



RESOLUTION: 40(20)

SUBMITTED BY: Pennsylvania College of Emergency Physicians

SUBJECT: Addressing Critical Need for PPE by Emergency Physicians During a Pandemic

PURPOSE: 1) Develop a stockpile of airborne and contact level PPE to include five N95 respirators, five surgical masks, five gowns and one face shield that would be available to members on request during a pandemic to mitigate delays from normal supply chains. 2) ACEP partner with hospitals and other organizations to donate or sell PPE stockpiled for members when their expiration dates near and replenish the stockpile to maintain adequate volumes for members.

FISCAL IMPACT: Based on prices as of August, the estimated costs for purchasing the PPE stockpile for 40,000 members is \$1,345,600. If prices returned to pre-COVID levels, total purchase costs would be approximately \$156,000. The expense would be repeated prior to the expiration date of each type of PPE, which could be partially offset if buyers could be found sometime prior to the expiration date. Additional unknown expense to store the stockpiled PPE and mailing/shipping costs. Additional staffing may also be required.

1 WHEREAS, The recent coronavirus disease of 2019 (COVID-19) pandemic has resulted in critical supply
2 shortages of personal protective equipment (PPE) for healthcare workers (HCW)¹; and
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4 WHEREAS, appropriate use of PPE by HCWs can protect them from contracting COVID-19 and other
5 infections^{2,3}; and
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7 WHEREAS, COVID-19 guidelines recommend HCWs wear gloves, eye protection, gown and at least a
8 simple mask for routine care or an N95 respirator for care during aerosol generating procedures^{4,5}; and
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10 WHEREAS, Despite efforts to reuse, reclaim, repurpose and create PPE, the shortage remains and the demand
11 during the COVID-19 pandemic has created cost mark ups as high as 1,500% for simple masks, 1,513% for N95
12 respirators and 2000% for gowns^{6,7}; and
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14 WHEREAS, The Strategic National Stockpile was inadequately maintained and has been unable to meet the
15 demand for PPE by HCWs⁸; and
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17 WHEREAS, ACEP dues stand at \$615 per year and this would be an ACEP benefit available for members;
18 therefore be it
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20 RESOLVED, That ACEP develop a stockpile of airborne and contact level personal protection equipment
21 that would include five N95 respirators, five surgical masks, five gowns, and one face shield available to members on
22 request during a pandemic to mitigate delays from normal supply chains; and be it further
23

24 RESOLVED, That ACEP partner with hospitals or other organizations to donate or sell personal protection
25 equipment stockpiled for members when the expiration dates are near to prevent waste and automatically replenish the
26 stockpile to maintain adequate volumes for our membership.

References:

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- Healthcare Workers: A Systematic Review and Meta-Analysis. *Clin Infect Dis.* 2017;65(11):1934-1942.
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 6. Livingston E, Desai A, Berkwits M. Sourcing Personal Protective Equipment During the COVID-19 Pandemic. *JAMA.* 2020.
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 8. Budd K. Where is all the PPE? AAMC News. <https://www.aamc.org/news-insights/where-all-ppe>. Published 2020. Updated 2020-03-27. Accessed 2020-05-26.

Background

The resolution calls for ACEP to develop a stockpile of airborne and contact level personal protection equipment to include five N95 respirators, five surgical masks, five gowns and one face shield that would be available to members on request during a pandemic to mitigate delays from normal supply chains. Additionally, the resolution requests that ACEP partner with hospitals and other organizations to donate or sell PPE stockpiled for members when their expiration dates near and replenish the stockpile to maintain adequate volumes for members.

From the early appearance of COVID-19 in the United States and across much of the world, and continuing to a large degree to this day, one of the most significant obstacles to providing appropriate care to patients and protecting the emergency medical personnel responding to the pandemic has been the widespread critical shortage of N95 respirators and other PPE. Inadequate initial stockpiles followed by demand that quickly overwhelmed normal supply chains put emergency physicians and other health care workers at immediate significant risk as they were forced to reuse PPE far beyond safety limitations or work with substandard or even homemade materials in desperate efforts to provide a minimal level of protection while taking care of their patients.

