

# US nurses decry lack of planning and communication, equipment shortages in midst of COVID-19 spread

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National Nurses United, the country's largest professional nurses union, surveyed 6,500 nurses from 48 states to gauge preparedness for COVID-19. Results show that a vast majority of hospitals across the US have not properly prepared their staff for the virus. Only 44 percent of those respondents report that they have been educated by their employer on how to recognize and respond to possible COVID-19 cases. National Nurses United has begun petitioning the US Occupational Safety and Health Administration (OSHA) to adopt higher standards.

The survey also shows that many nurses do not have sufficient access to Personal Protective Equipment (PPE). PPE includes disposable gowns, masks, gloves and goggles. Only 63 percent of nurses report having access on their unit to N95 respirator masks, a basic component of infection control. Powered Air Purifying Respirators (PAPRs) offer increased protection but are only available to 27 percent of those surveyed. Perhaps most concerning, only 30 percent of the surveyed nurses believe that their employer has a large enough PPE stock to handle an expected increase in coronavirus patients.

Many nurses are also concerned that there is no plan to isolate infected patients or to handle an impending overflow of hospital units. Only 29 percent of survey participants report that their units have a plan for isolation of new infections, while 23 percent are unaware of any plans. Fourteen percent state that their employer has shared plans to ensure safe staffing as units fill up, while 43 percent report no plan has either been implemented or shared with them.

The survey also demonstrates that nurses are increasingly concerned that there is a lack of preparation to treat nurses who have been exposed to the coronavirus. Nineteen percent shared that their management has put plans in place to address suspected or known exposure to the virus, but 43 percent are unaware of any plans.

In light of this survey, the *World Socialist Web Site* spoke

to nurses across the country in a variety of settings to discuss the conditions under which they are expected to work.

Amy, a registered nurse at St. David's hospital in Austin, Texas, said she had only received one official briefing about coronavirus. "It was published on an app for employees that not everyone uses," she said. "It basically just said that the hospital would now be identifying visitors or patients who have signs and symptoms of the virus with a red and white wristband. Then it asked staff to ensure that [those wearing the wristbands] wear masks.

"They only added a checkpoint at the hospital entrance yesterday to screen people with a few questions about travel and symptoms."

Amy added, "I did overhear my manager saying we were going to stop allowing any visitors who have symptoms, but I just heard that in passing. We have not had an official meeting on my unit."

Amy works at a trauma hospital, so while she and her coworkers do not see many patients with respiratory issues, she has other concerns for her patient population. "We see lots of trauma, lots of workplace crushing injuries," she said, "but we also have lots of elderly patients who have fallen and broken their hips or have other injuries. There is definitely an older population at our hospital, so if one person comes in with the virus and infects them, it's going to be bad."

When asked if she and her coworkers have discussed what they will do if they start showing symptoms, she said, "We were chatting about that the other day. We don't have sick days. We only have paid time off [PTO], but since I'm new I haven't accrued any PTO. I actually haven't thought about that until now. I'm not aware if the hospital will make an exception. I just moved, and I don't have any money in savings, so two weeks without pay will be hard."

Another registered nurse, Michelle, is currently studying at Columbia University as a Doctor of Nursing Practice candidate to become a nurse practitioner. As part of her

required clinical hours she is working at an outpatient clinic in the Bronx. “I am not sure how the clinic is preparing. My last clinical day was last Thursday and the first New York case had just been confirmed two days prior to that, so I am curious what it will be like this week. With only that one confirmed case, the clinic was taking standard precautions.

“When they confirmed the first case I was actually at New York Presbyterian (NYP) shadowing a nurse practitioner at an oncology clinic. At first they just asked me if I felt comfortable staying with the new news. I said yes. Then an hour later they actually sent me home.”

In a discussion of Columbia University’s preparation, Michelle said, “Columbia quickly transitioned to remote classes and they won’t let students continue clinical [hours] at any NYP sites.” She also explained that students in other degree programs at Columbia School of Nursing are facing a shortage of clinical sites as they are now barred from clinical in the ED (Emergency Department) and ICU (Intensive Care Unit).

On the coronavirus, she said, “It seemed that it spread very quickly. I think there is a natural lag time, and hospitals won’t always be immediately prepared. Nurses are on the front lines. The nature of the job is you aren’t always protected, but hospitals need to take responsibility and step up and set guidelines in place and cover your pay if you get sick.”

Angela, a registered nurse working on a postpartum unit at NYP, explained how her unit is preparing for COVID-19. “We had a staff meeting about it today and a few days ago an email went out to the whole hospital explaining the new visitation rules. All units except pediatrics and obstetrics are limited to one visitor. Since our unit isn’t limited we are just unofficially telling visitors not to come if they are sick.”

When asked what other strategies the management has employed to reduce the spread of the infection Angela added, “We are supposed to encourage people to wash their hands, which we did before the virus too. Also, before the virus we would give out two mini bottles of Purell on admission, but we are completely out of them. We still have hand sanitizer on the walls, but a few days ago we actually had a visitor take the dispenser off the wall and take it home. I guess people are getting very desperate.”

Angela also said that neither she nor her coworkers have been told what to do if they start showing symptoms. “One of my coworkers was in Italy a few weeks ago and she went to work for about five days before management sent her home,” she said. “So we have all possibly been exposed.”

She also explained that while she is not worried about her own health, she is worried about the spread of the virus as well as the potential for the virus to raise the already high levels of inequality in the city. “New York declared a state

of emergency,” Angela said. “Now we are being told to avoid going on the subway. It’s hard to say that to people. People have to go to work and people who are poor don’t have some other method of transport to use.

“Many people don’t even have health insurance. It’s the poor who are really going to suffer here. Imagine if they actually shut down the public schools. I read that 100,000 New York City students were homeless last year. If you shut down the schools those kids can’t eat [because of a free lunch program provided through the public school system]. It’s a scary thought.

“Thankfully nurses in NYC make more money than lots of nurses around the country. But if you are living paycheck to paycheck at a low funded or rural hospital, you can’t just take two weeks off.”

As unprepared as Angela feels at NYP, a high quality academic medical center, she admits it must be worse at hospitals with less funding.

“I have a friend who just started working at Harlem Hospital and they are being told to reuse masks. She is supposed to use it in one patient’s room and then put it in a plastic bag and take it out to use in another room. It’s not safe.

“I would hope other units are more prepared to take on coronavirus patients because [our unit] only see healthy patients who have just had a baby. It’s a little different. But as a whole, we should be more prepared. China was dealing with the virus for weeks before it reached us. The US had plenty of time to prepare if we had taken it more seriously and put funding in the right places.”

*Have you been personally affected by the coronavirus epidemic, or are you a health care worker on the front lines of fighting this disease? If so, the World Socialist Web Site wants to hear your story.*



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