



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved September  
2022

## *Personal Protective Equipment Guidelines for Health Care Facility Staff*

Revised September 2022,  
June 2016

Reaffirmed October 2009

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2003

The American College of Emergency Physicians (ACEP) believes a critical component of emergency preparedness is for health care facility staff to use personal protective equipment (PPE) that is appropriate to protect themselves, patients and others from chemical, biological, and radiological elements (CBRE). This basic expectation for the provision of both appropriate and adequate PPE allows staff to work under the safest conditions possible and to eliminate unnecessary risk. Recommendations for what type of PPE to use and when it should be used should only be made after thorough analysis of all available evidence-based information with continued re-assessment and modifications made as necessary. Guidance from Infection Control and Public Health Departments should then be appropriately reassessed and modified to assure consistency with evolving information.

Hospitals have standard precautions for blood-borne and respiratory pathogens, but these may not necessarily protect against every hazardous exposure. At the present time, there is little available evidence to help determine the level of PPE needed for health care facility staff in every situation. If limited or no evidence exists for a given response, utilization of PPE should be encouraged at a level commensurate to the perceived risk by the individual, which may be above and beyond baseline recommendations. PPE scarcity during times of increased PPE usage (ie, pandemic) compromises the health and safety of emergency care providers and patients and frequently undermines the confidence in healthcare leaders and systems. Scarce resource allocation measures such as the re-using of disposable PPE (ie, N-95 masks) should only be implemented under the careful guidance of lead agencies such as the National Institute for Occupational Safety and Health (NIOSH).

Essential protective measures depend heavily on the location of the decontamination area, the role of the health care facility in the community response to hazardous material (HAZMAT) incidents, and the hazard vulnerability analysis (HVA). Critical priorities include:

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ensuring the safety of the health care facility staff; ensuring continuity of health care facility operations up to and including a possible determination for appropriately controlled hospital access; and providing initial triage and treatment for contaminated or exposed/potentially contaminated patients arriving at the health care facility seeking treatment.

Key elements in the selection process for appropriate PPE levels and decontamination facilities include:

- Forming strategic partnerships with response agencies, professional associations, accrediting bodies, governmental agencies, and others.
- Performing a hospital hazard vulnerability analysis consistent with community threats.
- Determining initial and on-going training requirements and equipment needs appropriate to the PPE level required at a facility, meeting at least current essential standards as determined by the CDC (Centers for Disease Control and Prevention), and with consideration to other federal regulating and credentialing agencies, such as NIOSH (National Institute of Occupational Safety and Health) and OSHA (Occupational Safety and Health Administration), and other response agency partnerships.

ACEP encourages a continual process of community planning and health care worker education coupled with initial and on-going training. ACEP strongly encourages federal appropriations for adequate research to determine a scientific basis for PPE level and decontamination procedures at hospitals and health care facilities.