

CFDMC FSED Workgroup Guidelines and Best Practices

FSED Standards for Behavioral Health Management:

With an increase of behavioral health patients being seen in the ED, there are generally more patients than there are rooms designated to manage them. This has become a pressing concern, as the Emergency Nurses Association recently conducted a survey of nearly 500 members in which 56% of respondents said they had been physically or verbally assaulted or faced threats of violence in the 30 days prior. Ten percent of respondents said they're considering exiting the profession due to workplace violence.

Last year, reported assaults against nurses were up 5% compared to 2022, according to an April 2 Press Ganey Report on safety culture in healthcare. From 2022 to 2023, the rate of reported assaults against nurses jumped from 2.59 per 100 personnel to 2.71, an all-time high. The report also found that nearly a third of registered nurses report experiencing violence "occasionally" or "frequently" from patients or their family members while at work.

To address the challenge of managing the increasing number of behavioral health patients and to enhance the safety of both patients and healthcare providers, a practical solution involves the use of Flexible Equipment Management carts. These carts utilize a universal rail system allowing clinical team members to remove and strip rooms of devices and other potentially hazardous equipment. These carts will work with all conventional pre-installed headwall rail systems thereby facilitating on-demand transformation of any exam room into behavioral health "Safe Rooms". This approach not only maximizes the efficient use of available space but also ensures that the environment is adapted to meet the specific needs of behavioral health patients, reducing the risk of harm and improving overall safety and care delivery in the ED.

FSED Standards for Decontamination: FSEDs should have a built-in shower room and should check flow water periodically to test to make sure lines do not get stagnant and remain clear. See HCA Florida Osceola Hospital plan (attached).

Facility Guidelines Institute (FGI): It is recommended that the guidelines for Facility Design pertaining to the design of Free-Standing Emergency Departments (FSED) as published by the Facility Guidelines Institute (FGI) be adopted as best practice for our region. The FGI is a national standard which defines essential services and basic design requirements for a variety of facilities. These standards are updated every 4 years, with the next revision to be published in 2026.

Regional Best Practices:

Orlando Health:

- FSEDs should follow the CFDMC Minimum Equipment List to ensure they are outfitted and resourced appropriately.
- Everyone that works within a FSED should be patient decontamination trained so that anyone can assist with the decontamination of patients. This includes clinical, ancillary department, and nonclinical staff.
- The Nurse Operations Manager office should be established as the command site for the FSED. An alternative must be set-up at the nurses' station because the nursing leader may be needed on the floor to assist with the incident due to staffing.
 - Due to this the nurses' station should be equipped with a video conferencing system and technology to be able to call into the parent hospital's HICS room.
 - There should be a quick autodial telephone at the nurses' station, where if you pick up the telephone it auto dials the HICS Ops Chief at the parent hospital HICS.

- Due to the minimal staffing at FSEDs HICS should be minimal as all staff will be needed in patient care. So the command center at the FSED should only be a Hospital Command Post with just the Operations Chief.
- FSEDs should have the same level of communications as the parent hospital ED to include EMS radio and EMResource.
- The FSED needs to have enough water on hand to meet the Florida Building Code requirements.
- There should be a quick escalation response approach to where if an incident occurs the parent hospital immediately sends staff to assist with clinical care within the FSED as well as decon trained team members if decon is activated.
- There should be a quick escalation response approach to where if additional clinical staff are immediately needed within the FSED and none are available onsite or at the parent hospital that a 911 call is made to request EMT and/or paramedic assistances at the FSED.

HCA Florida Osceola Hospital:

- Due to the limited amount of staffing at the FSED, we have deployed Lucas Devices to all of them to assist with cardiac arrest.
- See attached HCA decontamination standards.

AdventHealth Central Florida Division:

- Due to limited storage space at the FSED's, a reduced resource list is utilized to accommodate staff & patients. Water storage is critical and a plan to bring on more water must be emphasized since patient relocation could be delayed for various reasons.
- Staff is trained annually for decontamination procedures while simultaneously activating EMS for transport of patients to hospitals since FSED's are not postured for long-term care.
- Key staff are trained annually in HICS however FSED's do not have their own command centers. Command Centers are activated at their primary hospital and liaise with FSED senior staff as an extension of the CC to manage the incident. This is because the FSED does not have the infrastructure to support a CC and the limited staff on hand will be heavily tasked with patient care.
- Communications methods mirror hospital capabilities (radios, mobile devices, virtual, etc.).

