

February 27, 2020

Mark Fisher
Fountain Valley Regional Medical Center
17100 Euclid Street
Fountain Valley 92708 CA

Re: Request for Information: COVID-19

Sent Via Fax

Dear Mark,

NUHW is submitting the attached information request regarding the steps, procedures and processes that the Employer has implemented or will be implementing regarding the potential handling of patients with COVID-19 infections.

To be clear, the reason that we're making this request is to make certain that our members—your employees—are safe and protected in the event that the Hospital is treating either confirmed or suspected cases of COVID-19 infection. We have been made aware that there was already at least two suspected cases that occurred at the facility.

We assume that you have protocols in place and are prepared or are preparing. We are asking that you share with us what the plans are, and how you intend to protect your employees, the front-line caregivers, from a potential spread of COVID-19 infections.

Additionally, we want to make sure that:

(a) if there is any reason to suspect that one of our members has been potentially exposed to COVID-19 in the line of duty, all precautions will be taken, including potentially isolating her/him/them so as to protect others, and,

(b) if any one of our members is isolated or subject to any type of quarantine because of exposure or potential exposure to COVID-19 while at work, he/she/they will continue receiving pay even while quarantined/isolated.

We are requesting to meet on any of the following dates to discuss the above and attached information:

Monday March 2: any time before 1pm or after 2:30pm

Wednesday March 4: any time

Thursday March 5: any time

Please let us know when you are available.

Please send the information that we have requested as quickly as possible but no later than Thursday March 5th. We have attached the CDC Check List that highlights all the areas that the Hospital is charged with evaluating.

Finally, we look forward to working together to ensure the safety and health of our members as well as of all the patients and community in the event of further outbreaks of COVID-19.

Thank you in advance.

February 27, 2020

Mark Fischer
Fountain Valley Regional Medical Center
17100 Euclid Street
Fountain Valley, CA 92708

Sent Fax

RE: Information Request regarding Coronavirus Disease 2019 (COVID-19)

Dear Mark,

In order to effectively represent the members of the National Union of Healthcare Workers ("Union") and ensure safe working conditions for NUHW's members, the Union hereby requests the information detailed below regarding the hospital's plans, protocols, trainings and other preparations for the Coronavirus Disease 2019 (COVID-19). Whenever possible, please provide the information in electronic form via e-mail or CDs. NUHW reserves the right to make additional requests in the future.

1. Documentation of your facility's completion of the CDC's Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool, including any and all documentation or records associated with each of the elements of preparedness as defined by the CDC:

Infection prevention and control policies, including the hospital's plan and schedule for providing training to NUHW's members.

Policy and process for rapidly identifying and isolating patients with confirmed or suspected COVID-19.

The hospital's patient-placement plans, including confirming the number and location of Airborne Infection Isolation Rooms (AIIRs) available in the facility. AIIRs should have been tested for effectiveness (e.g., sufficient air exchanges, negative pressure, exhaust handling) within the last month and should be checked for negative pressure before occupancy.

Transmission-Based Precautions (Standard, Contact, Airborne Precautions plus eye protection for patients with confirmed or suspected COVID-19 cases).

- a. This includes adequate supplies of personal protective equipment (PPE) and other infection-prevention and infection-control supplies (e.g., hand hygiene supplies) that would be used for the protection of healthcare personnel (HCP) and all other staff and source control for infected patients (e.g., facemask for the patient).
- b. All employees will have access to respiratory protection equipment for which they have been fit-tested and medically cleared to wear. According to

the CDC, this includes "respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator."

c. Ensure that all employees are "educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment."

Movement of patients with confirmed or suspected COVID-19 within the facility to protect healthcare personnel and all other employees, including special training for HCP involved in transporting patients.

Hand hygiene.

Environmental cleaning including PPE and training for all environmental service employees, including training on any new cleaning products to be employed by the hospital.

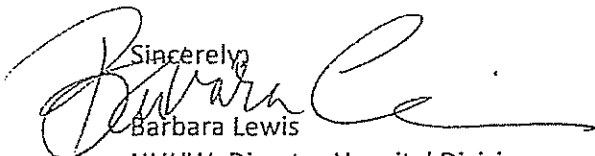
Monitoring and managing all healthcare personnel and other employees, including exposure-tracking procedures as well as employees' access to medical consultation.

