BRITISH COLUMBIA | Ministry of Health

APPENDIX J: CHECKLIST
TARGETED PHYSICAL ENVIRONMENT AND DESIGN STANDARDS

Because of the high risks seclusion poses to both patients and staff, it is critical that designated facilities providing a secure room meet the standards and guidelines ensuring health, safety and quality of care. The following checklist assists with maintaining a record of the degree to which select physical environment and design standards have been met. Space is provided to include an explanation of barriers to full compliance. Note that while designated facilities must comply with all standards and guidelines listed in this document, the checklist targets only those that are immediately quantifiable/objective (i.e., appropriate room size, inclusion of an exterior window, etc.) and/or central to the planning, design and construction process. Not all required standards and guidelines are included in the checklist.

GENERAL

Rationale
Secure environments shall be designed and built to support best-practice delivery of services, and ensure the safety of staff, patients, and others on the unit. The environment shall be designed and built to mitigate the risk of harm to self and others, and to conform to all requirements for health and hygiene.

Standard	Met	Partially Met	Not Met	Comments
The secure room shall meet infection control and hygiene requirements.	☐	☐	☐	
The secure room shall be large enough to enable 4-sided access to the secluded patient (min. 13.9 square meters).	☐	☐	☐	

PLACEMENT

Rationale
The secure room shall be placed to ensure easy and prompt access by nursing staff in order to deliver appropriate patient care. The placement of the secure room shall enable close observation of the patient by nursing staff, while also sparing the patient the disruption of conversation and nonclinical interaction in immediately adjacent areas.

Standard	Met	Partially Met	Not Met	Comments
The secure room shall be placed adjacent to the nurses' station and, space and resources permitting, separated from other patients by a vestibule or anteroom.	☐	☐	☐	
The secure room shall be placed away from elevators, stairs, exits, common patient areas, and areas where staff and/or patients typically congregate for non-clinical purposes.	☐	☐	☐	
The secure room shall be placed to include an exterior window.	☐	☐	☐	
Geriatric and neuropsychiatric populations shall be provided with alternatives to a secure room in order to contain individuals who are at risk of elopement, but not imminent violence.	☐	☐	☐	
Clinical leaders shall work with facility planners, designers and builders to ensure that appropriate step-down options are planned for on the unit.	☐	☐	☐	

DOORS AND LOCKS

Rationale
Doors and locks are critical elements to ensure safety and security. Doors, locks, door frames and hinges shall be robust enough to withstand extreme force, and resist buckling or loosening. Doors shall be composed of material that is impact- and tamper-resistant.

Standard	Met	Partially Met	Not Met	Comments
Doors, door frames, and locking mechanisms shall meet all relevant regional and provincial fire, flooding and emergency codes.	☐	☐	☐	

DOORS AND LOCKS continued				
Standard	**Met**	**Partially Met**	**Not Met**	**Comments**
Doors shall be tall and wide enough to enable at least two staff to accompany a patient on either side in and out of the secure room.				
Doors shall be equipped with both magnetic and mechanical locking mechanisms.				
Door lock shall be impact- and tamper-resistant, with a multiple (threepoint) bolting system simultaneously securing the door at the top, bottom and centre.				
Door locks shall be operated by key from inside the secure room. The locking system shall be compatible with other secure room key mechanisms on site.				
The door frame shall be constructed of material and installed in a manner that ensures it is impact- and tamper-resistant, and will not buckle or loosen under extreme force.				
Door handles shall be built to prevent use as a ligature point, and located on the exterior of the door.				
The door of the secure room shall be fitted with a shatterproof, scratchresistant, unbreakable glazed observation panel allowing staff a full view of the secure room when the door is closed.				
The door shall swing outward to prevent barricading inside the secure room.				

WALLS, FLOORS AND CEILINGS

Rationale

Walls, floors and ceilings shall be designed to provide the safest environment possible, which minimizes the likelihood of harm to self, others or the facility, and supports a patient to de-escalate as quickly as possible. Walls shall be extremely durable, able to resist impact (forceful kicking/ punching/body slamming) and tampering.

Standard	Met	Partially Met	Not Met	Comments
Soft wall padding meeting required characteristics shall be installed to increase safety for patients in the event of hitting walls with limbs or heads, and reduce the need for chemical restraint or sedation.				
Walls shall be smooth with no objects that could pose a risk of self-harm or be used for hanging.				
Walls shall be thick enough to provide structural security and reduce noise transmission to adjacent areas.				
Walls shall be washable, and scratch/graffiti resistant.				
Walls shall be painted in a neutral/natural colour, which most people find calming (not white or gray, no patterns).				

