<p>N/A</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Security Camera	Minimal Supervision	III	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	If access is gained, the camera could be a ligature risk or a self-harm risk if the hard plastic is broken.	
Wall Mounted Devices	Minimal Supervision	III	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	The panic button in the photo on the left is loopable. If broken, the hard plastic of either the panic button or the nurse call could be used for self-harm or as a weapon.	
Exit Signs	Minimal Supervision	III	Self-Harm Risk	OMH: Suspended and side mounted exit lights present ligature risk. Items must be positively and mechanically attached, not friction fit. Specify fully recessed housing when available. Suspended exit lights shall be mounted such that the mounting bracket is fully aligned with the light box. Side mounted lights shall be mounted such that the mounting bracket is fully aligned with the light box, and that both are mounted tight to the ceiling.	Note: Periodically check the fixture to ensure it's properly fastened and sealed. OMH accepted for medium risk areas. If broken, the hard plastic could be used for self-harm or as a weapon.	
Smoke Detector	Minimal Supervision	III	Ligature & Self-Harm Risk	There is no official guideline for smoke detectors. However, the devices may be loopable, if accessed. If broken, they may be able to be used for self-harm or weaponization.	These devices are typically made of hard plastic that may be broken and used as a weapon or for self-harm. It may be possible to loop material through the slots of the detector.	
FA Device Mounting	Minimal Supervision	III		OMH: It is recommended that fire alarm devices are ceiling mounted in medium risk areas. Device covers are susceptible to abuse and can be looped/weaponized.	The hard plastic could be broken and used for self-harm or as a weapon.	N/A

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
TV Monitors	Minimal Supervision	III	Self-Harm Risk	<p>FGI: TV sets should not be mounted on walls using exposed brackets because of potential ligature risks. All TV sets should be installed in built-in TV or media centers or manufactured tamper-resistant covers with sloped tops.</p>	<p>Note: Periodically check on the condition of the media center to ensure that no patient has access to the cords or bracket.</p> <p>The corners of the TV case could be used for self-harm.</p>	
Signage	Minimal Supervision	III	Self-Harm Risk	<p>Room signs should not be glass and should be free from protruding edges and exposed corners. If not properly designed, signage can provide an anchor point. If damaged, parts could be used as a weapon.</p> <p>OMH: Signage systems should be mechanically fastened to substrate with tamper resistant fasteners. Double stick tape and Velcro are not acceptable.</p>	<p>Note: Periodically check signage to ensure it's properly fastened and sealed.</p>	
Laminated Signage	Minimal Supervision	III	Self-Harm Risk	<p>Room signs should not be glass and should be free from protruding edges and exposed corners. If not properly designed, signage can provide an anchor point. If damaged, parts could be used as a weapon.</p> <p>OMH: Signage systems should be mechanically fastened to substrate with tamper resistant fasteners. Double stick tape and Velcro are not acceptable.</p>	<p>Laminated signage can be easily removed. The velcro or tape behind it could be ingested for self-harm.</p> <p>The signage could be used for self-harm.</p>	
Trash	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>FGI: Plastic liners are prohibited because they pose a suffocation risk. A breathable paper liner is an acceptable substitute.</p> <p>VA: All trash cans should be collapsible so they cannot be used to stand on</p>	<p>The hinge used to hold the top of the trash can could be looped.</p> <p>The trash can is sturdy enough to climb and could be used to gain access to higher fixtures.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Artwork	Minimal Supervision	III	Self-Harm Risk	<p>FGI: Specially designed frames that slope away from the wall and have polycarbonate glazing are recommended. The frames that are screwed to the walls with a minimum of one tamper-resistant screw per side are preferred to provide a tight fit to walls which may have uneven surfaces. The joint at the top is suggested be sealed with a pick-resistant sealant</p>	<p>Note: Periodically check fixture to ensure it's properly fastened and sealed.</p> <p>The clear polycarbonate, if broken, could be used as a weapon or for self-harm.</p>	
Observation Windows	Minimal Supervision	III	Self-Harm Risk	<p>OMH Observation Windows: Install glazing in a hollow metal frame with glazing stops that provide a 5/8" continuous edge bit. Or, install glazing in a hollow frame with glazing stops that provide a 1/2" continuous edge bite with structural silicone sealant at the full perimeter.</p> <p>OMH Interior Windows: Glazing products other than polycarbonate or laminated safety glazing should never be used in patient areas. 3/8" polycarbonate is recommended where ingesting, laceration, and weaponization are the risks to be mitigated. Films are used on interior glazing between spaces on the same floor level and only when the use of polycarbonate is impractical.</p>	<p>Note: Periodically check the condition of this fixture to ensure that it is properly sealed and not broken or cracked.</p> <p>If broken, the material could be used for self-harm or as a weapon.</p>	
Walls	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling. Provide some rooms with seamless epoxy or sheet vinyl flooring with an integral cove base. Metal or plastic strips should not be applied at the top edge of the base.</p> <p>FGI: Impact- and/or abrasion-resistant gypsum board installed on minimum 20-gauge metal studs spaced no more than 16 inches on center; paint finish preferred. Sound-attenuating gypsum board may also be used on walls if approved by the manufacturer for use in behavioral health applications.</p>	<p>Note: Periodically check walls for peeling or chipped paint that could be ingested to induce self-harm.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Wall Base	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH: Use only heat welded integral cove base, solid wood, or prefinished rubber/PVC base. Provide tamper resistant sealant along the top edge of base. Do not use conventional vinyl or rubber wall base in patient areas because they are easily removable, presenting risk of weaponization.	Note: Periodically check the wall base to ensure there are no gaps or peeling. Patients may be able to take broken pieces of the base and use it as a weapon or for self-harm. Material may be able to be wedged in gaps to create a ligature hazard.	
Chairs	Minimal Supervision	III	Ligature & Self-Harm Risk	FGI: Furniture should be very sturdy and heavy, and it should be made to withstand severe abuse. If possible, it should be secured in place.	The chairs in the day room are light enough to pick up and move. This could allow them to be stacked on one another to gain access to higher fixtures or thrown as a weapon. These chairs also have loopable arms and legs.	
Weighted Chairs	Minimal Supervision	III	Ligature Risk	FGI: Furniture should be very sturdy and heavy, and it should be made to withstand severe abuse. If possible, it should be secured in place.	Note: While safer options, the creases of the chairs near the phones could be used to hide contraband.	
Tables	Minimal Supervision	III	Ligature & Self-Harm Risk	FGI: Furniture should be very sturdy and heavy, and it should be made to withstand severe abuse. If possible, it should be secured in place.	The tables available had loopable legs. It may be possible for patients to climb on the table to gain access to the dropped ceiling and the contents within.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Day Room						
Telephone	Minimal Supervision	III	Self-Harm Risk	FGI: Telephones in corridors should have a stainless steel case, be securely mounted to the wall, and have a non-removable shielded cord of less than 14 inches.	If not sealed properly to the wall, the phone case provides a ligature point. If broken, it could be weaponized or used for self-harm.	
Outlet	Minimal Supervision	III	Self-Harm Risk	FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits. Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.	Note: Periodically check the outlets to make sure they are fastened and sealed properly.	
Sanitizer Dispenser	Minimal Supervision	III	Ligature & Self-Harm Risk	Alcohol based gels and foams may be consumed by patients and therefore should not be accessible to them. OMH: Soap dispensers allow for wedging opportunities. They are acceptable in high risk areas but use with caution FGI: Dispensers can be removed from the wall, broken, and weaponized	The dispenser area allows for wedging opportunities. OMH accepted but use with caution in high risk areas. If not sealed properly around the top, the fixture could be used for looping.	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Program Area December 2021

