Patient Safety Alert

Veterans Health Administration Warning System
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Item: **Attempted hanging from a door in a locked mental health unit**

Specific Incident: A review of the NCPS Patient Safety Information database revealed 31 Root Cause Analysis (RCA) reports addressing attempted suicides using swinging doors as the anchor point. Additionally, 350 SPOT safety reports mentioned doors as an issue.

One anchor point on a swinging door that is often overlooked is between the latching edge of the door and the door frame. When a knotted sheet, article of clothing or other ligature is closed in the door and wedged in this space, it can serve as an anchor point (Photograph 1). The following adverse event demonstrates this vulnerability.

> *Staff entered a patient sleeping room on a locked mental health unit to investigate a strange noise and found the end of a knotted linen sheet protruding from the outside of the interior bathroom door. The sheet was wedged between the latching edge of a cut down door and the door frame above the roller latch closure. The patient was inside the bathroom on the floor with the other end of the sheet wrapped around their neck.*

The presence of a cut down door can provide staff with a false sense of security and instill the belief that anchor points have been removed from the door.

General Information: A cut down door (a door with the top angled down from hinge to latch side) is preferred over standard swinging doors for interior (non-corridor) doors to private bathrooms and similar spaces. However, the presence of door latching hardware, including roller latches, provides an accessible anchor point to patients when ligatures are pinched between the door edge and the door frame.

Another potential anchor point may exist above the continuous (piano) hinge of a cut down door. While a continuous hinge is recommended over standard door (2 or 3 point) hinges, it is not without risk. The continuous hinge must have a “hospital cut” at the top providing a sloped surface for the entire top surface of the door (Photograph 2).

Actions:

1. By close of business (COB) October 9, 2009, the **Facility Director (or designee)** will ensure that all staff working in locked mental health units and Facilities Engineering are made aware of this Patient Safety Alert.

2. If cut down doors or SER doors (see Note #3) are installed in locked mental health units, then by COB October 30, 2009, the **Manager of the Mental Health unit (or designee)** will ensure that one of the following actions is carried out.

   a) Remove latching door hardware, (positive latching or roller latches) on cut down doors or SER doors. Fill any holes in the doors to remove potential anchor points. Trim back the latching edge of the door to create a gap of approximately 1 inch between the door and the door frame that will not permit a ligature to be pinched between them. Install a soft gasket material to the latching edge of the door that is cut into lengths not exceeding 12 inches. (Photograph 2).

   or

   b) Replace cut down doors equipped with any type of latching door hardware with soft break-away doors for bathrooms and showers (see Photograph 3 and the Additional Information section).

3) By COB November 3, 2009, the **Patient Safety Manager** shall document the status of this Patient Safety Alert on the VHA Hazardous Recalls/Alerts website.

Additional Information: **It is important to understand that no mechanical alterations or product solution can be 100% effective in preventing suicides; constant awareness and patient observation are required.**

Note 1: Not providing a bathroom door is not recommended, as this provides little or no privacy. Moreover, while limiting potential physical hazards in the environment of care is an important part of reducing risk of patient self-harm, promoting engagement with and monitoring of patients through therapeutic activities and individual contact is particularly important for preventing or reducing risk of attempted self-harm**.**

Note 2: Doors (including wardrobe and closet doors) inside patient bedrooms are the most common anchor point for hanging. Where possible, bathroom doors should be replaced with anti-ligature doors such as the ones in this alert. Closet and wardrobe doors should be removed per the Mental Health Environment of Care (MHEOC) Checklist. Units Treating Suicidal Patients (XLS)

Note 3: The door shown in Photograph 2 is the Sentinel Event Reduction (SER) door available from Norva Plastics Inc. http://www.norvaplastics.com/

Note 4: The door shown in Photograph 3 is the Soft Suicide Prevention Door developed by a VAMC and available from Kennon Aircraft Covers (800)-356-0809 or sales@kennoncovers.com). http://www.suicideproofing.com/

Source: VA Medical Centers

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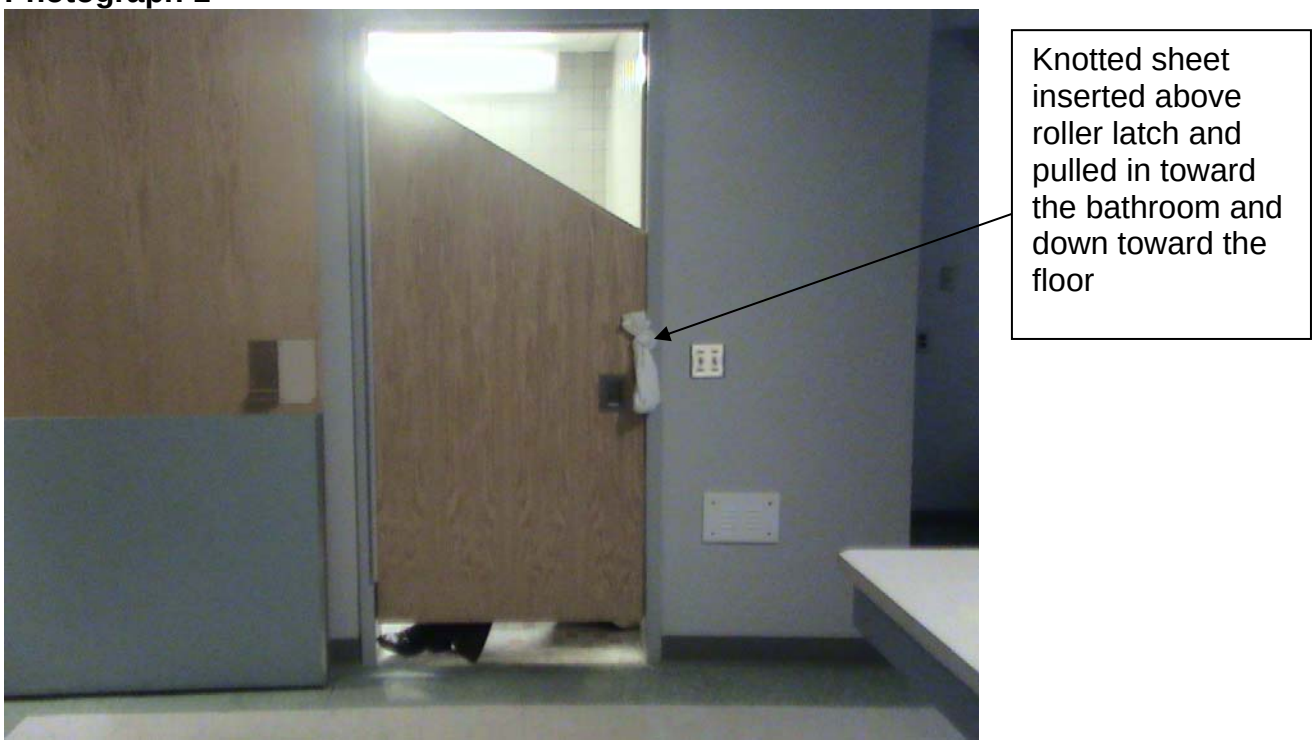
Photograph 1



Photograph 2

Continuous piano hinge with sloped “hospital cut” top.

The soft gasket edge material must be cut into 12” strips before installation to prevent a patient from tearing the strip off the door and using it as a ligature for hanging.

Photograph 3

Velcro hinge