



**National
Nurses
United**

The National Voice for Direct-Care RNs

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March 2nd, 2020

Vice-President Mike Pence
The White House, Office of the Vice-President
1600 Pennsylvania Ave NW
Washington, DC 20500

Ambassador Deborah Birx
The White House, Coronavirus Response Coordinator
1600 Pennsylvania Ave NW
Washington DC 20500

Members of the United States Senate
Washington, D.C. 20510

Members of the House of Representatives
Washington, D.C. 20515

Dear Mr. Vice President, Ambassador Birx, and Members of Congress,

As the nation braces to confront the novel coronavirus (COVID-19) that is quickly spreading across the world, National Nurses United, the largest union for registered nurses in the United States, has been closely monitoring the situation in our hospitals. As of the writing of this letter, 89,527 cases have been identified in 67 countries, and 3,056 people have died of the virus. In the United States, there are now 62 confirmed cases, including multiple cases of possible community transmission.

This week, NNU nurse members working at UC Davis Medical Center in California have been responding to a confirmed coronavirus case due to possible community transmission. As of this writing, 36 registered nurses and 88 other health care workers from that hospital have been quarantined due to possible exposure to the virus. This level of exposure from one patient at one hospital clearly demonstrates that the time to put the strongest protections in place is now. The failure to do so will severely inhibit our nation's ability to respond to this outbreak. Our union is working closely with our nurse members across the country to help keep workers and patients safe.

Over the past few weeks, we've been surveying our members and nurses across the country about preparedness in their hospitals, including access to personal protective equipment (PPE). As of February 28th, we had surveyed more than 6,000 nurses from 48 states, the District of Columbia, and the Virgin Islands. The findings of this survey indicate that the majority of US healthcare facilities are *completely unprepared* to safely contain COVID-19:

- Only 29% of respondents report that their facilities have a plan to isolate patients with possible coronavirus infection.

- Only 27% report having access to powered air-purifying respirators (PAPRs), the higher level of protection nurses need, in their unit, and only 63% of respondents report having access to N95 respirators in their unit.
- Only 30% report that their employer has sufficient PPE stock on hand to protect staff if there is a rapid surge in patients with COVID-19 infection.

As you can see, the survey shows that as of February 28th, a majority of facilities were clearly not prepared to safely respond to increasing COVID-19 cases. Nurses across the country report that basic communication from their employers about possible/confirmed cases and preparedness plans is missing. National Nurses United has also been submitting information requests to all the hospitals where we represent health care workers, to help ensure that they do have plans in place to protect workers.

It is critical that the federal government take quick and meaningful steps to urgently protect the public from this outbreak. National Nurses United urges the Administration and Congress to adopt the following policy recommendations in light of this outbreak:

1. **All registered nurses and other health care workers must receive the highest level of protection in their workplaces, as determined by the precautionary principle.** Nurses and other healthcare workers want to provide care that patients with COVID-19 need, but they need protections from their employers to be able to do so safely.

The full protection of healthcare workers is a fundamental and necessary part of limiting the spread of viruses--this has been proven time and again with SARS, MERS, H1N1, Ebola, and others. It is critical that our nursing workforce is kept safe not only to provide critical care for patients with potential COVID-19 infection, but also to continue caring for other patients. Healthcare employers should have in place not only the proper screening protocols, isolation procedures, and PPE to protect healthcare workers caring for possible or confirmed COVID-19 cases, but also must begin preparing to safely respond to a possible surge in patients with COVID-19.

Specifically, the federal government should mandate that healthcare employers do the following:

- Communicate clearly with nurses and other staff regarding COVID-19 preparation, protocols, and any confirmed or suspected cases in the facility. When employers do not communicate clearly with staff it opens the door to misinformation and confusion which creates additional risk of transmission.
- Implement screening protocols to promptly identify and isolate patients with respiratory symptoms. During flu season, healthcare employers should already have a separate waiting area for any patients or visitors with respiratory symptoms. This will be especially important in response to COVID-19. Given several recent reports of community transmission (without travel or exposure history originally used as screening criteria), screening

protocols must be updated to consider any patient with respiratory symptoms as a possible COVID-19 case.

