



April 20, 2020

His Excellency Charles D. Baker
Governor of the Commonwealth of Massachusetts
State House, RM 280
Boston, MA 02133

RE: UPDATE #7

Dear Governor Baker:

Thank you for signing into law the liability protection legislation you filed earlier this month. The protections provided to licensed healthcare personnel under this new law are important as we enter this next phase of the pandemic. Things are changing rapidly on the front lines. This past week Massachusetts climbed to third in the country with regards to the number of confirmed novel coronavirus (COVID-19) cases. As we enter this surge period, we once again direct your attention to the issues at the forefront for frontline nurses and healthcare professionals across the Commonwealth.

What nurses are experiencing at the bedside

- Personal Protective Equipment (PPE) distribution, use and standards remain inconsistent across the state.
- Hospitals from Cape Cod to Springfield have closed or are pursuing the closure of essential beds and services, including Intensive Care Units (ICUs), Behavioral Health beds and Maternity Services
- Though access to testing has improved, unnecessary barriers still exist.
- Testing criteria for healthcare staff and patients lacks consistency.
- Quality control for tests has emerged as an issue.
- Some hospitals are still pursuing staffing cuts, furloughs and cancelation of staff despite the state's provision of hundreds of millions in funding which is specifically designed to prevent any reduction in staff due to revenue loss.
- Staff in our state-operated hospitals and group homes report significant COVID-19 outbreaks among patients and staff, yet the state is still not testing staff at all these facilities.
- Healthcare facilities persist in the assumption that healthcare personnel who are COVID-19 positive acquired the virus in the community rather than at work.
- Access to housing information for healthcare workers is limited.
- "Return to work" criteria are still not consistent across healthcare facilities.

What must be done

Thank you for the action you have taken on issues raised in previous communications. As the frontline healthcare staff we call for action on the following issues:

1. **Personal Protective Equipment.** Thank you for your efforts to secure additional PPE for frontline caregivers in Massachusetts. However, we continue to see inconsistent and unsafe approaches to PPE. We are aware that you have instructed healthcare facilities to distribute PPE rather than stockpile it for “the future”, but reiterate that not all facilities are following this directive as too many frontline healthcare personnel are still reusing non-reusable N95 masks. **In light of this inconsistent distribution and usage of PPE across healthcare facilities, we ask you to immediately issue a directive that when a direct care giver in a healthcare facility asks for a new N95 mask they will receive one at least once a day. This follows a similar directive issued last week in New York,** but also expands upon it to include all healthcare facilities given the level of exposure of COVID-19 positive patients and staff that Massachusetts is experiencing in non-acute healthcare facility settings. Though we have seen various “decontamination” methods touted as mitigating the PPE shortage problem, we remain concerned with the employment of these unproven methodologies. Any re-use of masks through various mechanisms including, H2O2 and UV lighting are experimental and as such, should require consent from the worker which is not being obtained. As we have said in previous communication, Power Air-Purifying Respirators (PAPRs) are a good option and alternative to N95 masks when the latter cannot be used and disposed of according to best practices, as PAPRs can be reused safely. PAPRs should be part of any domestic production of PPE.

We also reiterate our call for full transparency regarding the distribution of PPE. Every hospital should be mandated 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.

2. **Testing.** Progress has been made with respect to the availability of testing for the public, but we are still not seeing consistency in the testing of healthcare workers. It is imperative that we prioritize the testing of healthcare personnel and that we standardize the criteria for testing staff. If a patient is positive, staff should be notified and tested. If staff becomes symptomatic, even absent a fever, testing should occur. To accomplish this, all healthcare workers should have access to on-site testing at the healthcare facility where they work. Though there has been an increase in testing sites across the state for the general public, if all healthcare workers tried to utilize these sites it would clog up these test sites. We propose that if testing on-site at the workplace cannot be made available, there should be designated times at public testing sites just for healthcare personnel where the individual could just present with a healthcare facility ID, get tested without having to preregister and receive results within fifteen minutes. Additionally, testing of all patients and staff should be occurring at every inpatient behavioral health and public health facility, nursing home, assisted living facility, state hospital, group home and prison in order to stem the spread of the virus within these facilities. We are alarmed at the rise in cases in our state operated facilities, and the resistance to authorize testing of all staff in these facilities and programs despite requests to do so. We understand the difficulty in moving the private sector to implement policies at times, but these facilities are under the state’s direct control.

Further, while we encourage widespread antibody testing, please do not mistake the presence of antibodies as a reason for allowing staff to work without proper PPE. We do not yet have sufficient studies to indicate whether positive antibodies will provide sufficient immunity. We should not be making strategic decisions based on these tests at this time.

