

# **Omicron Crisis Demands**

COVID-19 cases are skyrocketing and our healthcare system is once again coming under enormous strain due to the newly emergent, extraordinarily transmissible Omicron variant.

Rather than meeting the challenge by staffing safely and protecting frontline healthcare workers from infection, hospital administrators and policymakers are cutting corners on staffing levels and health and safety measures. The Centers for Disease Control and Prevention announced new recommendations that shorten the COVID-19 isolation period from 10 days to 5 days, based on little evidence, and without testing requirements to limit the spread of the virus in our workplaces. The New York State Department of Health has decided to follow this guidance, and we are already seeing facilities around the state drop their isolation time.

Nurses and healthcare professionals are already exhausted and understaffed without the added pressure of returning to work before they feel healthy and ready to return safely. Far from being a solution to the healthcare worker staffing crisis, limiting the amount of sick time workers can use and bringing back potentially infectious employees prematurely is likely to increase the number of COVID-19 cases among healthcare workers, exacerbating staffing shortages.

Once again, official guidance seems to be based not on science, but on supplies and economic considerations. NYSNA is demanding a shift in pandemic response—and in healthcare—where patients and the public health are prioritized, instead of the short-term profits of healthcare providers and other corporations.

NYSNA calls on all employers, the New York State Department of Health, the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration and Public Employee Safety & Health Bureau to step up to the challenge by making sure the following infection control measures are in place:

## **PPE/Source Controls**

- Personal protective equipment (PPE) stockpiles:
   There must be a 90-day supply of PPE in each healthcare facility. This amount must take into consideration the likely peak patient census, as well as the ability to replace disposable PPE, such as isolation gowns, N95 respirators and gloves, after every patient care session the standard for infection control practice for decades. PPE must be immediately accessible at the point of care in all patient care areas not under lock and key or in a distant supply room.
- Supply chain issues have improved, but shortages of PPE continue to be a possibility when surges occur. We are already receiving reports of rationing and inaccessibility of supplies at healthcare facilities. Disposable PPE should be replaced with reusable PPE whenever possible. That includes the switch from disposable N95 respirators to reusable elastomeric respirators.
- COVID-19 is a highly infectious airborne transmissible disease. Respirators must be required to protect healthcare workers wherever they come in close contact with patients who are COVID-19 positive, patients under investigation for COVID-19 (PUIs) and patients whose COVID-19 status is unknown. Patients are often unable to tolerate continuous masking. With COVID-19 so prevalent in our communities, every patient must be treated as if they have COVID-19 until proven otherwise by COVID-19 testing. There must be a "standard precautions" requirement for prevalent airborne infectious diseases just like there is for bloodborne diseases.
- All workers, not just healthcare workers, who fall under new guidance that reduces quarantine and isolation time without a negative COVID-19 test should be using N95s for source control in the workplace.

#### **Environmental Controls**

- Emergency departments must have adequate space and staffing for quick triage and cohorting of infectious and potentially infectious patients. COVID-19 patients must also be cohorted separately from other patients on in-patient units. Too many patients have been infected with COVID-19 while in the hospital as a result of inadequate separation of COVID-19-positive patients.
- There must be specific requirements in all workplaces for enhanced ventilation to decrease the amount of airborne infectious viral particles including higherlevel MERV filters, portable HEPA filtration units, increased air exchanges, increased negative pressure spaces and an increased amount of fresh air circulated through the ventilation system.

# **Staffing**

- A hospital bed cannot be filled if it isn't a staffed bed.
  Because there is no regulation for staffing ratios,
  hospital capacity is subjective. Hospitals must bring
  on additional staff to make sure every bed is
  available for patients in need and that staffing is
  adequate to provide care according to nursing
  practice standards. Hospitals should cancel elective
  procedures whenever staffing ratios go above the
  level they normally staff at.
- Mandatory overtime must be an absolute last resort for all workplaces, and under no circumstances should any worker be mandated to work more than 16 hours in a 24-hour period.
- One of the ways to maintain adequate hospital staffing is to protect current employees from infection.

## **Testing, Quarantine and Isolation**

 Employers should provide home testing kits to all employees. Healthcare and public employers should provide regular testing in the workplace as well to protect both employees and the public. Because even vaccinated individuals can be infected with the Omicron variant, exposed workers should be tested

- regardless of vaccine status and the presence of symptoms. Frequent testing is key to infection control.
- All workers should be notified as quickly as possible
  if they may have been exposed to COVID-19,
  regardless of vaccination status or use of PPE when in
  close proximity to an infected person. COVID-19 tests
  should be provided to all exposed employees.
- Exposed workers who are exempt from quarantine under new guidelines should be instructed to wear an N95 or an elastomeric respirator without exhalation valve for source control.
- All workers who become infected with COVID-19
  must be provided with paid time off for a 10-day
  isolation period. A shortened isolation period should
  not be permitted unless the employee has a negative
  COVID-19 test and attests in writing that they have
  fully recovered and are able to wear an N95 or
  elastomeric respirator without exhalation valve for
  source control. Sick employees should never be
  pressured to return to work early.
- There should be no limit to the number of times infected workers can use NYS COVID time if they are infected or exposed to COVID-19. This time should not be charged to an employee's accrued sick time.
   Workers must not be under economic pressure to resist frequent testing or working while they are sick.
- An employee's healthcare provider should make the determination whether an employee is immunocompromised or at high risk, not the employer's health service department.
- Employee health service departments at many institutions are overwhelmed at this time. Workers need access to an alternative dedicated hotline where they can get information and questions answered.
- Address social factors that may prevent workers from reporting to work, such as the need for transportation or housing that allows for physical distancing, particularly if they live with individuals with underlying medical conditions or older adults. Consider that those social factors disproportionately affect persons from racial and ethnic groups who are also disproportionally affected by COVID-19.

The public depends on essential workers to be on the job day and night, ready to serve when needed. By adequately protecting all workers, the entire population is better protected. Healthcare workers have worked tirelessly to care for millions in need over the past nearly two years. It is time for federal, state and local government agencies to ensure healthcare workers can safely do their jobs through this continuing crisis by enacting better protections for them, the patients they serve and all workers.