ONA/STC-R Leadership Update on COVID-19

COMMUNICATIONS

This can’t be over-emphasized: It is your responsibility to stay current on Center for Disease Control (CDC) and Oregon Health Authority (OHA) recommendations and on the policies and procedures of your unit and the hospital as a whole. These will not be static, this is an evolving situation and recommendations will be changing. This will require extra flexibility on your part, but you are a nurse, it’s part of who you are. You can do it.

All hospital updates will be sent to your work email. Read the most recent updates first to get the most up-to-date information. You can access your work email from home. If you don’t know how to do this, reach out to your manager for instructions. Read your email before you go to work so you know the current situation.

ONA has set up an online resource for COVID-19, found here: www.OregonRN.org/Coronavirus.

The Deschutes County website is also publishing healthcare updates, found here: https://bit.ly/2WoBXQF. You can also sign up for email updates from the county here: https://bit.ly/393gqiw.

ABSENCES

If you are symptomatic (cough, fever), STAY HOME. Absence “occurrences” will not be counted towards discipline at this time. A formal policy will be coming out soon.

If you are furloughed due to exposure at work, you will received paid administrative leave. If you are well, COME TO WORK. Your fellow nurses need you.

EXPOSURE

St. Charles hospitals now have guidelines for exposure in place. I would advise downloading these and having them available. If you are exposed immediately call Caregiver Health at 541-706-4771 or via the Caregiver Health email: caregiverhealth@stcharleshealthcare.org.

If you aren’t satisfied with the response, reach out to our ONA/STC officers and/or ONA labor representative Liz Weltin at Weltin@OregonRN.org.

STAFFING

St. Charles Health Systems is developing two plans for providing work and adequate staffing, including the creation of a labor pool, which would be available to anyone and would be NON-CLINICAL. Tasks would include folding laundry, answering phones, etc. There would be a separate float pool for ANYTHING CLINICAL. This will be worked with on an individual basis. Due to each hospital having individual contracts, mandatory float between hospitals is not allowed. These are still in development. A disaster staffing plan is also in development.

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HIPAA COMPLIANCE

A reminder to be vigilant, as always, in being in line with the Health Insurance Portability and Accountability Act (HIPAA). Care providers in other states have lost their jobs due to public statements that included identifying remarks about patients with the virus. This includes posts on social media.

PPE/PERSOAL SAFETY

Supplies for personal protective equipment (PPE) are ever changing. However, there ARE protocols in place. Please immediately report any breaches of OHA protocol to Caregiver Health. If you aren’t satisfied with the response, reach out to our ONA/STC-R officers and/or ONA labor representative Liz Weltin at Weltin@OregonRN.org.

ONA has published advice for declining assignments based on your safety. They are available on the ONA website resource page for COVID-19: www.OregonRN.org/coronavirus.

Be the First to Know With ONA Text Updates

Don’t miss critical information about St. Charles-Redmond meetings, bargaining updates and local and statewide events or other important ONA news.

TO RECEIVE ONA TEXTS: TEXT ONASTCR to 43506

You can opt-out at any time by texting STOP to 43506. Frequency varies by user/month. Msg & data rates may apply.

Important:

ON/A Statement on COVID-19 and Nurse Staffing

The COVID-19 outbreak is evolving rapidly. We want to ensure that you and your teams have the resources they need to put patients first and manage the situation effectively.

We reached out to the Oregon Health Authority (OHA) on the issue of nurse staffing in preparation for the likely impacts this pandemic could have on your hospital nurse staffing plans. We know there are specific regulations that address a pandemic. Below are the two specific rules that address nurse staffing in the event of an emergency or disaster.

First, Oregon Administrative Rule 333-510-0130(10) (https://bit.ly/33s9ydG) suspends some of the mandatory overtime rules in the following circumstances:

a. In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; or

b. In emergency circumstances that include:

c. Sudden and unforeseen adverse weather conditions;

d. An infectious disease epidemic suffered by hospital staff;

e. Any unforeseen event preventing replacement staff from approaching or entering the premises;

The mandatory overtime rule would come up if there’s a declared state of emergency in which the facility disaster plan is implemented. Alternatively, the mandatory overtime rule would come up if staff suffer from the disease or if the facility is quarantined and replacement staff cannot enter. The Nurse Staffing Interpretive Guidance (https://bit.ly/3d6l2b5) has a question about this specific rule on page 11.

Second, Oregon Administrative Rule 333-510-0140 (https://bit.ly/2vRflh) allows the hospital to suspend the nurse staffing plan in the following circumstances:

a. A national or state emergency requiring the implementation of a facility disaster plan;

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ONA Statement on COVID-19 and Nurse Staffing (continued from page 2)

b. Sudden and unforeseen adverse weather conditions; or
c. An infectious disease epidemic suffered by hospital staff.

