

SAFETY RISK ASSESSMENT (SRA)
STAGE II STANDUP REVIEW: DECEMBER 11, 2025
AHCA OPC PROJECT # 23/23960034-19987
ORLANDO HEALTH MELBOURNE
FREESTANDING EMERGENCY CARE FACILITY - VIERA



ORLANDO
HEALTH®

Table of Contents:

1.2-4 Safety Risk Assessment	3
1.-2-4.1 General.....	3
1.2-4.2 Infection Control Risk Assessment (ICRA)	10
1.2-4.3 Patient Handling and Mobility Assessment (PHAMA).....	124
1.2-4.4 Fall Prevention Assessment.....	188
1.2-4.5 Medication Safety Assessment	20
1.2-4.6 Behavioral and Mental Health Risk (Patient Injury and Suicide Prevention) Assessment	21
1.2-4.7 Patient Immobility Assessment.....	23
1.2-4.8 Security Risk Assessment	244
1.2-4.9 Disaster, Emergency, and Vulnerability Assessment (DEVA).....	26

Text Color Legend:

X.X-X.X FGI Section: Text in black color are passages from the FGI 2022 document.

Text in bold black and underlined are project specific responses or clarifications.

1.2-4 Safety Risk Assessment (SRA)

*1.2-4.1 General

A1.2-4.1 Tools and information to assist in the development of a safety risk assessment can be found on the websites of the Facility Guidelines Institute and the Center for Health Design. As well, information about the SRA and the disaster, emergency, and vulnerability assessment can be found in the FGI white paper "Guidance for Designing Health and Residential Care Facilities that Respond and Adapt to Emergency Conditions" posted at <https://fgiguidelines.org>.

This document serves as the new freestanding emergency care facility (FSECF) safety risk assessment. Additionally, contractor shall comply with the "Orlando Health Project Safety Management Policy and Rules and Regulations" book and shall obtain this document directly from the owner.

1.2-4.1.1 SRA Requirement

1.2-4.1.1.1

All hospital projects shall be designed and constructed to facilitate the safe delivery of care.

This document serves as the new FSECF's safety risk assessment. Risks are evaluated in the sections below and itemized accordingly.

1.2-4.1.1.2

To support this goal, a multidisciplinary team shall develop a safety risk assessment.

1.2-4.1.2 SRA Components

See Table 1.2-1 (Safety Risk Assessment Components) to determine if the following SRA components are required for a project:

Table 1.2-1

Safety Risk Assessment Components

The table below applies to new construction only as there is no renovation components to this project.

Component	Facility Type/Area	Project Scope	Guidelines Reference
Infection control risk assessment	All	<ol style="list-style-type: none"> 1. New construction 2. All renovations 	1.2-4.2
Patient handling and mobility assessment	Areas where patient handling, transport, transfer, and movement occur	<ol style="list-style-type: none"> 1. New construction 2. Major renovation and renovations changing functional use of space 3. Minor and minimal renovations where patient handling occurs 	1.2-4.3
Fall prevention assessment	Any area to which a patient or family member has access	<ol style="list-style-type: none"> 1. New construction 2. Major renovation and renovations changing functional use of space 3. Minor and minimal renovations where patient falls may occur 	1.2-4.4
Medication safety assessment	Medication safety zones	<ol style="list-style-type: none"> 1. New construction 2. Major renovation and renovations changing functional use of space 3. Minor and minimal renovations where medication preparation, processing, and distribution occurs 	1.2-4.5
Behavioral and mental health risk assessment	Any area where behavioral and mental health patient care is provided	<ol style="list-style-type: none"> 1. New construction 2. Major renovation and renovations changing functional use of space to include care of behavioral and mental health patients 3. Minor and minimal renovations where behavioral and mental health patient treatment occurs 	1.2-4.6

Component	Facility Type/Area	Project Scope	Guidelines Reference
Patient immobility assessment	Inpatient locations	1. New construction 2. Major renovation and renovations changing functional use of space to inpatient use 3. Minor and minimal renovations where inpatient care occurs	1.2-4.7
Security risk assessment	All	1. New construction 2. All renovations	1.2-4.8
Disaster, emergency, and vulnerability assessment	All	1. New construction 2. All renovations	1.2-4.9

1.2-4.1.2.1

Infection control risk assessment

Refer to Section 1.2-4.2 for itemized ICRA components and requirements.

1.2-4.1.2.2

Patient handling and mobility assessment

Refer to Section 1.2-4.3 for itemized PHAMA components and requirements.

1.2-4.1.2.3

Fall prevention assessment

Refer to Section 1.2-4.4 for itemized PHAMA components and requirements.

1.2-4.1.2.4

Medication safety assessment

Refer to Section 1.2-4.5 for itemized medication safety assessment, components, and requirements.

