

ASPR TRACIE Technical Assistance

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 28 November 2017
Response Date: 30 November 2017
Type of TTA Request: Standard

Request:

[REDACTED] requested technical assistance in gathering information to help provide evidence to his hospital's leadership as to why they need to purchase new personal protective equipment (PPE) for decontamination. [REDACTED] would also like to ensure that his facility meets the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Rule requirements.

Response:

The ASPR TRACIE Team reached out to several ASPR TRACIE Subject Matter Expert (SME) Cadre members for feedback as well as representatives from the CMS. **Section I** below includes the opinions and anecdotal information received from the ASPR TRACIE SME Cadre members, and **Section II** provides resources that they noted will be helpful.

The ASPR TRACIE Team is also providing you our [ASPR TRACIE Hospital Victim Decontamination Topic Collection](#) and the [Infectious Disease Resource Page](#) which may include additional information that will be helpful for this request. We also recommend reviewing the [EMS Infectious Disease Playbook](#), as it provides detailed recommendations for the types of PPE recommended for various illnesses and symptom types. This might provide context for the patients the require PPE.

I. ASPR TRACIE SME Cadre Member Comments

Please note: these are direct quotes or paraphrased from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- The [CMS EP Rule] regulatory text is very flexible, which means the EP program that the facility set up is all based off of the risk assessment and that which they feel is most appropriate during disasters. Therefore, if the facility has in the plan to transfer the patients as the best way, then that would need to be in their policies and procedures.
- The regulation does not specifically have the requirement to have PPE on hand. While it is prudent to do so, it is not required by the CMS EP Rule.
- One area I would recommend to push on by the requestor to his leadership is that evacuations and transfers may prove difficult depending on their resources or disaster, so

facilities need to use the “all hazard approach” which also means contingency plans to protect the health and safety of patients [while in your care].

SME Cadre Member 2:

- It would be imperative that the potential receiving hospital is aware of and has agreed to accept these patients. Since there is no way to anticipate every potential emergency situation, I don't see that transferring patients will always be the appropriate response.
- Regarding patients who present to the Emergency Department for care, the Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals to provide medical screening examinations to determine if emergency medical conditions exist and then either provide stabilizing treatment if they have the capabilities needed or arrange an appropriate transfer to a hospital with necessary capabilities and capacity. The lack of equipment/ PPE does not necessarily equate to lack of capabilities.
- Referenced below is a memo from the CMS Survey and Certification Group, which provided guidance to hospitals during the Ebola outbreak. Although there were tier designations for differing levels of care, all hospitals were, at a minimum, required to at least assess and initiate stabilizing treatment.

SME Cadre Member 3:

- It is unclear whether the hospital is accredited by The Joint Commission (TJC) or DNS. However, both have requirements that must be met. Refer to the OSHA document in Section II for more information.
- In general, the U.S. Department of Occupational Safety and Health Administration (OSHA) can hold a facility liable for not being prepared for anticipatable threats based on the 'general duty' clause. State requirements can be stricter. Without question, a contaminated patient is an anticipatable situation for a hospital since OSHA has issued specific guidance to those facilities for preparedness.
- Further, facilities have to be prepared for contaminated walk-in patients, even if there is an EMS regional system in place to direct patients to designated facilities

II. Additional Resources

Centers for Medicare and Medicaid Services. (2014). [Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Implications Related to Ebola Virus Disease \(Ebola\)](#).

This memorandum shares information about the role of emergency department staff in complying with EMTALA with regards to screening and isolating patients suspected of having Ebola.

Occupational Safety and Health Administration. (2005). [Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances](#). U.S. Department of Labor.

The Occupational Safety and Health Administration shares best practices document for hospitals to enhance employee protection and training as part of emergency planning for mass casualty incidents involving hazardous substances.