ACEP Spokesperson Toolkit: COVID-19

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General Messaging Guidance

As emergency physicians rapidly adapt their efforts to manage outbreaks of COVID-19, ACEP’s official messaging may change as well. The following talking points provide guidance on our priority messages, but it’s not a script—it’s best when you put these messages into your own words that reflect the particular conditions in your area.

The facts about COVID-19 are changing quickly but what’s steady during these challenging times, and what’s important for any reporter to come away with, is a sense of:

- Your commitment to treat anyone, anytime.
- Your perspective on the frontlines.
- Your challenge. You train for this, but you are insufficiently protected and equipped.
- Your efforts. What are you personally doing to address these hurdles head on?

As you read the talking points below, think about how they apply to your own experience and personalize the bullet points, putting whomever you speak with in your shoes. The most powerful tool you have as communicators is your own stories. Policymakers and the public need to hear what’s happening on the ground, and no one can share that story better than you.

Gather your thoughts in advance of any conversation and seek opportunities to weave in your own experience. In addition to talking about what you see on the ground and what your patients face, explain the toll this virus is taking on your physical and mental health, your family, and how it may be disrupting your life and your ability to care for the rest of your patients.

Be sure to check www.emergencyphysicians.org for the latest patient information and ACEP’s COVID-19 Hub for our current federal advocacy priorities. You can reach out to PR@acep.org should you have any questions.
ACEP COVID-19 Resources

The American College of Emergency Physicians (ACEP) is regularly updating information for patients at: www.emergencyphysicians.org/COVID19 and providing clinical and policy guidance at: www.acep.org/COVID-19. We encourage you to help share our message via social media by following and liking ACEP’s public accounts on Twitter and Facebook.

PATIENT RESOURCES

ER Safe: How Emergency Departments Adapt to Keep Communities Safe
A worrisome ACEP poll showed that nearly a third of patients avoided the emergency department out of concern they could contract COVID-19. Emergency physicians remind people not to ignore the symptoms of a medical emergency and reassure everyone that the ED is the safest place to be in an emergency.

Stay Safe. Cover your Face.
Emergency physicians urge everyone to cover their face in public.

Stop the Spread: A Patient Guide to the Novel Coronavirus (COVID-19)
A comprehensive patient guide that includes tips on how to minimize the risk of contracting the virus and when to go to the emergency department.

COVID-19: Protect Your Family and Your Home
A one-page tip sheet on how to reduce the risk of contracting the virus—including whether people should wear a face mask.

COVID-19: Know When to Go
A one-pager that outlines what to do if you think you’re sick with COVID-19, including information about getting tested, and how to know when to go to the emergency department.

FEDERAL ADVOCACY & CLINICAL GUIDANCE

Clinical Guidance and ACEP Member Network
The ACEP COVID-19 website is a virtual hub that provides the latest clinical guidance and peer network for emergency physicians to support and troubleshoot challenges with your peers.

Federal Policy Guidance and Announcements
ACEP is tracking the latest policy changes and guidance from the federal government, including changes to EMTALA, telehealth, and reimbursement.

ACEP’s Current Federal Policy Requests
A concise overview of ACEP’s current federal policy requests and recommendations to ensure emergency physicians have the resources and support they need to address this pandemic.
Talking Points

PATIENT

The following are talking points to use in conversations, interviews and social media with the general public. Feel free to use #StaySafeCoverYourFace, #ERSafe and #GetUsPPE when sharing these messages on social media.

Stay Safe. Cover Your Face

- Covering your face when you need to be in public is one of the most effective—and easy—ways to protect yourself and others from COVID-19.

- Even if you don’t think you’re sick, it’s still smart to cover your nose and mouth with a mask or cloth because you could be infected and contagious but not show any symptoms.
  - Recent Centers for Disease Control and Prevention (CDC) data shows that at least 40 percent of positive cases are asymptomatic.
  - Wearing a cloth or homemade mask during those infrequent times when you need to be out in public, like going to the grocery store, will help prevent sick individuals from infecting others and slow the spread of the virus.

- Covering your face protects you and those around you from infectious droplets emitted when someone talks, breathes, coughs, or sneezes. These particles can remain airborne for up to three hours.

- Currently, the CDC recommends that anyone above the age of two should wear a face covering to minimize the risk of contracting, and spreading, COVID-19 while in public.

- Until we have a vaccine, personal choices and safe behaviors are the best defense against COVID-19.

