

support individuals with varying levels of cognitive impairment.

2.2-4.2 Physical Environment Elements for Risk Reduction

Consistent with an individual facility's functional program, the design concepts and architectural details described in this section, which are intended to address safety risks to residents and staff in care settings for residents with dementia, mental health diagnoses, and cognitive and developmental disabilities, shall be integrated into the project to reduce those risks.

*2.2-4.2.1 Safety and Security Systems

Resident security shall be provided through systems that secure the resident unit and comply with life safety codes.

2.2-4.2.1.1 The resident care model shall be the basis for the type of security system used, whether it is operationally and/or physically based.

2.2-4.2.1.2 If the functional program requires limiting the movements of any resident(s) for their safety, all door locking arrangements shall be in full compliance with applicable requirements of NFPA 101: *Life Safety Code*®.

2.2-4.2.1.3 Areas to be secured shall be based on the needs of the care population and shall be permitted to

include, bathing, soiled utility, service areas, storage and staff work areas.

2.2-4.2.1.4 Sharing of common areas by residents with dementia, mental health diagnoses, and cognitive and developmental disabilities and other care populations shall be permitted provided the needs of all residents sharing the areas are met.

2.2-4.2.1.5 For units housing residents with a primary psychiatric diagnosis, fail-secure locking shall be provided in compliance with NFPA 101 and the International Building Code as indicated in the resident safety risk assessment.

2.2-4.2.1.6 Operable windows. Provision of operable windows shall be permitted.

- (1) Operable windows shall be designed to address elopement and accidental falls.
- (2) Operable windows shall comply with the requirements in Section 2.4-2.2.6 (Windows).
- (3) Where indicated by the resident safety risk assessment, security glazing shall be used for mental health units.

*2.2-4.2.2 Physical Environment Features and Harm Reduction

Physical environment features shall be considered to reduce harm and address potential risks to the care population.

APPENDIX (continued)

—*Patient Safety Standards, Materials and Systems Guidelines* (New York State Office of Mental Health)

—VHA Handbook 1330.01: *Health Care Services for Women Veterans* (Department of Veterans Affairs, Veterans Health Administration)

A2.2-4.2.1 Elopement prevention. If elopement is a concern, the following should be considered:

- a. The number of entrances and exits from residential areas should be kept to a minimum.
- b. Secure therapeutic outdoor areas, using security measures that are as non-institutional as possible, should be provided.
- c. Electronic door controls, including delayed egress, should be used for emergency egress as allowed by code.
- d. Circulation patterns should be simple and without blind spots.
- e. Means of casual observation of resident living areas should be

provided from staff offices and work areas not directly responsible for observing residents.

- f. Locks on wardrobes, closets, or cupboards should be inconspicuous.
- g. A secure vestibule with a pair of locked doors should be provided at the entrance as needed to minimize resident elopement.
- h. Protective film should be added to the interior face of laminated glazing panels to inhibit access to glass shards if the glass is damaged.

A2.2-4.2.2 Physical environment features and harm reduction

- a. Provision of the following physical environment features can reduce opportunities for residents to harm themselves, other residents, and staff:
 - An open layout that gives staff the ability to observe resident living areas