

Supply Chain Resource Council (SCRC) Report

April 10, 2023 Meeting

Executive Summary

While supply and pharma shortages persist, there are none that are “shutting down” hospital business operations. However, these shortages do continue to pose serious challenges in locating viable alternative products. This month, discussions focused on the recent updates from OM regarding their Halyard ear loop mask and two N95 respirators, as well as violence in the workplace, with Council members sharing some of their initiatives. More details on these shortages, strategies, links to AHA resources and other updates from the field can be found in the full report below

▲ Updates

- **The EPA** has proposed stricter ethylene oxide pollutant rules for chemical makers and commercial sterilization facilities and is encouraging stakeholders, including community, industry and public health leaders to participate in the public comment process for each action released today as the agency strives to reduce risk from EtO while also ensuring continued availability of sterile medical devices that the American public relies upon. EPA’s Proposed Interim Decision and EPA’s Draft Risk Assessment Addendum, can be found by visiting docket EPA-HQ-OPP-2013-0244 at www.regulations.gov.

EPA’s proposed revisions to the air emission standards for **commercial sterilization** facilities, can be found by visiting docket EPA-HQ-OAR-2019-0178 at www.regulations.gov. Both dockets will be open for public comment for 60 days after publication in the *Federal Register*.

The EPA will host a public webinar on May 1, 2023, at 8:00 pm ET to discuss EPA’s latest proposals and risk assessment. Members of the public can [preregister for the webinar](#). For those who are unable to attend, EPA will post a recording of the webinar on the agency’s website.

- **The Joint Commission** is developing new requirements to address environmental sustainability for the Hospital (HAP) and Critical Access Hospital (CAH) programs. They are seeking input from the field on the proposed new Standard LD.05.01.01. Click [here](#) to access the survey which should take about 30–35 minutes to complete. Comments and feedback are being gathered for 6 weeks beginning March 22, 2023 and ending on May 3, 2023.
- Recent [recall of certain reworked Philips DreamStations CPAP and BiPAP Machines](#). In general, ongoing shortages with Philips products are creating challenges finding alternative products.

▲ Supply Chain Watch List – supply shortages causing concern in the field

- **Tourniquet cuffs:** The FDA has confirmed that they are working on reuse guidance, however a timeline has not been set when the guidance will be made public. Stryker is hopeful that they will be able to start shipping non-sterile tourniquets sometime in July. Tempering our optimism, this timeframe is not yet confirmed. Information will be shared as it becomes available.

A reminder to be mindful of price gouging by some suppliers. One large health system received information from two suppliers who were selling tourniquet cuffs for \$1,200. They’ve reported the two suppliers, CIA Medical and Insource Supplies, to the Department of Justice.

- **Halyard ear loop surgical masks and N95 respirators.** The FDA is reviewing a limited number of HALYARD branded face masks and two HALYARD N95 respirators. NOTE: these products are not under a product recall. Halyard shared during the call that they have identified substitute products (see attached customer letter for these products) and recommended reaching out to your representative if you need samples. Also attached is a customer letter from OM that provides more detailed information regarding the FDA review.

Through conversations with the FDA it is our understanding that they are working with NIOSH to understand the full nature of the potential issue. Moving forward it would be helpful to know more about the current state of supply including current burn rate data. Questions were shared with the SCRC under a separate email and responses to date have been aggregated and shared with the policy team. For those who have not had a chance but would like to respond, the three questions are:

- What is your average daily burn rate for **N95s**, and how long before you would need to source new (different) N95s?
- What is your average daily burn rate for **surgical masks**, and how long before you would need to source new (different) surgical masks?
- Do you have the ability to pivot to other sources (Yes/No/Unsure)?
- 3M Ioban, Steridrapes and Attest Steam Integrators
- Grounding pads

▲ Other Items

- **Hospital Violence.** There is growing concern among hospitals and nursing teams about safety in the workplace and workplace violence. Below are some of the screening practices Council members are adopting and links to resources from the AHA's Hospitals Against Violence:
 - **Are people staffing security to screen in the ED and Lobby?**
 - Hand-held detectors will be used during lockdowns. Searches on aggressive and/or potentially suicidal patients and those under reasonable suspicion.
 - Security, or a contracted security service is staffing those locations where weapons screening is in place at our ED entrances. Screening is not occurring on an active basis at locations without weapons screening, but security will provide this service upon request.
 - We now have off shift security that patrols the hospital. We also lock all doors with the exception of the ED entrance at night. We have also installed a Plexiglas barrier between the ED lobby and the employee receptionist.
 - **Are people conducting bag search in the ED and Lobby?**
 - Only when searching an aggressive and/or potentially suicidal patient, or there is reasonable suspicion.
 - Should a weapon screening system alert on a bag, the bag will be subsequently searched by security or contract security staffing the system. Bag searches for patients in triage or ED rooms are also at times requested by ED staff, and performed on an as requested basis by Security.
 - Screened through metal detectors at ED entrances.
 - **Are people adding metal detectors to public entry?**
 - Adding walk thru weapons detectors (not the traditional walk thru metal detectors) has been presented to the Executive team but no decision has been made.
 - Weapons screening systems are being added to public entrances to ED's in a phased approach across the organization.

- **Are staff members subject to screening?**
 - Anyone using the entrance where weapons screening has been installed is required to go through the system.
- **Other:**
 - We are adding metal detectors in ED entrances, hired 60 additional armed security officers and are searching cars prior to clinical teams removing patients from them. Bags, etc. are all subject to search based on metal detectors.
- **AHA Hospitals Against Violence (HAV) resources include:**
 - [Building a Safe Workplace and Community: A Framework for Hospital and Health System Leadership](#)
 - [Creating Safer Workplaces: A guide to mitigating violence in health care settings](#)
 - *Attached PDF report. Workplace Violence Prevention: Considerations for hospital and health system leaders*
- **Joint Forced Labor Working Group: Call for Contract Language, Codes of Conduct and Policies.**
AHRMM is a participating member in the Joint Forced Labor Working Group (JFLWG) which is a standing, joint working group of the Healthcare and Public Health (HPH) Sector Coordinating Council (SCC) and Government Coordinating Council (GCC) (collectively, "HPH Sector Partnership"). More detailed information regarding the Group Charter can be found below.

AHRMM is facilitating the Due Diligence Education Task Group of the JFLWG and is asking for multi-sector (providers, GPO's, manufacturers and distributor) examples from the field regarding contract language, codes of conduct and policies addressing forced labor practices in the health care supply chain. The goal is to create a primary repository to host these health care sector resources and tools. Selected resources will be approved by the contributing organization prior to posting publically. Please send your examples or templates directly to mschiller@aha.org

The JFLWG was established in recognition that forced labor in supply chains is a growing risk requiring coordinated mitigation and response efforts across the healthcare and public health sector. The mission of the JFLWG is to develop, disseminate, and implement recommendations and guidance to help facilitate sector-wide supply chain traceability, due diligence, and remediation to address forced labor risk in both private and public procurement.

About the Supply Chain Resource Council (SCRC)

The Supply Chain Resource Council (SCRC) is comprised of more than 80 supply chain and health care leaders from across the health care field with the goal of understanding the extent and impact supply shortages and disruptions are having within the hospital and patient care settings, as well as a capturing and documenting solutions to these challenges. Information collected during these calls is drafted into a report and shared with AHA, AHRMM and Professional Management Group (PMG) leaders, the White House Response Team, various Federal Agencies and the broader health care field. *The content of this report represents information, strategies and solutions from SCRC members but does not necessarily reflect policy positions of the AHA.*