Clinical PCD: Julio Torres

Facilities Manager: Brian Bello



NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)





FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019




VA - Mental Health Environment of Care Checklist, 2018





ASHE - Patient Safety and Ligature Risk Checklist, September 2017




Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Door Hinge	Minimal Supervision	III	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.	
Door Top	Minimal Supervision	III	Ligature Risk	<p>FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.</p>	Note: The tops of doors may always present a pinch point.	





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Door View Window	Minimal Supervision	III	Self-Harm Risk	<p>OMH & FGI: Windows should either be flush inside the face of the wall or provided with supplemental polycarbonate shielding or detention screens flush with the inside face of the room. The window should be installed at height that allows shorter staff members to see into the room.</p> <p>FGI: A variety of window glazing materials that cannot be easily broken to produce sharp shards of glass and, if broken, will stay in the frame to resist egress are appropriate for use in psychiatric facilities.</p>	<p>Note: Periodically check the fixture to ensure it's properly fastened and sealed.</p> <p>If broken, the material could be used for self-harm or as a weapon.</p>	
Door Latch	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.</p>	<p>A lockset 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 as has the opening behind the strike plate.</p>	 
Door Handle	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.</p>	<p>Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability.</p>	
Door Closer	Minimal Supervision	III		<p>OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk and are not permitted for use in high risk areas.</p>	<p>Note: No closers were used in this room.</p>	N/A
Door Stop	Minimal Supervision	III		<p>OMH: Door stops should be selected based upon door knob/lever type and should be mechanically fastened to resist twist off. Traditional style door stops do not have concealed fasteners with a clamping ring to secure the stop. These can be removed by hand and ingested.</p>	<p>This item was not found. However, if it exists, periodically check fixture to ensure it's properly fastened and sealed.</p>	N/A