1.2-4.1.2.5

Behavioral and mental health risk assessment

Refer to Section 1.2-4.6 for itemized behavioral and mental health components and requirements.

1.2-4.1.2.6

Patient immobility assessment

Refer to Section 1.2-4.7 for itemized patient immobility components and requirements.

1.2-4.1.2.7

Security risk assessment

Refer to Section 1.2-4.8 for itemized security risk components and requirements.

1.2-4.1.2.8

Disaster, emergency, and vulnerability assessment

Refer to Section 1.2-4.9 for itemized DEVA component, and requirements.

1.2-4.1.3 SRA Responsibility and Scope

1.2-4.1.3.1

The safety risk assessment shall be initiated and managed by the governing body during the planning phase of the project.

1.2-4.1.3.2

The safety risk assessment shall evolve with additional levels of detail as needed to support the creation of a safe environment throughout the design, construction, and commissioning phases of a project.

In addition to this document, Orlando Health has various written procedures to handle emergency situations that will be expected within the building. Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.1.4 SRA Team

The governing body of the health care organization shall appoint a multidisciplinary team to conduct the safety risk assessment.

Orlando Health has a group of subject matter experts (SMEs) who review projects to ensure the design upholds the operational and patient safety requirements.

Appendix Table A1.2-a

Safety Risk Assessment Team Member Expertise

EXPERT	SAFETY COMPONENT							
	Infection control risk	Patient handling and mobility	Fall prevention	Medication safety	Behavioral and mental health risk	Patient immobility	Security risk	Disaster, emergency, and vulnerability
Clinicians from services affected by the project	✓	✓	✓	✓	✓	✓	✓	✓
Facility management staff	✓	✓	✓	✓	✓	✓	✓	✓
Performance and/or quality improvement experts	✓	✓	✓	✓	✓	✓	✓	✓
Safety specialists	✓	✓	✓	✓	✓	✓	✓	✓
Security specialists					✓		✓	✓
Infection preventionists	✓	✓		✓			✓	✓
Architects, interior designers, and/or engineers	✓	✓	✓	✓	✓	✓	✓	✓
Human factors specialists	✓	✓	✓	✓	✓	✓		
Other appropriate individuals based on nature of the project	As needed	As needed	As needed	As needed	As needed	As needed	As needed	As needed

1.2-4.1.4.1

The SRA team shall be convened as a group as needed to maintain continuity and integration of the SRA components.

1.2-4.1.4.2

Individual members shall be engaged to develop additional detail according to their areas of expertise.

1.2-4.1.5 SRA Process

1.2-4.1.5.1 Identify Hazards

The governing body shall provide an assessment of the potential hazards for patients, caregivers, and other users specific to each part of the project. This assessment shall consist of the components listed in Table 1.2-1 (Safety Risk Assessment Components), identifying hazards specific to the project.

1.2-4.1.5.2 Evaluate Risks From Identified Hazards

The SRA team shall evaluate underlying conditions that contribute to an unsafe environment for the components listed in Table 1.2-1 (Safety Risk Assessment Components) and estimate associated risk considering both of the following:

1. Likelihood (vulnerability), using historical data and/or national patient and caregiver safety trends relevant to the identified hazards
2. Consequence (estimated degree of potential harm to patients and/or caregivers from identified hazards)

1.2-4.1.5.3 Generate Solutions

The SRA team shall document proposed solutions that mitigate risks from the identified hazards.

1.2-4.1.6 SRA Report

After completing the SRA process, the governing body shall provide the following information and recommendations, which shall be incorporated into the planning and design documentation:

1.2-4.1.6.1

Patient and caregiver safety hazards and risks identified by the safety risk assessment. See Section 1.2-4.1.5.1 (Identify hazards).

1.2-4.1.6.2

Design features that contribute to the identified hazards and risks

1.2-4.1.6.3

Design strategies to reduce, mitigate, or eliminate identified hazards and risks

1.2-4.1.7 SRA Compliance

1.2-4.1.7.1 SRA Documentation

1. Written records shall remain an active part of the project documents for the duration of design, construction, and commissioning.
2. The records shall include the SRA recommendations report and any documentation completed as part of the SRA process.

1.2-4.1.7.2 SRA Communication

1. The SRA team shall provide updates to the planners and designers for compliance with additional levels of detail generated during the project for all safety components listed in Table 1.2-1 (Safety Risk Assessment Components).
2. Changes to the original design plans shall be documented, updated, and continually shared between the SRA team and the designers, planners, governing body, and contractor.

The input from the Orlando Health SMEs is constantly inputted into the project design to ensure the design upholds the operational and patient safety requirements.

