CRONA

Representing Nurses at Stanford & Packard Hospitals

CRONA Newsletter: December10 , 2020

Dear CRONA Nurses,

As COVID-19 accelerates its spread through our communities and our hospitals, things are changing at an ever-faster rate. We just had a membership webinar, and thank you to the hundreds of nurses who attended. For those who didn't attend, we are publishing the questions submitted by your fellow CRONA Nurses.

This is going to be a time that tests us all, both personally and professionally. Through all this, it is vitally important that we show caring and compassion to ourselves, and to each other. When we support one another we have our greatest strength. *We're CRONA Nurses - we can do this!*

In Unity,

Colleen Borges, President
CRONA

CRONA Webinar Q&A: Your Questions, Answered

Q: Good evening, I was told not to report for work by HRT (Healthcare workforce Response Team, called -497-9595). I asked my manager if she can code me CASPL and she said that she should be emailed by HRT before she can code me as such. What steps should I take more?
A: It may take HRT 1-2 business days after instructing you to stay out of work before your manager receives the notification. Your manager should be coding your pay correctly. You may follow up with an email to your manager if it is the end of the pay period and your manager has not corrected your time card. Please Cc crona@crona.org on this email to your manager.

Q: Regarding mandatory A day; we have very low surgery cases. We are doing mandatory A day. What happens if they cancel me for part of my shift before my shift starts, but don't cancel my whole shift?
A: You are in a procedural area. LPCH has policies for A-time in all areas, SHC has a policy for most areas and is developing policies for areas that do not have policies. Generally, you should be cancelled in 4-hour increments. If you start at 0530, you may be cancelled for part of you shift but should be told when to call back to find out if you have a mandatory A-day for the entire shift. Mandatory A-time should be assigned by number of hours of A-time received within the pay period, with inverse seniority as the tie-breaker. Travelers get cancelled before core staff.

Q: Is the hospital going to stop visitors now that we have a surge?
A: This is one of the questions that CRONA is asking now, as it seems there is some risk from visitors having infections as numbers increase in the community. We do not have an answer for that question, but we are pushing for that.

Q: We have been running without a float a lot of shifts recently on (name of unit). We have also been having a lot of preceptor/preceptees on our unit. We have been using the preceptors often to help get our breaks in. I assume this is illegal/an ADO?
A: Anyone who is a preceptor has the primary responsibility for the patient assignment. The orientee is NOT in the count. You may not leave an orientee in charge of an assignment while giving a break to a nurse who has her own assignment, unless the total number of patients in the combined assignments is within acuity and ratio for that level of staffing. The answer to (politely) give the person making such an assignment is, "My orientee is not in the count, I cannot give another

nurse a break while I am responsible for a patient assignment." Write an ADO if the person making such an assignment insists that you do something illegal like this. It's your license!

Q: The grid was changed in (my unit) and we've been minus 1-2 NAs and nurse because of it. We just got 2 new APCMs so they don't do anything.
A: We removed the name of your unit to protect your privacy, and because this could be many units in the hospitals. If your staffing does not meet the needs required by your ***acuity,*** then you are short-staffed. As Resource Nurse, our contract protects your right to make staffing decisions. It's up to you to request more staff! This needs to be reported to Staffing, to the ANM, and call for ECB. If you tell a manager you can't get help from Staffing and are planning to call for ECB, and the manager tells you "NO", provide your manager with the reasons you made the decision. If the manager still tells you to not seek more staffing, write an ADO and *tell the manager* you are writing an ADO. Nothing is as powerful as bringing the issue up in the moment – real time is KEY.

CH 09:08 PM
basically with the new grid in J2 icu, we lost our NA coverage. We officially lose NA when census is below 19. And when census is above 19, we regularly have no Na. This is related to the new grid right? The new grid dropped NA help, but supposedly added more floats.

Q: Can we go over staffing for IABP and CRRTs? Can they break each other? One time there was a three way break between 3 nurses, to cover an IABP, CRRT, and a paired assignment.
A: Your staffing is based on *acuity*, not strictly on equipment. Yes, having some types of equipment should automatically make staffing 1:1 because the patient wouldn't need the equipment if stable, but supposedly there is such a thing as a "stable CRRT" that can be paired. Or so your director and some of your managers say. If your equipment patient has the *acuity* to not be paired, you need to make sure you are documenting all you interventions and activities *in real time*, and make sure your Resource Nurse is informed. You must speak up for your patient's safety. If you bring up your valid concerns about your assignment, and the Resource Nurse dismissed them, you have the right to call your manager on duty, and follow up with an ADO.