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Ceiling	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>OMH & FGI: All ceiling panels should need the use of special tools to remove tiles. Suspended ceilings can be used as a hiding area and provide anchor points. If damaged, parts can be used as a weapon. Where there are continuous ceilings, there should be no gaps where patients could access above the ceiling or wedge materials to create a ligature point.</p> <p>TJC: Dropped ceilings in areas that are not fully visible to staff should be noted on the risk assessment and have some additional steps taken to make it more difficult for a patient to attempt to access the space above the dropped ceiling (such as, gluing or clipping tiles).</p>	Access to the ceiling can be gained through use of the furniture in the room. Ceilings have many different hiding spots and anchor points for patients to loop or use for self-harm.	
Light Fixtures	Minimal Supervision	III	Self-Harm Risk	<p>OMH: Install light fixtures flush with substrate. It is critical to ensure there are no gaps for graspability or ligature tie-off. Any remaining gaps shall be filled with tamper resistant sealant.</p>	Note: Periodically check fixtures to ensure they are properly fastened and sealed. OMH accepted fixture in high risk areas.	
Diffusers/ Grilles	Minimal Supervision	III		<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>All units must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Perforated diffusers, grilles, and radiator covers utilizing the industry standard of 3/16" diameter are accepted but use with caution in medium risk environments.	N/A
FCU grilles	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>For all units located below windows, all access panels must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	Note: Periodically check fixture to ensure it's properly fastened and sealed.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Windows & Glazing	Minimal Supervision	III	Self-Harm Risk	FGI: To prevent opportunities for suicide, self-harm, and escape, the entire window system shall be able to withstand an impact of 2,000 foot-pounds applied from inside. All glazing in patient-accessible areas should be safety glass. If broken, this glazing will stay in the frame and not yield sharp shards that patients could use as weapons	Note: Periodically check windows to make sure they are properly fastened and sealed.	
Window Curtains	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH: Where possible, concealed operable blinds should be used to reduce ligature/self-harm risk from window treatments	Internal blinds are used in place of curtains	
Sprinkler Heads	Minimal Supervision	III	No Ligature/Self-Harm Risk	OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.	Note: Periodically check fixture to ensure it's properly fastened. OMH accepted in high risk areas.	
WiFi Devices	Minimal Supervision	III		OMH: Wireless routers shall be mounted above the ceiling in medium and high risk areas. Wireless routers can be mounted below the ceiling in low risk areas.	Note: WiFi devices are typically mounted below the ceiling and can be looped or broken.	N/A
Wall Mounted Devices	Minimal Supervision	III	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	There's no specific guideline for wall mounted air conditioners. However, the fixture is loopable and has many parts made of plastic that could be removed and for self-harm or as a weapon.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Exit Signs	Minimal Supervision	III		OMH: Suspended and side mounted exit lights present ligature risk. Items must be positively and mechanically attached, not friction fit. Specify fully recessed housing when available. Suspended exit lights shall be mounted such that the mounting bracket is fully aligned with the light box. Side mounted lights shall be mounted such that the mounting bracket is fully aligned with the light box, and that both are mounted tight to the ceiling.	Note: No exit sign was found in this area. However, exit signs may be loopable if not mounted properly. If their hard plastic is broken, they could be used for self-harm or as a weapon.	N/A
Smoke Detector	Minimal Supervision	III		There is no official guideline for smoke detectors. However, the devices may be loopable, if accessed. If broken, they may be able to be used for self-harm or weaponization.	Note: These devices are typically made of hard plastic that may be broken and used as a weapon or for self-harm.	N/A
Security Camera	Minimal Supervision	III	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	If access is gained, the camera could be a ligature risk or a self-harm risk if the hard plastic is broken.	
WiFi Devices	Minimal Supervision	III		OMH: Wireless routers shall be mounted above the ceiling in medium and high risk areas. Wireless routers can be mounted below the ceiling in low risk areas.	No wireless routers were found in this area. However, if they are ever installed in this area, care should be taken to either install them above the ceiling or with an access panel that is approved for the risk level of the space	N/A
TV Monitors	Minimal Supervision	III	Ligature & Self-Harm Risk	FGI: TV sets should not be mounted on walls using exposed brackets because of potential ligature risks. All TV sets should be installed in built-in TV or media centers or manufactured tamper-resistant covers with sloped tops	The corners of the TV case could be used for self-harm. It may be possible to loop materials around the top.	
Signage	Minimal Supervision	III	No Ligature/Self-Harm Risk	Room signs should not be glass and should be free from protruding edges and exposed corners. If not properly designed, signage can provide an anchor point. If damaged, parts could be used as a weapon. OMH: Signage systems should be mechanically fastened to substrate with tamper resistant fasteners. Double stick tape and Velcro are not acceptable.	Note: Periodically check signage to ensure it's properly fastened and sealed.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Artwork	Minimal Supervision	III	Self-Harm Risk	<p>FGI: Specially designed frames that slope away from the wall and have polycarbonate glazing are recommended. The frames that are screwed to the walls with a minimum of one tamper-resistant screw per side are preferred to provide a tight fit to walls which may have uneven surfaces. The joint at the top is suggested be sealed with a pick-resistant sealant</p>	<p>Note: Periodically check fixture to ensure it's properly fastened and sealed.</p> <p>The clear polycarbonate, if broken, could be used as a weapon or for self-harm.</p>	
Walls	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling. Provide some rooms with seamless epoxy or sheet vinyl flooring with an integral cove base. Metal or plastic strips should not be applied at the top edge of the base.</p> <p>FGI: Impact- and/or abrasion-resistant gypsum board installed on minimum 20-gauge metal studs spaced no more than 16 inches on center; paint finish preferred. Sound-attenuating gypsum board may also be used on walls if approved by the manufacturer for use in behavioral health applications.</p>	<p>Note: Periodically check walls for peeling or chipped paint that could be ingested to induce self-harm.</p>	
Wall Base	Minimal Supervision	III	No Ligature/Self-Harm Risk	<p>OMH: Use only heat welded integral cove base, solid wood, or prefinished rubber/PVC base. Provide tamper resistant sealant along the top edge of base. Do not use conventional vinyl or rubber wall base in patient areas because they are easily removable, presenting risk of weaponization.</p>	<p>Note: Periodically check the wall base to ensure there are no gaps or peeling. Patients may be able to take broken pieces of the base and use it as a weapon or for self-harm. Material may be able to be wedged in gaps to create a ligature hazard.</p>	
Chairs	Minimal Supervision	III	Ligature & Self-Harm Risk	<p>FGI: Furniture should be very sturdy and heavy, and it should be made to withstand sever abuse. If possible, it should be secured in place.</p>	<p>The chairs in the program room are light enough to pick up and move. This could allow them to be stacked on one another to gain access to higher fixtures or thrown as a weapon. These chairs also have loopable arms and legs.</p>	



Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Program Area						
Furniture	Minimal Supervision	III	Ligature & Self-Harm Risk	FGI: Furniture should be very sturdy and heavy, and it should be made to withstand severe abuse. If possible, it should be secured in place.	The tables available had loopable legs. It may be possible for patients to climb on the table to gain access to the dropped ceiling and the contents within.	
Cabinets	Minimal Supervision	III	Ligature Risk	FGI: Sturdy wood, thermoplastic, or composite furniture should be bolted to the floor or walls whenever possible. Care must be taken to assure the furniture will withstand abuse, will not provide opportunities for hiding contraband, does not have joints that will allow penetration of liquids such as urine, and will resist being dissembled to provide patients with weapons. Open-front units with fixed shelves and no doors or drawers are recommended. Doors can be used as ligature points, and drawers can be broken to be used as weapons.	Note: Periodically check fixture to ensure it's properly fastened to the wall and floor. The hinges, while continuous, may be possible to loop. Keeping the cabinet doors closed and locked will reduce the ability for looping around the hinge or cabinet door.	
Electrical Outlet	Minimal Supervision	III	Self-Harm Risk	FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits. Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.	If tampered with, it may allow access to the wiring behind the fixture. It could then be used for self-harm.	
Clock	Minimal Supervision	III	Self-Harm Risk	OMH: It is recommended to specify recessed wall clocks with polycarbonate lenses	Note: Periodically check fixture to ensure it's properly fastened and sealed around the perimeter to prevent looping. The face of the clock could be broken and used for self-harm or as a weapon.	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Corridor December 2021




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NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)
FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019
VA - Mental Health Environment of Care Checklist, 2018
ASHE - Patient Safety and Ligature Risk Checklist, September 2017




Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Corridor						
Door Hinge	Highly Supervised	II	Ligature Risk	<p>OMH: Continuous hinges are recommended for all inswinging and outswinging doors within inpatient units. Hinges should have Hospital Tips to eliminate ligature point at the top of the hinge.</p> <p>However, all hinges inherently carry risk due to multiple joints between moving parts, and extremely low acceptable tolerances. Consistent quality in manufacturing may be difficult to achieve and should be inspected in the field.</p>	<p>Note: While this hinge is continuous and has hospital tips, all hinges carry risk, and there still may be a potential ligature risk with this hinge.</p>	
Door Latch	Highly Supervised	II	Ligature & Self-Harm Risk	<p>There is no official guideline for latches. Many latches provide looping and wedging hazards and should be used with caution.</p>	<p>A lockset 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 as has the opening behind the strike plate.</p>	