1.2-4.2 Infection Control Risk Assessment (ICRA)

This is a greenfield new building with no existing building and no phasing. Therefore, no ICRA protect patients on site is not provided as there are no existing conditions in which to protect. However, contractor will still comply with the owner's safety requirements (specification section 01 35 14).

Contractor shall comply with the "Orlando Health Project Safety Management Policy and Rules and Regulations" book and shall obtain this document directly from the owner.

Orlando Health strictly enforces a tobacco free environment effective July 1, 2008. The definition of tobacco free includes but is not limited to cigarettes, cigars, pipes, herbal tobacco, smokeless tobacco. Tobacco is not permitted on any building or property owned or leased by Orlando Health. This includes grounds, sidewalks, parking lots, ramps, streets, perimeter side streets owned by Orlando Health.

1.2-4.2.1.1 ICRA Requirement

For a hospital project to support safe designs, HVAC/plumbing systems, and surface and furnishing material selections, an ICRA shall be a part of integrated facility planning, design, construction, and commissioning activities and shall be incorporated into the safety risk assessment.

Refer to the following section for itemized protections provided within the project. Additionally, contractor shall comply with specification section 01 74 23 "Cleaning" within the project manual prior to turning over the project to the owner for occupancy.

1.2-4.2.1.2 ICRA Recommendations

Based on the results of the initial stage of the ICRA, the governing body shall provide the following recommendations for incorporation into the safety risk assessment:

1. Design recommendations generated by the ICRA

This is a greenfield new building with no existing building and no phasing. Therefore, no ICRA protect patients on site is not provided as there are no existing conditions in which to protect. However, contractor will still comply with the owner's safety requirements (specification section 01 35 14).

2. Infection control risk mitigation recommendations (ICRMRs) for construction and commissioning.
See Section 1.2-4.2.3.1 (Infection control risk mitigation recommendations).

Refer to specification section 01 91 13 regarding general commissions as well as individual specification sections provided throughout the project manual for additional requirements.

1.2-4.2.2 ICRA Considerations

At minimum, the ICRA shall address the following:

1.2-4.2.2.1 Design elements

(1) Airborne infection isolation (All) and protective environment (PE) rooms

- **The patient population does not require PE rooms.**
- **The project includes All (Airborne Infection Isolation) rooms as follows:**
 - **Floor 1 - Emergency Care Facility:**

Other than the All (Airborne Infection Isolation) rooms, all rooms should be neutral to slightly positive unless otherwise specified. HEPA filtered air will be provided at all the air handlers.

Finishes shall be selected following Design & Construction Dept standards, which follow FGI recommendations. All finishes should be non-porous, bleach resistant and smooth (when appropriate) to facilitate ease of cleaning. Hard flooring is preferred over carpet. Privacy curtains should be used only when necessary and preferably single use disposable.

Building materials should be kept clean and dry and interior drywall should not be installed until exterior protection has been completed. In the event that drywall is installed prior to completion of the exterior skin or becomes wet for other construction reasons any drywall that becomes wet will be removed and replaced.

(2) HVAC needs and (3) Water/plumbing systems

- **Emergency first aid equipment (e.g. eyewash stations or deluge showers) are required.**
- **The design shall include FGI required hand-washing stations and hand sanitation dispensers.**
 - **The design of lavatory bowls and faucets shall be designed to reduce contamination from splashing and touching.**
 - **Hand-washing stations and sanitation dispensers are designed to be in convenient and readily-noticed locations to encourage high rates of hand hygiene.**
- **No decorative water features will be installed in the building.**
- **As this is an entirely new & unoccupied facility, there will be no risk of transmission of airborne and waterborne biological contaminants during construction beyond where the new building connects to the existing building.**
- **Prior to commissioning of building, all HVAC and plumbing systems will be flushed, tested and balanced, etc according to construction guidelines.**

Refer to engineering drawings and specifications for additional requirements and provisions

This includes HVAC requirements associated with positive and negative pressure for rooms such as All (Airborne Infection Isolation) rooms.

1.2-4.2.2.2 Construction elements

As this is an entirely new & unoccupied facility, there will be no impact to existing essential systems. Refer to Orlando Health's safety requirements under specification section 01 35 14.

1.2-4.2.3 Infection Control Risk Mitigation

The construction manager will closely follow the ICRA guidelines set forth by the Orlando Health and design documents. The existing emergency care facility will be contained. Any work that will take place within the occupied building after the certificate of occupancy is issued will be coordinated directly with the owner's team to minimize all impacts to the facility, staff, patients, etc. inside the construction area, negative air machines with HEPA filters will be used in any areas that interact with occupied spaces as closely coordinated with the owner's ICRA/Safety team.

1.2-3.2.3.3 ICRMR content

- (1) Patient placement and relocation

Not applicable.

- (2) Standards for barriers and other protective measures required to protect adjacent areas and susceptible patients from airborne contamination

Not applicable.

