



California Nurses Association/National Nurses United Monitoring Coronavirus

March 2, 2020 – [California Nurses Association](#) / [National Nurses United](#) (CNA/NNU), the largest union for registered nurses in the United States, has been closely monitoring the 2019 novel coronavirus (now called SARS-CoV-2) outbreak, which was declared a Public Health Emergency of International Concern by the World Health Organization on Jan. 30. As of this writing, 89,527 cases have been identified in 67 countries and more than 3,000 people have died, according to WHO's [Situation Dashboard](#) as of March 1 (16:00 CET). In the United States, NNU has been working to ensure protections are in place to keep nurses and patients safe.

Viruses don't discriminate. Unfortunately, anti-Asian racism and xenophobia has fueled some of the fear about the coronavirus outbreak. Nurses stand united against all forms of discrimination, including racist fearmongering about the coronavirus outbreak.

All health care facilities must begin immediate preparations for a possible surge in patients with respiratory symptoms and implement plans for how to respond if staff are exposed to COVID-19 patients and need to be quarantined or are out sick.

CNA/NNU has distributed a fact sheet on [what nurses need to know](#) about COVID-19, the disease caused by SARS-Cov-2. The Centers for Disease Control (CDC) reports that there are currently 64 cases in the United States, where the U.S. Department of Health and Human services has declared the virus to be a public health emergency.

The fact sheet notes that hospitals and other health care employers “have the duty and responsibility to prepare ahead of time to protect staff and patients.”

CNA/NNU urges hospitals and health care employers to follow the precautionary principle, which means we should not wait until we know for sure that something is harmful before we take action to protect people's health. The [fact sheet](#) details what employers should have in place, including:

- Implementing screening protocols to promptly identify patients with symptoms and travel history or exposure history that mean the patient may have a COVID-19 infection
- Ensuring prompt isolation of patients with possible or suspected cases of COVID-19. These patients should be placed in airborne infection isolation rooms whenever possible until COVID-19 has been ruled out or the patient has recovered.
- Maintaining airborne infection isolation rooms so that they provide protection to staff and patients (e.g., ensuring that the rooms maintain negative pressure, ensuring the door is always kept closed)
- Providing personal protective equipment (PPE) to healthcare workers providing care to patients with possible COVID-19 infections. PPE should include N95 respirators plus covering of the eyes or powered air-purifying respirators (PAPRS) as well as gloves, gowns, and other PPE for droplet and aerosol precautions.

On Feb. 28, CNA/NNU released a statement that [hospitals are unprepared for COVID-19](#), citing the recent UC Davis Medical Center COVID-19 case as an example of the vulnerability of U.S. hospitals to this virus and the insufficiency of current Centers for Disease Control guidelines. The single COVID-19 patient admitted to the facility on Feb. 19 has now led to the self-quarantine at home of at least 36 RNs and 88 other health care workers.

On Feb. 21, CNA/NNU sent a [letter to Cal/OSHA](#) about health and safety worker concerns regarding COVID-19, and requesting that the agency provide CNA/NNU with a better understanding of how it is ensuring employers are providing the protections necessary for health care workers to safely provide care to patients during an infectious disease event.

On Feb. 19, NNU sent a [letter to the Centers for Disease Control](#) urging the federal agency to strengthen its Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings immediately. The letter urges the CDC to:

- remove all reference to the outdated “6 foot rule;”
- rectify its definition of “hand hygiene,” which currently violates OSHA’s Bloodborne Pathogens Standard;
- strengthen its personal protective equipment (PPE) recommendations for health care workers caring for known or suspected COVID-19 cases; and
- improve recommendations on staffing to protect nurses, other health care workers, and patients.

Also on Feb. 19, CNA/NNU [sent a letter](#) addressed to the California Department of Public Health, Solano County Department of Public Health, and San Diego County Public Health Services regarding transfers of quarantined COVID-19 patients, noting that nurses and their union “have received no advance notice of the arrival of these patients” at local hospitals and that CNA/NNU members have “identified significant issues in many hospitals’ preparedness to safely isolate and treat patients with possible or confirmed COVID-19 infections.” The letter requests:

- that state and local public health agencies communicate with CNA/NNU about all arrangements, plans, and actions taken for patients to be transferred from quarantine for COVID-19 to local health care facilities.
- a full accounting of all state stockpiles of respirators and other PPE to protect public health care workers and the public during an infectious disease event.

NNU has demanded that the World Health Organization and the Centers for Disease Control strengthen their guidance on prevention and control of the novel coronavirus. On Jan. 29, 2020, leaders of Global Nurses United (GNU), an international federation of nurse and health care workers (including NNU, a GNU founding member), sent a [letter to the World Health Organization](#) demanding that it strengthen its interim guidance on infection prevention and control of the novel coronavirus.

CNA/NNU has been submitting information requests to all our hospitals to ensure they have in place the necessary measures to keep nurses, health care workers, and patients safe.

CNA/NNU has been surveying our members and other nurses about level of preparedness of their facilities: whether they have adequate supplies of PPE (personal protective equipment) and if they have a plan in place that has been communicated clearly with staff. Here are a few preliminary survey results as of Feb. 28, from more than 6,000 respondents from 48 states, plus the District of Columbia and the Virgin Islands:

- Only 29 percent report that there is a plan in place to isolate a patient with a possible novel coronavirus infection; 23 percent report they don't know if there is a plan.
- Only 63 percent report that they have access to N95 respirators on their units; 27 percent report access to powered air-purifying respirators (PAPRs) on their units.
- Only 30 percent report that their employer has sufficient PPE stock on hand to protect staff if there is a rapid surge in patients with possible coronavirus infections; 38 percent don't know.

Preliminary CNA/NNU survey results from more than 1,000 nurses in California are worrisome:

- Only 27 percent report that there is a plan in place to isolate a patient with a possible novel coronavirus infection. 47 percent report they don't know if there is a plan.
- Only 73 percent report that they have access to N95 respirators on their units; 47 percent report access to powered air-purifying respirators (PAPRs) on their units.
- Only 27 percent report that their employer has sufficient personal protective equipment (PPE) stock on hand to protect staff if there is a rapid surge in patients with possible coronavirus infections; 44 percent don't know.

The situation is rapidly evolving, and the number of cases as well as reported deaths could continue to increase. CNA/NNU wants hospitals to be prepared to protect all nurses, health care workers, and patients.

The [Registered Nurse Reponse Network](#), a disaster relief program sponsored by National Nurses United and the California Nurses Foundation, is also monitoring the situation for possible [deployment](#) of an emergency medical team to support triage, screening, stabilization, and community outreach in response to the outbreak.

The California Nurses Association/National Nurses United is the largest and fastest growing union and professional association of registered nurses in the nation with 100,000 members in more than 200 facilities throughout California and more than 150,000 RNs nationwide.