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Door Handle	Highly Supervised	II	No Ligature/Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Cone Handle	Highly Supervised	II	Ligature Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	Cone shaped handles: Cone shaped door knobs and thumb turns do not comply with ADA requirements for graspability. Lever Handles: Earbuds can be easily looped around lever handle and remain in place due to friction. String can be threaded in the gap between the lever body and escutcheon to establish ligature.	
Door Top	Highly Supervised	II	Ligature Risk	FGI: The top of tight-fitting doors provides a pinch point that allows patients to tie a knot, place it over the door, and close the door to create a hanging device.	Note: The tops of doors may always present a pinch point. The top, side, and bottom of the inter-room door may allow for wedging items.	
Smoke Door Hardware	Highly Supervised	II	Ligature & Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. Specify tamper resistant, flush mounted screws.	This door and it's hardware is required in the event of an emergency. The push handle may have loopable or wedgable points.	





Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Smoke Door Window	Highly Supervised	II	Self-Harm Risk	OMH: Glazing products other than polycarbonate or laminated safety glazing should never be used in patient areas.	Note: Periodically check fixture to ensure it's properly fastened and sealed. The material, if broken, could be used for self-harm or as a weapon.	
Door Closer	Highly Supervised	II	Ligature & Self-Harm Risk	OMH: Non-institutional devices can be used as an anchor point. If damaged, door closure parts can be used as a weapon. All closers inherently carry risk. Do not use closers unless required by code, or at doors that shall control patient access in supervised spaces.	The arm operating this closer is accessible to patients and loopable. If broken, the metal could be used for self-harm or as a weapon.	
Hold Open Device	Highly Supervised	II	Ligature & Self-Harm Risk	There is no specific guideline for this, but non-institutional devices can be used as an anchor point. If damaged, they can be used for self-harm or weaponized.	Materials can easily be looped around the hold open device, creating a ligature risk. If broken, the magnet is heavy and could be used as a weapon or for selfharm.	




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Door Stop	Highly Supervised	II	No Ligature/Self-Harm Risk	OMH: Door stops should be selected based upon door knob/lever type and should be mechanically fastened to resist twist off. Traditional style door stops do not have concealed fasteners with a clamping ring to secure the stop. These can be removed by hand and ingested.	Note: Periodically check fixture to ensure it's properly fastened and sealed.	
Corridor Visibility	Highly Supervised	II	Ligature & Self-Harm Risk	There's no specific guidance on how to address corridor visibility when all doors swing into the corridor.	Note: When all the bedroom doors are open into the corridor, it can reduce visibility to the end of the corridor.	
Ceiling	Highly Supervised	II	No Ligature/Self-Harm Risk	OMH & FGI: All ceiling panels should need the use of special tools to remove tiles. Suspended ceilings can be used as a hiding area and provide anchor points. If damaged, parts can be used as a weapon. Where there are continuous ceilings, there should be no gaps where patients could access above the ceiling or wedge materials to create a ligature point.	Note: Periodically check the portions of the corridor with panels to ensure that they are properly secure.	




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Light Fixtures	Highly Supervised	II	Self-Harm Risk	<p>OMH & FGI: Install light fixtures flush with wall or ceiling. Any remaining gaps shall be filled with tamper resistant sealant.</p>	<p>The top light fixture is OMH approved. Periodically check the fixture to ensure it's properly fastened and sealed.</p> <p>The bottom fixture is not OMH approved. It may be possible to break the fixture and use the hard plastic for self-harm or as a weapon.</p>	
Diffusers/Grilles	Highly Supervised	II	Ligature Risk	<p>OMH & FGI: Standard hole size for perforated grilles is 1/8" diameter maximum to reduce loopability.</p> <p>All units must be secured with tamper-resistant screws. All units should also be covered with perforated grilles of the above mentioned diameter or stainless-steel screen fabric.</p>	<p>The vents have loopable parts.</p>	
Access Panels	Highly Supervised	II	Ligature & Self-Harm Risk	<p>OMH: Avoid the use of access doors in patient areas to the greatest extent possible, particularly in unsupervised areas such as patient bedrooms and bathrooms. Hinges should be continuous. The door shall be automatic closing, self-latching and contain an interior latch release.</p> <p>FGI: All patient bedrooms, bathrooms, bathing facilities and seclusion rooms are suggested to have key-lockable access panels that fit tightly to their frames. Larger sizes of these panels may require tamper-resistant screws in the corners or along the sides of the panels. Pick-resistant caulk may be needed if the flanges of these panels do not fit tightly to the ceiling or wall surface.</p>	<p>It is unclear if this fixture is self-closing, self-latching and contains an interior latch release.</p> <p>Note: Periodically check this fixture to ensure it's properly locked, fastened, and sealed.</p>	




Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Nursing Station Windows	Highly Supervised	II	Ligature & Self-Harm Risk	<p>OMH Observation Windows: Install glazing in a hollow metal frame with glazing stops that provide a 5/8" continuous edge bit. Or, install glazing in a hollow frame with glazing stops that provide a 1/2" continuous edge bite with structural silicone sealant at the full perimeter.</p> <p>OMH Interior Windows: Glazing products other than polycarbonate or laminated safety glazing should never be used in patient areas. 3/8" polycarbonate is recommended where ingesting, laceration, and weaponization are the risks to be mitigated. Films are used on interior glazing between spaces on the same floor level and only when the use of polycarbonate is impractical.</p>	There are portions of the nursing station windows that have gaps. This may allow for items to be wedged. If broken, the clear material could be used for self-harm or as a weapon.	
Corridor Observation Windows	Highly Supervised	II	Self-Harm Risk	<p>OMH Observation Windows: Install glazing in a hollow metal frame with glazing stops that provide a 5/8" continuous edge bit. Or, install glazing in a hollow frame with glazing stops that provide a 1/2" continuous edge bite with structural silicone sealant at the full perimeter.</p> <p>OMH Interior Windows: Glazing products other than polycarbonate or laminated safety glazing should never be used in patient areas. 3/8" polycarbonate is recommended where ingesting, laceration, and weaponization are the risks to be mitigated. Films are used on interior glazing between spaces on the same floor level and only when the use of polycarbonate is impractical.</p>	<p>Note: Periodically check the condition of this fixture to ensure that it is properly sealed and not broken or cracked.</p> <p>If broken, the material could be used for self-harm or as a weapon.</p>	
Electrical Panel	Highly Supervised	II	Ligature & Self-Harm Risk	There's no guideline for electrical panels like this. The fact that it is locked and fully recessed provides some safety.	<p>The panel is specifically made to adhere to NFPA code.</p> <p>Note: Periodically check the panel to ensure it's properly sealed around the perimeter to reduce loopability and ability to self-harm. Ensure locked at all times.</p>	


Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Sprinkler Heads	Highly Supervised	II	No Ligature/Self-Harm Risk	OMH & FGI: Minimize removable parts that can be ingested or weaponized. Sprinkler heads should be fully recessed in high risk areas.	Note: Periodically check fixture to ensure it's properly fastened. OMH accepted in high risk areas.	
WiFi Devices	Highly Supervised	II	No Ligature/Self-Harm Risk	OMH: Wireless routers shall be mounted above the ceiling systems in medium and high risk areas when possible. It should be noted that functionality may be compromised when routers are installed above metal ceilings. Wireless routers can be mounted below the ceiling systems in low risk areas.	Note: Periodically check the wireless router cover to ensure it's properly fastened and sealed. OMH accepted in medium risk areas.	
Wall Mounted Devices	Highly Supervised	II	Ligature & Self-Harm Risk	Non-recessed fixtures can pose a ligature or self-harm risk	It may be possible to wedge items within the slot used to deposit surveys. This has been placed near the nurse's station to increase visibility.	
Exit Signs	Highly Supervised	II	Self-Harm Risk	OMH: Suspended and side mounted exit lights present ligature risk. Items must be positively and mechanically attached, not friction fit. Specify fully recessed housing when available. Suspended exit lights shall be mounted such that the mounting bracket is fully aligned with the light box. Side mounted lights shall be mounted such that the mounting bracket is fully aligned with the light box, and that both are mounted tight to the ceiling.	Note: Periodically check the fixture to ensure it's properly fastened and sealed. OMH accepted in medium risk areas. If broken, the hard plastic could be used for self-harm or as a weapon.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Fire Extinguisher Cabinet	Highly Supervised	II	Ligature & Self-Harm Risk	OMH: Fire extinguisher cabinets may be loopable at cabinet/door joint. Only use them in low/medium risk areas. The perimeter should be sealed with tamper-resistant sealant.	The hinge, while continuous, may still be loopable or able to be used for self-harm.	
Fire Alarm	Highly Supervised	II	Ligature & Self-Harm Risk	OMH: It is recommended that fire alarm devices are ceiling mounted in medium risk areas. Device covers are susceptible to abuse and can be looped/weaponized	The hole pattern may allow for looping. If broken, the polycarbonate could be used for self-harm or as a weapon.	
Fire Hose Cabinet	Highly Supervised	II	Ligature & Self-Harm Risk	There is no guideline for a fixture like this.	The cabinet is locked at all times. The hinge, while continuous, may be loopable or able to use for self-harm.	
Smoke Detector	Highly Supervised	II	Ligature & Self-Harm Risk	There is no official guideline for smoke detectors. However, the devices may be loopable, if accessed. If broken, they may be able to be used for self-harm or weaponization.	These devices are typically made of hard plastic that may be broken and used as a weapon or for self-harm. It may be possible to loop material through the slots of the detector.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Observation Mirror	Highly Supervised	II	Ligature Risk	OMH: Should have ligature resistant connections and fasteners. Provide tamper-resistant sealant at mirror frame perimeter. The mirrors should be tempered glass, polycarbonate, stainless steel, or chrome-plated steel.	Note: Periodically check this fixture to ensure it's properly fastened and sealed around the perimeter to prevent looping. If broken, the material could be used for self-harm or weaponization.	
Signage	Highly Supervised	II	Self-Harm Risk	Room signs should not be glass and should be free from protruding edges and exposed corners. If not properly designed, signage can provide an anchor point. If damaged, parts could be used as a weapon. OMH: Signage systems should be mechanically fastened to substrate with tamper resistant fasteners. Double stick tape and Velcro are not acceptable.	Note: Periodically check signage to ensure it's properly fastened and sealed.	
Sanitizer Dispenser	Highly Supervised	II	Ligature & Self-Harm Risk	Alcohol based gels and foams may be consumed by patients and therefore should not be accessible to them. OMH: Soap dispensers allow for wedging opportunities. They are acceptable in high risk areas but use with caution FGI: Dispensers can be removed from the wall, broken, and weaponized	The dispenser area allows for wedging opportunities. OMH accepted but use with caution in high risk areas. If not sealed properly around the top, the fixture could be used for looping.	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Artwork	Highly Supervised	II	Self-Harm Risk	<p>FGI: Specially designed frames that slope away from the wall and have polycarbonate glazing are recommended. The frames that are screwed to the walls with a minimum of one tamper-resistant screw per side are preferred to provide a tight fit to walls which may have uneven surfaces. The joint at the top is suggested be sealed with a pick-resistant sealant</p>	<p>Note: Periodically check fixture to ensure it's properly fastened and sealed.</p> <p>The clear polycarbonate, if broken, could be used as a weapon or for self-harm.</p>	
Walls	Highly Supervised	II	No Ligature/Self-Harm Risk	<p>Non-toxic wall paper, glue, and paint should be used. Paint and wall paper should not be peeling. Provide some rooms with seamless epoxy or sheet vinyl flooring with an integral cove base. Metal or plastic strips should not be applied at the top edge of the base.</p> <p>FGI: Impact- and/or abrasion-resistant gypsum board installed on minimum 20-gauge metal studs spaced no more than 16 inches on center; paint finish preferred. Sound-attenuating gypsum board may also be used on walls if approved by the manufacturer for use in behavioral health applications.</p>	<p>Note: Periodically check walls for peeling or chipped paint that could be ingested to induce self-harm.</p>	
Wall Base	Highly Supervised	II	Ligature & Self-Harm Risk	<p>OMH: Use only heat welded integral cove base, solid wood, or prefinished rubber/PVC base. Provide tamper resistant sealant along the top edge of base. Do not use conventional vinyl or rubber wall base in patient areas because they are easily removable, presenting risk of weaponization.</p>	<p>Note: Periodically check the wall base to ensure there are no gaps or peeling. Patients may be able to take broken pieces of the base and use it as a weapon or for self-harm. Material may be able to be wedged in gaps to create a ligature hazard.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Security Camera	Highly Supervised	II	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	If access is gained, the camera could be a ligature risk or a self-harm risk if the hard plastic is broken.	
Laundry Chute	Highly Supervised	II	Ligature & Self-Harm Risk	Non-recessed institutional devices can be used as an anchor point.	The chute is no longer in use, so it is locked. However, the metal corners may be available to use for self-harm.	
Water Dispenser	Highly Supervised	II	Ligature & Self-Harm Risk	<p>FGI: Drinking fountains are often required or desired in common spaces on units. Typical drinking fountains can be problematic for ligature and infection control reasons but requiring patients to ask staff every time they want a drink of water can rank high on patient dissatisfaction surveys.</p> <p>To address this issue, consider use of water cup-filling stations in patient-accessible areas. Several options are available for cup-filling stations that have either local or remote refrigeration units, in both wall-mounted and counter-top styles.</p>	<p>There's no guidance on a fixture like this. The drainage hole may allow for a wedging risk. The metal could be used for self-harm.</p> <p>It may be possible to wedge gaps between the dispenser and the wall since it's not flush to the wall on either side.</p>	