- (3) Temporary provisions or phasing for construction or modification of HVAC and water supply systems

Not applicable.

- (4) Protection from demolition

Not applicable.

- (5) Training for staff, visitors, and construction personnel

The General Contractor will participate in all owner required training for work during construction

- (6) The impact of potential utility outages or emergencies, including the need to protect patients during planned and unplanned utility outages and evacuation

Not applicable.

- (7) The impact of the movement of debris, traffic flow, cleanup, elevator use for construction materials and construction workers, and construction worker routes

Not applicable.

- (8) Provision for use of bathroom and food facilities by construction workers

All restrooms and food areas will be outside of the building in an area coordinated with the FSECF. The contractor will not be allowed to use the toilet rooms within the new building.

- (9) Installation of clean materials (particularly ductwork, drywall, and wood/paper/fabric materials) that have not been damaged by water.

All materials that will be installed in this project will be new and clean materials. Anything damaged by water will be replaced if the damage is extensive enough not to be salvaged.

1.2-3.2.3.4 Monitoring plan and procedures

1. The governing body shall provide monitoring plans for effective application of ICRMRs during the course of the project.
2. Provisions for monitoring shall include:
 - a. Written procedures for emergency suspension of work

Upon mobilization, the General Contractor will detail a site-specific safety plan, which will write out all procedures for working inside this specific job space. It will include details on how to handle an emergency and how to safely exit the building in the event of the need to evacuate.

- b. Protective measures indicating the responsibilities and limitations of each party (i.e., governing body, designer, contractor, and monitor)

The General Contractor will be the managing contractor on site. Any time work is going on inside this project area, will have at minimum a foreman on site monitoring the work going on. Project Management staff and Superintendents will be staged on site during normal business hours and will play a role in managing the entire process of construction.

1.2-4.3 Patient Handling and Mobility Assessment (PHAMA)

Patients are screened at time of registration and precautions are put into place based on the risk demonstrated.

Refer to the additional documents provided directly from Orlando Health. Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.3.1.1 PHAMA Requirement

(1) The governing body of the hospital shall provide the project design team with a PHAMA that addresses the specific patient handling and mobility needs of all areas affected by a project.

Consideration for patient care activities such as transferring, repositioning, mobilizing, and transportation of patients is needed to ensure a safe experience for patients and for staff. This is an outpatient facility and admitted inpatients are transferred to the parent hospital. Occasionally, patients require assistance of 2 or more staff in order to safely mobilize. Space, staffing, equipment, and operational guidance are needed to safely move patients throughout the facility.

(2) The governing body shall incorporate the findings and recommendations of the PHAMA into the safety risk assessment.

Patient handling and movement is supported by the American Nursing Association (ANA) and by The Joint Commission. Neither of these organizations has regulations nor do they specify what type of program must be in place. Both organizations have recommendations and have statements supporting the need for safe patient handling processes. These position statements and papers have been utilized by the design team into the PHAM program.

ANA position statement – the ANA supports practice and policies that result in the elimination of manual patient handling. The ANA has 8 evidenced based standards for safe patient handling:

- 1. Establishing a culture of safety, which includes safe levels of staffing, creating a nonpunitive environment, and developing a system for communication and collaboration.**
- 2. Implementing and sustaining a safe patient handling and mobility program**
- 3. Incorporating ergonomic design principles to provide a safe environment of care**
- 4. Selecting, installing, and maintaining safe patient handling technology**
- 5. Establishing a system for education, training, and maintaining competence**
- 6. Integrating patient centered assessment, care planning, and technology**
- 7. Including safe patient handling in reasonable accommodations and post injury return to work policies**

The Joint Commission - “to promote a culture of safety”, identify risks and development of a plan to mitigate the risk. TJC did put out a monolith on “Improving Patient and Worker Safety” which delineates need for safe patient handling equipment; but places no regulation on what those are or how it is implemented.

1.2-4.3.2 Patient Handling and Mobility Elements of the Safety Risk Assessment

Patient Rooms: This is not an inpatient facility therefore, there are no inpatient rooms to consider. The treatment therefore are intended to have lift systems to facilitate safe movement of patients both in and out of the room. For patients over this weight capacity, portable lifts are available which accommodate greater weight capacity.

Throughout the facility: Wheelchairs are available for use throughout the facility. These wheelchairs can be mobilized by the patient and/or a caregiver to give additional safe movement throughout the space. The wheelchairs are also used for movement of patients to different areas for tests etc. On occasion patients are transported via stretcher to these tests as required by the testing area. Weight capacity of wheelchairs vary from 250lbs to 1000lbs and each chair is selected based on the needs of the user.

