

THE NYSNA SAFETY PLAN

REOPENING STANDARDS FOR NEW YORK HOSPITALS

To ensure the safety of both staff and patients, every healthcare facility in New York must take the following safety measures before reopening elective procedures. These detailed standards were developed from NYSNA's broader reopening plan *How to Move New York Forward*, available online: bit.ly/reopenwithcare.

ENHANCED PPE STANDARDS

- **New N95 respirators must be available for every patient care session** with COVID-positive patients or PUI's, as well as at all points of contact with patients or the public throughout the hospital. Replacements, without rationing, will be provided when PPE is soiled or contaminated. Proper fit testing will happen prior to use for all staff, with documented results reported within 30 days, and be repeated whenever new equipment is purchased.
- Gowns, face shields, coveralls, head coverings, booties, gloves and any other **necessary PPE will also be available on all units**. Replacements, without rationing, will be provided after each patient care session with a COVID-positive patient or PUI, or when PPE is soiled or contaminated.
- Under no circumstance will PPE need to be reused unless designed/manufactured to be decontaminated and reused. There can be **no "decontamination" or "sterilization" of N95 respirators** that are designed for single use.
- **Surgical masks will be required for all patients and visitors**, as well as hospital staff who have no contact with the public.
- To protect against supply chain disruptions, the hospital will build and maintain a **sufficient onsite PPE stockpile for 90 days of operation** at enhanced conventional capacity guidelines. NYSNA committee members will be able to view, assess, and track progress on stockpiling upon request, and the Employer will make it a standing agenda item for all Labor Management and Professional Practice Committee meetings.

- The facility will engage in a long-term purchasing and procurement plan to **incorporate reusable respiratory protection** such as elastomeric respirators and Powered Air Purifying Respirators (PAPRs). This will reduce supply chain pressures and enhance resiliency for future surges.

ROBUST ENVIRONMENTAL CONTROLS

- All **COVID-positive patients will be cohorted in separate units** with enhanced PPE standards, and administrative controls will be established to ensure efficient cohorting of walk-ins. All patients and visitors must be tested upon entering the hospital and required to wear surgical masks.
- The hospital must retain many of the current restrictions on patient visitation. Visitor policies must be clearly communicated to the public, visitors must be strictly tracked, with time restrictions on their visit, and there must be adequate non-nursing staff to enforce the policy. We **cannot return to open-door unlimited visitation** policies. Regular access for NYSNA reps will continue based on discussions at Labor Management meetings to ensure safety.
- **Elective procedures must be phased in only as the COVID-19 census falls**, and suspended automatically if it starts to rise again. All patients must be tested 24 hours prior to the procedures. COVID-specific standard precautions are instituted for operating rooms and labor and delivery.
- NYSNA and the Employer will conduct assessments of the entire facility's HVAC and environmental control system, to determine a

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priority list for remediation and improvement. The goal will be to **use ventilation and negative air filtration more effectively** during future outbreaks. Pilot projects to test out new environmental controls should be conducted throughout Summer 2020.

- NYSNA and the Employer will conduct **assessments of donning, doffing, and decontamination areas** on remaining COVID units and make any necessary improvements to the space allocated and existing protocols. Pilot projects on converting new areas into donning/doffing spaces on COVID units and in procedural areas should be conducted Summer 2020.

HEALTH AND SAFETY PROTOCOLS

- **Implement “Covid-19 Standard Precautions”** for the facility, similar to universal precautions established for bloodborne pathogens. Controls must be grounded in science, with frontline staff RNs leading the development of these standards.
- The Employer will **establish a Command Center Hotline** to address all COVID-related policies and immediately remedy concerns such as PPE replacement issues, visitation violations, or patient masking violations.
- The hospital must implement **accurate COVID-19 diagnostic testing** for all patients and visitors, and have readily available on-demand diagnostic testing for staff on all shifts.
- The facility must **implement aggressive contact tracing protocols** for all patients and employees who test positive for COVID-19 and deploy them immediately after any positive test result.
- We must start **ongoing hands-on Health and Safety training and education** for frontline staff on all COVID-related issues.

UNION RIGHTS AND CONTRACTS

- Nurses will be immediately taken off the schedule if they are confirmed COVID-positive or displaying symptoms. **Nurses will be provided the full 14 days of statutory COVID-19 sick leave**, as needed, without pressure to return to work unless they are medically cleared by their doctor. Additional sick time off will be granted as medically necessary.

- All future **vacation and time off requests will be granted**. All canceled vacations and time off requests will be rescheduled and honored by the employer. Any nurse at risk of losing vacation days or PTO because of annual accrual limits will be allowed to retain all accrued time.
- **Staffing must be restored to pre-COVID levels** and all contractually mandated staffing ratios must be implemented prior to reopening elective procedures.
- The hospital **must adhere to contract provisions around floating**, with all restrictions and training requirements reinstated.

REPORTING AND THE RIGHT TO KNOW

- Nurses and other healthcare **workers have a right to know what risks they’re facing** when they report to work. The Employer will issue regular weekly reports to all staff, documenting essential information such as how many COVID-positive patients they are treating, levels of PPE inventory, ongoing plans for screening and cohorting, and the number of staff who’ve been exposed to or gotten sick from COVID-19.
- The Employer will **provide copies of the New York DOH Health Emergency Response Data System (HERDS) reports** to NYSNA whenever produced and sent to New York State.
- NYSNA and the Employer will **conduct a comprehensive COVID-19 assessment** that outlines the major nursing issues that arose during this crisis.
- Based on this joint assessment, NYSNA and the Employer will create a **surge capacity plan to address future COVID outbreaks**. The parties will identify where new units will open, detail staffing needs for those new units, and plan for any training required to safely redeploy staff.
- **All contractually-mandated committees will resume their work**, including regularly scheduled meetings according to the pre-COVID standing calendar.
- All Health and Safety and Professional Practice Committees will take responsibility for **documenting the hospital’s progress** achieving the longer-term goals in this plan.