



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2016

Personal Protective Equipment Guidelines for Health Care Facility Staff

Revised June 2016

Reaffirmed October 2009

Originally approved August
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). Decisions about what type of PPE to use and when it should be used should only be made after thorough analysis of all available information. Guidance 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.

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: 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

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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.