Mobile lift equipment will be strategically placed throughout facility depending on the needs of each unit. Consideration of projected patient populations, transfer times, risk for injury, ease of use, space, patient level of dependency, etc. dictate which equipment is placed on the unit. Doorways (including bathrooms) have been designed to allow for ease of mobile lifts entering and exiting areas. The valet area has specific lifts intended to extract patients to/from their vehicles. Valet supervisors are trained in the usage of this equipment and the lift team is available to assist.

Procedural areas: This section is not applicable as any patients requiring additional procedures that can not be performed in the regular treatment rooms will be transported to the parent hospital.

1.2-4.3.2.1 Phase 1: Patient handling and mobility assessment

FGI white paper regarding Patient Handling and Movement Assessment: the use of PHAM equipment has the potential to have impacts on shorter lengths of stay, fewer readmissions, decreased caregiver injury, and adverse patient events. The owner has implemented various types of lift equipment throughout the outpatient setting, as well has instituted a lift team in order to best address the need to provide a minimal lift environment.

Vehicular extractions - Lifts are available at the various entry points to assist with extracting patients form their vehicle and/or assist in placing them into their vehicles as needed. Lift team and valet supervisors are trained on the vehicular lifts.

Mobile Lifts - Varying types of mobile lifts have been identified and placed throughout the facility to aid in areas outside of the inpatient rooms. These have been identified and evaluated by the lift team, physical therapy, and nursing to determine which types of equipment are best suited for each individual area. Nursing staff throughout outpatient areas receive training on any equipment in their areas.

Process Flow - The expectation of the nursing units/outpatient areas is that front line staff provide lift assistance using the equipment available. The lift team is responsible for performing complex lifts, vehicular extractions, on medically complex patients requiring increased assistance.

Mobile patient lifts will be available for use throughout the FSECF, located in equipment alcoves or equipment storage rooms, with charging outlets available.

Select treatment and toilet rooms are designed for “Individuals of Size” per FGI. These locations are noted on the drawings. These rooms have wider door openings and heavier capacity fixtures. Maximum anticipated patient weight: 500 lbs.

1.2-4.3.2.2 Phase 2: Design Considerations

The impact of patient handling and mobility needs on building design shall be addressed in the PHAMA, including consideration of the patient care needs of all patients, including individuals of size. These design considerations shall incorporate results from the Phase 1 assessment and shall include, at minimum, the following:

(1) Structural considerations to accommodate current and/or future use of fixed equipment that supports patient handling and mobility

Not applicable. Fixed lifts are not provided within the building.

(2) Electrical and mechanical considerations for current and future use and/or installation of patient handling and mobility equipment and associated storage and charging areas

Power outlets are provided for mobile lifts when and where required within the building. Fixed lifts are not provided.

(3) Adequate space for provision of patient care and for unhindered maneuvering of patient handling and mobility equipment. For clearance requirements to accommodate individuals of size, see Section 2.1-2.3.2 (Patient Room for Individuals of Size).

Provided. All patient care areas have appropriate maneuvering clearances in addition to the required clearances within each room this includes the ability to use mobile lifts within the various spaces.

(4) Destination points for patient ambulation, transfers, and transport

Provided.

(5) Sizes and types of door openings through which patient handling and mobility equipment and accompanying staff must pass. See Section 2.1-2.3.10.2 (Special Design Elements for Spaces for Care of Individuals of Size-Door openings to accommodate individuals of size) for additional requirements.

Provided. All doors for the movement of patients are 48” wide unless they serve an individual of size in which case a wider opening is provided in accordance with the FGI requirements. Toilet room doors are provided at 42” wide in order to allow for better wheelchair access despite being oversized above what is required. Additionally, room doors are sized accordingly per the room’s intended function.

(6) Types of floor surfaces and transitions needed to facilitate safe and effective use of patient handling and mobility equipment

The standard building floor slab and structural system is designed to allow for patient care by providing a level floor slab throughout the building to eliminate trip hazards or other obstructions.

(7) Coordination of patient handling and mobility equipment installations with building mechanical, electrical, communication, and life safety systems

Provided.

(8) Storage space requirements and locations available or to be provided

Equipment storage is provided throughout the building via rooms and alcoves.

(9) Impact of the installation and use of patient handling and mobility equipment on environmental characteristics of the environment of care

Additional owner's procedures include:

- **Level of dependency and which equipment is recommended**
- **Information within the algorithms regarding weight capacities of equipment and Labeling of equipment with weight capacities and operational guidelines for quick reference. Recommendation of lift equipment for transfers, wound care needs, repositioning, linen changes, toilet transfers, etc**
- **Generation of daily reports of levels of assistance and daily discussion of patients with assistance needs**
- **Some admitted patients require 2 or more person assist for mobilization**

(10) Impact of the installation and use of patient handling and mobility equipment on the aesthetics of the patient care space

Mobile lifts are within alcoves and storage rooms when not in use.

