CMS UPDATES EMERGENCY PREPAREDNESS RULE
(CMS.GOV)

The Centers for Medicare & Medicaid Services (CMS) has made two changes to its Emergency Preparedness Appendix Z. The first change added "emerging infectious diseases" to the current definition of all-hazards approach. "In light of events such as the Ebola virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters," the document states. "This addition should be added to your Hazard Vulnerability Assessment process." In the second change, CMS has added guidance under Tag E0015 – Alternate Source Power and Tag E0042 – Emergency Standby Power Systems. These clarifications recommend that facilities should use the most appropriate energy source or electrical system based on its review of its individual facility's all-hazards risks assessment and as required by existing regulations or state requirements.

CDC ISSUES EBOLA PREPAREDNESS REMINDER ASKING U.S. FACILITIES TO REVIEW PROCESSES
(AHA.ORG)

The Centers for Disease Control and Prevention (CDC) says that in light of the ongoing outbreak of Ebola Virus Disease in the Democratic Republic of Congo, U.S. health care facilities should review their infection prevention and control processes to safely identify and manage patients with communicable infections. The CDC communication reviews the steps that facilities should implement as a routine part of triage to quickly identify, isolate and inform public health authorities about patients who may have communicable infections; current Ebola infection prevention and control recommendations for U.S. health care facilities; the U.S. Regional Treatment Network for Ebola and Other Special Pathogens; and other resources. Recommendations include separate protocols for personal protective equipment when dealing with patients with confirmed Ebola Virus Disease, and posting patient contact protocols in easily visible locations.

2 HEALTHCARE EMPLOYERS MAKE 2019 DIRTY DOZEN LIST
(AHRQ.GOV)

The National Council of Occupational Health and Safety solicited information from a network of health and safety activists about companies that put workers and communities at risk. Criteria for inclusion included severity of injuries to workers; exposure to unnecessary and preventable risk; repeat citations by relevant state and federal authorities; and activity by workers to improve their health and safety conditions.

LIGATURE RISK INTERPRETIVE GUIDELINES PUBLIC INFORMATION REQUEST
(ASHE.ORG)

The Centers for Medicare & Medicaid Services (CMS) is requesting public comments regarding Ligature Risk Interpretive Guidelines by June 17, 2019. The proposed guidance includes several updates to the December 8, 2017 S&C Letter Clarification on Ligature Policy.   ASHE is requesting that members share their concerns and comments regarding the proposed guidance. Please complete the survey by May 17, 2019.

CAL/OSHA PROPOSES EMERGENCY REGULATION ON SMOKE-PROTECTION AFTER DESTRUCTIVE WILDFIRE SEASON
(JDSUPRA.COM)

In the wake of the most destructive wildfire season in California history, California's Department of Industrial Relations, Division of Occupational Safety and Health ("DOSH"), has issued a proposed emergency regulation intended to protect workers from wildfire smoke. On April 15th, 2019, DOSH released the proposed regulation and scheduled a hearing to discuss the regulation for May 8th, 2019 in Oakland.

ASHE BUILDING AUTOMATION ALARM MANAGEMENT TOOL
(ASHE.ORG)

Building Automation Alarm Management Tool

Equipment	Alarm	Space Served Score	Health Impact Score	Environmental Impact Score	Economic Impact Score	Consequences Score	Alarm Type Score	Total Score	Priority
Ex: AHU (Business Occupancy)	Outside Air Damper Position	4	3	2	4	4	3	20	3
Ex: Space Sensor (OR)	Space Humidity (RH)	1	1	1	1	2	1	7	1
Ex: Chiller (Research Lab)	Return Condenser Water Temperature	2	2	2	2	3	2	13	2
								0	0
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In hospitals all over the country, there exist extremely robust building automation systems (BAS), designed to provide constant monitoring of critical equipment. They are screaming for help, and no one is paying attention. It isn't due to negligence or apathy. It is due to a condition known as alarm fatigue.

Alarm fatigue is caused by two major oversights at the infancy of installation and design of the system:

Lack of alarm standards and specifications.

Lack of development of an alarm management plan.

ASHE has developed a tool to help members make the decisions necessary for an alarm management plan. The plan will define the risk, response and escalation required for each alarm type. This will allow operators to prioritize the alarms as they arrive and take appropriate action for each, while providing a clear path for escalation when an alarm goes unacknowledged.

TOP 10 MOST CHALLENGING AMBULATORY CARE AND OFFICE-BASED SURGERY STANDARDS FOR 2018
(JOINTCOMMISSION.ORG)

The Joint Commission shared the Top 10 Challenging Standards for accredited Ambulatory Health Care (AHC) organizations and Office-Based Surgery (OBS) practices for 2018. The Joint Commission regularly analyzes standards compliance data to help identify the most common challenges impacting AHC and OBS customers. Our aim is to recognize compliance trends and help accredited organizations – or those seeking accreditation – better understand, prepare for, and address standards compliance challenges.

AMBULATORY HEALTH CARE

Standard	Percentage of Noncompliance
IC.02.02.01	60.65%
LS.03.01.10	55.86%
LS.03.01.35	55.04%
IC.02.01.01	45.84%
HR.02.01.03	45.72%
MM.03.01.01	45.28%
EC.02.03.05	40.58%
EC.02.02.01	37.88%
EC.02.05.07	37.74%
EC.02.05.01	36.84%

OFFICE-BASED SURGERY PRACTICES

Standard	Percentage of Noncompliance
IC.02.02.01	63.55%
HR.02.01.03	44.86%
MM.03.01.01	28.97%
IC.02.01.01	28.97%
EC.02.04.03	27.10%
EC.02.05.07	25.23%
MM.01.01.03	19.63%
HR.01.06.01	18.69%
NPSG.03.04.01	18.60%
WT.04.01.01	17.76%

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