



## **MNA Position on the [State's Waiver of ICU Staffing Law Requirements](#) During COVID-19 State of Emergency**

The state has announced that the ICU law setting safe patient limits based on acuity in hospital ICUs is being waived considering the state of emergency recently initiated in response to the COVID-19 pandemic ([review waiver here](#)). While we wish this were not the case, the fact is we are in an unprecedented health care crisis, and the law as written contemplates these limits being waived in just this type of crisis.

Though the state law was waived, MNA bargaining units that have contract language enforcing limits for ICU patients, that language can still be enforced. As with any situation in dealing with our hospital administration, we must always guard against attempts to abuse this situation. Therefore, it is imperative that nurses continue to exercise their right to advocate for what their patients need, and in this case, the Nurse Practice Act provides you with the right to accept or reject a patient assignment based on your judgement. If you are given assignment that you believe places your patient in jeopardy, we urge you to document your objection by filing an [unsafe staffing report](#), as well as the [form used to document violations of the law](#).

Also, we will be careful to monitor hospital administration practices that fail to provide adequate staffing for our ICUs and throughout the hospital that cause an increase in these unsafe patient assignments. For example, no staff should be furloughed, have their shift canceled or flexed down or laid off during this crisis.

This crisis should not be an excuse to not optimize the use of staff. With COVID-19 patients, 1:1 is more necessary than ever simply because we have more accessibility to staff than we do PPE. There is even more reason to single these ICU patients and put "runners" in the ICU to get medications and any other supplies to the room, rather than have a nurse don and doff PPE for which we already have an insufficient supply. Clinicians at the bedside need to determine the needs of the patients. Throughout this crisis the single on-going problem we have experienced is those not at the bedside making decisions that are too slow or inappropriate for what is happening in real time in the clinical setting. We must not allow this waiver to encourage poor care for the residents of the Commonwealth.

Every hospital must provide training and education of non-ICU staff to be able to support the care of patients in our ICUs in the most critical condition. In all cases, we urge ICU nurses to communicate concerns with their committee members and with your MNA representative so that we can respond to problems that arise.

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