Visitor access and movement within the facility including screening protocol for all visitors to the facility.

Regular monitoring of the situation on CDC's coronavirus disease (COVID-19) web page.

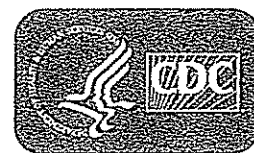
2. Documentation of your communications plan to report information to employees, public health authorities and NUHW. According to the CDC, facilities should "implement mechanisms and policies that promptly alert key facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients" and "promptly notify state or local public health authorities of patients with known or suspected COVID-19."

I look forward to your response. Please respond as quickly as possible and no later than March 5th.

Sincerely,

Barbara Lewis
NUHW, Director Hospital Division

Cc: NUHW Shop Stewards/Bargaining Team

Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool



All U.S. hospitals should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All hospitals should ensure their staff are trained, equipped and capable of practices needed to:

- Prevent the spread of respiratory diseases including COVID-19 within the facility
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities
- Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations
- Potentially care for a larger number of patients in the context of an escalating outbreak
- Monitor and manage any healthcare personnel that might be exposed to COVID-19
- Communicate effectively within the facility and plan for appropriate external communication related to COVID-19

The following checklist does not describe mandatory requirements or standards; rather, it highlights important areas for hospitals to review in preparation for potential arrivals of COVID-19 patients.

Elements to be assessed

1. Infection prevention and control policies and training for healthcare personnel (HCP):

- Facility leadership including the Chief Medical Officer, quality officers, hospital epidemiologist, and heads of services (e.g., infection control, emergency department, environmental services, pediatrics, critical care) has reviewed the Centers for Disease Control and Prevention's COVID-19 guidance.
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html> ☐
- Facility provides education and job-specific training to HCP regarding COVID-19 including: ☐
 - Signs and symptoms of infection
 - How to safely collect a specimen
 - Correct infection control practices and personal protective equipment (PPE) use
 - Triage procedures including patient placement
 - HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
 - How and to whom COVID-19 cases should be reported

2. Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19:

- Signs are posted at entrances with instructions to individuals with symptoms of respiratory infection to: immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions. ☐
- Facemasks are provided to coughing patients and other symptomatic individuals upon entry to the facility. ☐
- Signs are posted in triage areas (e.g., ED entrances) advising patients with fever or symptoms of respiratory infection and recent travel outside the US, specifically to China, to immediately notify triage personnel so appropriate precautions can be put in place. ☐
- Alcohol based hand sanitizer for hand hygiene is available at each entrance and in all common areas. ☐
- Facility provides tissues and no-touch receptacles for disposal of tissues in waiting rooms and in common areas. ☐
- Facility has a separate well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene and cough etiquette supplies. ☐
- Facility has a process to ensure patients with confirmed or suspected COVID-19 are rapidly moved to an Airborne Infection Isolation Room (AIIR). ☐
- Alternatively, for patients that cannot be immediately placed in a room for further evaluation, a system is provided that allows them to wait in a personal vehicle or outside the facility (if medically appropriate) and be notified by phone or other remote methods when it is their turn to be evaluated. ☐
- Triage personnel are trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect cases. ☐
- Facility has a process that occurs after a suspect case is identified to include immediate notification of facility leadership/infection control. ☐
- Facility has a process to notify local or state health department of a suspect case soon after arrival. ☐
- Facility has a process for receiving suspect cases arriving by ambulance. ☐

3. Patient placement:

- Confirm the number and location of Airborne Infection Isolation Rooms (AIIRs) available in the facility (ideally AIIRs will be available in the emergency department and on inpatient units) ☐
- Document that each AIIR has been tested and is effective (e.g., sufficient air exchanges, negative pressure, exhaust handling) within the last month. The AIIR should be checked for negative pressure before occupancy. ☐

continue on next page

cont.