(11) Infection control recommendations

Mobile equipment can be cleaned with disinfecting wipes in the point-of-use location or in the dedicated cleaning room.

1.2-4.4 Fall Prevention Assessment

Patients are screened for fall risk at time of registration and precautions are put into place based on the risk demonstrated. Bed and chair alarms, keeping beds in low position, making sure that patients are wearing proper footwear and eliminating clutter in patient rooms are common strategies. Due to the high acuity of some patients, fall risk must be assessed carefully.

Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.4.1.1 Fall-risk locations. The SRA report shall identify fall-risk locations for a new construction or renovation project.

Patient falls are more likely to occur in the treatment room and toilet room since this is an unsupervised space, medical equipment may be a tripping hazard, and patients may be hesitant to request assistance toileting due to urgency or privacy. Valet or other entrance points to the facility are other areas can see increased falls occur, therefore has been identified as a fall risk location.

1.2-4.4.1.2 Design features. The SRA team shall identify required patient fall prevention design features for the identified at-risk locations.

This is not an inpatient facility therefore the design and model of care encouraging patients to spend as much time out of the patient room as possible in order to engage in physical therapy and social interaction in not an issue at this time. However, patient fall risk is still ever present therefore the following proceeding are in place

Treatment Rooms:

- **Family space encourages family presence and therefore support**
- **Door thresholds are flush to reduce tripping and floors are level.**
- **Mobile lifts are available as needed**
- **Grab bars are included to support patients**
- **The larger toilet room door precludes the need for patients to back up when opening the door, giving improved access when using assistive devices**
- **Slip-resistant flooring color-contrasting with walls**
- **A “remote sitter” system will be used to monitor patients deemed at high risk for falling.**

Valet/Entrance Areas:

- **Floor surface selection in the valet/drop off areas to include materials which are even and slip resistant.**
- **Coverings to limit rain exposure.**
- **Wheelchairs are provided next to the entrance.**

Nursing Stations:

- **Centralized nurse station provides quick access to every treatment room.**
- **Windows into each treatment room to view/assist patients**

- **Technology – use of Rauland Borg system to call phones instead of alarms**

Common areas:

- **Seamless floor transitions without raised thresholds**
- **Selection of flooring options which are non-slip**
- **Wide door openings**
- **Attention to auto opening doors in patient areas**

To reduce impact of equipment clutter, patient care rooms are sized adequately, and equipment storage space is provided near patient care areas. Spaces are designed for high staff visibility to patients.

1.2-4.4.1 Fall Prevention Response

In the event of a fall, a post fall huddle is conducted and documented. Biweekly meetings occur to discuss all patient falls and discuss areas where improvement can occur in policy, procedure, staff or patient education, etc. The falls committee also discusses falls on a regular basis.

Policies/Procedures/Resources:

ADM – F013 Fall and Fall Related Injury Risk Reduction Program – Ambulatory Care

ADM-I021 Inpatient Fall and Injury

F-05 Fall and Fall Related Injury Risk Reduction Program – Inpatient

Transport Stability Scale

ADM S024 Safe Patient Handling

1.2-4.4.2.1

The design team shall incorporate required patient fall prevention design features in the project design documents.

Provided.

1.2-4.4.2.2

For renovation projects, documentation shall describe the specific fall risk mitigation methods to be used in and around construction zones and shall, at minimum, address the following:

1. Standards for barriers and other protective measures required to protect adjacent areas and susceptible patients from clutter and construction dust on flooring
2. Protection from demolition debris on flooring

This section is not applicable as this is new construction.

1.2-4.5 Medication Safety Assessment

Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.5.1 Medication Safety Elements of the Safety Risk Assessment

1.2-4.5.1.1 Number and Location of Medication Safety Zones

The governing body shall identify the number and location of medication safety zones for the project and include them in the SRA report.

The medication safety zones, and design of the medication support spaces include one medication room centrally located to the nurse station/care team area and patient care areas. A self-contained medication dispensing unit has been provided in the medication room planned on the project.

1.2-4.5.1.2 Design Features

Medication safety zones shall meet the requirements in Section 2.1-2.8.8 (Medication Safety Zones).

Medication zones are housed out of circulation paths. Workspaces for staff has been provided. Space, power, and data requirements for medication-associated equipment and safety technology has been accommodated in the facility design. Appropriate task lighting levels have been provided. All medication rooms have been designed with the required attributes as identified in the design guidelines.

The design shall incorporate FGI requirements for Medication Safety Zones as outlined in FGI sections.

1.2-4.5.2 Medication Safety Response

The design team shall incorporate the required medication safety design features in the project design documents.