HCA Florida Osceola Hospital

SCOPE

This Water Safety Plan identifies the methods for preventing contamination of the free-standing emergency department water distribution systems, which could result in the growth and distribution of waterborne pathogens such as Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi). This plan is designed to ensure appropriate, effective responses to potential or confirmed incidents of waterborne diseases that could affect the safety of patients, staff, and visitors. This plan guides addressing risks that could impact the health of staff, patients, and visitors.

PURPOSE

Differences in water supplies, ambient environments, operational conditions, and other factors will determine the frequency of inspections and monitoring activities in the facility. This plan meets the intent of The Joint Commission standards to provide a safe care environment (see EC.02.05.02, Elements of Performance 1-4).

PLAN

- A. Water system description
 - 1. Hot, cold, and tempered wastewater is discarded through the sanitary sewer line.
- B. Water risk management plan
 - 1. This plan addresses the use of water in buildings where water may have been stagnant for a period of time. Stagnant water is a significant concern in units housing immunocompromised patients. Actions to avoid stagnant water may consist of flushing.
 - 2. Immunocompromised patients are particularly vulnerable to Legionella infection, but also consider people 50 years or older; current or former smokers; people with chronic lung disease (COPD or emphysema); and people with underlying illnesses such as diabetes, kidney failure, or liver failure.
- C. Management of control points: Develop monitoring protocols and acceptable ranges for control measures.
- D. Monitoring: Conducting a planned sequence of observations or measurements of control measures' physical and chemical characteristics.
- E. Control Point Monitoring:
 - 1. Control points can be any or one of the following: temperature permissive, stagnation, no disinfectant, conditions exist for bacteria spread, special considerations, and external hazards.
 - 2. The control point monitoring should include at least one of the following: visual inspections, disinfectant levels, and temperature. Any systems that are going under treatment must be monitored and recorded. Specific monitoring requirements may include but are not limited to:
 - a. Cold Water Supply – As assigned based on risk assessment.
 - b. Hot Water Storage (if applicable) – As assigned based on risk assessment.
 - c. Hot Water Supply – As assigned based on risk assessment.
 - 3. The Program documents shall include the water treatment requirements to control microbiological activity, scale, and corrosion and shall also:

4. Include the minimum required schedule for inspection, maintenance, and monitoring, and a corrective actions plan;
 - a. Identify the minimum requirements for documenting system water treatment. Monitoring is based on the area/point. Complete the Quarterly Water Safety Management Reminder requirement to report control limits.
 5. Area or Point Condition:
 - a. If the temperature is in the range of 77-108°F, determine the cause (potable water booster pump, exterior water supply pipe exposed to radiant heat, etc.) Determine a solution to reduce or increase water temperature outside this range and monitor accordingly.
 - b. Aerosolizing condition. Verify that the temperature range is not within 77-108°F. If operating within this range, treat water to reduce waterborne pathogens. Monitor water treatment.
 - c. Known exposure. Determine the root cause of the source, determine the solution to prevent future exposure, and monitor.
 - d. No flow conditions. Develop a process to recirculate water from that point back to the source, flush the no-flow area on a set frequency, or implement a treatment system to maintain water quality.
 - e. Known frequent disruption. If the water distribution system has areas that have demonstrated ruptures or breaks frequently, these areas shall be identified, and a plan for correction should be initiated. Coordinate with municipal water suppliers to determine the cause, establish a communication process for disruptions, provide flushing connections after restoration to prevent contamination of building water, and perform routine annual maintenance on backflow preventers.
- F. Specific monitoring performance:
1. Showers and faucets. Your risk assessment shall determine the need for disinfection, descaling, or flushing of all fixtures.
- G. Verification and Corrective Actions: When control points are operating out of the accepted measurable range, the facilities team must verify that the plan has been implemented as designed and that the facility is following the plan. Identify corrective actions and procedures to follow, including when a probable or confirmed waterborne pathogen(s) indicates action is necessary. The activities must be documented and tracked according to the procedure requirement.
- H. Program Validation
1. Clinical Legionella testing is based on physician clinical impression and epidemiological investigation for community or hospital onset pneumonia presentation. Expanding Legionella testing in specific patient populations may be necessary when outbreaks are suspected or confirmed.
 - a. Computerized Physician Order Entry diagnostic pneumonia order sets include check box options for Legionella testing.
 - b. Environmental validation (including water sampling) should be conducted with the guidance of Infection Prevention.