- Verify each AIIR meets the following criteria:
 - Minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation).
 - Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter before recirculation.
 - Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
 - When occupied by a patient, the AIIR is checked daily for negative pressure.
- A protocol is established, which specifies that aerosol-generating procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) are to be performed in an AIIR using appropriate PPE.
- Facility has plans to minimize the number of HCP who enter the room. Only essential personnel enter the AIIR. Facilities should consider caring for these patients with dedicated HCP to minimize risk of transmission and exposure to other patients and HCP.
- Facility has a process (e.g., a log, electronic tracking) for documenting HCP entering and exiting the patient room.
- Facility has policies for dedicating noncritical patient-care equipment to the patient.

☐☐☐☐☐

4. Transmission-Based Precautions (use Standard, Contact, Airborne Precautions plus eye protection for patients with confirmed or suspected COVID-19 cases):

- Personal protective equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient) are located in sufficient supply including at patient arrival, triage, and assessment locations.
- Facility has a respiratory protection program. Appropriate HCP have been medically cleared, fit-tested, and trained for respirator use.
- HCP receive appropriate training, including "just in time" training on selection and proper use of (including putting on and removing) PPE, with a required demonstration of competency.
- Facility has a process for auditing adherence to recommended PPE use by HCP.

☐☐☐☐

5. Movement of patients with confirmed or suspected COVID-19 within the facility:

- Patient movement outside of the AIIR will be limited to medically-essential purposes.
- A protocol is in place to ensure that, if the patient is being transported outside of the room, HCP in the receiving area are notified in advance.
- Patients transported outside of their AIIR will be asked to wear a facemask and be covered with a clean sheet during transport.

☐☐☐

6. Hand hygiene (HH):

- ▣ HH supplies, including alcohol-based hand sanitizer are readily accessible in patient care areas, including areas where HCP remove PPE.
- ▣ Facility has a process for auditing adherence to recommended hand hygiene practices by HCP.

☐☐

7. Environmental cleaning:

- ▣ Facility has a plan to ensure proper cleaning and disinfection of environmental surfaces and equipment in the patient room.
- ▣ If environmental services personnel are given this responsibility, they should be appropriately trained and fit-tested.
- ▣ All HCP with cleaning responsibilities understand the contact time for selected products.
- ▣ Facility has a process to ensure shared or non-dedicated equipment is cleaned and disinfected after use according to manufacturer's recommendations.
- ▣ Facility uses an EPA-registered hospital-grade disinfectant with EPA-approved emerging viral pathogens claims on hard non-porous surfaces.
 - If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

☐☐☐☐☐

8. Monitoring and managing HCP:

- ▣ The facility follows the local/state public health authority's policies and procedures for monitoring and managing HCP with potential for exposure to COVID-19, including ensuring that HCP have ready access, including via telephone, to medical consultation.
- ▣ Facility has a process to track exposures and conduct active- and/or self-monitoring of HCP if required by public health.
- ▣ Facility has a process to conduct symptom and temperature checks prior to the start of any shift of asymptomatic, exposed HCP that are not work restricted.

☐☐☐

February 28, 2020

Mark Fischer
Fountain Valley Regional Medical Center
17100 Euclid Street
Fountain Valley, CA 92708

Re: NUHW RFI: Notifications of Safety Issues: COVID 19

Dear Mark,

This is a follow up to the email that I sent to you yesterday and faxed as well. Our members have now reported the following unsafe situations:

On February 27th:

3 East Tower, Rooms 10 and 12: Both rooms are designated as Airborne Infection Isolation Rooms. As of the afternoon of February 27, neither of the rooms was functioning for negative pressure. As a result, when the doors were opened, exposure occurred. These two rooms were housing TB-infected patients. According to the CDC's guidelines, the hospital is to check the functionality of the Airborne Infection Isolation Rooms. It appears that this has not occurred.

DOU Room 155: A possible COVID 19 case has been reported and a patient is receiving treatment at the hospital. The patient was moved from Room 135 to Room 155. No protective gear was provided during this move from one room to another, nor was the area cleared of other personnel. We would like confirmation that the EVS staff was given the appropriate protective gear to clean Room 135 after the patient left that room. Were the EVS staff trained on protective measures? Were they fitted for N-95 masks to ensure that the masks work properly? Have the EVS staff been properly trained?

