February 21, 2020

Doug Parker, Chief of Cal/OSHA  
Department of Industrial Relations  
Division of Occupational Safety and Health  
1515 Clay Street, 19th Floor  
Oakland, CA 94612  
VIA ELECTRONIC MAIL TO: dparker@dir.ca.gov

RE: Health and Safety Worker Concerns Regarding COVID-19

Dear Mr. Parker,

The California Nurses Association/National Nurses United (CNA/NNU) represents more than 100,000 direct care registered nurses across California who are on the frontlines of every infectious disease event. CNA/NNU is writing to you because our members have identified significant issues with many hospitals’ preparedness to safely isolate and treat patients with possible or confirmed SARS-CoV-2/COVID-19 infections, putting workers’ health and safety at risk.

COVID-19, recently emerged in China and spreading around the world, is a newly identified virus, but this is not a novel situation. Unfortunately, the world has seen several similar infectious disease events in recent decades—SARS, MERS, H1N1 influenza, Ebola, and others—and this is unlikely to be the last. Each successive event has underlined the importance of a strong health and safety infrastructure and the need for our healthcare facilities to be prepared to protect workers in compliance with Cal/OSHA’s Aerosol Transmissible Diseases Standard (8 CCR Section 5199).

CNA/NNU members have identified numerous issues of concern, including through Requests for Information (RFI), which indicate non-compliance with the ATD Standard. The number one issue we have heard about is a lack of communication on the part of healthcare facilities to communicate with staff and the union regarding COVID-19. For example, there has been a lack of information and education for nurses about the virus as well as the employer’s plans, PPE training, and other necessary information. There has not been clear communication with staff about suspected or confirmed cases in the facility, and, in some cases, the notice has come several hours after the patient has arrived at the facility. There has also been a general resistance to responding to RFIs. To be clear, these RFIs seek written plans and documents that are already required to be in place.
CNA/NNU members have also noted that some facilities have been late implementing screening and isolation protocols of suspected cases. And, there have been reports of patients not getting isolated as quickly as they should be.

We have also heard reports from CNA/NNU members of significant issues with PPE, either not being made available or not functioning or expired when they are provided. And, finally, CNA/NNU understands that many employers are neglecting the need for 1:1 staffing assignments or cohorting to prevent the spread of COVID-19. This is a basic health and safety measure employers can undertake to prevent the spread of disease in units via contaminated objects and equipment.

Nurses, as always, will be on the front lines of every infectious disease event. That is our members’ social contract with the public. Healthcare employers’ social contract with nurses and other healthcare workers should be to furnish them with the highest standards of protection. For all of these reasons, CNA/NNU requests that you please provide us with a better understanding of how Cal/OSHA is ensuring employers are providing the protections necessary for healthcare workers to safely provide care to our patients during this infectious disease event. If you have questions, please contact Jane Thomason at (510) 433-2771. Thank you for your attention to this matter.

Sincerely,

Bonnie Castillo, RN
Executive Director
California Nurses Association/National Nurses United