



Chair Nosse, Vice-Chairs Goodwin and Nelson and members of the committee,

**Good evening**, my name is Alex Sandonari, and I am an environmental services worker at Legacy Emanuel Hospital. I am also a member of SEIU Local 49. I appreciate the opportunity to be here tonight to talk about the need to improve safe staffing practices in hospitals.

I have worked in environmental services at Legacy since 2019 as a terminal cleaner for Labor & Delivery. I terminally sterilize operating rooms, which means mopping them from ceiling to floor and cleaning all the equipment inside. I clean delivery rooms, including rooms occupied by patients infected with COVID. I take pride in providing my patients and coworkers with a safe environment to heal and to do their jobs. I take my job very seriously because I understand that my patients' lives change in the rooms I clean. So it's imperative to me that the environment is as safe and comfortable as possible.

**Understaffing has been a chronic, consistent problem on my team at Legacy Emanuel for the entire time I have worked at the hospital, including prior to the COVID pandemic.**

As a new hire I noted that during our meetings at the beginning of shifts, the question kept coming up: when are we getting more people? This is still the case. As a result of being short-staffed, even prior to COVID, managers routinely pull members of our team from their areas to work in other units, in addition to their assigned duties. The problem with consistently pulling us is that each unit has a different protocol; when you are pulled, you're out of your element, and there's a chance you will endanger a patient by not doing your job correctly. When workers ask to work in their assigned areas, we are chastised and given the ultimatum to do as we are told or go home. This will incur a strike against us on attendance and lost wages. I can only conclude that, prior to COVID, Legacy simply did not prioritize financial resources to maintain needed staffing levels, regardless of the fact that Environmental Services is the foundation of safe patient protocol.

**Obviously, COVID has dramatically exacerbated this problem.** We have had our usual attrition as people moved on, but the difference is that it has been very difficult to hire new workers. This isn't very surprising with the frightening specter of COVID on the loose, given that it is the core responsibility of environmental services to kill all pathogens.

Understaffing has created a downward spiral, and I am especially worried that understaffing is negatively impacting our ability to effectively train the staff we are able to hire in environmental services. There just aren't enough staff to provide consistent training. So, new workers are not effectively taught to do their jobs, leaving them feeling incompetent in how to do their jobs – and then they leave because they don't have support. This situation has a double negative impact as established workers are used to train new employees, adding to an already overwhelming workload.

I calculated that with all the open positions in my department today, we are short 907 hours/week. Those of us who are still working are physically, psychically, and emotionally drained.

**I am calling on my Legislature to move forward and pass House Bill 2697, giving workers like me a voice in staffing and providing more accountability to enforce our staffing law.** I experienced the damaging effects of management's failure to prioritize safe staffing prior to COVID, and as we recover from the COVID pandemic we must put stronger standards for staffing levels in place, protecting yourselves and those you care about, including environmental services and other service workers who are integral to the patient care team but are not currently included in Oregon's hospital nurse staffing plans.

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