WALLS, FLOORS AND CEILINGS continued				
Standard	**Met**	**Partially Met**	**Not Met**	**Comments**
Floors shall be resistant to damage and composed of material that cushions the patient in the event of body slamming or falling.				
Floors shall have a gradual slope to the floor drain in order to facilitate cleaning (i.e., if the toilet overflows or the patient vandalizes the room) while ensuring that the patient can lie relatively flat.				
Floors shall have a washable finish and be slip-resistant.				
There shall be no gap between the floor and the secure room door.				
Ceilings shall be composed of material that resists tampering and abuse.				
Ceilings shall be inaccessible to patients (at least 9' high).				
The ceiling surface shall be solid and smooth. Where there are projections inset (e.g., sprinkler heads), they shall be placed in an area that cannot be reached, including when standing on the toilet in the room.				
Ceilings shall be built to prevent patients from hiding things (e.g., drugs, weapons) in the ceiling area, or from hanging themselves from pipes above the tiles.				
Ceilings shall be built such that there shall be no transmission of intelligible speech outside the secure room.				

WINDOWS

Rationale

Secure rooms shall have an unbreakable, shatterproof observation panel (window) set into the door, and an unbreakable, shatterproof exterior window that provides the patient with natural light. Most people find natural light calming, and access to natural light allows patients to remain acquainted with normal day/night cycles. New builds shall include an exterior window to provide calming natural light in the secure room, assisting the patient to remain engaged by staying acquainted with normal day/ night cycles.

Standard	**Met**	**Partially Met**	**Not Met**	**Comments**
Window glazing shall be impact-resistant and able to withstand severe abuse. Glazing shall be unbreakable and shatterproof even if hit with considerable force.				
Windows shall be installed in a manner that prevents breaking/collapsing on impact (kicking/ punching/force), and can withstand tampering.				
Windows shall include no sharp edges, projections or accessible hardware.				

WINDOWS continued				
Standard	**Met**	**Partially Met**	**Not Met**	**Comments**
Privacy shall be protected with reflective or frosted film on the exterior, and/or blinds/shades that are not accessible to the patient and shall be controlled remotely.	☐	☐	☐	
The door of the secure room shall be fitted with a shatterproof, scratch-resistant, unbreakable glazed observation panel allowing staff a full view of the secure room when the door is closed.	☐	☐	☐	
The panel shall be installed securely to withstand impact (kicking/punching/force) and tampering.	☐	☐	☐	
Where there is no anteroom, the observation panel shall have a curtain to protect privacy.	☐	☐	☐	

SANITATION

Rationale
The design of the secure room shall ensure staff and patient safety and also enable a patient to maintain a sense of dignity. Therefore, all secure rooms shall allow independent access to adequate and safe sanitary facilities. Toilet and washing areas shall be provided in the secure room.

Standard	Met	Partially Met	Not Met	Comments
Toilet and sink shall be robust, stainless steel, anti-suicide combination lavatory.	☐	☐	☐	
Because of the high risk of flooding (e.g., should a patient clog the toilet), the water shut-off valve shall be located outside the secure room, easily and quickly accessible to staff but secured to avoid access by unauthorized individuals.	☐	☐	☐	
The sink shall have a single push-button water supply with mixing valve for hot and cold water.	☐	☐	☐	
There should be a sealed floor drain inside the secure room.	☐	☐	☐	

AIRFLOW AND TEMPERATURE

Rationale
In order to avoid illness or death, secure rooms shall have adequate airflow and maintain a healthy air temperature. Temperature sensors shall be installed in secure, recessed enclosures inside the secure room, on the ceiling to avoid protuberances accessible for self-harm..

Standard	Met	Partially Met	Not Met	Comments
Control of internal secure room temperature shall be managed remotely, e.g., from nursing station.	☐	☐	☐	
All heating and ventilation mechanisms shall be fully recessed and/or secured.	☐	☐	☐	
Adequate airflow and a healthy temperature shall be maintained.	☐	☐	☐	

FIRE AND SAFETY PRECAUTIONS

Rationale
Fire and safety precautions shall be taken for overall protection of the patient, staff and facility. The secure room shall comply with all fire regulations.

