08840-H: GLAZING, PSYCHIATRIC AREAS

GENERAL

In general, follow the guidelines below when designing and specifying glazing materials for installation in psychiatric areas. Unless specifically indicated otherwise, these guidelines are not intended to restrict or replace professional judgment.

All glazing must comply with all codes listed within SID-F and SID-F-H, with special attention to State of Michigan HFES Minimum Standards section A7.6 and A7.28.A11.

Reference “Design guide for the Built Environment of Behavioral Health Facilities,” distributed by the National Association of Psychiatric Health Systems. Glazing products shall be selected to minimize the possibility of damage, including surface cracking, in addition to providing secured enclosure. The extent of possible deflection should be considered in detailing the framing.

APPLICABILITY

To be used in all psychiatric treatment areas and Emergency Department Triage areas.

STANDARDS

1. Safety glazing, meeting Consumer Product Safety Commission CFR 1201 Category II requirements, or polycarbonate products are to be specified wherever glass occurs within psychiatric patient areas. This will include the following: Exterior windows, borrowed lights in walls or doors, and one-way observation windows. Annealed glass should never be used on the patient access side of laminated products, since it can allow access to sharp shards after impact.

2. Observation windows into seclusion rooms shall be sized and located so that there are no hidden areas within the room. Angled walls are preferred. Observation windows into seclusion rooms are to be clear two-way. Laminated glazing products should meet Test UL 972.

ONE-WAY OBSERVATION WINDOWS

One-way observation windows shall be fabricated of laminated safety glazing, and are to be limited to areas required by program.