



3.25.20

Massachusetts Nurses Association Position Statement on a COVID-19 Response to Protect Patients and Staff in Massachusetts Hospitals

The current flow of information about the COVID-19 crisis is dynamic and evolving on an hourly basis. It is important to note that much information that has been circulated in recent weeks has been incorrect or misleading and has caused considerable confusion. In juxtaposition, the Massachusetts Nurses Association (MNA) is committed to communicating only accurate and timely information to its members, the dedicated nurses and healthcare professionals (HCPs) who provide bedside care to the Commonwealth's patients, as well as advocating for conditions that provide for optimal worker safety while supporting positive patient outcomes.

It is with these objectives in mind that the MNA will negotiate nothing less than the proper personal protective equipment (PPE) for our members caring for COVID-19 patients, as well as access to COVID-19 testing and resources that will support the preservation of members' earnings during periods of isolation if quarantined or furloughed from work.

Hourly, the MNA monitors and receives a vast amount of data and evidence-based information from our members and healthcare organizations that we use to ensure that national, state, and hospital guidelines are based on reliable facts and scientific evidence.

In the coming weeks and months, we will continue to monitor the situation to ensure that our nurses and HCPs are able to practice in a safe and competent manner that protects both them and their patients. We will also continuously advocate for and promote both safe working and patient care conditions.

Patient Care Units for Persons Diagnosed with COVID-19

The MNA calls for the opening of triage units/tents in designated, outside areas away from the flow of the general patient population, with all caregivers provided with appropriate PPE to allow for the safe segregation of presumptive COVID-19 patients. These strategies are supported by the "precautionary principle" utilized by the scientific community. Full units/floors and entire hospitals should be designated solely for patients with COVID-19. Those floors and hospitals should have designated and limited access, and staff should have access to proper equipment.

Within and beyond our Massachusetts hospitals, healthcare leaders and scientists are debating the concept of units with open-floor plans as a possible measure for caring for patients with COVID-19. If this does occur, it will require engineering controls be in place at each facility as a proactive public health measure to prevent and protect healthcare staff, patients, and the greater community from the spread of this virus. Staff working on such units must be provided with appropriate PPE. By designating a fully self-contained unit, staff will not need to change out PPE between rooms. A "hazardous duty" pay option may be considered as a request for this unit.

While we have seen many healthcare facilities move to designated floors for confirmed and suspected COVID-19 patients, several have still not done so, despite this being a concrete step towards reducing the spread of the virus among patients and healthcare workers. The March 22 letter, (*Guidance regarding implementation of alternative acute inpatient space during the COVID-19 state of emergency*) from the Department of Public Health (DPH) addresses this too, encouraging all hospitals to establish dedicated care areas. The conversion of those spaces must consider infection control principles necessary to operate units that are established as potential infectious disease wards, with an established anti-room or area to don and doff PPE. We also call for establishing one or two specific hospitals per geographic area as triage hospitals; designating floors and ICUs specifically for COVID-19 patients or suspected patients. It is particularly important at this stage to turn our attention to establishing additional ICU capacity for COVID-19 patients and utilizing this time to train the staff on areas impacted by reduced patient census to assist the increased needs of COVID-19 patients. We also recommend the Commonwealth create a state sanctioned site for volunteers, particularly licensed healthcare professionals who are not currently working, to be trained and deployed to assist with the anticipated increased demand in the coming weeks.

All elective procedures and nonessential appointments should be cancelled. All inpatients should be discharged as soon as practicable. Hospitals should cancel all nonessential face-to-face meetings. Essential in-person meetings should be able to accommodate social distancing of six feet

between people. Hospitals should stop visitation with the exception of end of life, pediatrics, or special circumstances. Hospitals must also have a mechanism to enforce these restrictions so that direct care staff do not need to address issues of noncompliance.

We also call for similar measures to be taken at all outpatient facilities and clinics to prevent further exposure and to prevent situations where an outpatient procedure results in a complication that would require a transfer to an inpatient facility, thus compromising the ability to respond to COVID-19 patient care. This would also allow all ventilators and PPE supplies in these facilities be allocated to inpatient sites for the care of COVID-19 patients.

In addition, discharging all patients who do not require inpatient treatment for COVID-19 or other conditions will free up resources and reduce those individuals' potential exposure.

Worker PPE Protection

Droplets containing the virus can travel a significant distance. Thereby, making person-to-person transmission highly likely. Viruses can also spread through particles known as aerosols, released from the lungs that can travel further and remain in the air or on surfaces for several hours.

The following PPE should be available for all healthcare personnel that provide care for patients with COVID-19:

- **Respiratory protection: Fit tested NIOSH - certified disposable N95 masks**
- **Gloves**
- **Gown**
- **Eye protective: Goggles and disposable face shields**

In the interim, available respirators (N95 masks) should be prioritized for those caring for patients who are presumptive or COVID-19 positive. Powered Air-Purifying Respirator (PAPRs) are recommended for procedures that are likely to generate respiratory aerosols which would pose the highest exposure risk to healthcare professionals.