In that situation, either co-chair could call a nurse staffing committee meeting and the committee could modify the staffing plan as needed. This rule contemplates the nurse staffing committee modifying the staffing plan to address staffing needs for the duration of the emergency and the aftermath.

PPE Guidance from OHA

Personal Protective Equipment (PPE) Requirements for Health Care Professionals in Hospitals

As in outpatient settings, hospital policies should, first and foremost, protect those in the healthcare setting from exposure. PPE supplies should be used responsibly to ensure they are available for patients and procedures for which they are most needed. PPE strategies should be supplemented by source control, including the rapid identification of patients with fever or respiratory symptoms, placement of a regular face mask on symptomatic patients, and isolation in a private room with the door closed. Effective hand hygiene and standard precautions should always be used.

Minimum PPE necessary to evaluate patients with respiratory illness, suspected COVID-19, or confirmed COVID-19:

- Face mask (i.e., surgical or procedural mask)
- Eye protection (face shield or goggles)
- Gown
- Gloves

Some procedures warrant a higher level of protection. See “Aerosol-Generating Procedures in Hospitals”. Aerosol-Generating Procedures (AGPs) in hospitals AGPs (Appendix I) are much more common in emergency department and hospital settings.

When conducting AGPs for patients with fever or respiratory symptoms, or with known or suspect COVID-19, HCP should utilize standard, contact, and airborne precautions, including:

- N95 mask or higher respiratory protection (includes powered air purifying respirators [PAPRs])
- Eye protection (face shield or goggles)
- Gown
- Gloves Whenever possible, AGPs should be performed in an airborne infection isolation room (AIIR).

If a hospital is treating multiple persons under investigation or confirmed cases of COVID-19, AIIRs should be prioritized for those with serious illness. To minimize risk associated with these procedures, AGPs should be planned and bundled, when possible. Only HCP required for the procedure should be present.

It is unknown how long infectious aerosols remain in the air when a patient remains in the room following an AGP. Continuation of standard, contact, and airborne precautions with eye protection for a period after aerosol generation has ceased may provide time for contaminant removal. Hospitals should assess room air changes/hour to inform the duration of this period. Collection of respiratory specimens in hospitals; See “Testing Considerations” section below for information regarding specimen collection and prioritization for COVID-19 testing.

In addition, the nurse staffing committees can work with other the emergency preparedness team in the hospital to prepare for any implementation of the facility disaster plan and talk about how plan scenarios will impact nurse staffing.

If you have questions, please contact ONA via email at Practice@oregonRN.org. Your Sky Lakes staffing committee co-chair is Mat Sikes (Mat.Sikes@gmail.com).
PPE Guidance from OHA (continued from page 3)

Respiratory specimen collection procedures known to generate aerosols (e.g., sputum induction, bronchoscopy, open suctioning) require standard, contact, and airborne precautions with eye protection, as discussed above. For other modes of respiratory specimen collection, HCP should perform a risk assessment of the patient. Severely ill and heavily symptomatic patients may require standard, contact, and airborne precautions with eye protection for specimen collection procedures, including NP and OP specimen collection.

Coronavirus Update: How ONA is Fighting to Keep Nurses Safe

As more cases of the Coronavirus (COVID-19) are reported and confirmed, ONA will continue working relentlessly to do the work needed to keep nurses and our communities safe. We have received reports from frontline ONA members of suspected Coronavirus cases in at least three additional facilities, which have not yet been confirmed. We have also heard disturbing instances of appropriate practice protocol not being followed by hospital administers in multiple facilities.

ONA has worked diligently through the last week to implement a Coronavirus response that will keep our members, patients, and communities safe. This has included:

- ONA staff traveling the state to observe protocol to facilities with suspected cases
- ONA conducting an information request to all 50+ ONA facilities to gather information on management’s plans for protecting members and enforcing practice protocols
- ONA engaging with the governor’s office around the need for any furloughed or quarantined nurses to receive paid admin leave instead of being forced to drain earned paid sick leave banks
- ONA leadership sounding the alarm about the risk to our members this outbreak presents in published interviews with NBC Portland, the Oregonian, Willamette Weekly, and Pamplin Media Group
- ONA partnering with both ANA and AFT around a national response to the outbreak, spearheaded and driven by ONA leadership
- Partnering with the Washington State Nurses Association around a coordinated public message and response to the outbreak our two organizations are at the center of
- ONA coordinating with the Oregon Health Authority and a number of hospital employers in an ad hoc task force to manage Coronavirus response, containment, and resource management

To report a violation of Coronavirus protocol in your facility, please email practice@oregonrn.org with as many details as possible while being mindful of HIPAA guidelines.

ONA is also asking all members to take an ONA COVID-19 Workplace Survey to help better understand the work being done by facilities across the state.

To stay up to date on the work being done and to take the COVID-19 Workplace survey, visit: www.OregonRN.org/coronavirus