We must also note that our members report a lack of quality control with regards to testing. Specimen collection by clinicians requires specific and consistent training, yet we have heard reports from nurses that their best training to acquire an accurate specimen has come via YouTube videos

rather than faculty training or standardized specimen collection criteria. And despite our insistence on a ramping up of testing for healthcare personnel, we would be remiss in not noting that the quality of some tests is tenuous at best. Our nurses report patients with clear symptoms testing negative, while others test positive one day and negative the next.

We also reiterate our call for standardizing the criteria for testing patients. Our nurses still report that criteria vary widely.

3. **Occupational Presumption.** We continue to be baffled 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. This default assumption follows weeks of concerns regarding the co-mingling of patients, failure to triage and segregate patients, lack of appropriate PPE, failure to provide timely testing to healthcare workers and a delay in providing onsite facility parking to employees, forcing healthcare workers to cram into crowded shuttle buses to get to their work. We again call for immediate action to presume occupational acquisition of COVID-19 for all workers in healthcare facilities who become positive and who have tested positive since the beginning of the crisis.
4. **“Return to work” criteria.** The “return to work” criteria for healthcare personnel remains inconsistent. We 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.
5. **Bed, unit and facility closures.** We remain outraged that amidst a pandemic where we have heard for weeks about the need to increase capacity and avoid overcrowding emergency departments, hospitals are not only proceeding with planned closures but eliminating additional beds and units. We reiterate our call for the state to direct healthcare facilities to halt all planned bed, unit and facility closures for the duration of this crisis. This includes the absurd decision by Steward Healthcare to close ICU beds at Nashoba Valley Medical Center and Holy Family Hospital in Haverhill, the closure of mental health beds at Trinity Health-owned Providence Behavioral Health Hospital, the closure of Maternal Child Health Unit at Falmouth Hospital, the Somerville Hospital Emergency Department set to close on April 30, and the closure of the mental health unit at Heywood Hospital.
6. **Staff furloughs, shift cancellations and layoffs.** We joined others in calling for a moratorium on elective procedures to allow hospitals to redeploy financial and human resources to respond to COVID-19. However, this has not been the case at many hospitals. Instead of retraining and utilizing staff to respond to the COVID-19 surge, hospitals are cancelling shifts, furloughing staff or laying them off all the while collecting additional money from the state and federal government which was meant to make up for the reduced, non-COVID-19 volume. **There is no justification for staff reductions in light of this funding and the crisis at hand.** We remain concerned that some hospitals are using this crisis as an excuse to shed staffing costs and improve the hospital’s bottom line. The latest and most shocking example is for-profit, Tenet-owned St. Vincent Hospital, which is reducing staff on a daily basis, and has announced plans to implement mandatory furloughs at the height of the surge. And this is happening just steps from where the state has opened a field hospital directly across the street at the DCU center. This decision by Tenet is part of a strategy they announced on April 2, to utilize furloughs and nearly \$2 billion from the CARES Act stimulus

package to “maximize our cash position.”¹ As you stated in your press conference last week, the state has provided hospitals with more than a billion dollars precisely to support hospitals who have lost revenue, making the need for furloughs or any staffing cuts unnecessary.

7. **Housing Information.** Multiple stakeholders have worked over the past several weeks to secure free and discounted temporary housing for healthcare workers who cannot return home during this pandemic due to various circumstances. However, there remains a disconnect between the resources available and those that need them, leaving these resources underutilized. We are working to connect our members with these housing resources, but we again ask that there be a central repository accessible via the state’s COVID-19 resources webpage (<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>).
8. **Enlisting the public’s help.** We reiterate our call to extend the “stay at home” order through the end of May, at which point the state can reassess and determine next steps. We do, however, believe that a decision can and should be made now to convert the remainder of the school year to virtual one. Similarly, we recommend that summer academic programs be converted to virtual platforms so that we can reduce the chances of a resurgence when students return to school in the fall. We also encourage you to communicate clearly and honestly with the public about the very real possibility of an autumn resurgence of the virus and the need to remain vigilant until a vaccine is widely available. We recognize that this vigilance will necessitate additional support for the most economically vulnerable.

This is a time of unprecedented challenges. Our healthcare systems and the workers that sustain it are being tested as never before. We must ensure that best interests of patients and frontline healthcare personnel are guiding our decisions. We look forward to continuing to work with you and your administration to address these challenges.

Thank you,

A handwritten signature in black ink that reads "Donna Kelly-Williams, RN". The signature is written in a cursive, flowing style with a large, sweeping flourish at the end.

Donna Kelly-Williams, RN
President, Massachusetts Nurses Association

¹ “Tenet Healthcare Furloughs Workers, Defers \$250 Million in Social Security Taxes“. The Dallas Morning News. April 2, 2020. <https://www.dallasnews.com/business/health-care/2020/04/02/tenet-healthcare-furloughs-workers-cuts-benefits-defers-250-million-in-social-security-taxes/>