



RESOLUTION: 41(20)
SUBMITTED BY: Louisiana Chapter
Emergency Telehealth Section
SUBJECT: Personal Protection Equipment

PURPOSE: Establish new policy statements that hospitals maintain adequate supply of personal protection equipment, employer or staffing company supply appropriate and adequate supply of personal protection equipment, and emergency physicians and other emergency workers be permitted to provide their own personal protection equipment.

FISCAL IMPACT: Budgeted committee and staff resources for development policy statements.

1 WHEREAS, Personal protection equipment (PPE) is intended to protect healthcare and other workers from
2 various potentially harmful “things” including but not limited to viruses, bacteria, fungi, and other infectious
3 organisms, radioactive material, various vapors, heat, caustic substances and materials, acids, irritants, etc.; and
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5 WHEREAS, PPE can include gloves, masks, respirators, eye protection, face shields, self-contained breathing
6 apparatus, impermeable gowns, a combination of these or many other items; and
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8 WHEREAS, It is typically the host hospital’s duty to provide necessary equipment for workers at the facility
9 to protect themselves and/or others; and
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11 WHEREAS, Many hospitals do not maintain adequate PPE supplies to protect the healthcare workers during
12 a disaster or pandemic as became obvious during the SARS-CoV-2/COVID-19 pandemic in 2020 in the United
13 States; and
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15 WHEREAS, During the recent SARS-CoV-2/COVID-19 pandemic, many emergency physicians expressed
16 concerns that hospitals did not have sufficient supplies of PPE for healthcare workers to adequately protect
17 themselves as recommended by manufacturers of the PPE and medical personnel; and
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19 WHEREAS, In April 2020, the ACEP statement on PPE in COVID-19: Personal protective equipment (PPE)
20 during the pandemic indicated: “that health care personnel (HCP) in the emergency department (ED) and emergency
21 medical services (EMS) should consider wearing a face mask or surgical mask during their entire shift if they are
22 providing patient care, unless the mask becomes soiled and needs replacement,”¹ but did not address its
23 recommendations when this recommendation conflicted with the recommended use of such PPE by the PPE
24 manufacturers; and
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26 WHEREAS, A stronger worded recommendation or guidance statement from ACEP would help emergency
27 physicians in helping to protect themselves, their co-workers, and patients; and
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29 WHEREAS, Some physicians and other health care workers obtained their own PPE to use at work to protect
30 themselves; and
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32 WHEREAS, Some hospitals have policies that prohibit self-provided PPE to be used in their hospitals
33 creating concern from emergency physicians of being penalized for simply trying to protect themselves in the
34 workplace; therefore be it
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36 RESOLVED, That ACEP establish a new policy that hospitals must maintain adequate supply of personal

37 protection equipment to supply all emergency and other workers that may be necessary during an infectious,
38 radioactive, chemical, or biologic disaster for at least a 60-day minimum when used as directed by the manufacturer;
39 and be it further

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41 RESOLVED, That ACEP establish a new policy that in the event any hospital fails to provide adequate
42 personal protection equipment in terms of quantity, particular type, and quality, to its emergency workers the
43 employer or staffing company is responsible and will immediately supply appropriate and adequate personal
44 protection equipment for the physicians and non-physicians staffing the emergency department and other sites; and be
45 it further

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47 RESOLVED, That ACEP establish a new policy supporting emergency physicians and other emergency
48 workers providing their own personal protection equipment without any penalty of any kind if the hospital or other
49 “employer” (staffing company) fails to provide adequate and sufficient personal protection equipment to be used as
50 intended by the manufacturer of the personal protection equipment.

ⁱ American College of Emergency Physicians April 2020 Statement on PPE. July 13, 2020. <https://www.acep.org/corona/covid-19-field-guide/work-safety/acep-statements-on-ppe/>

Background

This resolution calls for the College to establish new policy statements that hospitals maintain adequate supply of personal protection equipment, employer or staffing company supply appropriate and adequate supply of personal protection equipment, and emergency physicians and other emergency workers be permitted to provide their own personal protection equipment.

In March and April 2020, ACEP issued two statements that emphasized the role of the emergency care team as the front line in the recent SARS-CoV-2/COVID-19 pandemic and the importance of appropriate personal protective equipment.

The policy statement “[COVID-19: Personal Protective Equipment \(PPE\) During the Pandemic](#),” firmly emphasizes that “health care personnel (HCP) in the emergency department (ED) and emergency medical services (EMS) should consider wearing a face mask or surgical mask during their entire shift if they are providing patient care, unless the mask becomes soiled and needs replacement.”

The policy statement “[COVID-19: Use of Donated or Self-Purchased Personal Protective Equipment \(PPE\)](#)” clearly states that “ACEP has and will continue to support the use of surgical masks with proper eyewear and other protective equipment for physicians and other individuals caring for patients, regardless of their complaint.” The College also advocated for hospitals to permit emergency physicians and other emergency workers to provide their own personal protection equipment by adding that “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.”

The College noted that emergency physicians and health systems around the country were facing severe shortages of PPE, such as N95 masks, that left many health professionals insufficiently protected in the midst of the SARS-CoV-2/COVID-19 pandemic. 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 received reports of workarounds that many of our physicians had to resort to that compromised the protection that appropriate PPE is designed to provide. Because of these reports and shortages, ACEP launched a campaign to

engage the ACEP 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.

Additionally, 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 epidemic.

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 May 21, the recently-established House Select Subcommittee on the Coronavirus Crisis held a virtual briefing featuring essential and frontline workers, including a prominent ACEP member. The panelists noted the personal risks exacerbated by a lack of adequate PPE, as well as the emotional and mental health toll the pandemic has taken on frontline workers. The panelists also discussed the lack of access to rapid testing, fair pay and compensation such as hazard pay, and paid leave protections. In response to a question from Rep. Andy Kim (D-CA) as to whether the U.S. is prepared for a potential second wave of infection, the panelists warned that we are not yet prepared given the lack of testing, PPE, scientific progress on fighting the virus, and inconsistent public health guidance.

On June 16, ACEP announced its partnership with Amazon. The partnership allowed members access to cleaning supplies, PPE, and more. ACEP's new central business account allowed members to purchase important supplies to keep their homes safe or supplement items they may need on shift before the general public.

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.

On July 16, ACEP President, William Jaquis, MD, FACEP, and ACEP staff met with officials from the Occupational Safety and Health Administration (OSHA). During the meeting, ACEP shared de-identified stories from emergency physicians who have been penalized by their hospitals for wearing their own PPE or for speaking out publicly about PPE shortages or other issues. The College strongly urged OSHA to revise their standards and guidance to better protect emergency physicians and re-enforce their right to wear PPE that they believe keeps them safe. ACEP also asked OSHA to respond as quickly as possible to formal complaints filed by emergency physicians.

In August, ACEP partnered with Project N95 and more than a dozen other national specialty societies to provide members a one-week opportunity to purchase N-95 masks and other PPE at volume prices.

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

Budgeted committee and staff resources for development of policy statements.

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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