These rooms are used to prep the medication for dispensing. Medications are labeled and prepped specifically for each patient and based on physician order. These rooms are secured and monitored to enhance safety. Medications can be dispensed in the treatment rooms. Direct verification of the patient and the medication using scanned labels at the time of dispensing reduces errors.

1.2-4.6 Behavioral and Mental Health Risk (Patient Injury and Suicide Prevention) Assessment

Patients are screened for risk at time of registration and precautions are put into place based on the risk demonstrated. Overall, this emergency care facility is not a dedicated behavioral and mental health facility and does not have a dedicated unit. The FSECF will have two (2) behavioral and mental health treatment rooms which will be used to stabilized patients with increased risk or known issues that show up to the FSECF will be stabilized and then are typically transferred to other facilities that can meet those patients' needs. Those rooms will be used for typical treatment rooms when not in use for mental health patients. This is not a Baker Act facility.

Contractor shall comply with the "Orlando Health Project Safety Management Policy and Rules and Regulations" book and shall obtain this document directly from the owner.

Additional resources:

ADM-S028 Suicide Risk Assessment, Management, and Baker Act Procedures

Remote Visual Monitoring and/or One-to-One Observation for Patient Safety (Nursing Standard)

1.2-4.6.1 Behavioral and Mental Health Elements of the Safety Risk Assessment

The SRA report shall identify areas where patients at risk of injury and suicide will be served.

Patients can be at increased risk for suicide when compared with the general population. Both The Joint Commission and Centers for Medicare and Medicaid Services require FSECF to assess for suicide risk in both the patient and the environment and implement interventions to mitigate such risk, with particular attention paid to mitigating access to ligatures. This FSECF will not be a Baker Act receiving facility nor does it operate inpatient psychiatric units. The accrediting bodies recognize that acute care lacking psychiatric units will not be able to remove all potential hazards from the environment.

1.2-4.6.2 Behavioral and Mental Health Response

1.2-4.6.2.1

The SRA team shall identify mitigating features for the identified at-risk locations.

The rooms are at-most risk are the behavioral and mental health treatment rooms as well as the toilet room which serves those two rooms. The rooms are near the ambulance entrance as most patients who require that environment will most likely be arrived by ambulance (as opposed to a walk-in through the front door). However, the rooms have been shifted to be away from the entrance to prevent potential issues associated with elopement. The nurse station is between the rooms and the ambulance entrance so any patient attempting to leave can be identified.

Careful considerations have been made with certain features. For example, Patients and family members cannot access any building roof as all locations are secured.

Consideration is provided at all the treatment rooms and all rooms have in-viewing windows for easy monitoring and do not have locking doors.

1.2-4.6.2.2

The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their behavioral and mental health condition.

1. This patient environment shall be designed to protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement and harm to self, others, and the care environment.

The room will have the ability to outswing the doors so the patient can not bar the inside of the room or lock themselves in. There are view windows from the corridor into the room so staff can view the patient from outside the room. Those windows will have integral blinds controlled from outside of the room so the patient will not have access to them.

2. The design of behavioral and mental health patient areas shall accommodate the need for clinical and security resources.

The behavioral and mental health treatment rooms are used as typical treatment rooms during normal times. The room is designed with components and fixtures that are anti-ligature. All other components are lockable to prevent the patient from accessing.

The toilet rooms accessible to the patients will be designed with anti-ligature components. Additionally, the toilet room door will outswing to prevent the patient from being able to bar the door from the room inside.

1.2-4.7 Patient Immobility Assessment

Patient immobility risk in patient care areas shall be assessed to identify design factors that discourage patient mobility and determine how to mitigate their contribution to sedentary patient treatment and behavior.

Patient mobility is essential to optimize patient care and outcomes, while decreasing the risk of disabilities caused by a lack of mobility. However, this building is not an inpatient facility. Patients are seen, treated and either discharged or admitted. All patients that require admission will be sent to a different facility. Therefore, patient immobility is less of a risk.

Portable lifts are available for use on throughout the inpatient setting for those who are not able to safely mobilize with staff assistance, however, still have a need to get out of bed. All nurses are trained in use of the lifts and the lift team is available to assist with complex lifts.

Walkers, cane, crutches, and other ambulatory aids are available to each patient to facilitate mobility. PT/OT staff are available for instruction and guidance in use of devices.

Staff is assigned to facilitate mobilization of patients who may need supervision and/or encouragement to mobilize throughout their time in the unit.

1.2-4.8 Security Risk Assessment

Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.8.1 Project Security Plan

For new construction or renovation projects, a security plan shall be developed that addresses risks from the environment, function of the project space, and the construction process. This plan shall include the following:

Securing the environment of care is a challenging and continual effort for most healthcare security professionals, who face unique challenges in balancing the open campus environment with the protection needs of the patients, team members, visitors and assets. No facility is without risk and effectively managing risk is crucial to maintaining the protection and openness balance.

