

COVID-19 Frequently Asked Questions for Nurses and Healthcare Personnel



➤ **What is the proper Personal Protective Equipment that I need to be safe when caring for a COVID-19 patient?**

Appropriate respiratory protection is required for all healthcare personnel providing direct care of COVID-19 patients. When caring for a patient with known or suspected COVID-19, the CDC recommends all the following PPE: (1) Respirator or Surgical facemask. A NIOSH-certified, N95 or better respirator provides the best protection from coronavirus; and provides exponentially better protection than a facemask. CDC states that respirators should be used whenever available but especially while performing or present for an aerosol-generating procedure. Facemasks are acceptable under CDC guidelines as long as they are accompanied by a face shield. The patient should be masked to prevent worker exposures to nasal and respiratory secretions. When providing direct care for a patient who removes their mask for even a moment, an N95 is the best protection. (2) A disposable face shield which covers the front and sides of face is the best protection to use with an N95 or a facemask. Next best protection can be found in splash-proof goggles. Personal eyeglasses or contact lenses are NOT proper eye protection; (3) Gloves. Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remember to change gloves and perform hand hygiene after adjusting a respirator or face shield; and, (4) Gowns. Put on a clean isolation gown upon entry into the patient room or area. Be sure to use proper donning and doffing techniques. (Sources: CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last updated 3/10/20)

➤ **I believe I was exposed to COVID-19 while caring for a patient. How should I document the incident?**

It is very important that you document every exposure you experience at work in order to be eligible for Workers' Compensation should you happen to get sick with COVID-19. For each exposure, write down the time, day/date, whether patient or staff (no names or identifying information per HIPAA) exposure, did you have access to proper PPE, was PPE denied despite risk, and did the patient or staff test positive at the time of exposure or after exposure. Document if you were told to continue working despite exposure or told to self-quarantine or if you were told to work while symptomatic. Document the names of any witnesses to your exposure if you can. You may file a copy of your documentation with your HPAE staff rep. The point of maintaining good documentation is to block the employer from controverting your request for Workers' Compensation by saying you got it through community spread.

➤ **I believe I was exposed to COVID-19 while caring for a patient. Can my employer require me to continue working?**

The CDC classifies risk of exposure for healthcare personnel (HCP) as low, medium, or high risk. Risk is determined by several factors including what Personal Protective Equipment (PPE) you were wearing (facemask or respirator, face shield, gloves, gown), and if the patient was wearing a facemask. The risk increases if you had extensive body contact with patients or if you performed procedures that generate higher concentrations of respiratory secretions or aerosols. If your exposure is considered low risk, you may be permitted to continue to work but must monitor for symptoms. If your exposure is considered medium or high-risk you should not return to work for fourteen days from exposure and must monitor for symptoms. (Source: CDC 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, March 7, 2020)

COVID-19 Frequently Asked Questions for Nurses and Healthcare Personnel



➤ I was exposed to COVID-19. Can my employer direct me to return to work before the 14 days of quarantine?

The CDC guidance for healthcare personnel with potential exposure does allow for facilities to consider allowing asymptomatic healthcare personnel to continue to work, but only *after options to improve staffing have been exhausted*. You should report temperature and absence of symptoms each day prior to starting work and you should wear a facemask while at work for the 14 days after the exposure. If you develop symptoms consistent with COVID-19, you must cease patient care activities, don a facemask (if not already wearing), and notify your supervisor or occupational health services, and leave work. (Source: CDC 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. March 7, 2020)

➤ I contracted the COVID-19 virus, when am I allowed to return to work?

CDC guidance states that if you have confirmed or suspected COVID-19, you should be excluded from work until *at least* three days (72 hours) have passed since recovery *and* at least seven days passed since your symptoms appeared. Recovery is resolution of fever without fever-reducing medications and improvement in respiratory symptoms. In addition, you may return to work after two negative COVID-19 test results greater than 24 hours apart so long as your fever is resolved, and you have improved respiratory symptoms. After returning to work, you should wear a facemask until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Unfortunately, healthcare facilities have been given leeway by the CDC to determine an earlier return to work *to mitigate staffing shortages*. You should be evaluated by occupational health, wear a mask, restrict contact with severely immunocompromised patients until 14 days after illness onset, and continue to monitor for symptoms. Remember to document your workplace exposures and your time in quarantine, as these are both OSHA recordables. (Source: CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19. March 16, 2020)

➤ I am pregnant, what accommodations can be made for my safety?

Pregnancy is not a protected class under the Americans with Disabilities Act (ADA), but you should at least ask your employer for reassignment due to the high risk because of your pregnancy. Information on COVID-19 in pregnancy is limited. The CDC does recommend that employers take into consideration the possibility of high risk to pregnant women and encourages facilities to limit exposure of pregnant healthcare personnel to patients with confirmed or suspected COVID-19, especially during higher risk procedures. (e.g., aerosol-generating procedures). Providing direct care to patients who are not wearing (or who remove) their facemasks is also considered high risk. (Source: CDC Information for Healthcare Providers: COVID-19 and Pregnant Women. March 16, 2020)

➤ I am immunocompromised, what accommodations can be made for my safety?