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue	Photo
Electrical Outlet	Highly Supervised	II	Self-Harm Risk	<p>FGI: All electrical outlets should be tamper-resistant, hospital-grade units on ground-fault interrupted circuits.</p> <p>Facilities must confirm if GFCI. OMH stipulates that in minor renovation projects, where providing arc fault and ground fault interruption are beyond the scope, provide only metal electrical cover plates.</p>	<p>The outlet faces protrude slightly. They should be flush with the rest of the fixture to reduce ability to tamper with the fixture using small items like paper clips.</p>	

Physical Environment Risk Assessment - Ligature: GSH Unit: 2nd Floor Special Areas

December 2021

Clinical PCD: Julio Torres

Facilities Manager: Brian Bello

NYS OMH Patient Safety Standards, Materials and Systems Guidelines, 24th Ed. (August 2020)

FGI 2018 & Design Guide of the Built Environment of Behavioral Health Facilities by Hunt & Sine, November 2019

VA - Mental Health Environment of Care Checklist, 2018

ASHE - Patient Safety and Ligature Risk Checklist, September 2017

Patient Safety Risk	Patient Status & Privacy	Patient Supervision	Opportunity for Self-Harm	Spaces
Level I	Patients are not allowed	Constant Supervision	Minimal or None	Staff and Services areas
Level II	Patients are never left alone for periods of time	Highly Supervised	Minimal	Counseling Rooms, Activity Rooms, Interview Rooms, Group Rooms (All behind self-closing, self-locking doors) & Corridors (where staff regularly present and with no objects for climbing)
Level III	Patient may spend time alone	Minimal Supervision	High	Open Lounges, Day-rooms (Not behind self-closing, self-locking doors) & Corridors (where staff not regularly present)
Level IV	Patients spend a great deal of time alone	Minimal or No Supervision	Extremely High	Patient Rooms (Semi-private and Private) and Patient Toilets
Level V	Newly admitted patients or patients may be in a highly agitated condition	Special Considerations	Unknown Risk	Seclusion Rooms, Examination Rooms, & Admission Rooms

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Special Areas					

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Nurses' Station	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them. Nursing stations are another example. However, a nursing station must have an unobstructed view; in other words, staff must be able to easily see and interrupt any patient attempt at self-harm at the nursing station.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, cables, monitor, cords, office supplies, chairs, sharp objects, glasses, door handles, hinge, lockset, alcohol-rub hand sanitizer, telephone wires.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The space will be regularly staffed.</p>
Charting Room	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them. Nursing stations are another example. However, a nursing station must have an unobstructed view; in other words, staff must be able to easily see and interrupt any patient attempt at self-harm at the nursing station.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, cables, monitor, cords, office supplies, chairs, sharp objects, glasses, door handles, hinge, lockset, alcohol-rub hand sanitizer, telephone wires.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The space will be regularly staffed.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Office	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, cables, monitor, cords, office supplies, chairs, sharp objects, glasses, door handles, hinge, lockset, alcohol-rub hand sanitizer, telephone wires, furniture.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The patient will never be in the room without a staff member</p>
Medication Room	Constant Supervision	I	Ligature/Self-Harm	<p>FGI (Hunt&Sine): All unattended counseling and interview rooms should be locked at all times to reduce the possibility of patients entering these areas. Counseling rooms and interview rooms should have a “classroom”-type lockset that requires a key to lock or unlock the outer handle, but the inside handle is always free.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, alcohol-rub hand sanitizer, door handles, hinge, lockset, medication, chemicals, sharp objects.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are never allowed in this area.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Janitor's Closet	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, door handles, hinge, lockset, cables, monitor, cords, chairs, sharp objects, equipment, sink, faucet, drain, exposed pipes, alcohol-rub hand sanitizer, plastic materials, chemicals.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>
Clean Utility	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, door handles, hinge, lockset, cables, monitor, cords, chairs, sharp objects, equipment, sink, faucet, drain, exposed pipes, alcohol-rub hand sanitizer, bedsheets, plastic materials, cleaning chemicals.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Soiled Utility Room	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, door handles, hinge, lockset, cables, monitor, cords, chairs, sharp objects, sink, faucet, drain, exposed pipes, alcohol-rub hand sanitizer.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>
Staff Toilet	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used for suicide or harming oneself and/or other patients or staff. The potential risks in the space are as listed, but are not limited to the following: toilet, mirror, light fixtures.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Mechanical Equipment Room	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cables, cords, sharp objects, electrical equipment, pipes.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>
Pantry	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, cables,cords, chairs, sharp objects, alchohol-rub hand sanitizer, utensils, ice machine, refrigerator, fire extinguisher, cooking equipment.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The patient will never be in the room without a staff member</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Teledata Closet	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, door handles, hinge, lockset, cables, cords, sharp objects, electrical equipment.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>
Storage	Constant Supervision	I	Ligature/Self-Harm	<p>Expert Panel: Some locations do not need to be ligature resistant. One example is any area behind a self-closing/self-locking door, such as laundry or supply rooms. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.</p>	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, door handles, hinge, lockset, cables, cords, sharp objects.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>Patients are not allowed in this room.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Patient Lounge	Highly Supervised	II	Ligature/Self-Harm	FGI (Hunt&Sine): All unattended counseling and interview rooms should be locked at all times to reduce the possibility of patients entering these areas. Counseling rooms and interview rooms should have a “classroom”-type lockset that requires a key to lock or unlock the outer handle, but the inside handle is always free.	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, alcohol-rub hand sanitizer, door handles, hinge, lockset, furniture, telephone and wires, cabinet handle, computer keyboard, monitor and cables, chair, table.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The patient will never be in the room without a staff member</p>
Laundry Room	Highly Supervised	II	Ligature/Self-Harm	FGI (Hunt&Sine): All unattended service areas (Staff and Service Areas) should be locked at all times to reduce the possibility of patients entering these spaces.	<p>Significant ligature risks, self-harm risks, and weapons that may be used by patient for suicide or harming oneself and/or other patient or staff. The potential risks in the space, but are not limited to the following: laundry machines, cables, detergents, cabinets.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The space will be regularly staffed.</p>