- Ensure prompt isolation of patients with possible COVID-19 infection. These patients should be placed in airborne infection isolation rooms until COVID-19 or other infectious disease has been ruled out. These airborne infection isolation rooms must be maintained so that they provide protection to staff and patients.
- Provide the highest level of PPE to nurses and other health care workers who are providing care to patients with possible COVID-19 infections. Based on the precautionary principle, the highest level of PPE includes a powered air-purifying respirator (PAPR), coveralls that are impervious to viral penetration (meeting ASTM F1671/ISO 16604 standards), and gloves. Healthcare employers should have in-person, hands-on training and education for all nurses and other healthcare workers regarding PPE and safe donning and doffing practices.
- Make staffing assignments to ensure that nurses and other healthcare workers caring for patients with possible or confirmed COVID-19 infections are able to do so safely. When patients are on isolation, additional time is often needed to safely don and doff PPE. Wearing PPE can be extremely physically taxing; nurses who need to wear PPE ensembles for long periods of time should be given breaks and relief when needed. Additional staff may be necessary to assist nurses and other healthcare workers in donning and doffing PPE safely. Ensuring that nurses providing care to patients with possible or confirmed COVID-19 infections are, at minimum, on 1:1 assignments can help prevent unintentional spread of the virus via contaminated objects or surfaces.
- Implement effective procedures to identify any possible occupational exposure and to follow up immediately with affected staff. If a nurse or other healthcare worker is placed on precautionary leave, that leave must last for a minimum of fourteen days and the employer must maintain all pay, seniority, and benefits for the entire length of the leave.
- Maintain sufficient PPE stock and supply to protect nurses and other healthcare workers. Healthcare employers should have sufficient PPE stock on hand to protect healthcare workers during surge events. In the context of worldwide and regional PPE shortages, rationing or reuse of PPE should be implemented only after all other avenues have been exhausted, and nurses' professional judgment on when it is safe to reuse or conserve respirators must be heeded.
- Begin preparation immediately for a potential surge of patients with respiratory symptoms, which should include at least preparing separate

waiting areas such as surge tents, preparing plans to deal with significant numbers of patients such as overflow areas, ensuring staff are aware of surge plans before implementation, establishing plans to respond if significant numbers of healthcare workers are exposed or sick and unable to work.

2. **The CDC must improve screening criteria and testing capacity to ensure prompt recognition of and response to COVID-19 cases.** With several reports of community transmission, it is of the utmost importance that public health agencies and healthcare facilities adapt their screening criteria to enable a prompt and effective response to all possible COVID-19 infections. While the CDC updated their screening criteria on Feb 27 to reflect some considerations important to community transmission, the CDC's criteria are still limited to only test patients with serious respiratory illness requiring hospitalization and patients with symptoms plus known travel history or close contact with a confirmed COVID-19 case. These screening criteria are inadequate; COVID-19 should be considered for all patients with respiratory symptoms.
3. **The Occupational Safety and Health Administration must promulgate an Emergency Temporary Standard to protect healthcare workers from emerging infectious diseases like COVID-19 as soon as possible.** Such a standard would require healthcare employers to protect employees from exposure to COVID-19. After issuing the emergency temporary standard to immediately protect workers from exposure to COVID-19, OSHA must move forward to promulgate a final standard on infectious diseases.
4. **Congress and the Administration must ensure that any vaccine or treatment for COVID-19 that is developed with U.S. taxpayer dollars is provided to the American public when needed for free.** The only way to ensure that a vaccine or treatment for this novel virus is fully accessible and available, is for it to be provided to patients without any cost-sharing. Pharmaceutical companies must not be granted exclusive monopoly rights for the sale of any such technology that has been funded through grants from the U.S. government. The Administration and Congress must enforce guidelines to ensure that pharmaceutical companies do not monopolize and set high prices for any new vaccine or treatment for this outbreak.
5. **Congress must act immediately to pass an emergency spending package to fund the emergency response to the COVID-19 outbreak.** This emergency appropriation for epidemic control must be quickly dispersed to state and local actors.