The CDC has identified several medical conditions, including chronic lung disease and serious heart conditions, that may put you at a higher risk of severe illness from COVID-19. Under the Americans with Disabilities Act (ADA), if you have a health condition that you believe requires accommodation in the workplace, you may request a “reasonable accommodation” from your employer. Your employer must consider the request and engage in an “interactive” accommodation process. The employer may require documentation to verify your disability. Effective documentation should be written on your physician’s letterhead and include the physician’s license number; your name, a statement that the physician has been treating you for a certain diagnosis and for how long, the diagnosis code; and a statement attesting to the specific accommodation you require to maintain your health. Not all accommodations need to be granted if they create “undue hardship” on the employer (usually based on cost), or if you cannot perform the essential functions of your job even with a reasonable accommodation provided. If you live in the same household as someone who is at a greater risk of illness from COVID-19, your employer is not obligated to provide you an accommodation. (Source: EEOC Pandemic Preparedness in the Workplace and the Americans with Disabilities Act, Mar. 21, 2020; National Law Review - EEOC Reminds Employers: Antidiscrimination Laws Continue to Apply During COVID-19 Pandemic. Apr. 3, 2020)

COVID-19 Frequently Asked Questions for Nurses and Healthcare Personnel



➤ **My facility does not have enough N95 respirators, what are the safest alternatives?**

Appropriate respiratory protection is required for all healthcare personnel providing direct care of COVID-19 patients. OSHA recommends employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding healthcare personnel. Your employer may provide you with another respirator of equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators (PAPR). In addition, when faced with a shortage of N95 respirators, you may use N95 respirators beyond the manufacturer-designated shelf life. Use respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators but that may not necessarily be NIOSH-approved. Many other countries have respirators which offer as much or more protection as N95s. For example, many (but not all) China-certified respirators with product codes KN100, KP100, KN95, KP95 offer N95 equivalent or greater protection. Because of a glut of counterfeit KN95 and N95 respirators in circulation, it is important to examine the NIOSH-approved, CDC alternative respirator list to verify that foreign-made respirators have been certified and approved. (Source: OSHA Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak, 3/14/20; and CDC Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response. March 5, 2020)

➤ **What is the best way to donate Personal Protective Equipment?**

HPAE established a PPE donation drive with the State Troopers Fraternal Association (STFA) to collect PPE for HPAE and STFA members. PPE may be dropped off at the STFA office at 2634 Rt. 70, Manasquan NJ 08736 from 10:00 am to 5:00 pm. Please call 732-538-6388 or email info@stfa.org to arrange a donation. HPAE is also coordinating with the State of New Jersey's effort to collect and distribute PPE, advising on which facilities have urgent needs, and making sure it quickly gets into the hands of frontline healthcare workers when delivered. If you wish to donate to the state stockpile visit www.covid19.nj.gov/ppedonations, or contact your county-level point of contact, a complete list is available at www.hpae.org.

➤ **I have my own facemask/respirator I want to wear at work, can my employer require me to remove my mask?**

Under OSHA regulations, an employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. This guidance is essentially saying that the employer has the option to not allow an employee to engage in "voluntary use" of a respirator if it is not supplied by the employer. This means the employer does have the right to ask you to remove a mask that you brought into the workplace. However, HPAE will support any member who faces retaliation or discipline for using their own respirator while providing direct care of known, presumed or suspected COVID-19 patients during this global pandemic emergency. Remember that your respirators should be NIOSH certified and approved, or on the NIOSH approval list of foreign-made respirators. Even a poor fitting NIOSH approved respirator should protect you better than a surgical face mask when providing COVID-19 care. In addition, the Joint Commission supports allowing staff to bring their own masks or respirators to wear at work when their healthcare organizations cannot provide them with adequate protection commensurate with the risk of infection to which they are exposed by the nature of their work. (Source: Joint Commission Statement on Use of Face Masks Brought From Home. March 31, 2020)

COVID-19 Frequently Asked Questions for Nurses and Healthcare Personnel



➤ **Do I have a right to refuse to an assignment if my employer does not provide me with the proper protective equipment? Can an employer force me to work on a designated “COVID-19” floor?**

You may have to make a decision about accepting an assignment involving abnormally dangerous conditions that pose an imminent risk to your safety and health and could potentially cause serious injury or death. If you have already accepted the assignment your professional license may be at risk if you fail to continue that assignment, unless you have handed off the assignment and been relieved of responsibility for the patient. If you decide to refuse the assignment, you should remain at the workplace and offer to perform other work that does not pose an imminent risk to your safety and health (e.g., an assignment for which you are provided proper safety equipment and training). A decision to refuse an assignment could result in disciplinary action taken against you by the employer. Under the collective bargaining agreement between the employer and HPAE, there must be “just cause” for any discipline. HPAE would defend you if you are subjected to unjust discipline, but resolution of any such discipline would likely be delayed and the outcome may be uncertain as a result of the current national and state emergency declarations. (Source: Washington State Nurses Association, AFT)