Item	Patient Supervision	Risk Level	Risk Type Exposure	Recommendation & Guidance (by OMH, FGI, CMS, VA, &/or TJC)	Condition/Issue
Treatment Room	Highly Supervised	II	Ligature/Self-Harm	FGI (Hunt&Sine): All unattended counseling and interview rooms should be locked at all times to reduce the possibility of patients entering these areas. Counseling rooms and interview rooms should have a “classroom”-type lockset that requires a key to lock or unlock the outer handle, but the inside handle is always free.	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, alcohol-rub hand sanitizer, door handles, hinge, lockset, examination table, sharp container, telephone and wires, cabinet handle, faucet, sink, computer keyboard, monitor and cables, chair, table.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The patient will never be in the room without a staff member</p>
Elevator Lobby	Highly Supervised	II	Ligature/Self-Harm	Expert Panel: Some locations do not need to be ligature resistant. These rooms are accessible only to staff, and a patient would not have unsupervised access to them.	<p>This area has significant ligature risks, self-harm risks, and items that could be used as weapons for suicide or harming oneself and/or other patient or staff. The potential risks in the space are as listed, but are not limited to the following: cabinet handles, alcohol-rub hand sanitizer, door handles, hinge, lockset, access to stairs for elopment, dropped ceiling.</p> <p>The door has a self-closing and self-locking mechanism.</p> <p>The patient will never be in the room without a staff member.</p>

GSH: 2nd Floor Facilities Operations & Engineering Plan of Corrections

Fixture	Plan of Correction	Expected Completion Date
SECLUSION ROOM		
Door Closer (Anteroom)	Door closer to be replaced with one for high-risk area	04/01/2022
Charting Desk (Anteroom)	Engineering to close up Charting Desk	04/01/2022
PATIENT BATHROOM		
Soap Dispenser	All soap dispensers to be replaced with new/non chipped paint	Male Bathroom 3/5 - completed (11/1/2021) , 2/5 - 4/1/2022 Female Bathroom 3/4 - completed (11/1/2021) , 4th - 4/1/2022
Paper Towel Dispenser	Remove and replace with OMH approved paper towel dispenser	Female Bathroom 1/2 - completed (10/26/21) 2nd- 4/1/2022 Male Bathroom 2/2- completed (10/26/2021)
Grab bars	Replace peeled grab bars and remove and replaced OMH rejected grab bars	Female Bathroom- to be complete 5/1/2022 Male Bathroom 4/6 Complete (11/1/2021) , 2/6- 5/1/2022
Access Panel	Engineering to replace with self locking access panel doors	Female Bathroom 1/2 complete (12/14/2021),1- 4/1/2022 Male Bathroom 4/5 Complete (12/1/2021), 1- 4/1/2022
Floor	Flooring to be repaired	Female Bathroom- Completed 12/14/2021 Male Bathroom- completed- 11/1/2021
COMFORT ROOM		
Therapy Cabinet	Door of therapy cabinet will be replaced and hinges from outside will be removed	05/01/2022

Wall Mounted Items	Engineering to remove items and paint and patch wall	Completed 11/1/2021
PROGRAM ROOM		
Wall Mounted Devices	Top of TV to be slanted to remove the possibility of looping materials	Completed 11/1/2021
CORRIDOR		
Door Handle	Short term: Door handle periodically checked to ensure its properly fastened and sealed. Engineering to replace with proper door handles	In Progress 10/1/2022
Water Dispenser	Short term: Clinical mitigation- Staff rounding to be sure no patient is wedging items in space Long term: Engineering to replace with wall recessed water dispenser during unit renovation	to be replaced during unit renovation 1/1/2023
Laundry Chute	Short term: Edges are shaved down and rounded Long Term: Remove during renovation of unit	to be replaced during unit renovation 1/1/2023

Light Fixture	Short term: Clinical Mitigation Long term: lights to be removed and replaced during unit renovation	In Progress - 5/1/2022
Access Panels	Engineering to replace with self locking access panel doors	In Progress - unit renovation 1/1/2023
Nursing Station Windows	Short term: Clinical mitigation Long term: Nursing station windows to be extended and poles to be removed during unit renovation	to be replaced during unit renovation 1/1/2023
Wall Mounted Devices-Survey Box	Short term: Clinical mitigation long term: Survey box to be removed and replaced with more ligature resistant box during unit renovation	to be replaced during unit renovation 1/1/2023

