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Frontline Caregivers from Philadelphia Joined Nurses Nationwide Today to Publicly Hold Employers Accountable for the Staffing Crisis in Our Hospitals and to Demand Workplace Protections to Safeguard Caregivers and Their Patients

Nurses and technical professionals from Temple University Hospital, main and Jeanes campus, joined members of National Nurses United across the country to demand the hospital industry invest in safe staffing and provide frontline healthcare professionals—and therefore patients—with optimal protections.

Philadelphia - Nearly two years into the Covid-19 pandemic, the system that's supposed to support frontline caregivers and therefore patients is in crisis as severe staffing shortages combined with the rampant spread of the Omicron variant has crippled hospitals, adversely affected patients and patient care, and traumatized frontline caregivers.

Caregivers are fleeing the bedside. Patient care is suffering. Hospitals aren't helping. And both the CDC and OSHA recently rolled back needed protections for caregivers. Today, nurses and technical professionals from Temple University Hospital, main and Jeanes campuses, joined frontline caregivers across the country to say, "Enough!" and to demand safe staffing and workplace protections *now*, for the sake of their patients and themselves.

"Frontline caregivers are now dealing with a crisis within a crisis within a crisis," says PASNAP President Maureen May, R.N., a longtime Temple University Hospital nurse. "Two years into a deadly pandemic (crisis 1), our staff numbers are dangerously inadequate (crisis 2) and we no longer have any federally provided protections (crisis 3). It's dumbfounding."

Bedside caregivers have been saying this for years, since well before the start of the pandemic: Hospitals aren't doing what they need to do in order to bring in and retain valuable staff. In fact, they've made the problem worse by cutting corners on infection control and by not protecting staff, causing more staff to get sick and adding to the stress of caregiving on the front lines, prompting more staff to leave.

In a study of Pennsylvania nurses conducted by Linda H. Aiken, Ph.D., R.N., professor of nursing and sociology and the founding director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, 40 to 50 percent reported routinely working without enough staff and suffering burnout as a result. And that was *before* the pandemic.

“Hospitals are clearly not making decisions based on the welfare of their employees,” says Temple University Hospital ICU nurse Mary Adamson, R.N., president of the Temple University Hospital Nurses Association. “They’re making decisions to protect their bottom line, and we’re left holding the bag.”

Two federal agencies—the CDC and the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA)—recently downgraded their protections for healthcare workers. Under crisis staffing conditions, hospitals can now call caregivers with COVID-19 back to work even if they’re still experiencing moderate symptoms and without a negative test—or any testing, for that matter. OSHA recently allowed their Emergency Temporary Standard (ETS) for healthcare workers to lapse. The ETS was created in June 2021 to protect healthcare workers from contracting COVID-19 by requiring hospitals to provide employees with N95 respirators and other protective equipment as well as requirements for enhanced ventilation, physical distancing and barrier requirements, and employee training and testing. All those protections are now gone.

When frontline caregivers aren’t properly protected, patients aren’t protected. “We are being forced to come to work sick per the new CDC regulations and it’s causing superspreader events at work,” says Carlos Aviles, a pharmacy technician and president of Temple Allied Professionals. “Sick people are being forced to take care of sick people.”

“We are tired,” says Angie Cleghorn, R.N., a longtime ICU nurse at Temple Hospital, Jeanes Campus, and president of Jeanes Nurses United. “The hospital is hiring the minimal amount of nurses—nowhere near what we need. We have given the hospital a proposal on retention in an attempt to keep the nurses we have, but we’ve received no response to date. Many of our nurses are leaving healthcare all together.”

“When the medical assistants are short and the nurses are pulled to cover, nurses are then responsible for rooming the patients, taking and charting vital signs, collecting and drawing up lab specimens, and assisting providers with exams and procedures,” says Laura Fish, R.N., a nurse in Temple’s outpatient OB GYN Clinic and a member of the Executive Board of the Temple Faculty Practice Nurses Union. “This leaves the nurse unable to answer calls from patients—a critical part of our job.”

According to data released by the U.S. Department of Health and Human Services this week, nearly a quarter of all U.S. hospitals are reporting critical staff shortages—the most since the start of the pandemic—as counties across the country and in the commonwealth set COVID-19 case records.

“Hospitals must redirect resources away from consultants, administrators, advertising and the like and direct it toward the front lines where it is desperately needed,” says May. “Hospitals must stop making healthcare workers come to work while they’re infected with COVID-19—it’s not safe or fair to caregivers or patients. And the government must step in and institute some

standards and protections. We need mandated staffing standards *now* to determine how much staff is needed and how many patients one nurse can have at a time. Hospitals won't do it. The state or federal government must."

The Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) represents more than 9,000 nurses and healthcare professionals across the Commonwealth. Temple University Hospital Nurses Association, Temple Allied Professionals, Jeanes Nurses United, and Temple Faculty Practice Nurses Union, all of which participated in today's action, are locals of PASNAP.