ACEP worked to address the catastrophic impacts of the PPE shortages on multiple fronts. In March 2020, ACEP issued the policy statement [COVID-19: Personal Protective Equipment \(PPE\) During the Pandemic](#). The policy included a statement that “close contact during procedures or processes (including a physical examination) that generate potentially infectious aerosols requires a higher level of PPE that includes an N95 respirator.” In April 2020, the College issued an additional statement [COVID-19: Use of Donated or Self-Purchased Personal Protective Equipment \(PPE\)](#), which stated in part that “Processes and procedures that create higher risk, such as close contact and aerosolizing procedures, require full PPE, including N95s. Because the inadequate PPE supply increases the risk to our physicians, they have taken to buying their own PPE or utilizing donations from other industries. ACEP urges hospitals and other health care facilities to allow physicians to use their donated or self-purchased PPE.”

In March, ACEP partnered with [GetUsPPE.org](#) to help get PPE to the frontlines of the COVID-19 pandemic, by coordinating donations of PPE to hospitals in need. ACEP reached out to 28 trade associations as a part of this collaborative campaign to drive more PPE donations to local emergency departments. ACEP also partnered with [Project N95](#), the National Critical Equipment Clearinghouse for PPE and critical equipment, to vet suppliers claiming to have large quantities of quality PPE for sale and connect legitimate suppliers with hospitals, health systems and local and state governments looking to make bulk purchases.

ACEP launched a campaign to engage its membership to send their members of Congress an email urging them to ensure PPE is prioritized for frontline personnel. As of August 23, there were 34,917 individuals who have already taken action.

Early in March, ACEP sent every member of Congress and other policymakers a series of key policy changes necessary to mitigate the impact and spread of the virus in the U.S. and support emergency physicians and other frontline responders to the pandemic.

Outraged by the growing reports of employers retaliating against frontline health workers who are trying to ensure workplace safety during this pandemic, ACEP partnered with leading health care organizations to issue a joint statement on March 30 : [Urgent Call for Federal Action to Address Medical Equipment Shortages](#). The statement called for an increase in the PPE supply and deployment to the areas in most critical need.

ACEP has worked with key decisionmakers within the Trump Administration and Congress to address many issues facing emergency physicians, especially those related to PPE. For example, the College has had weekly conversations with the Centers for Disease Control and Prevention (CDC) to discuss best clinical practices, share experiences from the ground, and hear more about current or upcoming guidance that could impact emergency physicians and their patients. ACEP has shared the insights it has gleaned from the CDC on [ACEP's COVID-19 website](#) and the [COVID-19 communications hub](#). ACEP has also shared personal (anonymized) stories of its members about ongoing struggles obtaining PPE or being able to use their own PPE without fear of reprisal with the Occupational Safety and Health Administration (OSHA), The Joint Commission (TJC), and the American Hospital Association. In the last week of March 2020, ACEP had a call with TJC to convey the College's concerns that hospitals were punishing or forbidding staff from wearing their self-purchased or donated PPE. On March 31, TJC issued a [statement](#) supporting emergency physicians' right to bring their own standard face masks or respirators to wear at work when their healthcare organizations cannot provide access to PPE routinely that is commensurate with their risk of exposure. TJC also posted an [FAQ](#) about this statement.

On April 28, ACEP hosted its Virtual Hill Day during which nearly 500 ACEP members representing 45 states conducted 306 online meetings with legislators to discuss COVID-19 concerns: PPE, hazard pay, liability relief, and more. Nearly 50% of the meetings were with legislators or senior staff, and ACEP members were able to share their personal perspectives from the front lines.

On June 26, ACEP submitted its [response](#) to the Senate Health, Education, Labor, and Pensions (HELP) Committee regarding its "Preparing for the Next Pandemic" [white paper](#), focused on five areas where Congress should work with federal departments and agencies, states, and the private sector. In the letter, ACEP raised significant concerns about the inappropriate allocation and re-use of PPE.

