Excerpt from FGI Guidelines – 2022 Hospital Chapter 1.2: Planning, Design, Construction, and Commissioning

Appendix material, intended to be advisory only, is offset and begins with the letter "A" following the corresponding section in the main text.

*1.2-4.6 Behavioral and Mental Health Risk (Patient Injury and Suicide Prevention) Assessment

> **A1.2-4.6 Behavioral and mental health risk assessment.** Risk should be determined through simultaneous consideration of the inherent danger of environmental features throughout the facility based on patient profile and acuity, and the potential for harm against self or others.
>
> a. The governing body should develop a detailed assessment of the level of risk for each program area in the facility where behavioral and mental health patients may be present, be diagnosed, or treated. Consideration should include patients with comorbidities (i.e., a patient with both medical and behavioral and mental health conditions) even if the primary diagnosis is a medical condition.
>
> b. Each area should be evaluated to identify the architectural details, surfaces, and furnishings and exposed mechanical and electrical devices and components to be addressed in the risk assessment.

1.2-4.6.1 Behavioral and Mental Health Elements of the Safety Risk Assessment

The SRA report shall identify areas where patients at risk of injury and suicide will be served.

1.2-4.6.2 Behavioral and Mental Health Response

1.2-4.6.2.1 The SRA team shall identify mitigating features for the identified at-risk locations.

*1.2-4.6.2.2 The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their behavioral and mental health condition.

> **A1.2-4.6.2.2 Risk levels by space type.** Consideration of risk levels should take into account the relative risk of a space based on patient acuity, whether the patient is alone or among other patients and staff, and the specific spatial conditions (e.g., visibility) created by the layout and configuration of the space. Industry guidance documents suggest the following risk levels by space type.

a. *High level*: areas where patient acuity poses increased risk, areas where patients are alone or under minimal supervision, and areas where the risk has not yet been identified. Examples include:

—Seclusion rooms

—Patient bedrooms

—Patient toilet rooms and bathing facilities

—Emergency department (area under good supervision but dealing with unpredictable patients

—Intake/interview rooms (where unknown patient acuity poses an increased risk)

b. *Moderate-high level*: areas where patients interact with less direct supervision. Examples include:

—Activity spaces, group rooms, and treatment spaces

—Dining areas and recreation spaces, both indoor and outdoor

—Quiet rooms

—Patient-use laundry rooms

c. *Moderate-low level*: areas where patients are supervised and/or under direct observation. Examples include:

—Procedure rooms, exam/treatment rooms, and specialty therapy rooms (**Note:** exam/treatment rooms also may be considered higher risk depending on understanding of patient acuity

—Counseling/consultation rooms

—Visitor rooms

—Corridors

d. *Low level*: staff services areas where patients are not allowed. Examples include:

—Public lobby areas

—Waiting rooms (with direct supervision and observation of patients)

—Private offices

(1) This patient environment shall be designed to protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement and harm to self, others, and the care environment.

(2) The design of behavioral and mental health patient areas shall accommodate the need for clinical and security resources.