



Massachusetts
Nurses
Association

April 13, 2020

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

RE: UPDATE #6

Dear Governor Baker:

At the end of last week and over the weekend we have seen the escalation in the number of patients, particularly in the Metropolitan Boston area. We understand the modeling predicts the surge of patients to be upon us this coming week and it appears from our members experience on the front lines that it has already begun. We appreciate the efforts of the state in addressing the issues of the pandemic and continue to focus on the issues facing our members on the front lines.

What nurses are experiencing at the bedside.

We continue to see an upward trajectory in the number of COVID-19 positive patients, COVID-19 positive patients as well as an increase in patients hospitalized for other conditions testing positive for COVID-19. Here is what frontline nurses and healthcare professionals are reporting this week:

- Despite efforts from both public and private entities, the lack of Personal Protective Equipment (PPE) for frontline healthcare staff remains a problem. Nurses are reporting that even at facilities that claim to have enough PPE, dangerous decisions are being made with regards to rationing and reusing PPE.
- There is a lack of transparency regarding the inventory and distribution of PPE.
- Nurses and other vital, frontline healthcare staff are still having shifts cancelled, being furloughed or laid off even as healthcare facilities are set to receive additional state and federal funds to compensate for the revenue loss due to the steep decline in elective procedures.
- Tests are still not widely available for frontline healthcare workers and, in some instances, staff are being deliberately excluded from testing.
- Some hospitals have still not expanded ICU capacity beyond plans on paper and ICUs shuttered earlier in the month remain closed.
- The need for increased capacity, both in terms of beds and personnel to treat the expected influx of individuals with COVID-19, remains a serious concern. Frontline personnel also

remain concerned about a shortage of ventilators to treat these patients, though we were happy to hear the most recent announcement that another 200 ventilators have been secured for Massachusetts.

- Some healthcare employers are still planning service closures amid this pandemic, and others seem to be using the pandemic as cover to move or close services without oversight.
- Behavioral health facilities face a unique set of challenges that still must be addressed.
- Despite efforts from multiple stakeholders, alternative housing for hospital workers remains inconsistent and, for many, inaccessible due to lack of clarity and basic information and the absence of a singular conduit for coordination.
- Frontline nurses have been excluded from the ethical decision-making processes outlined in guidance from the state last week.

What must be done.

It is imperative that at every healthcare facility and level of government, the input of frontline healthcare workers be solicited and acted upon. As the nurses and healthcare professionals working to provide care for COVID-19 patients and meet other ongoing patient needs, we call for the following actions:

1. Protect frontline healthcare workers.

Emerging Issues

- Dangerous decisions are being made regarding the reuse of PPE as healthcare facilities experiment with decontamination methods not supported by scientific evidence. The acknowledged risks of unproven decontamination methods for masks include a failure of filtration efficiency, reduced breathability, strap failure and ineffective face-fit, and the very real possibility that “reused respirators may not have been effectively decontaminated of SARS-CoV-2 or other pathogens” per the Food and Drug Administration (FDA). Additionally, there is the effect of mask breakdown causing abrasions to the wearer as well as ongoing respiratory effects of off gassing from hydrogen peroxide are only two of the immediate concerns for this unproven method. This is to say nothing of the unknown risks as we rush to employ these unproven methods. Workers are being used as test cases for both the effectiveness of the decontamination method as well as whether the method of decontamination itself will cause the wearer any lasting adverse effects. It is unconscionable to put healthcare workers in this predicament as we see members of the public and retail wearing N95 masks. The MNA will continue to monitor this situation. However, **we must move as quickly as possible to find a solution that creates a supply of PPE that does not require the reuse of non-reusable masks.** Resources should therefore be allocated towards producing and acquiring appropriate PPE rather than risky reuse.

Ongoing Issues

- We must assume all patients are COVID-19 positive. The disastrous effects of failing to follow this precautionary standard for infectious disease control contributed to the unnecessary loss of life at the Holyoke Soldiers Home. Taking this step immediately will prevent additional infections and deaths.

- Dangerous decisions continue to be made regarding the rationing of PPE. While the shortage of PPE is an acknowledged crisis, what we do with the current supply of PPE is something that needs to be addressed. In some instances, healthcare facilities that claim to have an appropriate stockpile of PPE continue to ration it, endangering patients and frontline healthcare personnel. Rationing of PPE for “when the crisis comes” continues to be a misguided approach that will exacerbate the crisis by allowing the virus to spread. Hospitals are citing CDC standards when we are all acutely aware the CDC lowered the industry standards due to a lack of national supply of the appropriate PPE.
- All efforts must be made to increase local manufacturing of PPE including N95 masks, Power Air-Purifying Respirators (PAPRs) visors, face shields, goggles, ventilators and gowns.
- Care and attention must be paid to making the most effective use of the supplies available. Protective clothing, including scrubs and gowns, should be donned and doffed on site to further reduce the risk of spreading the virus outside the healthcare facility. Showers should be made available on site to healthcare staff.
- It remains vital that no healthcare worker be threatened or disciplined for speaking out about the current conditions they face in attempting to provide care to their patients.
- With the surge now upon us, additional supply issues must be addressed to assure medications, oxygen therapy and treatments that are fundamental to COVID recovery are in production and delivered to the facilities as the number of COVID patients increases over the coming days.
- Nurses and healthcare professionals continue to be inundated with communications on rapidly changing policies. Rather than relying solely on emails, issues should be communicated face-to-face on a regular basis to provide support and an opportunity for real-time discussion.

