

1.2-3.2.3.9 Impact of movement of debris, traffic flow, cleanup, elevator use for construction materials and construction workers, and construction worker routes

1.2-3.2.3.10 Provision for use of bathroom and food facilities by construction workers

***1.2-3.2.3.11** Installation of clean materials (particularly ductwork, drywall, and wood/paper/fabric materials) that have not been damaged by water

***1.2-3.3 Resident Mobility and Transfer Risk**

1.2-3.3.1 Locations to Be Assessed

Resident mobility and transfer risk evaluation shall address the specific needs of all areas affected by the project where resident transfers and movement occur, including but not limited to the following:

1.2-3.3.1.1 Resident rooms and toilet rooms

1.2-3.3.1.2 Residential living and community spaces (e.g., dining and recreation areas), including associated toilet and bathing areas

1.2-3.3.1.3 Examination rooms and other diagnostic and treatment areas

1.2-3.3.1.4 Wellness centers

1.2-3.3.1.5 Outdoor areas

***1.2-3.3.2 Mobility and Mobilization Concerns**

The following shall be evaluated for all areas where resident mobility and transfers occur:

APPENDIX (continued)

- b. The care provider should provide a written plan for what will happen in the event of an HVAC shutdown. This should include who is responsible for what and who is to be notified.
- c. The care provider should provide a written plan for what will happen in the event of a water leak. This should include who is to be notified.

A1.2-3.2.3.11 Protection of building materials

- a. Construction materials should be kept clean and dry, as appropriate.
- b. Ductwork should be kept capped/clean during demolition and dust-generating construction.
- c. Drywall installation should not proceed until exterior protection against rain damage has been installed.

A1.2-3.3 Resident mobility and transfer risk. The evaluation of resident mobility and transfer risks is intended to proactively identify and mitigate the risk from physical environment features that contribute to resident immobility and to resident and staff injuries associated with resident mobility and transfer. Information and guidance for evaluating resident mobility and transfer risks can be found in "Patient Handling and Movement Assessments: A White Paper," prepared by the 2010 Health Guidelines Revision Committee Specialty Subgroup on Patient Movement and posted at www.fgiguilines.org/resources.

Caregivers repositioning and transferring residents cannot manually lift more than 35 pounds (15.89 kilograms) without putting themselves at risk for back injury. Assisting a resident out of bed and into and out of a chair and supporting an unsteady resident both carry additional risks. As a consequence, caregivers are at high risk for injury as a result of resident handling and moving. If caregivers are not safely equipped to perform these necessary physical tasks, residents may not receive

adequate care and may spend more time sedentary in a bed or wheelchair than is clinically advisable or desirable. Increasing evidence shows that early and frequent mobilization and movement is vital to the health of residents and integral to quality care.

Equipment is now available to facilitate necessary transfers, movement, and mobilization while significantly reducing the risk of injury to caregivers and residents from these activities. By better supporting appropriate levels of care and reducing the risk of injury to caregivers, use of such equipment and related architectural accommodations will help maintain functional capabilities and improve outcomes, thus reducing the overall cost of care.

A1.2-3.3.2 Mitigation for mobility and mobilization concerns.

The types of equipment needed in each residential unit and treatment area are determined by the characteristics of the resident population. Recommendations for mitigating mobility and transfer risks should be developed for all areas in a new construction or renovation project. These recommendations should address the locations where resident transfers and mobilization will occur and the types of resident mobility and transfer tasks relevant to the care population.

The objective of preparing these recommendations is to assure proper accommodations are provided for resident mobility and for mobilization devices based on their type, size, weight capacity, and quantity. Storage should be sized to accommodate the lift equipment, assistive devices, and resident-operated mobility devices that will actually be used.