

# ESSENTIAL

# Pharmacy WORKERS

## BRIEFING BOOK

### BUSINESS UNUSUAL

ADDRESSING ESSENTIAL WORKERS' NEEDS  
DURING & AFTER THE COVID-19 PANDEMIC

a Collaboration Between  
the Johns Hopkins Berman Institute of Bioethics &  
the University of Colorado Boulder MENV

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## Essential Pharmacy Workers

Jose Peralta, a pharmacy technician at a New York City Walgreens, can recall the moment on March 16, 2020 when he caught COVID-19 at work<sup>1</sup>. Walgreens had not provided any PPE to its workers, even in the virus hotspot of NYC, and a frequent customer he interacted with that day would test positive for COVID-19 days later. Jose told his manager about this encounter, but the manager, directed by corporate headquarters, told him to continue showing up to work. A week later, he found himself stricken with the classic symptoms, too sick to return to work for weeks beyond what his sick pay would cover.

The workers who staff our nation's pharmacies, including pharmacists and pharmacy technicians like Peralta, are critical to the health of our nation, in pandemic and non-pandemic times alike. Nearly half of American adults live with at least one chronic health condition<sup>2</sup> that requires ongoing prescription medicine. Others need medicines for acute illnesses like bacterial infections or post-operative pain. Pharmacists and pharmacy techs—from the pharmacy on the corner to the one in the grocery store to the one in the hospital—are the vital link between these people and their medications.

If the pharmacy workforce gets depleted because workers like Peralta are out of commission for weeks due to a COVID-19 exposure, people will find it harder and harder to get their medications. If people with high cholesterol fail to take their statins regularly, they are more likely to have a heart attack. If diabetics don't get insulin, their long-term risk of life-altering events like amputation go up. And these patients with underlying health conditions are more likely to get severely ill from COVID-19:<sup>3</sup> thus lack of access to medications matters all the more. If an asthmatic catches any cold while his or her asthma is not well controlled, an asthma exacerbation is more likely to occur. If that asthmatic catches COVID-19, such an exacerbation could be particularly serious in light of the breathing difficulties that already come from the virus.

Jose Peralta's case—and the failure it illustrates of corporate headquarters to adopt early safeguards for pharmacists—is not an isolated anomaly. Pharmacists in the retail setting as well as the hospital setting have described similar timelines of confusion, failure to act, and

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<sup>1</sup> <https://www.propublica.org/article/pharmacy-workers-are-coming-down-with-covid-19-but-they-cant-afford-to-stop-working>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5876976/>

<sup>3</sup> <https://publicintegrity.org/health/coronavirus-and-inequality/pre-existing-inequality-could-make-coronavirus-hit-some-harder/>

conflicting information from decisionmakers<sup>4</sup>. While it was initially clear that there would be high exposure to the virus in these settings due to the volume of customers and the nature of the work, early messaging from the CDC was that gloves and masks would not be helpful. Individual workers started to wear masks and gloves regardless of the guidance, and some pharmacists put up vinyl shower curtains at their desks as an ad hoc measure to protect employees. After many weeks, and countless exposures in the pharmacy setting, companies started to put up plastic shields, pass out N95 masks, sanitize the credit-card machines on an hourly basis, and put tape on the ground to keep customers at 6-foot distances. But, again, these changes were slow to come.

### **ON THE JOB RISKS**

Pharmacists and pharm techs are on the front line, talking with customers every day for hours—often customers with symptoms like sore throat, cold symptoms, or fever. The nature of the work puts this workforce at risk. In addition, numerous reports have shown that, when a worker in the pharmacy comes down with COVID-19, the individuals who have been working alongside that person are told to keep coming to work until they show symptoms.

### **HOW CAN WE PROTECT THIS WORKFORCE?**

Some workplace adaptations have been put in place. In the in-hospital setting, the number of pharmacists who perform clinical rounds was decreased and some were directed to work from home on a circulating basis. Pharmacists doing point-of-care work, such as drawing blood to check for clotting times in ambulatory clinics, started doing curbside checks for patients afraid to enter the hospitals.

The pharmacy tech workforce, on the other hand, needs to come into work to do their work. This is a group of workers who get paid less and are left without work-from-home options to limit their exposure.

Numerous nationwide pharmacy chains have started to offer bonuses or temporary raises to employees working during the pandemic<sup>5</sup>. CVS is providing bonuses of \$150-500 on a sliding scale for on-site staff, which includes pharmacists and pharm techs. However, workers have indicated that they would prefer something like 1.5x pay in lieu of bonuses.

Some stores have implemented strict customer number limits or closed the pharmacy for certain hours to allow deep cleans. The American Pharmacists Association wrote a letter to

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<sup>4</sup> First person interviews via email of a pharmacist in a hospital and a pharmacist at a nationwide retail pharmacy

<sup>5</sup> <https://thehill.com/blogs/congress-blog/labor/488760-grocery-and-pharmacy-employees-are-essential-workers-and-must-be>

OSHA on April 1, 2020 requesting an increased level of protection needed to protect pharmacy staff<sup>6</sup>.

Notably, because of a fear of drug shortages or inability to get to stores to pick up prescriptions, pharmacies have reported double or triple as many prescriptions to fill in the month of March<sup>7</sup>.

#### **Additional measure to protect pharmacy workers:**

- Enforcing strict limits on the number of people who are allowed into the stores at a given time. That will allow for the necessary 6-foot distancing between workers and customers.
- Implementing mail delivery of medications for those customers who do not already use this service, possibly with financial incentives for customers to sign up to do so.
- Generous leave, when workers feel sick or have come in contact with a COVID-19 patient.
- Sick benefits and insurance for all pharmacists and pharmacy tech workers, and extended to cover the long time periods necessary to recover from COVID-19 in order to not incentivize people to come to work when sick.

### **ESSENTIAL EMERGENCY MEDICAL SERVICE WORKERS BRIEFING BOOK**

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