We believe that the budget request from the Administration for \$1.5 billion in new spending is inadequate, as is their request to move another \$1.25 billion away from existing health programs. It is critical that Congress appropriate new spending without diverting money from existing health programs that need to continue to operate at full capacity in order to protect public health in the long term. The level of funding provided by Congress for epidemic control must adequately meet the needs

of federal, state, and local agencies and health care providers in order to control the emerging epidemic. For reference, in the 2014 Ebola response, Congress appropriated a total of \$5.4 billion in emergency funds for both the domestic and global response. In 2009, Congress appropriated a total of \$7.7 billion in emergency funding for the response to the H1N1 influenza pandemic.

The emergency spending package must adequately fund a variety of agencies, local and state actors, and areas of work, in order to control this epidemic and prevent illness and deaths of our patients. This emergency congressional appropriation must include:

- Funding a robust public health response through the CDC, the Office of the Assistant Secretary for Preparedness and Response within HHS, and state and local health departments who lead surveillance, testing, and communication in their communities.
- Dedicated funds to provide the needed PPE and training to ensure that all health care workers, first responders, and others at risk of exposure are protected.
- Adequate funding for hospitals and other health care facilities to properly identify and isolate patients with potential COVID-19 infection, and to prepare for a surge of patients.
- Coverage of all treatment, care and services for people with potential COVID-19 infection who are uninsured or underinsured, including for insured patients who are denied coverage. This should include funding for widespread communication to the public that all testing, treatment, and other health care services related to COVID-19 will be paid for regardless of their insurance status. This is necessary to ensure that all patients will seek medical attention should they exhibit symptoms.
- Provision of temporary paid sick leave for all employees in all sectors, so that working people are not compelled to work if they are exhibiting symptoms associated with COVID-19.
- Increased funding to the National Institutes of Health for the research, development, testing, and approval of diagnostic tests, treatments, and vaccines.
- Increased funding to bilateral and multilateral global health programs, to boost the capacity of low and middle-income countries to control the global spread of the virus. This should include assistance to the World Health Organization, the CDC's Center for Global Health, USAID, and programs at the State Department and DoD that support global health security.

In addition to the recommendations listed above that are necessary for an immediate and effective response, it is also important to recognize the systemic issues that have led to the current situation. At the moment, we have a fragmented and broken public health infrastructure which is woefully unprepared for COVID-19. All federal, state and local public health departments and agencies that must coordinate quick public health responses have been consistently underfunded and are therefore unable to take the necessary steps to prepare in advance for emerging infectious disease threats. The for-profit motive in our health delivery system has led to hospital closures in rural and underserved communities, system-wide short-staffing of health care workers and inadequate supplies of medicines, medical equipment (including ventilators), and PPE in health care facilities. As a result, our hospitals and health care facilities are unable to adequately respond quickly to potential COVID-19 infections.

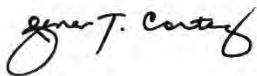
The only way that our country can build the public health infrastructure we need to adequately respond to emerging infectious diseases and pandemics is to implement a Medicare for All system, in which everyone living in this country is guaranteed the health care they need. Through a single payer system, we would strengthen our existing health care infrastructure, build and staff new health care facilities in rural and underserved communities, and drastically simplify our system which would greatly improve our ability to quickly respond to emerging public health threats.

On behalf of the 155,000 registered nurses that we represent, we urge you to advocate for the policy and funding levels listed above. If you have any questions, concerns, or would like more information on how our union is responding to this outbreak, please contact our Lead Legislative Advocate, Amirah Sequeira, at 240-447-0034, or at ASequeira@nationalnursesunited.org.

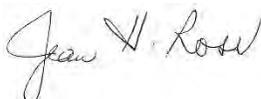
Sincerely,



Deborah Burger, RN
Co-President



Zenei Cortez, RN
Co-President



Jean Ross, RN
Co-President

cc: Secretary Alex Azar, Department of Health and Human Services
Dr. Robert Redfield, Director, Centers for Disease Control and Prevention
Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases