

Revised PPE and Surge and Flex Regulations for the July 29, 2021 PHHPC Meeting

- [Revised PPE stockpile regulation proposed for July 29 PHHPC meeting](#)
- [Revised Surge and Flex System regulation proposed for July 19 PHHPC meeting](#)

The changes in the newly proposed regulations from the emergency regulations which have been in effect are summarized below:

Hospital PPE Requirements (10 NYCRR 405.11)

- Hospitals shall maintain a supply of necessary PPE for at least 60 days by August 31, 2021.
- The 60-day stockpile requirement shall be determined as follows for each type of required PPE:
 - Single gloves - 15% x the number of staffed beds x 550;
 - Gowns – 15% x the number of staffed beds x 41;
 - Surgical masks - 15% x the number of staffed beds x 21;
 - N95 respirator masks – 15% x the number of staffed beds x 9.6.
- The Commissioner shall have discretion to increase the requirement from 60 days to 90 days where there is a State or local public health emergency.

Surge and Flex System (10 NYCRR 360)

Section 360.2. Surge and Flex Health Care Coordination System Requirements

(1) Increase Bed Capacity

- Required increase in bed capacity changed from up to 100% to up to 50% of acute care beds;
- Adds language that capacity increases shall be “incremental and geographically targeted”;
- Commissioner’s authority to postpone non-essential procedures now reads “up to 100% of non-essential elective procedures rather than “all”.

(2) Availability of Supplies and PPE

- Facilities must maintain and actively manage a 60 day supply of PPE appropriate for use during a declared public health emergency;
- Removes “at minimum every 24 hours” from equipment and patient census reporting requirement;
- Negative test results to be reported as directed by Commissioner rather than four times per day.

Section 360.3. Hospital emergency Surge and Flex Response Plans.

(a)(1) Bed surge plan

- Plan shall explain how the hospital will increase staffed acute care operational beds up to 50% within seven days of disaster emergency declaration (Changed from up to 100%);
- Adds the following:

“The plan shall contain scenarios for increases of current staffed acute care operational beds in phased increments, detailing the associated considerations for PPE, staffing, and other supplies and equipment, including whether the hospital can meet those requirements using internal resources and capabilities, as well as intra-system load balancing and postponement of some or all non-essential elective procedures. These plans shall inform the Commissioner’s directives, which shall be incremental and geographically tailored at the Statewide, regional, or community level, as dictated by infection rate data.”

(a)(2) PPE surge plan

- The plan shall explain how the hospital will increase its supply of PPE appropriate for use in a pandemic to achieve continuous maintenance of its required 60-day supply of PPE (Changed from 90 day);
- Adds the following:

“A PPE surge plan may provide for hospital utilization of some, but not all, of the stockpile reserves during a State disaster emergency, provided that within 30 days of the end of the State disaster emergency, the stockpile reserve is fully restored.”

(b) Plan review/CEO certification

- CEO shall be responsible for ensuring the plan is “reviewed and updated, as necessary, periodically as specified by the Commissioner and shall re-certify that it is able to be implemented and achieved upon each review.” (Changed from every six months).