

STAFFING, SAFETY AND RESPECT IN EVS

Workers report on conditions at Petaluma Valley Hospital

APRIL 2021 – More than 52,000 healthcare workers in California contracted COVID-19 during the first eight months of the pandemic, according to state data.

While the work of nurses and doctors captured the public’s attention, hospital Environmental Services staff were also thrust into the front lines of the pandemic, disinfecting COVID units and patient rooms often without the same level of PPE as higher-paid colleagues.

As is the case at most California hospitals, the cleaning staff at Petaluma Valley Hospital is predominantly Latinx, immigrant women. Their communities have faced disproportionately high rates of COVID-19. Latinx residents account for 65% of Sonoma County’s COVID-19 infections, despite being 27% of the population.

Before the pandemic, EVS workers already faced significant occupational risks, including exposure to hazardous chemicals, injuries from moving heavy equipment, and needle sticks. COVID-19 introduced a new threat of exposure and illness amidst PPE shortages and rationing, staffing shortages, and misguided federal policy.

ABOUT THIS REPORT

Shortly after California stopped tracking COVID-19 cases among healthcare workers, the National Union of Healthcare workers surveyed EVS workers it represents at six Providence hospitals in California.

The results show that many workers were put at unnecessary risk, ordered to disinfect hospitals during a pandemic without proper training, sufficient staff or support from their supervisors.

- **Poor training:** 42% have not received adequate training for cleaning COVID-19 rooms.
- **Staffing crisis:** About half (49%) report that their departments were short-staffed before the pandemic, and 58% say staffing worsened in the last year

Half of PVH’s EVS workers answered the survey. This report summarizes what they had to say.

ACCESS TO TRAINING, EQUIPMENT AND PPE

Protecting patients and workers requires consistent and uniform infection control practices. However, management has not always provided PVH EVS workers with the resources that they need. EVS workers at PVH reported worse access to equipment and training than EVS workers at the other five Providence hospitals.

- Less than half (43%) have adequate access to PPE when they need it.

- 71% feel that management has not provided adequate training for cleaning of COVID-19 rooms, compared with an average of 42% at all surveyed hospitals.
- 72% report that they do not have the necessary equipment to clean COVID-19 rooms, compared with an average of 26% at all surveyed hospitals.

COVID-19 ASSIGNMENTS AND SAFETY

NUHW members, including several EVS workers, were exposed to COVID-19 during an outbreak at the hospital in December and January; while no EVS staff tested positive as a result of this incident, workers were not all formally notified, as required. The hospital only began providing general exposure notifications after January 1st, when it became legally required by AB 685. The hospital also chose to disregard the California Department of Public Health's guidance that hospital workers be tested weekly.

Nearly a year into the pandemic, workers report unnecessarily risky assignments, without proper training:

- About one-third (29%) of workers have been assigned to conduct daily cleaning of

COVID-19 patient rooms while the patient is present. This puts workers in close proximity to patients, in order to clean bed-rails, mop floors, and remove trash. Until the summer, workers were not permitted to take on this higher-risk assignment; the hospital changed the policy without explanation.

- Over half (57%) report being instructed to enter a patient's room for terminal cleaning before enough time has passed to ensure that the air is free of viral droplets.

SHORT STAFFING AND INFECTION CONTROLS

The vast majority — 86% — report that PVH's EVS department was already short-staffed before the pandemic. PVH workers were far more likely to report this than other Providence EVS workers. In the last year, staffing worsened as immunocompromised workers took leave to prevent severe illness, and others missed work to take care of family members, or to quarantine during their own COVID-19 infection. Without adequate staffing, workers report that there are not enough people to cover vacations and sick-days, and people are more likely to get hurt, putting a strain on the entire department.

The hospital's response has missed the mark and failed workers, who are expected to do more work in less time. Union members have had to file a grievance against the hospital for failing to properly advertise available hours to

NUHW members before hiring temporary agency workers--who are denied adequate training and the benefits they'd rely on if they were to be exposed to COVID-19 — and for refusing to create permanent, benefited positions for per diem employees who have consistently worked full- or part-time hours over the past year.

Protecting patients and workers requires consistent and uniform infection control practices, and short-staffing is getting in the way. EVS workers report:

- Workload has increased since the pandemic began (71%), but time to do work has stayed the same or decreased (67%)
- Not enough time to complete daily cleaning or terminal cleaning (57%)