



COVID-19 Response Public Comments

Oregon Nurses Association

March 18, 2020

Chairs Holvey and Roblan and members of the committee,

Thank you for serving on the Joint Legislative Committee on COVID-19 Response during this extremely challenging time. Nurses are working around the clock and putting their health and safety on the line to meet this crisis and to make sure patients are able to access the care they need. As such, ONA wanted to be sure to provide you with a small hand-full of the front-line experiences on what is occurring at hospitals, clinics and homes across the state. Nurses have reported:

- Being required to use the same N95 mask for 3 weeks
- Using plastic face shields with FOAM between patients since they can't be properly sanitized
- Triage rooms that are not being cleaned between patients
- Being told that their scrubs can't be laundered in-house so are commuting home to their families with potentially contaminated scrubs
- Families are allowed to enter the room without PPE
- Little to no transparency with staff when a patient tests positive for COVID-19
- Pregnant and at-risk nurses put on quarantine due to known exposure
- Employers not allowing nurses to use their earned extended illness bank hours when quarantined
- Being asked to work 24-hour shifts, putting themselves and their patients at risk

These are just a handful of the many stories that have already occurred and will continue over the next several months.

ONA nurses are patients' most important advocates. We have the right and responsibility to speak up to protect our patients, our coworkers and our community. As such, we have a number of policy recommendations for decision-makers at every level to support health care workers and curb the spread of the disease in what is increasingly a dire and emergency situation for front-line workers around the state:

1. **Increased Personal Protective Equipment and Testing:** we very much appreciate the supply challenges that exist at-large and Director Allen outlining the plans in place, the number of PPE already available and the rate at which Oregon has used PPE. To reiterate the need, we ask that the Governor and legislature look at the following:
 - o Continue to call on the federal government to enable local manufacturers to make PPE, release and distribute the federal emergency supply of PPE, and for significant resources to come to Oregon
 - o Ask that hospitals and/or OHA purchase any and all available PPE, regardless of if the costs are higher than what they typically pay for these supplies
 - o Executive Action that non-health care industries donate any unused PPE, particularly N95 masks, to OHA to add to their overall stockpile for equitable distribution.

18765 SW Boones Ferry Rd., Suite 200 • Tualatin, OR 97062 • P 503.293.0011 800.634.3552 • F 503.293.0013

E-mail: ona@oregonrn.org • www.oregonrn.org

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- Leverage any National and International help in getting PPE to Oregon
- Prioritize those most at risk and in-contact with COVID-19 positive patients in distributing PPE. Sadly, we know that a single COVID-19 patient in California led to the quarantine for more than 100 health care workers at the UC David Medical Center. Unchecked, this could lead to significant exposure, and at worst, could close a hospital, particularly in rural communities.
- More testing, again, prioritizing providers who are most at risk and in-contact with COVID-19 patients whenever possible.

2. Increase Staffing and Protect Existing Health Care Workers

- Executive Action to stop any elective surgeries or procedures to free up Oregon work force to address this epidemic
- Employer flexibility in increasingly staffing plans in order to allow for and appropriately compensate additional staff. Ideally, there would be one provider for every one COVID-19 positive patient. This would allow for dedicated PPE, instead of providers moving between COVID positive and negative patients, but obviously means increasing paid staff.
- There is a wealth of qualified staff in Oregon who can help meet this demand if every possible protection is put in place to keep them at work. This includes adequate personal protective gear, accessible and affordable childcare, and incentivizing nurses who work in other sectors or departments to take on high-risk shifts, particularly when their workload has been minimized (ie canceled electoral surgeries).
- Guarantee wages and/or paid sick or admin time to health care workers and first responders who are sick, quarantined (including self-quarantine) or furloughed. Employees cannot be afraid to self-quarantine because of threats or fears of discipline for doing so and healthcare workers who were exposed to the virus at work should not be forced to use personal time off if isolation and/or quarantining is required post exposure.

3. Carefully balance bringing in out-of-state health care providers

- The Oregon State Board of Nursing has already moved forward with temporary licenses for nurses (in addition to the respective boards for respiratory therapists and MDs) out of state not licensed in Oregon. We continue to ask that all in-state staff be prioritized to fill shifts.
- Before nurses from other states are brought into practice in Oregon with a temporary license, we ask for documentation of current and credible shortage, demonstration that hospitals have exhausted staffing agency contracting pools, solicited additional shift work with current nursing staff, and participation in a staffing workgroup to work on solutions.
- We ask that ONA and other direct health care workers be at the table in defining what hospital “need” is in terms of bringing in out-of-state providers. While we want to meet patient demand, we continue to have concerns of the potential short and long-term impacts to labor and the extremely high level of care that an Oregon license entails, in addition to holding Oregon employers accountable to prioritizing the needs of Oregon workers.
- If out-of-state nurses are brought in, it’s important that they are tested before providing care and when they plan to leave to ensure the virus is not further spread. It’s critical to also recognize that additional staff does not alleviate the lack of personal protective gear to protect them and other patients.

4. Clear Protocols and Increased Transparency at the Government, Community, and Hospital Level

- Healthcare facilities be transparent with their COVID-19 plans and procedures and provide timely communication and updates.
- Consistent and transparent policies about when and how to use and dispose of PPE; Better training and education for all workers who may come into contact with an infected patient
- Strong screening protocols, particularly at patient in-take to identify potential risks and limit spread of disease
- Creation of isolation rooms and spaces to safely don and doff protective gear
- Increased transparency to stakeholders and the general public on Executive, legislative and agency action and updates on PPE supply, task forces, procedures etc.

5. Access to Affordable Health Care, Unemployment Insurance and Social Safety Nets for Patients

- Congress take action to provide free testing to anyone who wants it and that additional investments are made to Medicaid to make sure uninsured patients have access to care.
- Build on federal and state legislation to ensure that every worker has adequate paid sick leave and family leave both during this crisis and when we come out the other side.
- We encourage elected officials at every level to take further steps to ensure unemployment insurance is available to workers whose employment has been affected. Patients should not have to face economic hardship because their employer has closed and they cannot continue to work from home. This also extends to policy action on SNAP and TANF eligibility, rental and mortgage assistance, and temporary credit and debt leniency, among others.