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
SECLUSION ROOM	
Door Hinge (Anteroom & Seclusion Room)	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch (Anteroom & Seclusion Room)	Clinical mitigation in place
Door Top (Anteroom & Seclusion Room)	Clinical mitigation in place
Door Closer (Anteroom)	Clinical mitigation in place
Door view window (Seclusion Room)	Clinical mitigation in place
Charting Desk (Anteroom)	Clinical mitigation in place
Light (Seclusion Room)	Clinical mitigation in place
Ceiling Cover	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Beds (Medical)	Clinical mitigation in place
Mattress & Mattress Cover	Clinical mitigation in place
Observation Mirror (Seclusion Room)	Clinical mitigation in place
Diffusers/ Grilles (Anteroom, Seclusion Room, Bathroom)	Clinical mitigation in place
FCU Grille (Anteroom)	Clinical mitigation in place
Windows	Clinical mitigation in place
Soft Doors	Clinical mitigation in place
Toilet	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Toilet Seat	Clinical mitigation in place
Grab Bars	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Mirror	Clinical mitigation in place
Soap Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Sink Drain	Clinical mitigation in place
Trash	Clinical mitigation in place
Floor Drain	Clinical mitigation in place
PATIENT ROOM	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Door Latch	Clinical mitigation in place
Door Top	Clinical mitigation in place
Observation Window	Clinical mitigation in place
CPAP Enclosures	Clinical mitigation in place
Windows	Clinical mitigation in place
Diffusers/ Grilles	Clinical mitigation in place
FCU Grille	Clinical mitigation in place
WiFi Device Cover	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
PERS System Cover	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Chairs	Clinical mitigation in place
Furniture	Clinical mitigation in place
Bed (Medical)	Clinical mitigation in place
Pillows and Mattress	Clinical mitigation in place
Bedsheets	Clinical mitigation in place
Observation Mirror	Clinical mitigation in place
Wall Mounted Items	Clinical mitigation in place
Electrical Outlet	Clinical mitigation in place
Mirror	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Sink Drain	Clinical mitigation in place
Soap Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Waste Bin	Clinical mitigation in place
PATIENT BATHROOM	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch	Clinical mitigation in place
Door Top	Clinical mitigation in place
Soap Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Sink	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Sink Drain/Strainer	Clinical mitigation in place
Paper Towel Dispenser	Clinical mitigation in place
Toilet	Clinical mitigation in place
Toilet Seat	Clinical mitigation in place
Mirror	Clinical mitigation in place
Grab Bars	Clinical mitigation in place
Nurse Call	Clinical mitigation in place
Diffuser/Grille	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Access Panel	Clinical mitigation in place
Shower Drain	Clinical mitigation in place
Soft Shower/ Bathroom Door	Clinical mitigation in place
Shower Floor	Clinical mitigation in place
Seating/Raised Area	Clinical mitigation in place
Soiled Linen Bag	Clinical mitigation in place
COMFORT ROOM	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Door Top	Clinical mitigation in place
Window	Clinical mitigation in place
Light Fixtures	Clinical mitigation in place
Diffusers/Grilles	Clinical mitigation in place
FCU Grille	Clinical mitigation in place
Furniture	Clinical mitigation in place
Electrical Outlet	Clinical mitigation in place
Therapy Cabinet	Clinical mitigation in place
Artwork	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Wall Mounted Items	Clinical mitigation in place
Nurse Call	Clinical mitigation in place
DAY ROOM	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch	Clinical mitigation in place
Door Top	Clinical mitigation in place
Door Closer	Clinical mitigation in place
Ceiling	Clinical mitigation in place
Light Fixtures	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Diffusers/ Grilles	Clinical mitigation in place
FCU grilles	Clinical mitigation in place
Windows & Glazing	Clinical mitigation in place
Security Camera	Clinical mitigation in place
Wall Mounted Devices	Clinical mitigation in place
Exit Signs	OMH "Accepted". Clinical mitigation in place.
Smoke Detector	Clinical mitigation in place
TV Monitors	Clinical mitigation in place
Laminated Signage	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Signage	Clinical mitigation in place
Trash	Clinical mitigation in place
Artwork	Clinical mitigation in place
Observation Window	Clinical mitigation in place
Chairs	Clinical mitigation in place
Weighted Chairs	Clinical mitigation in place
Tables	Clinical mitigation in place
Telephone	Clinical mitigation in place
Electrical Outlet	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Sanitizer Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
PROGRAM ROOM	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch	Clinical mitigation in place
Door Top	Clinical mitigation in place
Door View Window	Clinical mitigation in place
Ceiling	Clinical mitigation in place
Light Fixtures	Clinical mitigation in place
FCU grilles	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Windows & Glazing	Clinical mitigation in place
Air Conditioner	Clinical mitigation in place
Security Camera	Clinical mitigation in place
TV Monitors	Clinical mitigation in place
Artwork	Clinical mitigation in place
Chairs	Clinical mitigation in place
Tables	Clinical mitigation in place
Cabinets	Clinical mitigation in place
Electrical Outlet	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Clock	Clinical mitigation in place
CORRIDOR	
Door Hinge	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Door Latch	Clinical mitigation in place
Cone Handle	Clinical mitigation in place
Door Top	Clinical mitigation in place
Smoke Door Hardware	Clinical mitigation in place
Smoke Door Window	Clinical mitigation in place
Hold Open Device	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Door Closer	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Corridor Visibility	Clinical mitigation in place
Light Fixture	Clinical mitigation in place
Diffusers/Grilles	Clinical mitigation in place
Access Panels	Clinical mitigation in place
Nursing Station Windows	Clinical mitigation in place
Observation Window	Clinical mitigation in place
Electrical Panel	Clinical mitigation in place
Suggestion Box	Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Wall Mounted Devices	Clinical mitigation in place
Exit Signs	Clinical mitigation in place
Fire Extinguisher Cabinet	Clinical mitigation in place
Smoke Detector	Clinical mitigation in place
Fire Alarm	Clinical mitigation in place
Fire Hose Cabinet	Clinical mitigation in place
Observation Mirror	Clinical mitigation in place
Signage	Clinical mitigation in place
Sanitizer Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place

GSH: 2nd Floor Clinically Mitigated Fixtures

Fixture	Plan of Correction
Artwork	Clinical mitigation in place
Laundry Chute	Clinical mitigation in place
Water Dispenser	OMH "Accepted but Use with Caution" product. Clinical mitigation in place
Security Camera	Clinical mitigation in place
Electrical Outlet	Clinical mitigation in place