



April 27, 2020

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

RE: UPDATE #8

Dear Governor Baker:

Thank you for the continued efforts of you and your administration to keep our residents safe. We are now in the surge period of the first wave of the pandemic and Massachusetts remains a “hot spot” for the coronavirus (COVID-19). As bedside nurses and healthcare professionals working in public and private healthcare facilities across the state, we continue to see ways in which the state’s and our healthcare facilities’ response to this crisis could be improved. This week, we again call several ongoing issues to your attention, as well as identify emerging issues. We also recommend actions that you and your administration can take to address these issues.

#### **What nurses are experiencing at the bedside**

- Personal Protective Equipment (PPE) distribution, use and standards **remain unreliable**.
- Healthcare facilities persist in the assumption that healthcare personnel who are COVID-19 positive acquired the virus in the community rather than at work.
- Some hospitals continue the closure of essential beds and services, including Intensive Care Units (ICUs), behavioral health beds and maternity services amid a pandemic.
- “Decontamination” methods for non-reusable N95 masks continue to be experimental and concerning and must be halted.
- Some hospitals are still pursuing staffing cuts, furloughs and cancelation of staff despite hundreds of millions in funding being provided by the state and federal government.
- Testing of healthcare workers remains inconsistent.
- Return to work criteria for healthcare workers remains inconsistent.
- Quality control issues with regards to testing are becoming more apparent.

#### **What must be done**

Thank you for the action you have taken on issues raised in previous communications. We ask you address the following:

- 1. Personal Protective Equipment.** We appreciate the state’s continued efforts to acquire necessary PPE. However, at the institutional level we continue to see inconsistent and

unsafe approaches to PPE that are unnecessary. You have instructed healthcare facilities to distribute PPE rather than stockpile it for “the future”, but this is not being followed by a number of institutions. Healthcare facilities are reporting they have enough masks, but they are still following guidelines that reflect a lower standard of care that allows “a standard medical mask” to healthcare workers caring for COVID-19 patients – that is not safe. For example, we are still hearing from nurses and other staff in both maternity and behavioral health that they are not receiving N95 masks.

- **Issue an N95 mask directive.** Update your March 22 guidance on the use of PPE (*Guidance on Optimization of PPE in the Commonwealth of Massachusetts*) and your April 5 memorandum (*Comprehensive Personal Protective Equipment (PPE) Guidance*) by **issuing a directive that when a direct caregiver 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 expands upon it to include all healthcare facilities given the level of exposure that Massachusetts is experiencing in non-acute healthcare facility settings.
- **Require consent for de-contaminated mask use:** As we stated in our last communication, the various “decontamination” methods touted as mitigating the PPE shortage problem remain experimental. We do not know how effective these masks are following several rounds of “decontamination” at stopping the spread of the virus nor do we know the long-term effects on personnel of wearing a decontaminated mask for twelve hours a day over several days. As such, any re-use of masks through these various mechanisms including, H2O2 and UV lighting, **should require consent from the worker which is not being obtained.**
- **Provide Transparency for 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.
- **Appropriate Training for Donning and Doffing PPE.** We have heard repeatedly from staff in the state’s public health hospitals, behavioral health in-patient facilities and group homes that due to a lack of on-site nurse educators, there is not consistency in the training of properly utilizing PPE. The availability of PPE is only helpful if it is properly fitted, donned and doffed. We urge the state to prioritize appropriate on-site training for utilizing PPE and recommend observers be used at these facilities. This is a good use of redeployed staff and has been reported as highly effective in New York, as well as at a number of Massachusetts hospitals.

## 2. 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. This is clearly inconsistent with the April 17<sup>th</sup> Bulletin released by the Division of Insurance (“*Workers Compensation Insurance Companies and Self-insurance Groups Covering Employers in Massachusetts*”).

This attempt by employers to a default assumption of community-based acquisition of the disease follows weeks of limited PPE, concerns regarding the co-mingling of patients, failure to triage and segregate patients, failure to provide timely testing and communicate test results 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. That these opportunities for exposure occurred simultaneously with a stay-at-home-order that restricted interaction outside the hospital makes the claims even more disingenuous.

**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.** This could be achieved by an Executive Order from your administration or an act of the Legislature. There is legislation pending to address occupational presumption, but it must be expanded to include all healthcare workers.

