



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Doorstop Usage

Effective Date: June 29, 2020

Policy: SF-09

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- I. PURPOSE:** To outline the use of doorstops in patient occupied areas of Montana State Hospital (MSH).
- II. POLICY:**
 - A. It is the policy of MSH to provide a safe environment for all patients, staff and visitors.
 - B. It is also the policy of MSH to comply with all applicable fire and safety codes as published by the National Fire Protection Association (NFPA).
- III. DEFINITIONS:**
 - A. **Fire Door:** For the purpose of this policy a fire door is defined as a door which has an automatic closure and a fire door rating.
 - B. **Doorstop:** Any mechanical or non-mechanical device designed for the purpose of holding doors open without a human act.
 - C. **Designated Patient Occupied Area:** Patient occupied areas are the main hospital building, Spratt building, MSH Mental Health Group Homes, Recovery Center, and Therapeutic Learning Center.
- IV. RESPONSIBILITIES:**
 - A. The Safety Officer, Managers/Supervisors, Department Heads, and Security Officers will enforce this policy by conducting periodic inspections of all offices and rooms in patient occupied buildings. The Safety Officer will communicate to Management all repeat offenses to this policy and submit copies of all inspections to the Management Team and the Quality Improvement Committee.
 - B. All management and supervisory personnel will be responsible for employee disciplinary related to this policy.
 - C. The Housekeeping Supervisor will conduct training to all custodians on proper use of a portable doorstop and procedures to be followed during fire emergencies.
 - D. The Maintenance department shall maintain the integrity and proper functioning of all fire doors.
- V. PROCEDURE:**
 - A. All fire doors with automatic closures shall be maintained in a condition which when fully opened and released, the door will automatically close and latch without assistance.
 - B. Employees will not prop open any fire door in patient occupied areas except in cases of emergency or for the safety and security of patients, staff and visitors. Employees

must remain in the immediate vicinity when a door is propped opened. Examples:

- 1. To allow staff to observe visitation between visitors and patients in visiting rooms.
- 2. For custodians to clean rooms and remain in sight of housekeeping carts. Doorstops will be locked inside the cart when not in use.
- 3. During interviews when the patient must be observed from the outside of the room by a staff for security/safety purposes.
- 4. Doorstop must be removed immediately when activity ends.

C. In the event of fire and evacuation all employees using a doorstop to keep a fire door open shall remove the doorstop from the door before evacuating the area. No unoccupied room shall be left with the fire door propped open. Failure to close all doors during fire drills will be documented on Fire Drill Report forms and reported to supervisors as part of the post fire drill debriefing.

D. Doorstops must be removed immediately when an activity ends, and the room is vacated or no longer needs to be observed from the outside.

E. No items which are not a manufactured doorstop will be used to prop open any door (fire door or non-fire door) to include furniture, carts, trashcans, etc. This not only includes patient occupied areas but includes all doors at MSH.

VI. **REFERENCES:** National Fire Protection Association (NFPA) 101, Life Safety Code Standard 19.3.6.3.

VII. **COLLABORATED WITH:** Hospital Administrator, Safety Officer, Maintenance Supervisor, Housekeeping Supervisor, Director of Quality Improvement, and Director of Nursing.

VIII. **RESCISSIONS:** SF-09, *Doorstop Usage* dated December 11, 2015; SF-09, *Doorstop Usage* dated May 2, 2014; SF-09, *Doorstop Usage* dated August 11, 2010; SF-09, *Doorstop Usage* dated February 24, 2009.

IX. **DISTRIBUTION:** All hospital policy manuals.

X. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. **FOLLOW-UP RESPONSIBILITY:** Safety Officer.

XII. **ATTACHMENTS:** None.

_____/_____/_____
Kyle Fouts Date
Hospital Administrator

_____/_____/_____
Vacant Date
Director of Quality Improvement