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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 health care 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 corona patients. 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.

All elective procedures and non-essential 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 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 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 to be allocated to inpatient sites for the care of COVID-19 patients.

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

- **Gloves**
- **Gown**
- **Respiratory protection: Fit tested NIOSH-certified disposable N-95 masks**
- **Eye protective: Goggles and disposable face shields**

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During this interim time, available respirators (N-95 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.

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. Dietary staff should be limited in COVID areas; deliveries should be to the unit, not directly to patients. Service delivery items must be fully disposable.

All staff should be provided with “hospital” scrub wear that can be removed prior to staff leaving hospital settings.

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 as 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.

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-specific units and hospitals. Hospitals should also contract with daycare providers for nurses who need safe, reliable care for their children. And 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.

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 that 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

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