



**National
Nurses
United**

The National Voice for Direct-Care RNs

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March 11th, 2020

Committee on Homeland Security
U.S. House of Representatives
Chairman Bennie G. Thompson
H2-176 Ford House Office Building
Washington, D.C. 20515

Dear Chairman Thompson, Ranking Member Rogers, and Members of the Committee:

National Nurses United is the largest union of registered nurses in the United States, representing more than 155,000 RNs across the country. We have been closely monitoring the outbreak of novel coronavirus (COVID-19) and urgently working to protect nurses, health care workers, and the public from COVID-19 infection. We write to you today in advance of your hearing this afternoon, March 11th, "Confronting the Coronavirus: The Federal Response," regarding our concerns about the guidance from the Center for Disease Control (CDC) on measures to contain COVID-19 in healthcare settings.

Over the past week, the CDC has made multiple changes that weaken their guidance on measures to contain COVID-19, and the new recommendations are dangerous for nurses, health care workers, and patients. On March 10th, 2020, the CDC updated the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings, and made the following changes:

- Weakening personal protective equipment (PPE) standards by allowing the use of surgical masks as a replacement for respirators when working with a patient with known or suspected COVID-19 infection. Previously, the CDC required that all workers must use N-95 respirators or a higher level of protection, when working with patients with known or suspected COVID-19 infection. In the new guidance, the CDC prioritizes the use of respirators only for aerosol generating procedures (such as intubation or bronchoscopy). This change is extraordinarily dangerous for nurses and other health care workers, because surgical masks will not protect them from exposure to COVID-19. Workers are at risk of exposure at all times when caring for patients with confirmed or suspected COVID-19.
- Reducing worker and patient protections in facilities by changing recommendations on the use of airborne infection isolation rooms (AIIR). The CDC has changed the guidance to only recommend the use of AIIRs when patients are undergoing aerosol-generating procedures. This change puts patients and health care workers in every facility at risk, and the CDC should instead require that any patient with known or suspected COVID-19 infection should be placed in an AIIR. Aerosol-generating procedures may need to be performed unexpectedly and immediately for patients with severe or critical COVID-19 infections. The CDC's guidance is unacceptably weak and does not reflect patient care needs.

- Weakening protections for health care workers collecting diagnostic respiratory specimens. The new guidelines allow the collection of diagnostic respiratory specimens to be collected in a normal examination room, instead of in an AIIR. It also allows the health care workers collecting the specimens to use surgical masks if a respirator is not available. Both of these changes put other patients and health care workers at risk as collecting diagnostic respiratory specimens commonly generates aerosols (e.g., through patient coughing) and requires that the healthcare worker be very close to the patient's mouth during specimen collection. This is a very concerning weakening of the CDC's guidance that will result in high numbers of exposures and possible infections to nurses and other healthcare workers.

In the last week, the CDC has updated the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease by making the following change:

- Allowing exposed asymptomatic workers to work if the facility decides that is appropriate or necessary. Last week, the CDC updated their Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19, to allow facilities to let asymptomatic workers who have been exposed to a COVID-19 patient continue to work. Given the increasing evidence of the role of asymptomatic infections in transmission of COVID-19, this is an unacceptable weakening of the CDC's guidance.

These changes to CDC guidance on COVID-19 are irresponsible and put nurses, health care workers, and patients at risk. When we learned of the potential changes the CDC might make to the guidance, National Nurses United expressed our concerns to CDC staff in multiple phone meetings, emails, and a formal letter from NNU and twelve other unions. We are dismayed that the CDC has not taken our feedback and recommendations and has instead chosen to put our workers and patients at further risk of COVID-19 infection.

We are currently facing a major public health crisis, and this is not the time to be weakening our standards and protections for health care workers and patients. We urge the Committee to demand that the CDC immediately rescind and revise its guidelines during the hearing this afternoon. For your reference, we have attached detailed letters sent by the NNU to the CDC, the Administration, and Congress over the past few weeks.

If you have any questions or concerns, please contact NNU's Lead Legislative Advocate, Amirah Sequeira, at ASequeira@nationalnursesunited.org, or by phone at 240 447 0034.

Sincerely,



Deborah Burger, RN
President, National Nurses United

Attachments:

Letter from NNU to National Center for Immunization and Respiratory Disease, Feb 19th 2020
Letter from NNU to the Administration and Congress, March 2nd 2020
Letter to CDC Incident Manager for Coronavirus, March 4th 2020
Letter from Labor Unions to CDC, March 6th 2020