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March 18, 2016

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE
MS-D74
Atlanta, Georgia 30329

RE: Docket No. CDC-2016-0011: Monitoring and Coordinating Personal Protective Equipment (PPE) in Healthcare to Enhance Domestic Preparedness for Ebola Response.

Dear Mr. Richardson:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments on the *Proposed Data Collection Submitted for Public Comment and Recommendations*. APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. In their roles, our members work in settings across the continuum of healthcare as well as in public health settings. Among our responsibilities is assuring the safety of staff who provide care within our facilities and jurisdictions. Ensuring the availability of appropriate personal protective equipment (PPE) is paramount in protecting our staff.

During the recent Ebola epidemic in West Africa the availability of PPE was very difficult due to huge demand from healthcare settings across the United States. Many facilities were unable to obtain appropriate PPE. While the number of actual Ebola cases treated in the U.S. was very small, the amount of PPE ordered caused backorders with every supplier. Prioritization of PPE to centers treating known or suspected cases seems reasonable. Prioritizing distribution based on the tiered approach framework would allow supplies to be sent to the facilities most in need of those supplies. Identification of frontline, assessment and treatment centers is already taking place at many state health departments. If a frontline facility has opted out of assessing and/or treating a person under investigation, they should receive limited supplies of higher level PPE such as Tyvek suits.

We offer the following comments in relation to the questions you pose.

(a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility



Our members believe there is value in having an understanding of the demand on the PPE supply chain during a national and/or regional infectious disease emergency or outbreak. Many of our members' facilities struggled with preparedness efforts during the U.S. Ebola response due to limited supplies of PPE or in some cases none of the needed supplies. However, we have reservations that data collection during a time when there is no circulating agent of concern and specifically no confirmed cases of Ebola in the U.S. may be of little value. An alternative approach might be to collect retrospective data from the Ebola Treatment Centers who cared for confirmed cases of Ebola as well as persons under investigation. Centers such as Emory Healthcare, University of Nebraska Medical Center and Bellevue Hospital could provide a good snapshot of the PPE needs to care for a confirmed patient. Each of those centers has a slightly different approach to the PPE used, thus giving a good cross section of PPE needs. Other treatment centers that saw only persons under investigation could provide another perspective on usage. Many treatment centers activated their Hospital Incident Command Systems and may very well have tracked inventory as part of their response. It is important to consider that with new, emerging or re-emerging infectious diseases the response is often fluid. Recommendations about PPE often change over time as more is learned about transmission and viability of the organism in the environment as well as improved versions of PPE by manufacturers.

(b) The accuracy of the agency's estimate of the burden of the proposed collection of information

While the specific data elements to be collected are not specified, we believe the estimate of the burden at 255 minutes per quarter is a significant underestimate of the extra time needed to obtain the information. Time spent on data collection will potentially impact the time available for preparedness efforts such as training staff on the correct donning and doffing of PPE. APIC recommends better quantification of the time burden from data obtained from Ebola Treatment Centers who have provided care.

(c) Ways to enhance the quality, utility, and clarity of the information to be collected

The Centers for Disease Control and Prevention's PPE calculator available at <http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/calculator.html> seems robust. If data were collected from the facilities mentioned above, the results could be used to validate the calculations in the PPE calculator. Time spent on validating an existing tool seems like a much better use of time than starting from scratch.

(d) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology

The burden of data collection weighs heavy on our members. Healthcare facilities designated as Ebola treatment centers received additional funding and resources so may have developed systems to collect PPE usage data. Querying those facilities to identify novel ways the purchasing, finance, and information technology departments may have solved their inventory control issues may be informative.

(e) Estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information

Without knowing the specifications of what will be required, it is virtually impossible to estimate costs.



Our members recognize the importance of adequate PPE, but caution that whatever data are collected be quantifiable and actionable. To reduce the data collection burden, only those elements essential to answering the fundamental question of what PPE volumes are needed to protect healthcare workers should be collected. Thank you for the opportunity to comment on preparedness and response efforts as they relate to PPE.

Sincerely,

Susan Dolan

Susan Dolan, RN, MS, CIC
2016 APIC President