

Side Letter on COVID19

We are facing the worst global public health emergency of the last century, and SEIU 1021 workers at Alameda Health System are on the front lines. Current projections are that we are months away from hospitals being overcapacity and that 1-2 million Americans will die in the next 12-18 months. AHS employee safety and the public's safety are directly connected - and we can only care for the public if we too are safe. In that light, AHS must ensure the following:

A. Minimize risk to workers and patients

1. Include us in rapidly-changing policy decisions - front line staff must be present in the command center and in crisis management meetings, and their positions backfilled so that patient care is not compromised.
2. Follow the highest standards of State and Federal law, regulations, and advisories on safety, and in ensuring provision of appropriate PPE to every patient-facing worker, and ensure we have adequate quantities to use according to manufacturer's instructions.
3. Provide staff with scrubs, booties, locker rooms, and showers, so that staff are not bringing contaminated clothes back to their families.
4. Identify and acquire supplies of N95, N99, N100, PAPRs, and elastomeric masks.
5. Do not compel any worker who has not been fit-tested for N95 masks to care for patients requiring airborne precautions.
6. Create a screening area for patients with fevers or who meet criteria for COVID-19 testing - physically separate from the main Emergency Room entrances.
7. Follow CalOSHA ATD standards for training of employees on safety protocols.
8. Ensure that communications of policy to AHS employees are accessible from home.
9. Create a phone screening system to ensure patients who may have undiagnosed COVID-19 do not come in to ambulatory clinic appointments.
10. Ensure that all departments, including ambulatory and psychiatric settings, are working to follow CalOSHA recommendations for physical distancing.

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11. Increase cleaning of all surfaces. Ensure EVS staff are assigned round the clock at every 24-hour worksite. Create and disseminate a policy for frequent cleaning of high-traffic areas, such as busy clinics or Emergency Room waiting areas.
12. Allow work from home for non-essential workers (temporarily expand AHS policy 2.15 - telecommuting - to represented members who are able to participate).
13. For workers in non-essential roles or whose departments have reduced staffing during COVID-19, train and equip them to make phone calls to clinic patients, patients and workers on quarantine, and seniors and other known at-risk persons who are sheltering in place.
14. Identify overflow space in the County where additional beds can be set up rapidly to hold patients when the number of patients increases.
15. Train community volunteers to perform basic screening or to safely pass out information, as a backup in case staffing becomes so low that we cannot provide care for all of our patients.
16. Identify partners in nearby health worker schools and credentialing programs to expedite rapid onboarding of new graduates.
17. Staff wellness check stations at all entry and exit points and high traffic areas (like the cafeterias) to screen visitors and workers for fever and other COVID risk criteria.
18. CNAs trained to sit in front of the door of each hi-risk rule-out COVID patient and all confirmed cases and monitor patient use of PPE as well as all workers/visitors attempting to enter the room.
19. Provide enough sanitizing wipes in each patient care assignment, public facing area, and to each EVS worker so that the area may be wiped down after every contact.
20. Provide training and fit testing on how to use new PAPRs.
21. Office workers and workers at desks should be spaced 6 feet from other people, and distribute work stations accordingly.
22. Apply “presumptive eligibility” for any AHS employee who contracts COVID19 to be treated as a work-related illness.
23. Partner with local hotels and motels so that AHS workers can avoid long commutes home and avoid exposing their families.

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B. Staff adequately

1. Increase permanent staffing models immediately to adjust peak census. Post and fill positions for EVS and nursing now. Expand CNA, respiratory therapist, eligibility specialists, pharmacy staff, social work, LVNs, rad techs, rehab therapists, phlebotomists, interpreters, surgical techs, CHOWs, ED techs, central supply staff to meet staffing needs. Ensure the MOU guidelines regarding permanent staff and SAN scheduling is respected if traveler or temporary staff are brought in.
2. Offer all SANs FTE positions immediately.
3. Ensure all hospitals have break coverage assigned at all times. For units that routinely lack break coverage (SLH rehab, HGH ED and many other nursing units), immediately increase core staffing.
4. Staff 1:1 for rule out and COVID19-positive patients.
5. Institute a float pool of EVS workers, CNAs, RTs, Nurses, Medical Assistants, LVNs, Food Service, Rad Techs and other classifications as needed 24/7 to fill in gaps in the schedule, provide breaks and extra hands at all 1021-represented hospitals.
6. Increase training hours and hire educators beyond the 1.41 Clinical Education FTEs currently available.
7. No layoffs during the crisis.
8. No shift cancellations during the crisis.
9. All 1021-represented members who are serving in an interim supervisory/managerial role should be returned to their budgeted bargaining unit work immediately.
10. Hire promote and staff CNIII Charge nurses, Senior Maintenance Porters and other experienced classifications, and stop backfilling these roles with front-line caregivers (the current practice reduces staffing below the level budgeted).

C. Provide accurate communication and education

1. Provide a hotline or email address where workers can ask questions regarding latest protocols, or report health and safety concerns directly to the command center.

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2. Provide education and training for all patient-facing workers on new protective gear, including instructions for donning and doffing appropriately. Update these trainings as supplies change. Training should occur on shift, and workers should be relieved of duty and backfilled during training so that patient care and unit operation is not compromised.
3. Clearly communicate updated information with workers regarding the number of COVID-19 cases within our health system, availability of tests, and changing protocols for care and infection prevention.
4. Provide updated protocols for physically transporting patients within the building who are presumed or test positive for COVID-19.
5. Immediately investigate and notify workers of potential exposure to COVID-19.

D. Job security

1. Ensure any worker who must miss work due to COVID-19 illness or quarantine shall have access to paid leave, separate from their earned PTO. Follow CAL-OSHA rules that mandate that if a worker must miss work due to quarantine; their earnings, seniority rights and benefits shall not be removed.
2. Provide admin pay for SAN workers who are quarantined or ill, based on their average pay period hours per week over the past year.
3. Give members immediate access to their extended leave time (ESL).
4. Improve Life Insurance policy for families of AHS employees who die from COVID19.
5. Immediately cease demands for verification of benefit eligibility for family members of workers.
6. Establish paid emergency leave for workers who must miss work to care for children or other dependents during school closures, without deducting from existing leave banks. Establish a system whereby workers can reduce work hours to care for dependents during this time.
7. Bargain over any workplace change that has impact on our members - do not use this crisis as an excuse to undermine our contract or workplace rights.
8. Allow work from home for AHS employees who are over 65, immunocompromised, with a history of respiratory issues, or are otherwise high risk of infection

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9. All grievances, labor-management committees, skellys, meet and confers, and investigatory meetings not related to Covid19 should be postponed.

This Side Letter shall be in effect until local, state, and federally-declared State of Emergency and Shelter in Place orders are lifted.