➤ **My employer instructed me to reuse my respirator, what is the proper way?**

The CDC has relaxed the regulations for reuse and extended use of N95 respirators under the current COVID-19 pandemic. Extended use is favored over reuse. This means not taking your respirator off for a period of time even while providing care to multiple patients. Extended use is preferred over reuse because when you are not donning and doffing your respirator repeatedly there is less opportunity for contagion. Maintaining proper fit and function of the respirator is key for preventing transmission with extended use. Always use eye protection when providing care to known or suspected COVID-19 patients. Whenever possible, use a face shield with your respirator. If a face shield is not available (just goggles), then use barrier such as surgical mask over your respirators to prevent droplet contamination. This will extend the life of the respirator. If, in addition to extended use, you are instructed to reuse your N95; make sure you limit all potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination.) Your employer must provide training or information to reinforce the need to: minimize unnecessary contact with the respirator surface, strictly adhere to hand hygiene practices; and perform proper PPE donning and doffing technique, including physical inspection of the respirator and performing a user seal check with clean gloves, each and every time you put it on. See HPAE’s guide to N95 reuse, limited use and extended use at www.hpae.org. (Source: CDC Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings)

➤ **Is my employer required to fit-test me for my respirator?**

OSHA’s temporary enforcement guidance related to respiratory protection for COVID-19 says that employers can exercise discretion in terms of performing annual fit-tests, but your employer is still required to perform initial fit-tests for any make, model, or size respirator you will use to treat COVID-19 patients. The bottom line is that your respirator needs to fit you properly, or you may be unprotected from infection. (Source: OSHA Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak, 3/14/20)

➤ **My employer told me to reuse my respirator, is it possible for it to be sanitized?**

The National Institute for Occupational Safety and Health (NIOSH) and the CDC recently issued new guidance on methods that can be used to decontaminate N95s and other disposable filtering face piece respirators. The agencies do not recommend decontamination and reuse for standard care, *only as a strategy during extreme respirator shortages*. Decontamination, reuse and extended use are *a stopgap measure*. NIOSH and CDC only offer ‘qualified recommendations’ for decontamination. To be effective against the target organism, decontamination cannot damage the respirator’s filtration efficiency and cannot affect the fit of the respirator on the employee’s face. Decontaminations methods must be safe for the wearer, with no off-gassing of chemicals.

COVID-19 Frequently Asked Questions for Nurses and Healthcare Personnel



Based on the limited research available on decontamination and reuse of N95s, NIOSH and CDC consider ultraviolet germicidal irradiation, vaporous hydrogen peroxide (such as the Battelle Decontamination System), and moist heat to be the most promising. The only method currently approved by the FDA is the Battelle Decontamination System. Steam treatment and liquid hydrogen peroxide were found to be less effective. Unacceptable means of respirator disinfection include autoclaving, use of dry heat, isopropyl alcohol, microwave irradiation, bleach, disinfectant wipes, and Ethylene Oxide. (Source: CDC Decontamination and Reuse of Filtering Facepiece Respirators, April 1, 2020)

➤ **I am symptomatic and believe I have COVID-19, how do I get tested?**

If you believe you are symptomatic of COVID-19 you should seek the advice of a medical professional and notify your employer. If you are not tested by your healthcare facility, you may find a community testing facility in New Jersey. A list of sites is available online at www.covid19.nj.gov/locations. Be sure to call ahead, some require an appointment and a pre-screening questionnaire. Starting Saturday, April 4, and continuing every Saturday after that, the PNC Bank Arts Center in Holmdel, NJ will be dedicated to only testing of symptomatic health-care workers and first responders (police, fire, EMS).

➤ **What criteria are used to determine who gets tested for COVID-19?**

The CDC has guidance for who should be tested, but decisions about testing are at the discretion of state and local health departments and/or individual clinicians. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic healthcare personnel, particularly those who fall into the high and medium risk exposure categories as a result of working with COVID-19 patients or working with substandard PPE. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. According to the New Jersey Department of Health, at this time, testing is prioritized for individuals who are sick with symptoms of fever, cough and shortness of breath where they need hospitalization, those who are close contacts of confirmed COVID-19 cases, and individuals who traveled to/from highly affected areas. If you do not have symptoms, testing is not recommended. You must bring identification to show proof of NJ residency (government-issued photo ID). Healthcare workers and first responders should bring appropriate identification like an employer ID. (Sources: New Jersey COVID-19 Information Hub: Should I get tested if I do not have symptoms of COVID-19?; and priorities for testing patients with suspected covid-19 infection)

➤ **If I have a COVID related complaint, how do I go about having my voice heard?**

Communication of concerns requires a multi-pronged approach. Communicate the issue following the established chain of command at your hospital or health care facility. Complete an Incident Report at your facility for any event or issue outside the usual operations of the hospital or health care entity. Make sure you keep a copy of any reports you submit. Complete an Assignment Despite Objection form and contact your union representative. Again, please continue to share your questions and concerns with us. HPAE is committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to continue your dedicated work to caring for patients through this crisis. Employers may not retaliate against you for expressing a concern or filing a complaint or a grievance over COVID-19 exposure or interfere with your protected union activity. If you see violations of any of the above, please document them and notify an HPAE representative immediately.