**COVID-19 Frequently Asked Questions**

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How are CMS regulations modified during this national emergency?

- Many regulations are modified or suspended during this national state of emergency, these include suspending non-emergency visits, suspending fingerprinting requirements for non-certified Medicare Part B suppliers, and waived several requirements such as the "3-day rule" that normally requires that patients must spend 3 days in a hospital to qualify for discharge to a Skilled Nursing Facility. Visit the CMS emergency site for a complete list at: www.cms.gov/emergency.

Is my staffing plan null and void during this national emergency?

- During an official State of Emergency, like the one we are currently in as Declared by Governor Brown and President Trump, facilities are not required to follow the staffing plan that was designed and approved by the Nurse Staffing Committee. This is under the Oregon Administrative Rule: Oregon Administrative Rule 333-510-0140 and because the facility has the authority to suspend any plan during this state of emergency, we encourage all Nurse Staffing Committees to work directly with any disaster response committees and for co-chairs to proactively call Staffing Committee Meetings when plans are likely to need review.

If I am too fatigued to safely practice, what do I do?

- There are two main components to the answer for this question. Firstly, a nurse’s primary responsibility is to the safety of their patient. So, if continuing to care for a patient would be unsafe because of fatigue, the nurse must escalate these concerns to their Charge Nurse, Nurse Manager, and any other supervisor to receive assignment relief. Secondly, a nurse’s responsibility is also to care for a patient until they are certain that safe care will be provided by another nurse. In summary, a nurse must continue to provide care until there is relief, but should take every possible avenue to address this concern with management.

What if I am uncomfortable caring for a patient with Covid-19?

- Interpretation from the Oregon State Board of Nursing (OSBN) is that if a nurse is refusing a patient assignment is that the nurse should have an evidence-based, scientific rationale for refusing a patient assignment. OSBN interpretation for refusing an assignment without objective rationale could be interpreted as discrimination when based solely on an individual’s subjective perception, fears, or personal beliefs. Please read full statement from the ONA legal counsel derived from consultations with the Oregon Health Authority (OHA) and OSBN.

  - ONA COVID-19 Guidance: Declining a Patient Assignment

With hospitals cancelling elective surgeries, can they just essentially layoff surgical services nurses for 2-8 weeks?

- Please contact your labor rep for specific questions related to your contract. Please keep in mind that during this state of emergency, nurses working in surgery settings will most likely be utilized to float and/or cross train to fill needs in other areas of the hospital.
Which PPE guidelines should I follow?

- The OHA and OSBN also stated their interpretation regarding which PPE guidelines to follow, is based on the licensing and governing authority of the individual facility. This means that OHA guidelines are the top authority for which type of PPE to utilize. Remember that the Covid-19 pandemic is evolving daily, and guidelines may change as the science develops.

- **OHA PPE guidance for healthcare professionals**
- **CDC guidelines to proper PPE donning and doffing procedure**

My hospital wants me to reuse N95 masks, is this okay?

- Yes, the CDC and FDA have made interim declarations allowing for reuse of N95 masks by individual nurses for multiple patients as long as the mask remains in place and proper donning and doffing procedures are followed. Guidelines vary slightly for caring for patients with Tuberculosis. This declaration also extends use of N95’s past their initial shelf life date.

- **Read the CDC guidelines here**
- **Reuse of other PPE is still based upon the manufacturer’s specifications.**

What unique challenges are Home Health, Hospice, Public Health nurses experiencing that differ from nurses in hospitals?

- Home Health/Hospice and Public Health nurses do have different challenges. The OHA provides guidance for patient visits in the outpatient setting which includes gown, gloves, mask, and eye protection. If performing aerosol generating procedures, OHA recommends airborne precautions: N95 respirator (must be fit tested) or PAPR, gown, gloves, eye protection. It is important to escalate concerns regarding adequate PPE up the chain of command. Please refer to PPE FAQ for more information on PPE.
  - **OHA Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19**
  - **Home health recommendations from the CDC**
- Interviewing and assessing persons with symptoms (PUIs for COVID-19):
  - Make every effort to interview the PUI by telephone, text monitoring system, or video conference.
  - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
  - If public health personnel must interview a PUI in their home, the public health personnel should wear recommended personal protective equipment (PPE), including a gown, gloves, eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face), and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering facepiece respirator, as recommended in the **Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.**
If my department is closed, can I be forced to float?

- Yes, you can be required to float. You may not be forced to take an assignment for which you do not have the necessary competencies, nor should you. The Nursing Scope and Standards are still in effect, so you should have all the necessary qualifications and competencies for interventions related to population you are caring for. You may also be assigned to another unit or population that you may not be fully oriented to provide care for, however there are many interventions, assessments, and skills that you can assist with that are transferrable to most populations. For example, if you are an OB nurse, you might be clinically directed to care for Med/Surg patients in a role of taking blood pressures, passing common medications, assisting with transfers and mobility, or any other common intervention that you are proficient in. If you are an OR nurse, you might be floated to a unit to assist with interventions that you are proficient in but might not have the requisite proficiencies to care for that unit’s normal patient assignment load. The important thing to remember is that you are still not allowed to perform interventions that you do not have the qualifications for, may be required to perform common interventions that you are proficient in. Employees should also look to their collective bargaining agreement for additional limits on floating. ONA is currently evaluating the effect of these provisions during this state of emergency.

What do I do if there is not enough PPE available in my facility?

