

## A. Patient Bedroom & Bathroom

### Patient Bathroom

- **Ceiling** – Monolithic, tamper-resistant lights, air grilles, fire sprinklers
- **Door** – Barricade and ligature resistant
- **Plumbing** - Lavatory, Toilet and Shower - Durable, ligature-resistant, pipes concealed, shower heads & controls
- **Toilet Accessories** – Ligature-resistant, break-resistant, no hard plastic



## A. Patient Bedroom & Bathroom

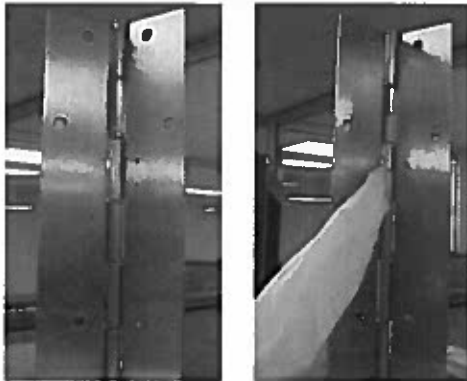
#2 TJC: Doors between patient rooms and hallways must contain ligature resistant hardware which includes but may not be limited to, hinges, handles, and locking mechanisms.



## A. Patient Bedroom & Bathroom

### Ligature-Resistant Solutions

Pin and Barrel hinges may not always eliminate ligature points



## A. Patient Bedroom & Bathroom

#4 TJC: The transition zone between patient rooms and patient bathrooms must be ligature-free or ligature-resistant.



#5 TJC: Patient rooms and bathrooms must have a solid ceiling.



## A. Patient Bedroom & Bathroom

#7 TJC: Medical needs and the patients' risk for suicide should be carefully assessed and balanced to determine the optimal type of patient bed utilized to meet both medical and psychiatric needs. For patients who require medical beds with ligature points, there must be appropriate mitigation plans and safety precautions in place.



**Beds for Med-Psych Patients???**

## A. Patient Bedroom & Bathroom

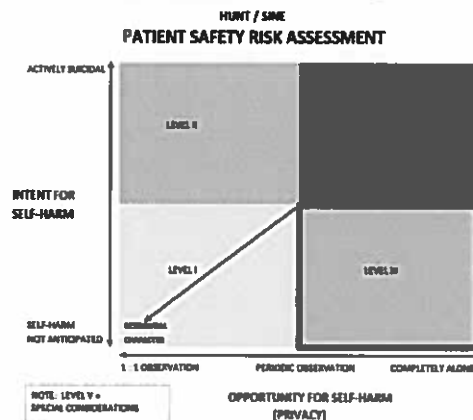
#8 TJC: Standard toilet seats with a hinged seat and lid are not a significant risk for suicide attempts or self-harm; they should not be cited during survey event and do not need to be noted on a risk assessment.



**Level III  
Patient Lounges  
TV Rooms &  
Corridors w/o direct supervision**



## B. Level III - Lounges, Day Rooms & Non-Visible Corridors



Level III: Areas that are not behind self-locking doors where patients may spend time with minimal supervision

*Examples: lounges, TV rooms & corridors that are not fully visible*

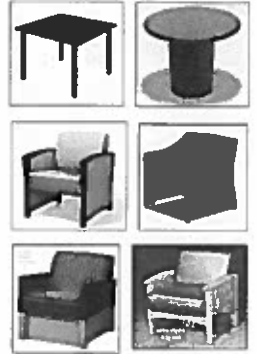
## B. Level III - Lounges, Day Rooms & Non-Visible Corridors



## B. Level III - Lounges, Day Rooms & Non-Visible Corridors

### Not behind locked door

- **Ceiling – not visible**  
Lay-in-clipped, tamper-resistant lights, air grilles, fire sprinklers
- **Glazing – shatter and mar-resistant**
- **Window – no curtains, blinds with plastic wand or strings**
- **Millwork – no open pulls, hinges, should lock**
- **Furniture – attractive, durable, secured, ligature-resistant**



## B. Level III - Lounges, Day Rooms & Non-Visible Corridors

#1 TJC - Inpatient psychiatric units, in both psychiatric hospitals and general/acute care settings must be ligature resistant in the following areas:

- Patient rooms
- Patient bathrooms
- Patient Corridors\*
- Common patient care areas\*

\*In an inpatient psychiatric unit, nursing stations within an unobstructed view (so that a patient attempt at self-harm at nursing station would be easily seen and interrupted) and areas behind self-locking doors will not be cited for ligature risks.

## B. Level III - Lounges, Day Rooms & Non-Visible Corridors

#6 TJC: Drop ceilings in areas that are not fully visible to staff (for example, a right-angle curve of a corridor) or for which it is possible that patients could easily move objects to access the area above the drop ceiling should be noted on the risk assessment and have an appropriate mitigation plan.



## B. Level III - Lounges, Day Rooms & Non-Visible Corridors

### #6 TIC:

- Mitigation strategies for existing drop ceilings in these areas may include tiles that are glued into place; tile retention clips; motion sensors above the ceiling to sense tampering; or another comparable harm-resistant arrangement.
- The acceptability of these strategies depends upon the physical capabilities of the patient population.....adolescent, adult, geriatric, medical, etc.

## Level II

### Group Rooms Therapy, Dining, Group & Corridors with direct supervision

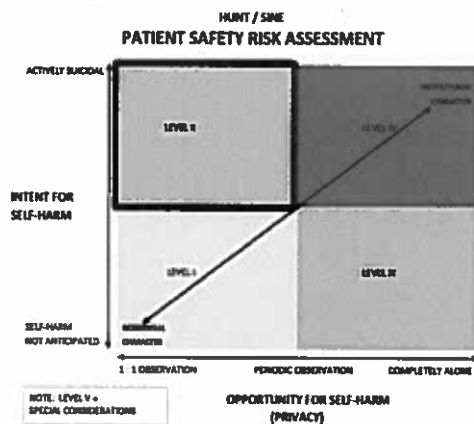


## C. Level II - Activity Rooms, Group Rooms & Visible Corridors

Blue areas on the plan that are directly visible from Nurse/Provider Station and/or have self closing and self locking doors with staff supervision when occupied by patients



## C. Level II - Activity Rooms, Group Rooms & Visible Corridors



Level II: Areas behind self-locking doors where patients are highly supervised and not left alone

Example: activity rooms, group rooms & corridors that are fully visible / door has auto closer (room side) & locks

## C. Level II - Activity Rooms, Group Rooms & Visible Corridors

### Behind self-locking door & Visible Corridors

- **Ceiling** – Lay-in, standard lights, air grilles, fire sprinklers
- **Glazing** – shatter and mar-resistant, no curtains
- **Door** – Barricade-resistant and ligature resistant hardware or two (2) entrances  
(prefer one door out-swinging)
- **Television** – Enclosure
- **Furniture** – attractive, durable, movable, not easily thrown



## C. Level II - Activity Rooms, Group Rooms & Visible Corridors

### #6 TJC:

**Drop ceilings** can be used in hallways and common patient care areas as long as all aspects of the hallway are fully visible and there are no objects that patients could easily use to climb up to the drop ceiling, remove a panel, and gain access to ligature risk points in the space above the drop ceiling.



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## Summary

### Key Actions to be Taken:

1. Risk assessment - identify the risks and document them
2. Mitigate the risks to the extent possible with the built environment
3. TJC surveys will not differentiate between patient population types (age, acuity, etc.)

## Discussion & Questions?

Thank you!!!!

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