Standard	Met	Partially Met	Not Met	Comments
The secure room shall be air-conditioned.	☐	☐	☐	
Airflow mechanisms shall be built to ensure that there shall be no transmission of intelligible speech outside the secure room.	☐	☐	☐	
Tamperproof institutional sprinkler heads shall be installed with tamper-resistant screws and made to break away under a 50-lb. load to reduce the risk of suicide by hanging.	☐	☐	☐	
Smoke/heat detectors shall be security-type, tamper-proof, and resistant to self-harm/hanging.	☐	☐	☐	
A policy and procedure exists for unlocking the doors in order to evacuate patients in the event of a Stage 2 or higher fire alarm or other emergency situation.	☐	☐	☐	
Blind spots shall be eliminated in the secure room to enable full staff visualization of the patient and thus prevent the patient from harming him/herself or others.	☐	☐	☐	
A wireless, staff-operated alarm system shall be provided.	☐	☐	☐	
A fixed, hard-wired panic device shall be installed within three feet of the secure room door.	☐	☐	☐	

FURNISHINGS

Rationale
To prevent harm to patients and staff, furnishings in the secure room shall be limited to items that are essential to providing appropriate patient care. The secure room shall contain only essential equipment and furnishings.

Standard	Met	Partially Met	Not Met	Comments
The secure room shall contain a mattress on the floor or thick floor mat manufactured specifically for use in a secure area, and to prevent harm to the patient or others.	☐	☐	☐	
Blankets (e.g., a "strong blanket") shall be manufactured specifically for use in a secure environment.	☐	☐	☐	

LIGHTING

Rationale
In addition to calming/orienting natural light, secure rooms shall have lighting fixtures that meet safety requirements and provide illumination appropriate to the patient's and staff's needs. The secure room shall be fitted with moisture-resistant, inset, tamper-proof fixtures installed with secure screws.

Standard	Met	Partially Met	Not Met	Comments
Lighting shall be warm medium bright.	☐	☐	☐	
Light switches and dimmers shall be located immediately outside the secure room, and externally controlled.	☐	☐	☐	
The secure room shall receive natural light from an exterior window.	☐	☐	☐	
The secure room shall be able to be darkened completely upon patient request in order to facilitate appropriate patient rest.	☐	☐	☐	

COMMUNICATIONS, MONITORING AND ENGAGEMENT TOOLS

Rationale
Patients are less likely to have a negative experience of seclusion when staff take steps to engage them through constant contact. To foster contact and to mitigate the risk of harm to patients (self-harm) or staff during the intervention, it is critical for staff to have a full view of the entire secure room at all times, with no blind spots from both the nursing station and outside the secure room door.

Standard	Met	Partially Met	Not Met	Comments
The secure room shall be fitted with an audio-visual system with the capacity for night vision for continuous staff observation of the patient in the secure room.	☐	☐	☐	
CCTV monitors and intercom devices shall be placed at the nurses' station and in the anteroom, where an anteroom exists.	☐	☐	☐	
Controls and equipment in the secure room shall be installed to prevent damage, tampering or self-harm.	☐	☐	☐	
Controls at the nurses' station/staff viewing area shall allow the intercom volume to be adjusted but not turned off (i.e., nurses must always monitor sound).	☐	☐	☐	
Where there is an anteroom, it shall contain a clock that is fully visible to the patient through the in-door observation panel, and can be read in all lighting conditions. Where there is no anteroom, the clock shall be placed outside the secure room in a way that ensures visibility.	☐	☐	☐	

ACOUSTICS

Rationale
An acoustical environment that prevents as much noise transmission as possible between the secure room and the rest of the unit protects the secluded patient's privacy, provides a more calming space for the patient being secluded, limits disruption for patients and staff outside the secure room, and helps to prevent agitation of patients outside the secure room.

Standard	Met	Partially Met	Not Met	Comments
The standards for acoustics shall be utilized in combination with the standards for doors, floors, walls, ceilings, airflow and temperature, and lighting.	☐	☐	☐	
There shall be no transmission of intelligible speech between the secure room and the remainder of the unit.	☐	☐	☐	

PREVENTATIVE AND ALTERNATE SPACES

Rationale
It is important for units in designated facilities to include spaces that support the prevention of seclusion. Patients who can access private space or time away from the general milieu of the unit as required, and who are supported to access this space with autonomy, may avoid the kind of crisis that leads to seclusion.

Standard	Met	Partially Met	Not Met	Comments
Patients should have autonomous access to less restrictive spaces than the secure room in which to prevent escalation or de-escalate, providing there is no danger of imminent harm to self or others.	☐	☐	☐	
Preventive and alternative, unlocked spaces that should be considered in the design of any unit include: private bedrooms, comfort rooms, multisensory rooms, and/or time-out rooms.	☐	☐	☐	

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