- Your facility can request additional supplies from the Oregon Health Authority via your local county health department. There is a global supply chain shortage, the OHA and CDC determined that based on the supply chain limitations and the number of suspected cases in Oregon, that we are one of the states directly affected by supply chain shortages.
  - Click here for info to request additional PPE from county health department

I’m being asked to perform tasks typically assigned to the RT’s, is that within my scope of practice?

- The Nurse Practice Act does not actively prohibit a nurse from performing skills that a Respiratory Therapist commonly performs. Per ORS 851-045-0040(5)(d)(H) licensees may accept and implement recommendations for care from Respiratory Therapists licensed in Oregon. Additionally, Oregon’s Crisis Care Guidance recommends flexibility in services/privileges within scope of practice as part of their strategies potentially useful in all healthcare sectors (2018).

Are there recommendations for pregnant healthcare workers? Should I avoid caring for patients that may be infected with COVID-19?

- Always follow your provider’s guidance, however there is no recommendation to specifically prohibit pregnant employees from caring for patients with suspected or confirmed COVID-19. However, pregnant healthcare personnel should follow best hand hygiene practices, standard precautions and be aware of all updated infection control guidelines for their health care facilities to keep themselves and others safe in the healthcare environment. Please note that most advice for pregnant women is similar to the advice for the general population in the United States. If you have a question specific to your situation, please contact your labor representative. The OHA is directing people to the CDC’s guidance regarding pregnancy and breastfeeding related to COVID-19.
What research is currently informing evidence-based practice on COVID-19?


If I have an underlying health condition could I seek an accommodation under ADAA?

- Yes. There are three populations that are potentially vulnerable to complications that may want to request an accommodation under the Americans with Disabilities Act from their employer:
  - Older adults (currently over sixty)
  - People who have serious chronic medical conditions like: Heart disease, Diabetes, or Lung disease
  - Immunocompromised

- Note: These criteria are subject to change based upon updated guidelines from CDC. CDC guidance should be consulted by any potentially effected nurses.

- We recommend that health care providers with underlying health conditions take proactive steps *now* to avoid risk of exposure by requesting your employer provide you an accommodation under the ADA.

How do I make a request for an accommodation under ADAA?

- To request an accommodation, you should begin the process to get a note from your provider supporting the need for an accommodation. You should approach your employer with the requested accommodation by making a formal request for an accommodation. This can begin with an e-mail to your supervisor. The employer will likely ask for provider support for your request, which you should provide as quickly as possible.

What ADAA accommodation should I seek?

- Each accommodation will be personal and based on what the individual seeking the accommodation needs and what the employer is required under the law to provide. Reasonable accommodations may include not being assigned COVID-19 patients or suspected patients, use of PPE or different PPE than provided, and reassignment to other job duties.
I am per-diem (on-call) employee, can the hospital insist that I work beyond the minimum requirements in my CBA?

- Most likely not. ONA’s position is that employers cannot discipline a per-diem employee for refusing to work beyond the minimum number of shifts required under the contract. The contract specifies the minimum number of shifts that a per-diem employee must work, but does not require that the employee work more.

- However, you should review your contracts language to make sure the employer does not have the ability to increase the number of shifts you work. If you have questions about the language, check with your local steward.

Can I access my EIB/EIT immediately if I am quarantined because I am exhibiting symptoms? Short term/Long term disability?

- It depends. Some of ONA’s contracts enable employees to access their extended illness banks or extended illness time immediately. Others have a waiting period. With that said, ONA is working with employers to eliminate any waiting periods so employees can access these benefits immediately if they are sick. And the following employers have agreed to waive the waiting period during this time:
  
  - All Providence facilities, St. Charles-Bend, St. Charles-Prineville, St. Charles-Redmond, St. Anthony Hospital, and Mercy Medical Center

- Normally, short term disability policies only provide for benefits where the employee actually has a serious health condition. Therefore, an employee covered under a short-term disability plan who has suspected or diagnosed COVID-19 should make a claim under that policy.

Under what circumstances should I file a Workers’ Comp claim?

- If you have an unprotected exposure to a COVID-19 patient, you should file a safety or SRDF report with your employer at the time of the exposure. If believe you have acquired COVID-19 from a workplace exposure, you should file what is called an 801 Form. Although due to ongoing community transmission, establishing that contracting the illness came from work may be difficult, changes in the law in Oregon may make it easier to obtain benefits.

Should employees being quarantined by their facility, but are not symptomatic, be paid regular pay? Should they file a Workers’ Comp claim?

- ONA believes that any nurse who is quarantined as a result of unprotected exposure should be paid their regular pay for the two-week quarantine. This is because an employee who has no symptoms and has not tested positive for COVID-19, but it quarantined, will likely not have a worker’s compensation claim available because there is no occupational disease. However, an employee who is being quarantined based upon workplace exposure and is not symptomatic should be paid by the employer. This is the standard throughout the health care industry.
Can I refuse to take a COVID-19 infected patient or suspected patient because someone with an underlying health condition lives in my household?

- No. An employee that lives with someone with an underlying health condition will not be able to refuse to care for a COVID-19 infected patient or suspected patient. The employee may be able to take a leave of absence under OFLA or FMLA if the individual is a family member and because of their underlying health condition the employee needs to care for the individual. However, if there is inadequate PPE provided, then the employees own health and safety are at risk and the employee should speak with their labor representative about next steps.

Can I refuse to work because of the school closures and my need to watch my children?

- No. An employee that is unable to work because of childcare challenges will need to seek a leave of absence under the contract or take paid time off or vacation.