ER Safe: How Emergency Departments Adapt to Keep Communities Safe

- Emergency care teams have noticed a worrying trend of people avoiding or delaying seeking medical treatment, which can have life or death implications.
  - An April 2020 ACEP poll showed that nearly a third of patients avoided the emergency department out of concern they could contract COVID-19.
  - Patient volumes in some areas dipped as low as 50 percent across the country in areas that were not yet surging.

- Despite the uncertainty, you can count on emergency physicians to be ready and able to care for you anytime.

- Whether you are concerned you have COVID-19 or are having another medical emergency, it is critical to know when to go to the emergency department.

- Emergency departments across the country are adapting their policies and procedures to keep everyone safe.
  - Emergency physicians are trained to prevent the spread of highly contagious illnesses.
  - Emergency departments have greatly intensified their cleaning and disinfecting efforts.
Hospitals are using enhanced treatments to decontaminate the air and prevent the spread of the virus.

Anyone who comes to the emergency department will be screened on arrival for COVID-19 symptoms, often before they enter its doors.

Be prepared to come alone and connect with your loved ones virtually during your visit or if you get admitted.

Some emergency departments have created separate entrances and external waiting rooms for patients with known symptoms.

Individuals who test positive or have suspected symptoms are kept separated from non-COVID patients.

Get Us PPE

- We have been battling COVID-19 for months and many continue to face shortages of personal protective equipment (PPE)—like N95 masks, gowns, face shields and eye wear—leaving millions of health care workers at risk in the midst of this outbreak when we need them most.
  - This challenge is especially difficult for smaller practices in rural or underserved areas.

- We can’t afford for emergency physicians and other frontline health care practitioners to get sick due to PPE shortages.
  - Now more than ever, patients need full access to America’s emergency care safety net.

- While PPE production is ramping up, there are still dire shortages in many emergency departments across the country, and we don’t see significant relief in the near future.

- We continue to urge the federal government to exhaust every option available to rapidly increase PPE production and prioritize distribution to emergency physicians and other frontline health care practitioners.

- The American College of Emergency Physicians is working with corporate and nonprofit partners to help expedite the production and delivery of PPE to America’s frontline health workers.

- You can take action at GetUsPPE.org, a website developed by emergency physicians that includes donation information.

FEDERAL POLICY AND ADVOCACY

The following are talking points to use in conversations, interviews and social media about ACEP’s federal advocacy priorities around COVID-19. You can find the latest federal updates and ACEP’s current priorities here.

Get Us PPE
If you have a personal story about running low on PPE, concerns about your hospital response to you procuring and wearing your own PPE, or experiences adapting PPE to suit your needs (reusing masks designed for one-time use, for example), please contact PR@acep.org to share your story. These stories will help make ACEP’s advocacy more effective.

- Now is the time to use every tool at our disposal as we try to manage and stop the spread of COVID-19.
  - We need to take action now to fill this gap with every resource we have available, including from the Strategic National Stockpile.
- Best practices for many types of PPE include instructions for taking gear on and off and using items once. Under current circumstances, these practices are being adapted or worked around in as safe a manner as possible, but more is needed.
- It is imperative that we not only make sure emergency physicians and other frontline workers get PPE, but they must have their rights protected to wear it.
- ACEP strongly opposes efforts to silence, penalize, or unjustly terminate health workers simply for wearing their own makeshift PPE or speaking out about their unsafe working conditions.
  - ACEP will continue to fight for its members and stand in full force behind its statements on PPE and physician protections.

**Physician Mental Health**

ACEP is working to ensure that frontline physicians can safely seek mental health care without fear of professional consequences, and your personal experiences often resonate more than data. If you have a personal story about how you’ve been hindered from seeking mental health support due to concerns around licensure, credentialing, or other professional impacts, we encourage you to anonymously share your story to inform our advocacy efforts. You can also contact pr@acep.org if you’d like to share your story publicly.

- Emergency medicine can be a turbulent and overwhelming field for the physicians, nurses and other health care providers who are faced with life and death consequences each day.
  - In the last year, as many as 6,000 emergency physicians have contemplated suicide and up to 400 have attempted to take their own life.
  - Emergency physicians have historically had higher rates of career burnout and post-traumatic stress disorder (PTSD) than other medical specialties. Upwards of 65 percent of emergency physicians and emergency medicine resident physicians report experiencing burnout during their career.
  - Approximately 15 to 17 percent of emergency physicians, and upwards of 20 percent of emergency medicine residents met the diagnostic criteria for PTSD in 2019.