### **3. Bed, unit and facility closures.**

We have expressed our concerns regarding the closure of beds and units amidst a pandemic in every single previous communication. **We urge the Administration to halt all unit and facility closures until the pandemic has passed.**

These closures are only going to exacerbate racial, ethnic and socio-economic health disparities. For-profit as well as not-for-profit healthcare facilities are prioritizing profits by closing services in poor and underserved communities. And now they are using a pandemic as cover to further decimate behavioral health and maternity services:

- The only behavioral health beds for youth and adolescents in western Massachusetts are trying to be closed.
- Already limited maternity care for women across southeastern Massachusetts is proposed to be cut even more.
- Steward Health Care has closed two Intensive Care Units at community hospitals in the midst of pandemic.
- A planned closure of an emergency department in the state with the third highest number of confirmed COVID-19 cases is not how we should be responding to this crisis.

When 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. These closures are not just about losing beds, but leaving underserved communities without access to essential services.

**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.**

### **4. Staff furloughs, shift cancellations and layoffs.**

Hospital furloughs and layoffs continue despite massive economic assistance at both the state and federal level. This leaves a workforce already stretched beyond normal capacity standards to an even greater level of strain causing harm to the work force and the

patients they are trying to care for under adverse conditions. Additionally, it appears the demand on our healthcare system is going to continue to persist over a lengthy period of time. These decisions are short-sighted and fail to recognize the long-term nature of the demand this crisis is going to put on front-line health care workers. We have a highly trained healthcare workforce in this state and we should be utilizing their expertise. The nurses and healthcare professionals on the frontlines of this crisis report being understaffed and overwhelmed. We have the resources at the ready to assist them, but some healthcare facilities have chosen to focus on their bottom line rather than what is best for patient care. While some hospitals and hospital systems have created programs to retrain and redeploy nurses to critical areas others have not. This behavior by these employers should not be sanctioned through non-action. **We ask the state to assure the public that such institutions will not be rewarded with economic benefits that were intended to assure such actions would not occur.**

- 5. 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 in light of the closures, furloughs and layoffs noted above. The public should know how healthcare facilities are utilizing this financial assistance.

- 6. Testing of healthcare workers**

Progress has been made with respect to the availability of testing for the public, however we have not yet made testing easily accessible for healthcare workers. Testing of the healthcare workforce must be a priority and that the testing, as well as notifications related to testing, should utilize standardized criteria.

- If a patient is positive, staff should be notified and tested.
- If staff becomes symptomatic, even absent a fever, testing should occur.
- All healthcare workers should have access to on-site testing at the healthcare facility where they work.
- We propose designated times at public testing sites (similar to grocery shopping hours for seniors) 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.
- The state's efforts to test all patients and workers in state run health facilities should extend to prisons and nursing homes.

Further, while we encourage widespread antibody testing, we again ask that no one mistakes the presence of antibodies as a reason for allowing staff to work without proper PPE. We do not yet have enough studies to indicate whether positive antibodies will provide sufficient immunity. We should not be making strategic decisions based on these tests at this time.

- 7. "Return to work" criteria are inconsistent.**

The "return to work" criteria for healthcare personnel remains inconsistent. 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.**

**8. Enlisting the public's help.**

We strongly support your decision this week to convert the remainder of the school year to virtual to help stem the spread of the virus. We recommend:

- Summer programs not be held in person to avoid continued viral spread.
- Communication with the public be honest and direct about what to expect in the weeks and months ahead.
- When it is safe to do so, there be an incremental return to reopening the public with a reliance on appropriate social distancing and staggered work schedules to limited public, social and work gatherings.

It is increasingly clear a second wave will come in the fall and without proper planning and communication now in preparation for this, the public's appetite for restrictions, their ability to economically withstand it and the general medias interest may all play a disconcerting role in masking the intensity and mortality of the second round of this virus which will happen in conjunction with influenza season. We must remain vigilant and make the tough choices now to mitigate future harm.

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 style with a large, sweeping flourish at the end.

Donna Kelly-Williams, RN  
President, Massachusetts Nurses Association

Cc: Secretary Marylou Sudders  
Massachusetts Legislature