The signage on the room consists of a handwritten note that tells visitors to "come to the unit to see the nurse before going to the room TY." On the wall adjacent to the door, several signs have been posted advising what protective measures should be taken by anyone entering the room. There are several problems. (1) These signs are not on the door nor are they placed in an easy-to-see location. (2) The large text on the signs is in English only. As you know, the hospital treats a large Vietnamese and Spanish speaking patient population. (3) The signs are inconsistent with one another. For example, the blue sign says: "To prevent the spread of infection anyone entering this room must: Hand Hygiene and N-95 Respirator." Meanwhile, the pink sign says: "To prevent the spread of infection anyone entering this room must: Hand Hygiene, Gloves and Gown." (4) Lastly, all of the aforementioned signs appear to be contradicted by a fourth sign, located beneath the blue and pink signs, that reads: "Room 155 Airborne Infection Room. A. Safe. B. Safe." This sign, which is printed in the largest and most visible font among the four posted signs, appears to instruct staff and visitors that the room is "safe."

I have attached the photos for DOU Room 155 so you can see for yourself. At the very least, signs should be in languages that are accessible to the patient population and should include professionally printed "STOP" signs, in multiple languages, for posting on rooms that contain risk of airborne infection.

As I requested in my email of yesterday, we would like to meet to hear in more detail the plans and to discuss our concerns.

Again, we can meet any of the following dates and times:

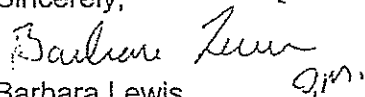
Monday March 2: any time before 1pm or after 2:30pm

Wednesday March 4: any time

Thursday March 5: any time

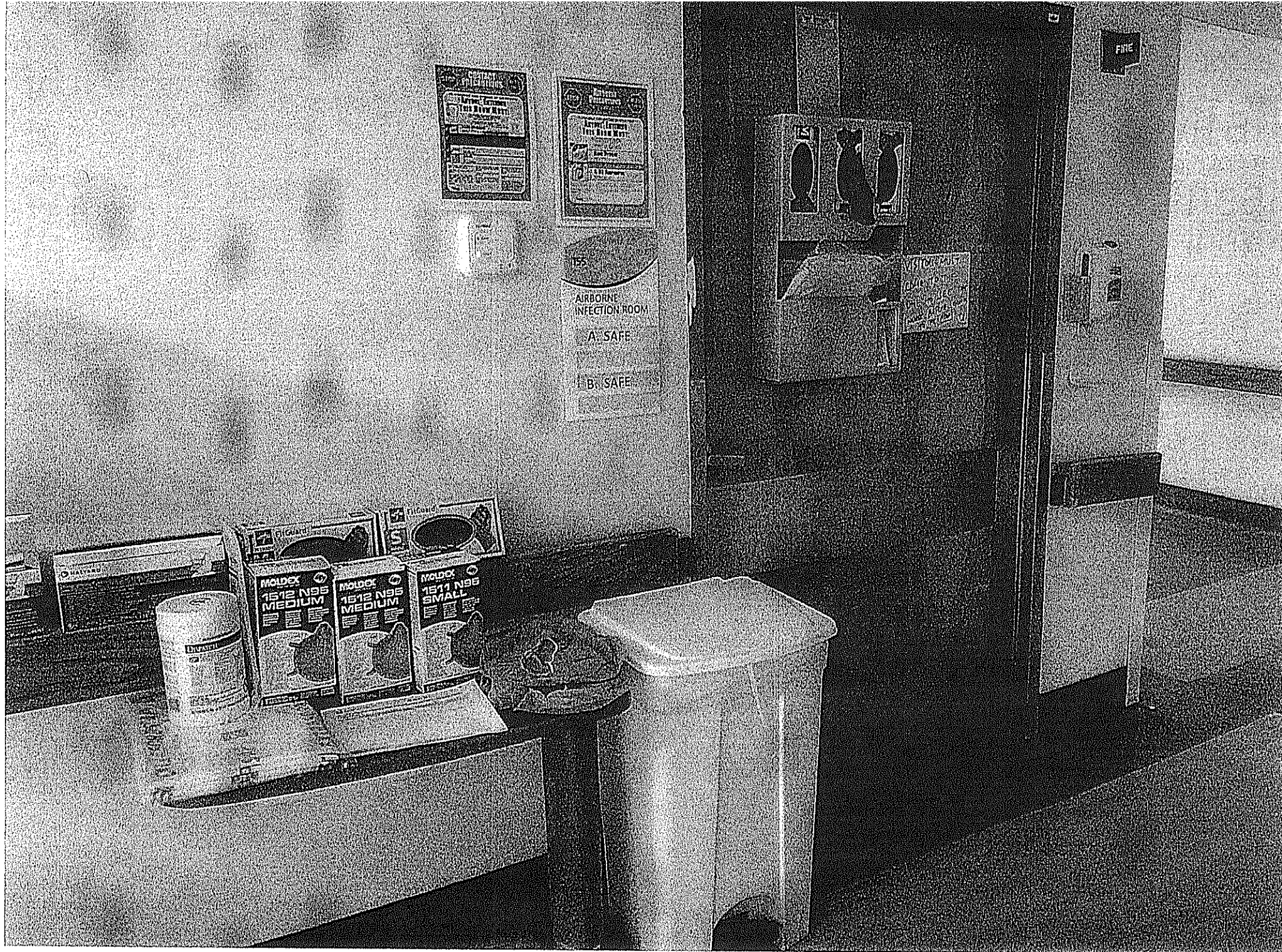
Thank you and look forward to hearing back.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara Lewis".

