

CF OPERATING PROCEDURE
NO. 155-41

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, July 10, 2015

Mental Health/Substance Abuse

ENVIRONMENTAL RISK MANAGEMENT IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure describes structural and environmental precautions to be assessed in order to minimize the risk of suicidal and self-injurious behaviors for residents of civil and forensic state mental health treatment facilities and the Florida Civil Commitment Center.
2. Scope. All civil and forensic state mental health treatment facilities, whether operated by the Department of Children and Families or by contract with private entities, will comply with the procedures and requirements described herein.
3. References.
 - a. Chapter 394, Florida Statutes (F.S.), Part I: Florida Mental Health Act.
 - b. Chapter 916, F.S., Forensic Client Services Act.
 - c. Chapter 65E-5, Florida Administrative Code (F.A.C.), Mental Health Act Regulation and Chapter 65E-15, F.A.C.
 - d. Chapter 65E-20, F.A.C., Forensic Client Services Act Regulation.
 - e. Section 65E-5.602, F.A.C., Rights of Residents of State Mental Health Treatment Facilities.
 - f. CFOP 155-26, Safe and Supportive Observations of Residents.
 - g. CFOP 155-29, Management of Minimum Coverage in State Mental Health Treatment Facilities.
 - h. CFOP 155-3, State Mental Health Treatment Facilities Mortality Reporting and Review Procedure.
 - i. Commission on Accreditation of Rehabilitation Facilities, 2014 Behavioral Health Standards Manual.
 - j. The Joint Commission, "A Framework for a Root Cause Analysis and Action Plan In Response to a Sentinel Event", March 21, 2013.
 - k. The Joint Commission, Management of the Environment of Care Chapter, November 24, 2008.
4. Definitions. For the purposes of this operating procedure, the following definitions shall apply:
 - a. Resident. A person who receives services in a state mental health treatment facility. The term is synonymous with "client", "consumer", "individual", "person served" or "patient".

This operating procedure supersedes CFOP 155-41 dated May 31, 2013.

OPR: SMF

DISTRIBUTION: X: OSES; OSGC; ASGO; SMF; Mental Health Treatment Facilities.

b. Quality Assurance Director. A staff person responsible for the management of quality review throughout a facility.

c. Quality Control Program Coordinator. A staff person responsible for ensuring safety through the environmental quality control program that may be housed in the facility's quality assurance department.

5. Procedure.

a. Inspections of Structural and Environmental Features. All state mental health treatment facilities will inspect structural and environmental features in areas where residents are granted access. Areas include living quarters, areas in which resident activities occur, and common areas.

b. Frequency of Inspections. At minimum, reviews should be conducted quarterly and after a suicide or suicide attempt. Facilities may have residential units complete monthly reviews between units, if the facilities are concerned that reviews within units would be more prone to error as the result of complacency. The "Structural and Environmental Issues Checklist" (see Appendix A to this operating procedure) may be used as a basis for conducting the reviews, with specific facility modifications, due to physical plant differences. A copy of unit monitoring sheets will be sent monthly to the Quality Control Program Coordinator.

c. Monitoring and Quality Control Requirements.

(1) All facilities will have the following structural review processes in place and current:

(a) An environmental quality control program ensuring facility safety housed in the facility's quality assurance department;

(b) Comprehensive health and safety self-inspections conducted at least quarterly on each shift or sooner as events dictate, and always after a suicide or suicide attempt, with timeframes for completion of corrective actions; and,

(c) An opportunity and mechanism for direct care staff to make recommendations to the quality control program coordinator regarding environmental safety issues.

(2) All facilities will include the following environmental and physical facility factors as part of the mortality review process of a suicide, homicide or accidental death:

(a) Related physical and environmental factors will be included in the mortality report;

(b) The mortality review committee will document any recommendations for changes to the physical facility or controllable environment to prevent future incidents; and,

(c) Any recommendations will be forwarded to the facility administrator and the quality control program coordinator.

