

Ongoing issues with regards to COVID-19

We have raised these issues several times in previous communications, but they remain either unaddressed or only partially addressed. We should not be moving ahead to the “next phase’ without tackling these pressing issues.

- 1. Occupational Presumption.** We continue to be concerned by the insistence on the part of multiple healthcare facilities that workers who test positive for COVID-19 acquired the virus in the community rather than at work. The state must enact legislation that:
 - includes clear language that there is a presumption that among frontline essential workers, COVID-19 is acquired at work or through work-related situations;
 - include all healthcare workers, including those working on the front lines in the community;
 - includes all workers in healthcare facilities, from nurses to the folks cleaning the hospital rooms;
 - include both public and private sector workers;
 - addresses periods of quarantine, self-quarantine, illness and/or hospitalization;
 - allows these workers to access full workers comp benefits; and
 - does not require workers to use their own PTO, sick or vacation time for COVID-19 related absences.

- 2. Provide Transparency for PPE.** We have not yet seen full **transparency regarding the distribution of PPE** in the Commonwealth. Frontline staff continue to report that they do not have access to appropriate PPE, including those in behavioral health facilities. We again call for every hospital to report its full stockpile of PPE, so caregivers and the state have an accurate assessment of need as we attempt to maximize allocation of resources from the supply chain and to assure if and when full services are resumed the necessary PPE is on hand to do so.

- 3. Non-acute, inpatient settings.** Issues persist at non-acute, inpatient care settings including behavioral health facilities, public health hospitals and group homes. These facilities should be maintaining designated COVID-19 units. Given the unique needs and challenges of these populations and facilities, staff still lack the training for proper use of PPE and the implementation of normally accepted infectious disease protocols. The physical layout of these facilities also remains a challenge and requires rethinking standard approaches to care and sanitization.

- 4. Testing.** Access to testing for healthcare staff continues to improve incrementally, but is still not where it needs to be.
 - In addition to having tests available for patients on-site at every healthcare facility wishing to return to elective procedures, these tests should be available to all healthcare staff.

- We continue to encourage widespread antibody testing, but again ask that no one mistakes the presence of antibodies as a reason for allowing staff to work without proper PPE as we do not yet have enough evidence to indicate whether positive antibodies will provide enough immunity.

5. Bed, unit and facility closures. We continue to call for a halt to all bed, unit and facility closures. COVID-19 will not be over when the first surge passes and we must be mindful we are talking about loss of services it is important to remember that these losses and this current crisis should be viewed in the larger picture of access to health care. Since the beginning of this crisis, several institutions have either initiated the closure of beds or services or persisted in previously planned closures. As a reminder:

- Providence Hospital continues to pursue closure of the only behavioral health beds for youth and adolescents in western Massachusetts, despite the objections of the local community as heard at last week's virtual hearing.
- In the last two weeks, Heywood Hospital, another local hospital closed its behavioral health unit citing a lack of census while area hospitals have behavioral health patients awaiting beds.
- Steward Health Care has closed two Intensive Care Units at community hospitals during pandemic.
- Somerville Hospital closed its Emergency Department.
- This past week has brought about threatened furloughs across the Cape Cod Health Care System
- While Falmouth hospital has temporarily rescinded its layoff of the entire Maternal/child health unit, they have indicated once those beds are cleared of COVID-19 patients they have no intention of reopening maternity services.

6. Staff furloughs, shift cancellations and layoffs. The furloughs, shift cancellations and layoffs of staff have persisted throughout the COVID-19 state of emergency. While some hospitals and hospital systems have appropriately created programs to retrain and redeploy nurses to critical areas consistent with the intention of the call for elective procedure cancellations, others have not. We do not believe this honors the intentions of the state of emergency nor does it provide the appropriate level of care for any patient in the healthcare facility. **We again ask the state to assure the public that such institutions will not be rewarded with economic support if they do not allocate a portion of that support to retain staff.**

7. Transparency of financial assistance In light of the tremendous economic assistance created through public dollars both at the federal and state level, there must be full transparency for the public on the allocation of those dollars for each of the facilities for whom they have been designated. This is particularly important considering the closures, furloughs and layoffs noted above. The public should know how healthcare facilities are utilizing this financial assistance. We again ask for your administration to take proactive action to hold these facilities accountable.

8. **“Return to work” criteria.** We again ask the state to establish a singular requirement communicated to and implemented by all institutions that includes **two negative results at least 24 hours apart before the individual is permitted to return to work.**
9. **Enlisting the public’s help.** We support the directive released at the end of the week that the people should wear masks in public settings. In addition to this, we call on you to:
- Convert summer school to virtual learning and require that large group recreational programs not be held in person.
 - Consider staggered school attendance for the fall to provide the best opportunity to limit the grouping of children.
 - Encourage staggered work schedules to similarly permit the limiting of groups of people.
 - Continue social distancing directive like those in place prior to the “stay at home” order for restaurants and other services.
 - Support measures to assure the workforce is not faced with a decision that puts their economic livelihood at odds with complying with social distancing directives or quarantine best practices. The virus will continue to spread among the public when things begin to reopen, though hopefully in a less rapid fashion if we assure workers the ability to stay home if symptomatic without losing their jobs or ability to pay their bills.