

1.2-3.1.5.1 Identify risks. For each space in the building, the RSRA shall identify the following specific categories of risk:

- (1) Infection control risk
- (2) Resident mobility and transfer risk
- (3) Resident fall risk and prevention
- (4) Resident dementia and mental health risk
- (5) Medication error risk
- (6) Security risk
- (7) Disaster risk and emergency preparedness

***1.2-3.1.5.2 Evaluate risks**

- (1) The care population profile (including cognitive abilities of residents) identified during the functional programming process shall be used as a basis for evaluating resident safety-related risks.
- (2) Identified risks should also be evaluated for the following:
 - (a) Likelihood of occurrence based on historical data, if available
 - (b) Degree of potential harm to residents

***1.2-3.1.5.3 Prepare RSRA reporting and comply with the recommendations provided.**

- (1) The RSRA team shall produce a written report that:
 - (a) Identifies known environmental risks based on RSRA components to be used in development of the functional program and in the design, construction, and commissioning of a residential health, care, or support facility:
 - (i) Infection control risk
 - (ii) Resident mobility and transfer risk
 - (iii) Resident fall risk and prevention
 - (iv) Resident dementia and mental health risk
 - (v) Medication error risk
 - (vi) Security risk
 - (vii) Disaster risk and emergency preparedness
 - (b) Specifies design features for inclusion in the project design that are intended to reduce or eliminate potential risks from adverse events.
- (2) The conclusions in the written report shall:
 - (a) Be incorporated into the functional and physical space programs.

APPENDIX

A1.2-3.1.5.2 Evaluation of risks

- a. Each space should be assessed for the presence of harmful, stress-inducing agents or latent conditions such as the following:
- Noise and vibration
 - Visual distraction
 - Light type, quality, and quantity, including lighting that addresses specific tasks and promotes ease of ambulation
 - Surface characteristics, including environmental sources of infection
 - Indoor air characteristics, including environmental sources of infection
 - Ergonomics, including design features that contribute to staff fatigue
 - Space requirements, including space adjacencies that do not support the care model
 - Visual disorganization of space, including lack of standardization in layout and location of spaces and equipment
 - Impediments to resident movement and ambulation, including environmental hazards that may cause residents to slip, trip, or fall
 - Impediments to staff movement and work flow, including environmental hazards that may cause staff to slip, trip, or fall
 - Communication, including design features that may hinder

communication between staff members, residents and staff, residents and family members, and staff and family members.

- b. For additional information, see the Center for Health Design report “Designing for Patient Safety: Developing Methods to Integrate Patient Safety Concerns in the Design Process” (2012), which identifies 10 environmental factors as “latent conditions that can be designed to help eliminate harm.” Such “built environment latent conditions [holes and weaknesses] that adversely impact patient safety” should be identified and eliminated during the planning, design, and construction of health care facilities. The report can be found at www.healthdesign.org/sites/default/files/chd416_ahrq-report_final.pdf.

An example of the importance of assessing risks during the planning, design, and construction phases of a project is the location of hand-washing stations. According to the CHD report, placement of these facilities in “inconvenient or inaccessible locations” could “result in poor hand-washing compliance” among physicians, nurses, and other care providers.

A1.2-3.1.5.3 When available, benchmarked resident and caregiver safety data and national industry resident and caregiver safety trends should be used as a benchmark for developing the report.