2. **Designate specific areas to address suspected and confirmed COVID-19 cases.**

Emerging Issues

- Increasingly, we are hearing from frontline staff about a lack of transparency regarding where capacity will be added. The individuals expected to staff these new and expanded units should not be learning about changes via the news media like the general public. As members of the team, they should receive timely and comprehensive updates as they pertain to the job of delivering care to patients.

Ongoing Issues

- While some hospitals have increased ICU capacity, others have still not acted beyond plans on paper. Increased ICU capacity is vital to providing the best response to the COVID-19 pandemic in Massachusetts. The Department of Public Health must confirm the existence of all additional ICU beds.
- We must utilize this time to train the staff of areas impacted by reduced patient census to assist with the increased needs of COVID-19 patients, including the unconventional use of single ventilators to support more than one patient.
- We must continue to prepare for further increases to our capacity across the state through an expansion beyond current hospital beds. The addition of 500 beds at the

Boston Convention and Exhibition Center for COVID-19 patients was a welcome addition to the 250 beds slated to open at the DCU Center. But we must ensure that every region of the state has similar spaces for additional capacity.

3. **Support frontline healthcare workers.**

Emerging Issues

- We commend the administration for its proactive step in [filing comprehensive legislation to address liability issues for licensed healthcare personnel](#). This legislation should be passed expeditiously to protect those who are on the frontlines of this crisis.

Ongoing Issues

- This week has once again seen some hospitals announce they will default to the assumption that any staff who are COVID-19 positive acquired the virus in the community rather than in the hospital. This 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 call for immediate legislative action to presume occupational acquisition of COVID-19 for all workers in healthcare facilities who become positive.
- We recognize the work being done by multiple stakeholders to make housing options available for healthcare workers. This past week has brought about more progress, but healthcare personnel remain unable to access temporary housing without significant out-of-pocket costs. We reiterate our call for centralized coordination between the state and all hospitality facilities and universities/colleges. Once housing options have been secured, they should be readily accessible to healthcare workers via the state's COVID-19 website, much the way that the childcare resources were made available and accessible. We remain concerned that several geographic areas are still without housing options.

4. **Halt all bed, unit and facility closures.**

Ongoing Issues

- Hospitals continue to move forward with plans to close beds and reduce services. Once again, this is not a time to be eliminating capacity at our healthcare facilities. **We reiterate our call for the state to direct healthcare facilities to halt all planned bed, unit and facility closures. This includes the closure of mental health beds at Trinity Health-owned Providence Behavioral Health Hospital, the closure of the Somerville Hospital Emergency Department set to close on April 30, just as we are expected to see a surge in hospitalizations, the ICU closures at Nashoba Valley Medical Center and Holy Family Hospital in Haverhill and the planned closure of the Maternal Child Health Unit at Falmouth Hospital.** In addition to being detrimental to the public's health, these last three closures were also done in violation of the state regulatory process. We cannot allow this current crisis to use as a cover for irresponsible decisions that in normal times would receive more scrutiny and opposition.

5. **Halt all staff reductions.**

Emerging Issues

- 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. This week, your administration announced an additional \$800 million in funding to, in part, make up for the lost revenue due to the cancellation of these profitable elective procedures. This is in addition to the money previously allocated by the state and the federal governments last month. **There is no justification for staff reductions considering this money and the crisis at hand.** We are concerned that some hospitals are using this crisis as an excuse to shed staffing costs and that this infusion of money is not being used to retain, retrain and/or redeploy staff, but to improve the hospital's bottom line.

Ongoing Issues

- We remain alarmed that despite dire warnings we may not have enough staff to meet the increased demands of COVID-19, multiple healthcare facilities are proceeding with planned layoffs, cancelling shifts and furloughing healthcare staff. Having this occur simultaneously with expediting licenses for out of state nurses, calling up some nurses out of retirement and this weeks' guidance on allowing yet-to-be licensed student nurses to practice in healthcare facilities is perplexing. We should be utilizing Massachusetts healthcare personnel.
- We continue to see the state's waiver of the ICU staffing law enticing employers to reduce staffing below safe levels even though staff are available. COVID -19 patients are acutely ill – those needing ICU care and ventilation are not stable patients. Where staff are available, they should be utilized to provide the highest standard of care for both COVID-19 and non-COVID-19 patients.

