

New CA Ebola Mandate Inspired by NNU Appeal to Gov. Brown, Sets Nat. Model for Highest Protection



National Nurses United Press Release, 11/14/14
Follows Global Day of Action With 100,000 RNs Demanding Highest Safeguards, Contrast to Hospital Industry's Failure to Act

Following a worldwide day of actions of 100,000 registered nurses and health workers demanding substantial improvements in safeguards for the deadly Ebola virus, California officials have announced landmark mandatory Ebola guidelines that should be a model for federal and state action for all U.S. hospitals, National Nurses United said today.

NNU, which has sponsored two months of actions to upgrade Ebola protections, and its California affiliate, California Nurses Association, praised the new standards released today by the California Occupational Safety and Health Administration (Cal-OSHA) under the leadership of Gov. Jerry Brown.

“These rules are a testament to the outspoken efforts of nurses who have repeatedly pressed for the highest level of mandatory safety precautions to protect nurses, patients, and the public. Nurses have raised their voices, and California has now listened, acted, and once again set a benchmark for the nation,” said NNU and CNA Executive Director RoseAnn DeMoro.

The new California standards, an elaboration of existing Cal OSHA regulations on Aerosol Transmissible Disease and other existing regulations, go well beyond the faulty procedures and protective gear employed by hospitals across the U.S., and the current, unenforceable recommendations of the federal Centers for Disease Control and Prevention.

By contrast, California regulations are mandatory. The guidance under existing standards, which are effective immediately, stipulate the optimal level of personal protective equipment, rigorous training and drills, and break additional ground in identifying modes of possible transmission of the virus and when safety precautions must be engaged for nurses and other front line health workers who encounter patients with the deadly Ebola virus.

“With the hospital industry dismissing the concerns of the nurses, and the federal government failing to order the hospitals to implement the optimal level of Ebola protection, California, under the stewardship of Gov. Brown, has heard the voices of nurses, and established a model that all should follow,” said CNA Co-President Zenei Cortez, RN.

Not only are the new guidelines a substantial step beyond existing federal standards, the California rules are mandatory, with civil penalties for hospitals that fail to comply.

“The nurses are fighting for the public. They went to the governor demanding action. He departed from the paralysis of government and corporate inaction. He listened intently and heard the nurses reports of how deeply unprepared and resistant hospitals were and he moved to protect

the public, the nurses, and other health care workers,” DeMoro said, adding, “That’s how government should work, Gov. Brown has delivered an example for the nation.”

In addition to Gov. Brown’s leadership, the nurses also praised the diligent work of Cal OSHA in developing guidance on the standards.

The California regulations embody the precautionary principle NNU has advocated in response to Ebola, that absent scientific consensus that a particular risk is not harmful, especially one that can have catastrophic consequences, the highest level of safeguards must be adopted, and a sharp contrast to the profit principle that has guided the response of most hospitals, DeMoro noted.

Further, the Ebola standards set a new benchmark for strong infection control protections for other epidemics which are expected to accelerate in the coming years.

NNU will press for legislation and regulation in other states, and continue to demand the federal government enact mandatory guidelines all hospitals must follow for Ebola and other epidemics modeled on the California standards.

In California, CNA will closely monitor hospital compliance with the guidelines, and work closely with Cal-OSHA on enforcement.

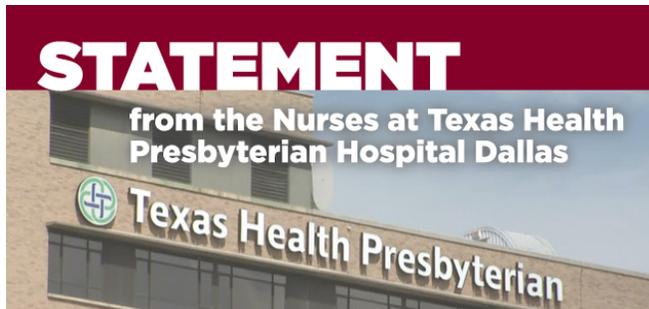
The California regulations, says NNU, exceed existing federal guidelines, close the biggest loopholes in CDC regulations, and replicate the demands NNU has made across the nation for two months.

Among highlights, under the new standards:

- California hospitals are now required to have full-body protective suits, that meet the American Society for Testing and Materials F1670 standard for blood penetration, F1671 standard for viral penetration, that leave no skin exposed or unprotected, and that are available for all hospital staff providing care for a suspected or confirmed Ebola patient, employees cleaning contaminated areas, and staff assisting other employees with the removal of contaminated protective gear.
- Hospitals must provide air-purifying respirators (PAPRs) with a full cowl or hood for optimal protection for the head, face and neck of any RN or other staff who provide care for a suspected or confirmed Ebola patient. Like the suits, this requirement extends to cleaning contaminated areas or assisting staff in removal of protective gear. Both these respirators and the suits have been a key NNU demand.
- Infection by the Ebola virus can occur not just through direct contact with droplets of bodily fluids, but even through aerosol transmission of fluids from coughing or other aerosol exposure with a symptomatic Ebola patient.
- Regular training is required for any staff who are at risk of exposure, including hands on practice in teams with the ability to interact and ask questions. Computer based training does not meet the requirement.
- Employees who report hospitals that violate the regulations are protected from retaliation by their employers with whistleblower protection.

Statement by RN's at Texas Health Presbyterian Hospital as provided to National Nurses United

National Nurses United, 10/15/14



This is an inside story from some registered nurses at Texas Health Presbyterian Hospital in Dallas who have familiarity with what occurred at the hospital following the positive Ebola infection of first the late Thomas Eric Duncan and then a registered nurse who cared for him Nina Pham.

