POLICY BRIEF

Personal Protective Equipment Issues and Professional Direct Care Workers During COVID-19

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Summary

Due to the worldwide COVID-19 pandemic, the one issue common to all professional direct care workers (DCWs) was the limited availability of personal protective equipment (PPE).

Supply chains were stressed, causing DCWs to work without PPE and placing their clients, and themselves at risk.

Additionally, the cost for PPE skyrocketed, placing it completely out of reach for many DCWs making just over state minimum wage. Based on the lessons learned over the past six months, the following actions are needed to prevent PPE shortages in the future:

- Conduct a comprehensive debrief and increase efficiencies of PPE distribution.
- Update existing emergency plans.
- Collaborate with DCW provider agencies to redistribute excess PPE.
- Create a statewide stockpile of PPE.
- Establish a PPE distribution process for Medicaid beneficiaries and DCWs.
- Develop a reimbursement process for PPE purchases.

Issue:

In early March 2020, Michigan became entrenched in the worldwide pandemic of COVID-19.[1] This highly contagious virus led to immeasurable repercussions in healthcare systems across the nation and world. Even though stabilization within the healthcare system has begun, the shortfalls identified in the early stages of this pandemic still haunt healthcare professionals, first responders, direct care workers (DCWs), and all other people who were required to interact with infected patients. This brief focuses on DCWs and challenges they faced, and continue to face, in adequately protecting themselves and others from the transmission and infection of this deadly virus.

The one issue common to all these professionals was the limited availability of personal protective equipment (PPE) during this pandemic. The limited availability of PPE necessitated conscious decisions by many individuals on how to acquire this scarce resource. Arguably, all healthcare/public safety professionals and frontline workers were equally in need of protective equipment. DCWs, like doctors, nurses, public safety officers, etc., are as vulnerable to the high risk of contracting viruses such as COVID-19. However, due to the limited supply of PPE DCWs were not able to be prioritized early in the pandemic, which led to inadequate protection of DCWs, clients including beneficiaries of home help and support, patients, and other healthcare professionals. As the pandemic continued, PPE was provided through the State Emergency Operations Center (SEOC) to the aging network via Area Agencies on Aging as requested, but broader access is needed to meet current demand.

Challenges:

Holes in the supply chain were quickly identified and felt throughout the DCW profession, in virtually every setting that employed these frontline

workers. Limited resources in the field meant DCWs were forced to "make-do" with what they had at their immediate disposal, forcing them to either reuse, improvise, or, in the worst-case scenario, work without PPE. PPE was not equally available to all DCWs and varied greatly depending on where the DCWs were employed, i.e. direct hire, agency, medical setting, etc. Those who were employed by a healthcare setting/agency were able to access the limited supply of PPE to a greater extent than those who were self-employed or direct hires. Even though those employed in healthcare settings had less restrictive access to PPE, there were extreme shortages across all DCW sectors.

Prior to the pandemic, there were multiple lines of access to PPE. It could be obtained through employers, healthcare settings, retail and wholesale suppliers, and pharmacies. Doctors were able to write prescriptions to Medicaid beneficiaries who, in turn, would have those prescriptions filled to ensure PPE was on hand for their daily needs. Local Community Mental Health providers were also able to supply contractual providers with necessary PPE to serve their clients. Case managers, those who coordinate supports and services for Medicaid beneficiaries, were also able to secure PPE through multiple avenues for the service providers working with the case manager's clients.

As the severity of the pandemic materialized, supply chains were stressed and DCWs were unable to acquire PPE through their normal avenues, which caused DCWs to work without PPE. As a result, they engaged in providing supports and services to their clients in unsafe conditions, which had the potential for catastrophic outcomes. State-provided PPE was made available to essential health care professionals, but PPE was inaccessible for many DCWs due to the prioritization process.

Many DCWs were faced with purchasing PPE with no means of reimbursement if they could find it available in retail settings. At the height of the COVID-19 pandemic, the cost for PPE skyrocketed, placing it completely out of reach for many DCWs making just over state minimum wage. The average national wage for a DCW is only $13.63 per/hour. According to the 2016 *Section 1009 Report* submitted to the Michigan Legislature, the average wage for an experienced Michigan DCW was only $9.62 per/hour.[2] The inflated PPE prices caused an incredible hardship on the financial stability of DCWs and home health care providers, which may have led to some DCWs leaving the profession.

Recommendations:

Over the course of this pandemic, we have learned many lessons. If addressed accordingly, we should be able to prevent PPE shortages of this magnitude from happening in the future. The following actions are needed to ensure we meet this goal:

1. Conduct a comprehensive debrief on why the distribution failures occurred and look for additional ways to increase the efficiencies of distribution and domestic production of PPE.
2. Update the existing state and community emergency plans to align with new PPE priorities, recommendations, and procedures. This must include adherence to the distribution flowcharts developed by the Michigan Direct Care Workforce Advisory Committee, *Personal Protection Equipment (PPE) Acquisition Flow Chart (see Appendix A*), and the state recommendations for statewide and community priorities for distribution of PPE, *Prioritization Guidance for Personal Protective Equipment (PPE) for COVID-19*[3], during an emergency shortage. These charts, along with the *COVID-19 Education Resources (see Appendix B),* will be instrumental in the distribution of PPE to all frontline professionals, including DCWs, while decreasing the potential for shortages throughout the many different levels of healthcare providers.
3. Collaborate with community stakeholders for redistribution of excess PPE back through the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD)[4].
4. Create a statewide stockpile of PPE with multiple distribution points based on population size and administered through the MSP/EMHSD emergency response systems. Accessing these resources

would be limited to healthcare organizations employing DCWs and other healthcare professionals as well as frontline workers, including DCWs, who are either self-employed or direct hires.

5. Provide Medicaid beneficiaries with a 90-day supply of PPE to be retained by the Medicaid beneficiary. This would provide a cushion between the demand and the hands-on inventory of the beneficiary, preventing a lapse of PPE.
6. Establish a process for reimbursement of PPE purchased with private funds by the Medicaid-authorized provider in the event of distribution shortages. This would also include Home Help providers and those DCWs directly hired by an individual.

These actions would benefit all front-line workers, clients, and family members by providing the needed safety components to ensure the reduction of cross-contamination. Michigan has experienced a great loss of life due to the spread of this virus. We can take precautionary measures to ensure that these numbers are reduced, or flatten the curve, by strategically managing PPE distribution now and in the future. If we postpone these actions, we face a greater up-hill battle if a second wave of COVID-19 or similar emergency should strike.

[1] https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/about-COVID-19.html

[2] https://arcmi.org/content/uploads/sites/15/2016/05/FINAL-report-section-1009-on-direct-support-workforce-3-26-2016.pdf

[3] https://www.michigan.gov/documents/coronavirus/MDHHS_PPE_Prioritization_Guidance_4-_685931_7.pdf

[4] https://www.michigan.gov/msp/0,4643,7-123-72297_60152_66814---,00.html