6. **Increase access to testing.**

Emerging Issues

- This week we learned that on-site testing was occurring at several facilities across the state. This is a good step towards identifying and addressing COVID-19 in these facilities. However, we were dismayed to hear that this same testing was not being offered to the facility staff, and that when asked, staff were told there was a prohibition on including the staff in the testing. If we want to reduce the spread of COVID-19 we must prioritize testing staff at healthcare facilities.

Ongoing Issues

- Testing capacity is still not where it needs to be. This week's opening of a free, rapid testing site in Lowell is the perfect example of what we need, but it must be replicated in communities across the state.
- Prioritize testing for healthcare personnel. These tests should be available at the facility where worker is employed with results available within a 24-hour period.
- Standardize and communicate testing criteria for patients and healthcare personnel. Rapid testing and results are increasingly important not only for mapping and strategy

to address the pandemic, but for clinicians on a real-time basis making decisions about limited resources.

- “Return to work” criteria for healthcare personnel remains inconsistent. We ask the state to establish a consistent “return to work” criteria based on best practices.

7. Address the specific needs of behavioral health facilities.

Emerging Issue

- Behavioral health facilities along with other non-acute health care facilities present specific challenges in dealing with COVID-19. The patients that are cared for in these facilities are often challenged by restrictions associated with social distancing. The physical design of these units poses an additional barrier to vital infection control practices such as handwashing. A specific plan must be developed and implemented to address the needs of this population including: testing of at the time of admission; admitting COVID-19 positive patients to a COVID-19 designated unit; imposing a temporary moratorium on the restriction of alcohol-based hand sanitizer; and providing staff with personal-sized bottles of hand-sanitizer for times when there is no readily available sink to complete proper hand washing.
- Community re-entry for this patient population is also an area of concern. Given the potential for such high number of infected individuals, we recommend that individuals receive a COVID-19 test before being discharged to the community.

8. Ethical decision making.

Ongoing Issues

- Much like N95 masks, the concept of rationing care has already invaded the thinking and decision-making process, causing extreme strife among for clinicians and families. Assuring that frontline staff is actively part of the communication, input and support during these difficult decisions will help with the lasting effects those decisions will have on the people who will have to make and implement them.

9. Activation of the National Guard to support COVID-19 response.

Ongoing Issues

- We have seen the National Guard deployed to assist at healthcare facilities, with regards to testing and responding to outbreaks of COVID-19 as well as creating additional capacity to treat COVID-19 patients. We continue to encourage the use of the National Guard for these purposes.
- We also again encourage the engagement of the National Guard and state and local law enforcement in dissuading citizens from engaging in activities that exacerbate the spread of the virus. While many citizens are taking this pandemic seriously, too many are still not adhering to the recommended social distancing practices.

10. Further enlist the public in the response to COVID-19.

Emerging Issues

- We recommend the school year be declared virtual through the end of this school year. We cannot risk a return to in-person classes this spring which could further spread the virus.

- The “stay at home” order should be extended to June 1st, and if possible, converted to a “shelter in place” order as has been done in other cities and states.
- We ask you and members of your administration to model mask wearing in public, whenever feasible, to reinforce this behavior with citizens of the Commonwealth.
- It is important to begin thinking about not the end of this wave, but how to prepare and prevent the spread and loss of life in the next expected wave this fall. Mapping out and communicating that strategy now affords the public and the infrastructure currently dealing with the various aspects of the pandemic an opportunity to adjust rather than hold unhelpful or unrealistic expectations of what the “return” is to look like when this wave of the pandemic subsides.

Ongoing Issues

- The actions the public takes, or does not take, will greatly affect whether the flow of patients into our healthcare facilities is manageable or a deluge. We know it is difficult to ask people to drastically curtail their everyday lives, but the actions of the public are crucial to how this pandemic will play out in the Commonwealth.
- We continue to recommend the public, particularly any in the designated at-risk groups, wear light gloves and sunglasses or other glasses when out in public as these actions can curtail the touching of the face which commonly and inadvertently leads to contracting the virus.

We seek implementation of these recommendations so that we can respond effectively to this pandemic. The actions you and your administration take over the coming days and weeks will be instrumental to how the Commonwealth fares in the face of the COVID-19 pandemic. Our members are on the frontlines and remain frustrated by the slow pace of action on the concerns they have identified. We must listen to those who are doing the hands-on work of responding to this crisis.

We remain available as a resource to both you and the healthcare community. Working together, we can provide the best possible outcomes for both patients and health care personnel.

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