The RNs contacted National Nurses United out of frustration with a lack of training and preparation. They are choosing to remain anonymous out of fear of retaliation.

The RNs who have spoken to us from Texas Health Presbyterian are listening in on this call and this is their report based on their experiences and what other nurses are sharing with them. When we have finished with our statement, we will have time for several questions. The nurses will have the opportunity to respond to your questions via email that they will send to us, that we will read to you.

We are not identifying the nurses for their protection, but they work at Texas Health Presbyterian and have knowledge of what occurred at the hospital.

They feel a duty to speak out about the concerns that they say are shared by many in the hospital who are concerned about the protocols that were followed and what they view were confusion and frequently changing policies and protocols that are of concern to them, and to our organization as well.

When Thomas Eric Duncan first came into the hospital, he arrived with an elevated temperature, but was sent home.

On his return visit to the hospital, he was brought in by ambulance under the suspicion from him and family members that he may have Ebola.

Mr. Duncan was left for several hours, not in isolation, in an area where other patients were present.

No one knew what the protocols were or were able to verify what kind of personal protective equipment should be worn and there was no training.

Subsequently a nurse supervisor arrived and demanded that he be moved to an isolation unit– yet faced resistance from other hospital authorities.

Lab specimens from Mr. Duncan were sent through the hospital tube system without being specially sealed and hand delivered. The result is that the entire tube system by which all lab specimens are sent was potentially contaminated.

There was no advance preparedness on what to do with the patient, there was no protocol, there was no system. The nurses were asked to call the Infectious Disease Department. The Infectious Disease Department did not have clear policies to provide either.

Initial nurses who interacted with Mr. Duncan nurses wore a non-impermeable gown front and back, three pairs of gloves, with no taping around wrists, surgical masks, with the *option* of N-95s, and face shields. Some supervisors said that even the N-95 masks were not necessary.

The suits they were given still exposed their necks, the part closest to their face and mouth. They had suits with booties and hoods, three pairs of gloves, no tape.

For their necks, nurses had to use medical tape, that is not impermeable and has permeable seams, to wrap around their necks in order to protect themselves, and had to put on the tape and take it off on their own.

Nurses had to interact with Mr. Duncan with whatever protective equipment was available, at a time when he had copious amounts of diarrhea and vomiting which produces a lot of contagious fluids.

Hospital officials allowed nurses who had interacted with Mr. Duncan to then continue normal patient care duties, taking care of other patients, even though they had not had the proper personal protective equipment while caring for Mr. Duncan.

Patients who may have been exposed were one day kept in strict isolation units. On the next day were ordered to be transferred out of strict isolation into areas where there were other patients, even those with low-grade fevers who could potentially be contagious.

Were protocols breached? The nurses say there were no protocols.

Some hospital personnel were coming in and out of those isolation areas in the Emergency Department without having worn the proper protective equipment.

CDC officials who are in the hospital and Infectious Disease personnel have not kept hallways clean; they were going back and forth between the Isolation Pod and back into the hallways that were not properly cleaned, even after CDC, infectious control personnel, and doctors who exited into those hallways after being in the isolation pods.

Advance preparation

Advance preparation that had been done by the hospital primarily consisted of emailing us about one optional lecture/seminar on Ebola. There was no mandate for nurses to attend trainings, or what nurses had to do in the event of the arrival of a patient with Ebola-like symptoms.

This is a very large hospital. To be effective, any classes would have to be offered repeatedly, covering all times when nurses work; instead this was treated like the hundreds of other seminars that are routinely offered to staff.

There was no advance hands-on training on the use of personal protective equipment for Ebola. No training on what symptoms to look for. No training on what questions to ask.

Even when some trainings did occur, after Mr. Duncan had tested positive for Ebola, they were limited, and they did not include having every nurse in the training practicing the proper way to don and doff, put on and take off, the appropriate personal protective equipment to assure that they would not be infected or spread an infection to anyone else.

Guidelines have now been changed, but it is not clear what version Nina Pham had available.

The hospital later said that their guidelines had changed and that the nurses needed to adhere to them. What has caused confusion is that the guidelines were constantly changing. It was later asked which guidelines should we follow? The message to the nurses was it's up to you.

It is not up to the nurses to be setting the policy, nurses say, in the face of such a virulent disease. They needed to be trained optimally and correctly in how to deal with Ebola and the proper PPE doffing, as well as how to dispose of the waste.

In summary, the nurses state there have been no policies in cleaning or bleaching the premises without housekeeping services. There was no one to pick up hazardous waste as it piled to the ceiling. They did not have access to proper supplies and observed the Infectious Disease Department and CDC themselves violate basic principles of infection control, including cross-contaminating between patients. In the end, the nurses strongly feel unsupported, unprepared, lied to, and deserted to handle the situation on their own.

We want our facility to be recognized as a leader in responding to this crisis. We also want to recognize the other nurses as heroes who put their lives on the line for their patients every day when they walk in the door.

References:

- **Statement by RN's at Texas Health Presbyterian Hospital as provided to National Nurses United**, *National Nurses United*, 10/15/14, <http://www.nationalnursesunited.org/blog/entry/statement-by-registered-nurses-at-texas-health-presbyterian-hospital-in-dal/>
- **New CA Ebola Mandate Inspired by NNU Appeal to Gov. Brown, Sets Nat. Model for Highest Protection**, *National Nurses United Press Release*, 11/14/14, <http://www.nationalnursesunited.org/press/entry/new-ca-ebola-mandate-inspired-by-nnu-appeal-to-gov-brown-sets-nat-model/>