On July 2, the House Select Subcommittee on the Coronavirus Crisis held a hearing, "The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies," to examine efforts to acquire PPE, COVID-19 testing supplies, and other critical supplies needed to respond to the coronavirus pandemic. ACEP submitted a [letter](#) for the record to highlight ongoing shortages of these supplies and how they affect emergency physicians' ability to effectively treat patients during the pandemic.

As some PPE became sporadically available for individual purchase, ACEP worked to provide members ways to take advantage of those opportunities. On June 16, ACEP announced its partnership with Amazon. The partnership allowed members priority access to cleaning supplies, PPE, and more. In August, ACEP partnered with Project N95 and more than a dozen other national specialty societies to provide members of the participating societies a one-week window to purchase N-95 masks and other PPE at volume prices.

The volume pricing available through the Project N95 offer included:

- N95 Respirators: \$4.56/mask – \$5.11/mask
- Isolation Gowns (AAMI Level 1): \$1.41/gown
- Face Shields: \$0.84/shield
- Surgical Masks were not included in the offering but were available through Project N95 at \$0.29 – \$0.58.

While the amounts charged through the special offering represented a substantial discount from what could be purchased individually in August, they were significantly higher than the costs of PPE prior to the pandemic. According to a [report by the Society for Healthcare Organization Procurement Professionals](#) (SHOPP), prices that skilled nursing facilities and assisted living centers paid pre-COVID were:

- N95 Respirators: \$0.38/mask
- Isolation Gowns: \$1.41/gown
- Face Shields: \$0.50/shield
- 3-Ply Surgical Masks: \$0.05

ACEP currently has more than 40,000 members and it is unknown how many members would request PPE from the stockpile. Based on 40,000 members, ACEP would need to purchase and stockpile:

- 200,000 N95 respirators: \$4.75/mask = \$950,000
- 200,000 isolation gowns: \$0.25/gown = \$282,000
- 200,000 surgical masks: \$0.40/mask = \$80,000
- 40,000 face shields: \$0.84/shield = \$33,600

The total estimated expenditure is \$1,345,600. If prices return to pre-COVID levels as measured by the SHOPP report, the costs of providing all members with these same supplies would be \$76,000 for N95 respirators; \$50,000 for gowns; \$10,000 for surgical masks; and \$20,000 for face shields for a total expenditure of \$156,000. ACEP would incur additional costs for offsite storage to contain the stockpiled PPE, additional costs for mailing/shipping the PPE to members, and potentially additional staffing to manage the supply, demand, and monitoring of expiration dates, and reselling if possible prior to the expiration date.

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care

Objective H - Position ACEP as a leader in emergency preparedness and response.

Goal 2 – Enhance Membership Value and Member Engagement

Objective A – Improve the practice environment and member well-being.

Fiscal Impact

Based on prices as of August, the estimated costs for purchasing the PPE stockpile for 40,000 is \$1,345,600. If prices returned to pre-COVID levels, the total purchase costs would be approximately \$156,000. This expense would be repeated prior to the expiration date of each type of PPE, which could be partially offset if buyers could be found sometime prior to the expiration date. Additional unknown expense to store the stockpiled PPE and mailing/shipping costs. Additional staffing may also be required.

Prior Council Action

None

Prior Board Action

March 2020, approved the policy statement “COVID-19: [Personal Protective Equipment \(PPE\) During the Pandemic.](#)”

March 2020, approved the policy statement “[COVID-19: Use of Donated or Self-Purchased Personal Protective Equipment.](#)”

June 2016, approved the revised policy statement “[Personal Protective Equipment Guidelines for Health Care Facility Staff;](#)” reaffirmed October 2009; originally approved August 2003.

April 2014, approved the revised policy statement “[Emergency Department Planning and Resource Guidelines;](#)” revised and approved October 2007, June 2004 and June 2001 with the current title; reaffirmed September 1996;

originally approved December 1985 with the title “Emergency Care Guidelines.” The policy statement includes a list of suggested equipment and supplies for emergency departments which includes “personal protective equipment- gloves, eye goggles, face mask, gowns, head and foot covers.”

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