Patient Safety Alert

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Item: Operable exterior windows in locked inpatient mental health units

Specific Information: A patient in a seclusion room of a locked VAMC mental health unit opened a window using just their fingers and dropped two floors to the ground resulting in a serious injury. The patient was being observed using a television monitor. A bracket initially installed to limit the window opening to a maximum of 4 inches was missing, permitting the window to open to 12 inches. The window is designed to be locked using a wrench (similar to an Allen wrench) which turns a 'tamper resistant' screw. The wrench is supposed to be able to be removed only if the locking mechanism is engaged; however, the wrench was absent and the window was not locked. See photos # 1 and # 2 in the attachment.

General Information: Windows must be secured and tamper-resistant regardless of type or age. The windows involved in this incident were approximately 20 years old and the manufacturer's information had been lost.

> While this incident occurred in a seclusion room, the vulnerability exists for all rooms in a locked inpatient mental health unit with operable windows. Ideally, seclusion rooms should not have windows other than the observation window in the door per the Mental Health Environment of Care (MHEOC) Checklist.

Note that the addition of a bracket limits the window opening (see Photo #3 in the Attachment), but it creates a hanging anchor point requiring patient supervision when the window is open.

Actions:

- 1. By close of business (COB) September 4, 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. By COB September 4, 2009, the Manager of the Mental Health Unit (or designee) will:
 - a) inspect exterior operable windows in the locked unit to determine if they have vulnerabilities similar to those illustrated in the attached photos, are properly secured and have window stops limiting the maximum opening to 6 inches or less, depending on an assessment of your patient population, or have security screens.

- b) ensure staff inspect any window locking wrenches or keys to make certain that they engage and activate the locking mechanism securely and are not worn.
- c) if vulnerabilities are found in a) or b) above, corrective actions must be taken. Possible actions include, but are not limited to, arranging for repair or replacement of the locking mechanism and wrenches, covering the windows with Lexan, installing security screens (e.g., Chamberlin Screens), or replacing the windows.
- 3. By COB September 4, 2009, the Manager of the Mental Health Unit (or designee) will incorporate a process to control and document the location of the window wrenches or keys in their unit key control system and ensure that the window locks are inspected prior to each patient admission.
- 4. By COB September 11, 2009, the **Facilities Manager (or designee)** must update their inspection system documentation to include an inspection of the window locking mechanisms and keys for routine, semiannual environmental inspections of the unit.
- 5. By COB September 11, 2009, the Facilities Manager (or designee) must assure that a process is in place to inspect windows in mental health unit rooms after any service, repair or renovation work is performed in the locked mental health rooms.
- By COB September 14, 2009, the Patient Safety Manager shall document the status of this Patient Safety Alert on the VHA Hazardous Recalls/Alerts website. http://vaww.nbc.med.va.gov/visn/recalls/index.cfm

Add'l. Information:

It is not the intent of this Patient Safety Alert to imply or require that non-operable windows be installed throughout locked inpatient mental health units. Post hurricane Katrina analysis in private sector hospitals in New Orleans revealed that the lack of operable windows during sustained power loss (resulting in loss of air conditioning), when total evacuation of the building was not possible, had severe results.

Source: A VA Medical Center

Attachment: Photos (three) of Windows with Locking Mechanisms

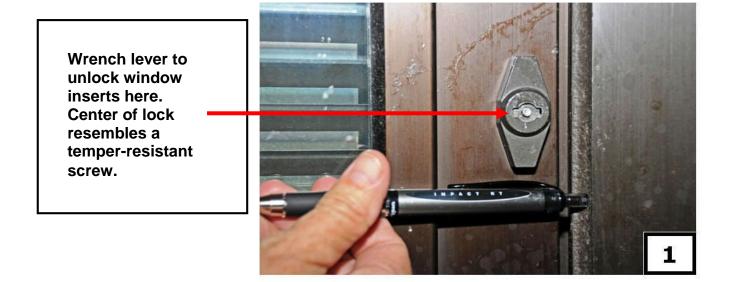
Contact: Tom Bauld, VA National Center for Patient Safety (NCPS):

(734) 930-5890, or

Brad Karlin, PhD, VHA Office of Mental Health Services (OHMS):

(202) 461-7304

Attachment: Photos of Windows with Locking Mechanisms



Attachment: Photos of Windows with Locking Mechanisms (cont.)

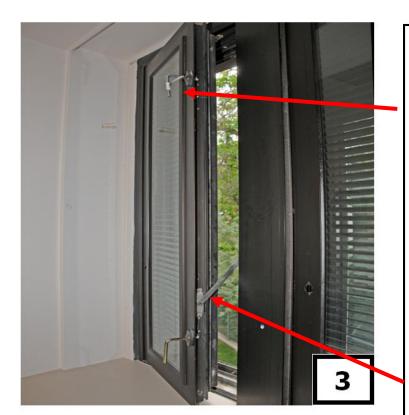


Wrench lever inserted.

Wrench lever shown in horizontal position = Locked position

When wrench lever in vertical position = Unlocked position

Attachment: Photos of Windows with Locking Mechanisms (cont.)



Wrench Levers are supposed to stay locked in place as long as window is unlocked, providing a visual cue.

But, wrench levers were removed and window was shut in the unlocked mode allowing patient to open.

The window is deeply inset into the frame and will stay shut if unlocked and pushed closed.

Note also the anchor point at the bracket.