At this point we should assume that all patients are COVID-19 positive and follow a universal precaution protocol to best serve the healthcare professional, patient and general public. The inability to effectively segregate patients quickly, as well as the lack of available testing with quick results, has left us with co-mingled patients and the virus is ahead of us. The shortage of PPE is widely known at this point. Our healthcare workers are being put in the position of caring for their patients without the proper supplies to protect themselves and their patients. While we continue to work with many groups to collect and distribute disposable N95 masks to frontline healthcare workers providing direct care to patients, there are still not enough. And while the public's generous offer of hand-sewn masks are appreciated, they are not appropriate for frontline healthcare workers. The N95 masks have micron filters made from melt blown fabric.

This is necessary to filter out sub-micron particles. Homemade surgical masks do not offer this level of protection. Instead, for those providing direct patient care, we should be focusing on increasing the supply of N95 masks, as well as, Power Air-Purifying Respirators (PAPRs) which safeguard healthcare workers against contaminated air. The benefit of the PAPRs is that unlike N95 masks which should be disposed of after each use, the PAPRs can be safely cleaned and reused. All healthcare workers not providing direct care should be wearing regular surgical masks. Additionally, there is also a shortage of visors, face shields, goggles, ventilators and gowns. We again call for an immediate mobilization for domestic production of PPE. The MNA is being contacted directly by manufacturers who want to produce much-needed PPE. We need a coordinated, government-led effort to make this happen.

Beyond the shortages, however, there are additional concerns that must be addressed. Protective clothing including scrubs and gowns should be donned and doffed on location to reduce the risk of spreading the virus outside the healthcare facility. Showers should also be made available on site to healthcare staff, and given the shortage in paper gowns, we recommend that cloth gowns be utilized, as they can be laundered after each shift just as scrubs are laundered.

Additionally, it is important to have trained, dedicated housekeeping staff who follow proper procedures in order to address the necessary increased cleaning and disinfection of high-volume areas. This ensures the best possible working environment for all employees. We would additionally recommend addressing the increased need of cleaning personnel due to the virus and would suggest redeploying and training laid off hotel workers, colleges and businesses to address the heightened need as we convert rooms over for new patient admissions. Dietary staff should be limited in COVID-19 areas; deliveries should be to the unit, not directly to patients. Service delivery items must be fully disposable.

Support Frontline Healthcare Workers

It is imperative that swift action be taken to secure temporary housing options for staff who are caring for patients and cannot return to their home without causing undo risk to household members in a high-risk category. This should also apply to personnel placed on quarantine due to exposure. We have been in talks with some healthcare facilities on this front, but the time for action is now. We are also seeing disparate treatment of frontline healthcare workers who become infected with COVID-19 or are quarantined due to suspected COVID-19. In some cases, these workers must use their own sick time or paid time off to self-quarantine and recover. This is unacceptable. We are putting them in the direct path of this novel virus and we should be supporting them, not penalizing them. We applaud quarantine and furlough policies being implemented at

Partners Healthcare facilities, where no nurse will lose pay as a result of this crisis, and all will be made available to return to work when the need arises. All hospitals must adopt the same policies to ensure we can maintain a workforce ready and able to respond to this crisis. For those hospitals that lack financial resources, state and federal funding must be made available to support these initiatives.

Childcare challenges are also an urgent issue for members. The MNA believes that hospitals should aim to recruit a cadre of staff, who do not have children, to work in COVID-19 specific units and hospitals. Hospitals should also contract with daycare providers for nurses who need safe, reliable care for their children. Lastly, hospitals should offer financial support to families in order to allow family members to stay home with children of nurses who need to work or who are quarantined.

Halt All Bed, Unit and Facility Closures

While we were encouraged by the halt to the MetroWest Medical Center closure, the potential surge in volume of patients with possible exposure to, or symptoms of COVID-19, still has the capacity to overwhelm our healthcare system. This is not a time to be eliminating capacity at our healthcare facilities. We again call on the state to direct healthcare facilities to halt all planned bed, unit and facility closures. This includes the closure of behavioral health beds at Providence Hospital, as the lack of available behavioral health beds will lead to additional patients presenting in already overcrowded Emergency Departments (EDs). Once again, we ask that facilities such as Union Hospital, Quincy Medical Center and North Adams Hospital be re-opened for the designated purpose of treating COVID-19 patients. We note that New York is opening the Javits Center, adding 1,000 additional beds to the state's capacity as the expected number of patients needing care rises. We hope similar efforts are underway for Massachusetts. We must act now to increase capacity.

The state and federal government must take whatever steps are necessary to provide financial support to vulnerable hospitals and other healthcare facilities during this critical phase as we prepare for a surge in our in-patient capacity.