- Fighting the COVID-19 pandemic is taking an additional toll on the mental health of emergency physicians, and we don’t yet know the true extent it will have on everyone working on the frontlines.
  - We are in the fight of our lives and when our day ends, many of us retreat to solitude in hotels away from our homes, in our own garages, or even a tent in our backyards for weeks at a time to protect our loved ones rather than being able to seek their support.
Despite the prevalence of depression, feelings of burn out, and other mental health issues, there is a legitimate fear of consequences that deters physicians from seeking the care they need, leaving many people with no better option than to suffer in silence.

- Physicians seeking mental health treatment in our current system are concerned about losing their medical licenses or facing other professional setbacks.

Some state licensing boards continue to ask intrusive questions about physicians’ mental health histories or past treatment that appear to violate the intent of the Americans with Disabilities Act—which prohibits discrimination against people with disabilities, including psychiatric disorders.

- These intrusive questions about whether physicians have any psychiatric history have discouraged many who need psychiatric treatment from seeking it because of fear of the questions down the road.
- Practicing physicians with histories of psychiatric disorders or mental health counseling have at times also faced discrimination with respect to receiving hospital credentials and privileges.

We must make sure that physicians and other health care providers can safely secure treatment for mental or other health issues that do not affect patient care without repercussions to licensing, credentialing, or future employment.

- Seeking care and support should be strongly encouraged, not penalized.
- Instead of asking a blanket question about any past mental health conditions, it would be more appropriate if state licensing boards and other entities asked clinicians whether they currently have “any conditions for which they are not being appropriately treated, that would impair their judgment or that would otherwise adversely affect their ability to practice medicine in a competent, ethical and professional manner.”

The American College of Emergency Physicians (ACEP) is leading the way to dismantle the current barriers for physicians who seek mental health treatment and reduce the stigma of physicians’ mental illness.

- ACEP developed a statement with over 40 leading medical organizations, including the American Medical Association and the American Psychiatric Association, that outlines recommendations for removing existing barriers to seeking treatment, including the fear of reprisal, and better encouraging professional support and non-clinical mental health initiatives, such as peer support, for physicians.
- ACEP strongly supports the Joint Commission stance that a health professionals’ history of mental illness should not be used as any indication of their current or future ability to practice medicine.
- In Congress, ACEP supports several bipartisan bills in various stages in the House and Senate, including H.R. 7255: The Coronavirus Health Care Worker Wellness Act, which establishes a grant program to ensure emergency physicians and other frontline health care providers have access to the mental health resources they need during the COVID-19 pandemic and S. 4349, the Dr. Lorna Breen Health Care Provider Protection Act. ACEP helped inform and develop these bills and strongly support their inclusion in upcoming COVID-19 legislation.
For its 39,000 individual emergency physician members, ACEP offers free mental health counseling sessions, peer-to-peer support meditation guides, a 24-hour support line and other tools and resources.

**Testing & Supply Chain**

- The U.S. is behind in efforts to build and mobilize a nationwide testing apparatus.
  - With better data we can make more informed decisions that improve access to care and treatment.

- Congress should prioritize resources to improve testing and contact tracing to monitor and mitigate COVID-19.
  - This effort should include authorizing the Food and Drug Administration for emergency approval for COVID-19 test production by U.S. companies for tests that are already in use around the world.
  - Testing, diagnosis and treatment should be fully covered by insurance companies, without patient cost-sharing and with appropriate physician reimbursement.

- In addition to PPE, we must prioritize the production of medications and supplies relevant to treatment of COVID-19.
  - We must make sure that medication and materials are distributed directly to needed sites of care including taking steps to increase transparency of the supply chain for these products to better identify and proactively address potential shortages.

**Financial Support**

- Many hospitals and medical employers are grappling with devastating drops in patient volume resulting in pay cuts, furloughs, and even layoffs. These outcomes may immediately threaten patients’ access to high-quality emergency care and have long-term consequences for the emergency medicine workforce pipeline.

- Congress should target and distribute federal and state emergency funding beyond hospitals so that available resources reach Emergency Medical Services, emergency physicians, and other relevant hospital-based specialty physicians who are not hospital-employed.

- We should also strengthen available aid packages to ensure financial stability of critical medical practices so that emergency physicians can treat patients, maintain readiness, and be fully prepared for patient surges.