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CONTACT: Megan Othersen Gorman / mgorman@pasnap.com / (215) 817-5781

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**PASNAP Decries Lack of Federal Protection For Frontline Healthcare Professionals as COVID Infection Rates Explode Nationwide**

*Nurses and healthcare professionals have fought for and won key protections against COVID-19 based on science and minimizing the spread of the virus. PASNAP is dumbfounded and outraged that the CDC and the Occupational Safety and Health Administration (OSHA) are rescinding these protections even as the virus is once again exploding across the country. **We are joining the National Nurses United, Massachusetts Nurses Association, and the New York State Nurses Association in taking legal action against OSHA.***

**Philadelphia, PA** - Leaders of the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP), which represents more than 9,000 frontline nurses and healthcare professionals across the commonwealth, question and condemn the stunning lack of protection from COVID-19 afforded bedside caregivers by the federal government, even as the pandemic continues to rage nationwide.

“For the past two years, frontline healthcare workers have willingly sacrificed their own physical and mental health to protect the American public,” says PASNAP president Maureen May, RN, a longtime Temple University Hospital nurse. “This decision to pull the rug out from underneath the nation’s healthcare workers on the front lines of the fight against COVID-19 is indefensible and will certainly lead to more unnecessary infections, illnesses, and deaths. We implore our government to stand up to the Hospital Association lobby and implement the rules and regulations needed to keep our frontline healthcare workers safe as they continue to care for the public and battle this raging disease.”

On December 23rd, the CDC updated its Guidance for Managing Healthcare Personnel with SARS-COV-2 Infection or Exposure to SARS-COV-2 to *downgrade* its recommended work restrictions. According to the new guidelines: Healthcare workers with COVID-19 who are asymptomatic can return to work after 7 days with a negative test. **If there are staff shortages, that isolation time can be cut further (to 5 days, even if the healthcare worker has mild symptoms) or even eliminated entirely if staffing shortages in the hospital are severe.**

CDC Director Dr. Rochelle Walensky released a statement, which read in part: “Our goal is to keep healthcare personnel and patients safe...” But let’s be very clear, this is about what’s good for business, not what’s good for the health of healthcare workers and patients. Hospitals have been cutting corners from the beginning of the pandemic in order to save money at the expense of patient care.

In the week following the CDC’s announcement, nearly one in four COVID-19 tests came back positive in Pennsylvania. The state’s 24.5% positivity rate was up from 15.3% in the previous week and approached its all-time high positivity rate of 27.6% on April 17, 2020. On New Year’s Day, Pennsylvania set a record for daily new infections with 23,189. With rapid tests near-to-impossible to find, patients are flooding ERs and overwhelming our ICUs and endangering the bedside caregivers who care for them.

Peggy Malone, RN, a longtime nurse in the Acute Substance Abuse Unit at Crozer-Chester Medical Center just south of Philadelphia and vice-president of the PASNAP local there, was exposed to COVID on the job, received a positive test result, and reported it immediately to the hospital on December 27th—four days after the CDC revised their guidelines. Not even four full days after that, Malone was still experiencing symptoms when she was called by a senior administrator to tell her she was cleared to return to work. Malone was incredulous—and angry: “Those 10 to 14 days that the rest of the world gets to recover from COVID? You mean to tell me that we don’t deserve the same care? That the disease, when a frontline healthcare worker gets it, doesn’t deserve the same caution, the same respect? For the last two years, we have given everything we’ve had to care for the public. *Who* is caring for us? Not the hospitals and apparently not the CDC.”

The CDC isn’t the only federal agency failing to protect vulnerable frontline caregivers. Displaying an inexplicable and unconscionable lack of urgency, OSHA has let its Emergency Temporary Standard (ETS) for healthcare workplaces expire without adopting a permanent standard. That ETS was issued by OSHA last June 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.

**It is for this reason that PASNAP is joining the National Nurses Union in filing a Writ of Mandamus to compel OSHA to adopt a permanent standard against COVID-19 and keep a temporary one in place until that happens.**

“The best way to ensure that there are ample nurses to provide optimal care is to provide nurses with optimal working conditions,” says May. “Crisis conditions are not remotely close to optimal. They’re not even humane. And they should not—they *cannot*, for the sake of our patients and our profession—be accepted as permanent.”

The Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) represents more than 9,000 nurses and healthcare professionals across the Commonwealth.