Lessons learned from the front lines: Washington State Nurses Association’s recommendations for other states

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- Advocacy and policy,
- Nursing practice,
- Infectious diseases,
- COVID-19

Washington State Nurses Association (WSNA) represents the interests of more than 103,000 nurses across Washington state. Our members have been on the front lines of the COVID-19 crisis in the United States. As we work to manage a public health crisis unlike any of us has ever seen, it is our duty to share the key lessons we are learning on the ground.
COVID-19 cases are expected to increase rapidly in the United States. In King County, Washington, we’ve been at the epicenter of the U.S. outbreak. Because of this, our public health departments, hospitals, and elected officials are building the model for how large urban areas will respond to COVID-19.

The following are recommendations and considerations that we urge other municipalities and states to take now to prepare and protect themselves for COVID-19.

Groups representing nurses have a critical function

Public opinion research consistently shows that nurses are America’s most trusted profession. Today, millions of people are uncertain what information they can trust. Unions and associations representing nurses can help deliver critical public health information to both our members and the general public. We also serve as an important conduit for information both to and from public officials, healthcare facilities and other institutions engaged in the response. Here are basic steps we recommend to organizations that represent nurses and other healthcare workers.

**Coordinate communication efforts with public officials.** You can reach your members more reliably and with more authority than public officials. Coordinate directly with your local public health officials and local elected officials and provide them with a list of all the facilities where you represent nurses and/or other health care providers. This will allow them to efficiently communicate with the appropriate organizations as cases move into a metro area or region.

**Advocate for basic infrastructure.** Ask your state and/or local public health agency to establish a dedicated hotline for COVID-19 questions from health care providers.

**Engage officials proactively.** Don’t wait for government agencies. Take proactive steps to understand the steps your state and/or local public health agencies and elected officials will take to respond to an outbreak.

**Engage health care facilities early.** Work with employers to ensure provision of appropriate PPE to all health care workers following CDC COVID-19 guidelines including triage protocols around scarce resources.

**Union advocacy**
Negotiation for safe standards. Work with employers to ensure provision of appropriate PPE to all health care workers following CDC COVID-19 guidelines including triage protocols around scarce resources. Work with your represented facilities to ensure a basic structure is in place for nurses when employer’s implement their surge capacity plans and move to a crisis standard of care – this may mean an MOU or other agreement for represented employees covering items such as:

- **Telework or alternate assignments for high risk nurses.** When possible telework or alternative assignments will be made available to or nurses or healthcare workers who are of the at-risk group (older than 60 or with an underlying medical condition).

- **Clarity of communications.** Communication to nurses or healthcare workers needs to be in multiple languages and in clear, uncomplicated phrasing in order to increase access to essential information.

- **Notification of exposure.** Employers should provide all nurses or healthcare workers who have been exposed to a communicable disease with written notice within eight (8) hours of known exposure with risk assessment and clear direction if placed in quarantine and access to testing.

- **Paid leave for quarantine.** A nurse who is unable to work as a result of an exposure or who is in quarantine status shall be placed in paid leave status with no loss of pay or accrued time off and benefits until the employee is allowed to return to work.

- **Floating nurses to other facilities.** Float should be staffed first by volunteers based on skills and competencies. Nurse’s “home” collective bargaining agreement applies while mobilized to other facility, including protections, just cause, maintenance of benefits, wages, seniority, and malpractice insurance. Advanced notice of more than 48 hours shall be provided wherever possible prior to deployment. Provide incentive pay and reimburse travel expenses. Training shall be provided to ensure competency for area to which employee is being floated. Retain workforce in the home community whenever possible.

- **Adherence to CDC guidelines.** Employers should commit to adherence to the Center for Disease Control guidelines on COVID-19 virus related to the health and safety of patients, clients, families and staff.

Plan to activate workers to act as a communications pipeline within facilities that may restrict access to non-staff at some point.

Ensure continuity and clarity for your staff. During this time, the staff of your organization will need clarity on processes and procedures. As organizations responsibly implement
telework to support social distancing measures, it is critical for your staff to understand clear expectations both during telework and once offices reopen.

**Steps for individual nurses**

As a nurse, you have a right to protect yourself, your patients and your community. Here are basic steps we recommend for every nurse.

- **Know your employer’s sick leave policies.** Don’t wait to get sick! Ask about your hospital’s plan for quarantined employees; best practice is to place quarantined or ill employees on paid administrative leave.

- **Know your employer’s plan for PPE.** In Washington state, we are experiencing extreme shortages of PPE, including masks, gowns, gloves and PAPR. Take the time to understand your hospital’s supply of PPE and how it will be distributed during a COVID-19 outbreak.

- **Avoid cross-contamination.** Ask your hospital if they will provide scrubs that will be used in the facility only to avoid contaminated clothing going home. If not, we recommend bringing garbage bags for transporting used scrubs and transferring them directly to the washing machine without handling directly.

- **Know the testing and treatment protocols now.** We have seen significant confusion about how suspected and confirmed cases should be handled. Find out the plan and protocols for treating both suspected and positive cases of COVID-19. Ask for the protocols to be distributed in writing.

- **Understand how your facility will triage potential COVID-19 patients.** Will there be a separate entrance for these patients? Will masks be provided to patients who present with respiratory issues?

- **Understand visitor policies.** Ask your hospital for a clear policy on visitors in the event of an outbreak. Ask that policies be posted in public areas so patients and families can see the policy easily themselves.

- **If you are represented by a union,** make sure you are connected with your on-site union representative, and sign up for electronic communications from your union.

- **If you are not represented,** unions in your area are a good source for information. Many unions have newsletters you can subscribe to even as a non-member, as well as social media and websites that can provide you with accurate information during this time.
Washington state may have the most advanced and serious outbreak in the United States, but the likelihood of significant outbreaks is possible in every community. **It is not too late to avert the worst case scenario, but we must act quickly and follow public health orders, we must act with resolve, and we must act together.**