Halt all staff reductions despite dire warnings that we may not have enough staff to meet the increased demands that will be put on our healthcare system. Healthcare facilities are proceeding with planned layoffs and furloughing healthcare staff. This is not the time to be eliminating frontline healthcare workers. Instead, we should be looking to train these nurses and deploy them into the areas that will see surges in patient volume. We will need nurses who can staff the newly designated Acute Care or ICU Units. The state should be working with healthcare facilities to coordinate this redeployment of healthcare staff and ensure they are properly trained. To date, Tufts Medical Center has made good efforts on redeploying staff following the cancellation

of non-elective procedures. We should be using this time right now to recruit, train and deploy nurses to respond to this pandemic. In the coming weeks we will need all our frontline healthcare workers.

Increase access to testing

While testing capabilities increase each day, we are still not at the point where everyone who should get tested can get tested and receive their results in a timely manner.

- Make drive-through testing widely available.
- For healthcare workers, while we understand the availability of testing is limited, it is important that we pursue consistent, appropriate testing of healthcare personnel. These tests, whenever possible, should be available at the facility where the worker is employed and results available within a 24-hour period.
- Clinicians should be trained to provide testing at sites with high-risk populations, such as nursing homes and assisted living facilities. Our nurses have reported instances where these facilities have attempted to bring groups of individuals from these facilities to overcrowded EDs which overwhelms the ED and may put the individuals at greater risk of exposure.

Further Curtailing Public Transportation

The state should shut down public transportation to all but essential personnel or individuals cleared to travel. Yesterday's announcement closing all nonessential business (*Order Assuring Continued Operation of Essential Services in the Commonwealth Closing Certain Workplaces and Prohibiting Gatherings of More Than 10 People*), should go hand-in-hand with this further curtailing of public transportation. This would allow those who must use public transportation to do so, while imposing social distancing standards and help to enforce the "stay at home" order. Again, we understand this will require thoughtful planning for those whose food and other needs will require alternative assistance or distribution mechanisms. Additionally, shuttle bus services at healthcare facilities should also be curtailed to comply with social distancing recommendations and where shuttle service must still be used to transport staff, regularly cleaned in compliance with appropriate standards. We continue to receive concerning reports of shuttle services packed with healthcare workers driving past empty visitor parking lots at healthcare facilities. This defeats the purpose of so many of the other protective measures you and the facilities have put in place. In lieu of shuttles, parking should be made available at no cost for healthcare workers wherever possible.

Further Enlist the Public in the Response to COVID-19

At this point, all citizens of the Commonwealth should consider themselves as part of the healthcare team responding to COVID-19. The actions the public takes, or does not

take, will greatly affect whether the flow of patients into our healthcare facilities is manageable or a deluge. We know it is difficult to ask people to drastically curtail their everyday lives, but the actions of the public are crucial to how this pandemic will play out in the Commonwealth.

- We recommend that the state impose a strict “shelter in place” order, similar to the one in place in San Francisco. The difference between “social distancing” and “shelter in place” could be the difference between an overwhelmed healthcare system and a manageable one.
- We recommend the public wear masks when in public spaces shared with other individuals. This is a good use for homemade masks.

Ongoing Support From the MNA

The MNA will continue to advocate for the availability and access to testing for members. We recognize that there is a need for healthcare organizations to establish a return-to-work protocol and a plan for temporary housing for healthcare personnel that will allow us to meet the anticipated surge of patients.

Retired nurses could, and should, be considered a resource to provide care and support for patients in healthcare settings that are not diagnosed with COVID-19 until this crisis has been properly managed. Our website will provide daily updates for your information. We will continue to act as a resource for you working in healthcare organizations with governmental leaders and Massachusetts Legislators. We will stand with you during this crisis and we thank you for all you do every day.

The MNA encourages remote work, video conference, or audio conference call in lieu of in-person meetings and urges the state to utilize drive-up test sites for symptomatic individuals. Additionally, the MNA supports the shutting down of, for a period of weeks, settings that promote the

congregation of people. Alternative methods such as take-out service or reservation appointment for pick-up and delivery, should be instituted in place of on-site dining.

In addition, the use of shuttles to transport staff from parking lots to hospitals should be discontinued or organized so that occupancy is limited. Every effort should be made to ensure onsite parking for nurses and other direct care staff, which should be more feasible given the limitations on visitors to the hospitals.

MNA Position on Quarantine

1. If an MNA member had planned travel prior to mid-February and was quarantined upon return, they should receive paid time by the Employer (not required to use their benefit time).
2. Any MNA member who deemed presumptive COVID-19 will be presumed to have been work-acquired and paid by the Employer whether asymptomatic, quarantined or sick (should not have to use benefit time).

MNA Reaffirmation of our Right to Representation

MNA has right and need to have access capability to work as advocate – using appropriate decision-making to minimize virus spread.

References

- https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&mc_cid=091cd11845&mc_eid=8c2a666874
- https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html?deliveryName=USCDC_511-DM22015
- <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#risksextended>
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- https://apps.who.int/iris/bitstream/handle/10665/331058/WHO-2019-nCoV-Environment_protocol-2020.1-eng.pdf

**For more information visit the MNA COVID page:
massnurses.org/COVID-19 or email mnainfo@mnarn.org**