Barbara Lewis
NUHW, Hospital Division Director

Cc: NUHW Shop Stewards/Bargaining Team Members



VISITORS MUST
COME TO THE
UNIT TO SEE THE
NURSE BEFORE GOING
TO THE ROOM TY



CONTACT PRECAUTIONS



TO PREVENT THE SPREAD OF INFECTION

Anyone* Entering This Room Must:



PARA PREVENIR TRANSMISIÓN INFECCIONES
TODAS LAS PERSONAS QUE ENTREN EN ESTA
Habitación DEBEN CUMPLIR:

MEMORAN SÓLO LAS MANOS DIFERENTES
TAT CAU CHUONG AL VAYO HIEU QUAY HIEU

HAND HYGIENE

HIEU CHUONG KANG
KUA TAY

Wash hands with soap and water

GLOVES

QUAY CHUONG
DIEU KUA TAY

GOWN

HATA
MAC AO CHUONG

*Anyone who enters the room with the patient's environment is included.

*Anyone who enters the room with the patient's environment is included.

Patients' roommates' Close contact health care personnel, family, and visitors should wear a gown and gloves. Also, visitors should wear a mask. Take them off at the door when leaving the room.

Roommates, visitors, and health care personnel who enter the room should wear a gown and gloves.

*Anyone who enters the room with the patient's environment is included.

Patients' roommates' Close contact health care personnel, family, and visitors should wear a gown and gloves. Also, visitors should wear a mask. Take them off at the door when leaving the room.

One person at a time should enter the room. All other people should stay outside the room. The door should be closed at all times.

There is no need to wear a mask when entering the room.

Visitors should wear a mask when entering the room. The mask should be worn at all times. The mask should be changed when it becomes dirty or wet. The mask should be discarded when it is no longer needed.



AIRBORNE PRECAUTIONS



TO PREVENT THE SPREAD OF INFECTION

Anyone* Entering This Room Must:



PARA PREVENIR TRANSMISIÓN INFECCIONES
TODAS LAS PERSONAS QUE ENTREN EN ESTA
Habitación DEBEN CUMPLIR:

MEMORAN SÓLO LAS MANOS DIFERENTES
TAT CAU CHUONG AL VAYO HIEU QUAY HIEU

HAND HYGIENE

HIEU CHUONG KANG
KUA TAY

N-95 RESPIRATOR

HIEU CHUONG KANG
DIEU KUA TAY

Remember that the door to this patient's room remains closed at all times.

*Visitors should check with the Patient's Nurse for assistance.

A respirator is required in rooms where airborne infections are spread.

*Visitors should check with the Patient's Nurse for assistance.

Roommates' Close contact health care personnel, family, and visitors should wear a mask.

*Visitors should check with the Patient's Nurse for assistance.

