

# Massachusetts Nurses Association Synopsis of DPH Plan to Allow Reopening of Services in Acute Care Hospitals

## Introduction

On Monday, May 18, 2020 Governor Baker detailed a four-stage plan for the full reopening of the Massachusetts hospitals following the COVID-19 pandemic. The plan's health and safety standards are centered on recommendations aimed at preventing the spread of the virus through social distancing, handwashing, and hygiene protocols, staffing and operations, and cleaning and disinfecting. The plan also includes ***guidance from DPH "for how acute care hospitals<sup>1</sup> can begin in-person provision of a limited number of additional, necessary services and procedures without jeopardizing health system capacity or the public health standards that are essential to protecting healthcare workers, patients, families, and the general public."*** This synopsis highlights key aspects of the plan for MNA members as well as all nurses and healthcare professionals, who will be providing care during this crucial reopening period.

The MNA will be working closely with its members to monitor this process and to ensure that hospital organizations remain cognizant of the health and safety standards for healthcare practices that are mandated by DPH in order to protect residents and the workforce that is providing essential healthcare.

The full text of the DPH Guidance on Acute Care Reopening can be found [here](#).

## Hospital/hospital system Bed Availability Criteria That Must be Met Prior to Reopening for Non-COVID Patient Care:

**ICU Adult Bed Capacity:** Hospitals and hospital systems must ensure the availability of 25% of adult ICU's total staffed bed capacity including staffed surge beds (defined as beds that can be staffed within 12-24 hours). Staffed means consistent with the ICU law and MOT law being in effect. If your facility or system fails to follow the ICU or MOT law, please fill out the MNA's ICU and MOT law violation forms so that we can report these violations to the DPH. You can access those forms [here](#).

**In-Patient Adult Bed Capacity:** The hospital's or hospital system's available, staffed adult inpatient beds (including adult ICU and adult medical/surgical beds) must be at least 25% of its total staffed adult inpatient bed capacity (including staffed surge beds).

**Pediatric ICU & Behavioral Health beds:** Hospitals must reopen and have the ability to staff all pediatric, ICU beds and psychiatric/behavioral health beds consistent with pre-pandemic levels.

***During the height of the pandemic there were several hospitals that temporarily closed Pedi and Behavioral health beds and converted the beds for COVID-19 patients. They must now reopen those beds for Pedi and Behavioral health.***

To continue in this phase, the hospital/system must maintain its capacity of 20% available for non COVID care. If it falls below this, it must immediately notify DPH and suspend non-emergent services. Once 20% availability returns, they may notify DPH and resume non-emergent services.

This is based on the clinical judgement of the healthcare provider. The intent is to resume preventative services to those most at risk including children (i.e. vaccinations) as well as procedures that left undone,

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<sup>1</sup> As used in this document, "hospital" means an acute care hospital, unless otherwise specified. For the purposes of this guidance, acute care hospitals shall not include comprehensive cancer centers, as defined in G.L. c. 118E, § 8A, or freestanding pediatric hospitals, as defined in 105 CMR 130.

present a risk of permanent injury or death to a patient (i.e. tumor removal etc.). Other services are encouraged to be done by telehealth or delayed until they can be done safely.

## Four Areas of Public Health & Safety Standards the hospitals/system Must Comply with in order to Resume and Continue Phase 1. The four areas are:

- 1) **PPE: Hospitals must ensure a 14-day supply of PPE, along with a supply chain to maintain appropriate PPE.** This includes eye protection (goggles, visor, or mask with visor) and N95 or equivalent respirator masks must be provided by the hospital and worn by all healthcare workers while engaged in direct patient care for procedures with increased potential for droplet aerosolization. ***Please note due to the lack testing and other factors, the MNA recommends this level of PPE for all nurses providing direct patient in all patient care areas, regardless of official COVID status.***
- 2) **Workforce safety:** “If appropriate PPE is not available to protect the healthcare workers involved in the patient’s care, the service/procedure should be cancelled,” according to DPH. In addition, hospitals must ensure policies to restrict workers allowed in treatment spaces, social distancing, provide screening of all employees prior to entering the facility, and policies that address worker safety and well-being
- 3) **Patient safety:** Policies and protocols must be in place to screen patients and their companions when applicable, in advance of service or procedure. If a patient tests positive, the procedure must be canceled. Visitation policies must be consistent with current DPH guidance and be limited to specific circumstances (i.e for end of life, labor and delivery, for patients with developmental disabilities, etc.) and patient companions or any allowed visitors must wear mouth and nose coverings.
- 4) **Infection control:** Policies must be in place for social distancing, the provision of appropriate administrative and environmental controls, to minimize contact between patients, appropriate signage on public health measures, an established plan for cleaning and disinfection., and the creation of non COVID-19 care zones within the facility if possible.

More detailed guidance is linked here <https://www.mass.gov/doc/reopening-advisory-board-presentation-may-11-2020/download>.

## Compliance & Reporting

Written policies and protocols must be written and maintained that meet or exceed the standards outlined in the guidance. DPH will monitor and assess compliance and may require remedial action or suspension of Phase 1 for a hospital/system.

Each hospital/system must create a governance body to oversee compliance with the capacity, clinical, and safety standards outlined in the guidance. **The governance body is to make reasonable efforts to recall furloughed direct care workers to the extent possible. For MNA local bargaining units, our staff and negotiating committees will be carefully monitoring compliance with these directives, as well as promoting our own organizational positions for PPE and COVID Care; and will take whatever steps are necessary to ensure the safety our patients and healthcare workers.**

## Conclusion

The Massachusetts Nurses Association members have been meeting the needs of patients and families that are living with the consequences of the COVID-19 pandemic since the initial cases were diagnosed in March. Safe and effective movement through the four phases of reopening will require a constant assessment of residents’ ability to comply with the guidelines and our leaders’ ability to effectively listen to feedback from frontline workers who are the eyes, ears, and force coping with the consequences of COVID-19.