(3) The quality control program coordinator or quality assurance director will develop an action plan with timelines for completion to address any recommendations, including necessary structural or procedural changes, and submit it to the facility administrator. The facility administrator will take immediate action to mitigate serious hazards to provide interim corrective actions until all elements of the action plan can be completed. The quality control program coordinator or quality assurance director will be responsible for following up on the action plan and reporting to the facility administrator, or designee, when the corrective actions have been completed.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

WENDY SCOTT
Director, State Mental Health Treatment Facilities

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Updated the references cited in paragraphs 3i and 3j. In Appendix A, updated "Issues To Consider" for wall fixtures and shower fixtures.

STRUCTURAL AND ENVIRONMENTAL ISSUES CHECKLIST TO HELP MINIMIZE SUICIDAL AND SELF-INJURIOUS BEHAVIORS

BLDG/UNIT/WARD: _____

DATE: _____

REVIEWERS: _____

RESIDENTIAL SETTINGS	ISSUES TO CONSIDER	SPECIFIC LOCATION	FOLLOW-UP ISSUES
Clothing Hangers	Use of plastic hangers only; removal of small hooks from plastic hangers; removal of wire hangers		
Linens	Linen count. Any missing?		
Loose Screws and Nails	Removal of unnecessary screws; tightening of loose screws		
Plastic Bags	Are bags necessary in this location and for these purposes? Can paper bags be used?		
Sharps	Are staff able to explain the accountability system; are staff able to explain the facility policy for use of razors? Is there appropriate storage of sharps containers? Do residents have access?		
Hot Water Dispensers	Is access limited to residents deemed to present low risk?		
Chemicals, Medications and Cleaning Supplies	Are supplies maintained in locked cabinets, closets and cleaning carts? Are supplies left unattended? Are staff able to explain policies?		
Telephones	Are phones visible to staff? Are cords too long?		
Batteries	Battery count. Any missing?		
FITTINGS AND FIXTURES			
Shower Fixtures	Can fixtures be easily broken or swallowed? Would rods support the weight of a resident or would they break away? Are shower curtains that do not require hooks used? Are removable shower heads and cords removed following use?		

Window Curtain Fixtures	Would rods support the weight of a resident or would they break away?		
Bulletin Boards	Is tape used to hang information? Are thumbtacks and staples used only on boards behind a locked unbreakable window?		
Toilet Tissue Dispensers	Can dispensers be easily broken off?		
Paper Towel Dispensers	Are they locked?		
Towel Bars	Would bars support the weight of a resident or would they break away?		
Unsecured Wall Fixtures	Are fixtures, including picture frames, bolted to the wall with recessed screws? Are hand rails (grab bars) adequately secured to the wall?		
Clothing Hooks	Would hooks support the weight of a resident or would they break away?		
Mirrors	Are plastic mirrors available in "at-risk" areas?		
Light Fixtures	Check for tampering. Are light bulbs covered with a plastic fixture?		
Unused Fixtures	Are unused fixtures like plant hangers, television arms or unused curtain rod holders removed?		
FURNITURE			
Television Cabinets	Secured to wall? Can they tip over? Locked?		
Clothing Closets	Should metal bars in closets be replaced with shelves?		
Electrical Cords	Are cords ducted so they are not loose or dangling? No extension cords in use.		
Sofas, chairs, tables, beds & other furniture	Check for dismantling, loose or broken parts.		

Unused Furniture	Removed?		
STRUCTURE			
Climbing Hazards	Trees, stairs, fire escapes, water towers, retaining walls and other climbable entities may offer at-risk persons access to high places. Consider physical changes and altering freedom of movement boundaries.		
Air Vents & Fans	If considered a potential hazard, consider replacing with another grill.		
Ceilings	Check for hidden implements in low drop ceilings. Check ceiling designs for removable or alterable parts and to determine if residents may have access to concealed framework, piping or ducting structures.		
Flooring	Check flooring for removable or alterable parts and to determine if residents may have access to concealed framework, piping or ducting structures.		
Windows	For breakable windows, check for broken glass. Are interior safety screens locked?		
Door closing devices and hinges	Check for dismantling, loose or broken parts, or elements that pose a hanging risk.		
OTHER (please specify)			