1.2-4.8.1.1

A description of the impact of demolition and phasing on existing site functions and any existing protection strategies and design interventions

Crime Prevention Through Environmental Design (CPTED): The Center applies the four main principles of CPTED which are natural surveillance, natural access control, territorial re- enforcement and maintenance. There will be clear demarcation between the staff authorized spaces and the publicly accessible spaces.

1.2-4.8.1.2

An assessment of the need for temporary security barriers such as fencing and security systems, including intrusion detection and video surveillance systems

Surveillance cameras at all exterior entry/exit doors

Surveillance cameras on medication Pyxis machines and waste areas

- **Medication security is controlled through badge access medication rooms and video monitoring.**

1.2-4.8.1.3

A schedule for installation of security systems for completion during move-in activities to allow for protection of the facility and equipment

The new building will have an active security system upon opening which will be integrated with the existing building systems

1.2-4.8.2 Security Elements of the Safety Risk Assessment

Design features shall address identified security risks specific to the patient population to be served and environmental factors related to the project scope.

The new emergency care facility entry will have built-in security screening at the vestibule. No occupant is allowed entry without screening first. All other exterior doors have secured access control to restrict entry to authorized credentials only. Doors on the exterior are for emergency egress only and do not allow ingress after exiting the building.

- **Alarmed egress doors at the stairwells that allow exiting only.**
- **All exterior doors are alarmed and monitored to indicate and identify breaches.**

The ED is designed with a high level of openness and visibility to support safety.

- **Electronic lock down capability for the exterior building doors and internal unit doors for the emergency care facility. Staff have to allow patients and visitors back into the patient care area. The patient care area is not accessible to the general public and access control is provided between the public accessible areas and the authorized team member areas. Delay egress is provided at locations where means of egress is still required.**
- **Well-lit surface parking lots with appropriate landscaping to reduce concealment points and line of sight obstructions. Emergency call boxes are provided at parking lots.**
- **Deep service counters are provided to separate staff from patients and the general public.**
- **Panic buttons installed in triage rooms, nurse stations, reception and other areas based upon a risk assessment with corresponding surveillance cameras.**
- **Virtual patient observation in the treatment rooms.**
- **There is direct visual observation of public areas from staff stations or from surveillance cameras.**

1.2-4.9 Disaster, Emergency, and Vulnerability Assessment (DEVA)

Contractor shall comply with the “Orlando Health Project Safety Management Policy and Rules and Regulations” book and shall obtain this document directly from the owner.

1.2-4.9.1.1 Anticipated hazards

(1) The multidisciplinary team shall review the organization's hazard vulnerability assessment (HVA) in conjunction with the development of the DEVA.

(2) The DEVA shall identify anticipated hazards specific to a facility based on its geographic location.

The building is located in Florida therefore hurricanes present an active threat to the building occupants. Additional threats of fire and active shooters are addressed via the building security.

1.2-4.9.1.2 Design features. Design features that provide resilience, hardening, flexibility, and adaptability during a disaster or emergency event shall be identified.

The building is constructed per Florida Building Code Section 449 for Disaster Preparedness for New Hospital Construction. This includes debris impact protection standards for hurricanes. This includes Missile E impact resistant windows, doors, and louvers. The missile impact protection is also extended to mechanical and electrical systems on the exterior of the building.

The building is designed to “ the lowest floor of all new facilities shall be elevated to the base flood elevation as defined in Section 1612 of this code, plus 2 feet, or to the height of hurricane Category 3 (Saffir-Simpson scale) surge inundation elevation, as described by the Sea, Lake, and Overland Surge (SLOSH) from Hurricanes model developed by the Federal Emergency Management Agency (FEMA), United States Army Corps of Engineers (USACE), and the National Weather Service (NWS), whichever is higher.”

The building is also designed to meet Florida Fire Prevention Code as well as the Life Safety Code as adopted by CMS per the National Fire Protection Association. The building’s occupants are provided by smoke compartments and a series of other required life safety features all of which are documented on the building life safety plans. The building also has a fire alarm systems and is fully sprinklered either of which activate on heat or smoke detection.

1.2-4.9.2 Disaster, Emergency, and Vulnerability Response. The design team shall incorporate identified disaster and emergency-related design features in the project design documents.

The building has an emergency generator. The emergency power system is fueled by a fuel supply stored on-site sized to fuel the generator for 100-percent load for actual demand load of the occupied patient area(s) and patient support area(s) and patient support utilities during and immediately following a disaster.

There is independent on-site water supply or on-site storage capability (documented on the plumbing drawings) of potable water at a minimum quantity of 3 gallons in-patient and one gallon per facility staff and other personnel in the new facility per day during and immediately following a disaster.