



# HEALTHCARE RISK MANAGEMENT™

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## CNE QUESTIONS

1. **What is one reason that Liberian patient Thomas Eric Duncan was not recognized as a potential case of Ebola when he first went to the ED at Texas Health Presbyterian Hospital?**
  - A. A nurse recorded a fever of 100.1 degrees F but did not inquire as to his travel history, as this was not triage protocol at the time.
  - B. Duncan did not have a fever and did not mention having been in Africa.
  - C. The hospital immediately performed an Ebola test that came back negative.
2. **Why does R. Stephen Trosty, JD, MHA, ARM, CPHRM, say it might be difficult for Duncan's family to sue the hospital for delayed diagnosis?**
  - A. There is no evidence that the clinicians could have diagnosed Ebola on the first visit.
  - B. It probably would be necessary to establish that his death was caused by the failure to admit him on his first visit to the hospital.
  - C. Judges and juries are likely to give hospitals the benefit of the doubt when treating Ebola patients.
3. **According to George B. Breen, JD, with Epstein Becker Green, how does EMTALA apply when treating potential Ebola patients?**
  - A. Because of the highly infectious nature, Ebola patients might not be transferred to another hospital.
  - B. EMTALA requirements for stabilization are waived because the staff might be unable to care for the patient without infecting themselves or others.
  - C. EMTALA requirements for stabilization before transfer still apply, even to Ebola patients.
4. **What is one requirement under the Bloodborne Pathogens standard (1910.1030), which provides guidance for employees at risk of coming into contact with blood or other potentially infectious materials?**
  - A. Hospitals must establish a written Exposure Control Plan designed to minimize employee exposure to the virus that meets the requirements of the standard, including identifying at-risk employees and job functions.
  - B. Hospitals must designate a specific room for the donning and removal of protective gear.