Q: The ED *DOES NOT* have a break nurse in the first 4 hours of the shift 0730-1130. The nurses cover each other. It has been brought up in the Charge Nurse Committee and still has not been changed due to management telling us to "give them a chance" to fix the staffing grid. Should we file ADOs every day until it gets changed?
A: Yes!!!!! You may not take breaks if doing so results in an out of ratio/acuity assignment for the nurse covering the break. It makes no sense to have no plan to cover breaks for the first 4 hours of the shift. The law requires you be offered a break in the first 4 hours of your shift. If you are not offered a break from a nurse whose total assignment (yours and hers) is not within acuity/ration, you may decline the break on the basis of it not being offered legally, you must claim the missed break on API! If you get any flack from your manager about claiming the missed break, please email us at crona@crona.org. And write an ADO!

Q: Who is legally allowed to break RNs?
A: The person providing the break must have the appropriate nursing license and appropriate skill/competency to assume the assignment. For example, if you work in the ICU and your manager is not an ICU nurse, the manager may not give a break. Also, the person giving the break assumes your full assignment. The manager can't say s/he is giving you a break from her/his office.

Q: Can you please repeat what you stated earlier about charge nurses not needing to ask permission from management to staff up? We are always told we can't staff up. My unit has a lot of new charge nurses, and it doesn't seem any of them are aware of that.
A: New Resource Nurses need a lot of mentorship and practice having difficult conversations, including those difficult conversations with managers when telling the manager they've decided to call for ECB because the unit is understaffed. That's part of what learning to be a good Resource Nurse is all about – learning the rules and having the fortitude to stand up and enforce them. Our contract gives the Resource Nurse the right to make judgement calls about staffing. If the manager comes back and tells the Resource not to implement her own staffing decisions – that's a reason for a polite objection and an ADO!

Q: I am often team lead at LPCH COVID test site. Does this warrant charge nurse pay?
A: It may, this is something to discuss with your manager. If you asked to be in charge and be responsible, but denied Resource Nurse pay, please email crona@crona.org and give us your manager's name/email and a description of the issue, so we can assist.

Q: Can you talk about pregnancy and taking care of COVID patients?
A: If you have any medical issue (pregnancy or otherwise) and wish to have an accommodation to not care for COVID patients, you must open a ticket via the HR intranet portal to request an accommodation. HR will ask you to complete documentation in order to evaluate the request, which will require documentation from your PCP.

Q: During a critical staffing shortage can the resource nurse take patients?
A: During a critical staffing shortage, a nurse may be floated outside of her/his region. There is nothing in that language about Resource Nurses taking patients. The hospital is still obligated to provide all breaks, and for patient care to be completed within acuity. Generally, the Resource Nurse does not have an assignment because it is not possible to assist with break coverage, have a patient assignment, AND complete the Resource Nurse duties – including being available to help on the unit as needed – unless the Resource Nurse does not have an assignment. This sounds like an ADO you should be sending…

Q: Once K4 is full, which it was yesterday, where will the COVID ICU patients go next? Do they plan on opening D2 again?
A: Any ICU, especially in 500P, can in theory take COVID patients, according to what the hospital told CRONA. It makes sense to designate another unit in order to cohort this type of patient. D2 is under construction cannot be reopened. There is a plan to use the PACU to care for non-COVID ICU patients in order to free up space for COVID patients in the regular ICUs…look for COVID ICU patients on L4 possibly.

Q: PICU and CVICU at LPCH were told to re-use isolation gowns from 0600-1200 one day. I'll send you an email about it and fill out an ADO.
A: Yes, please do! This is the first time we've heard about this type of PPE re-use, we certainly haven't heard it from the hospital.

Q: Is it okay have huddles in closed spaces with almost 9 to 15 nurses attending even if the time is less than 15 minutes and all are wearing masks?
A: This does not sound like best practice. There are options to have huddle by Webex/Zoom, other units utilize this technology successfully.

Q: The ED swabbing station in the garage is staffed by 5-6 ED nurses which obviously pulls staff away from a very busy ED. We have been told that leadership is trying to hire travel nurses to staff the garage, but they may be having difficulty securing these contracts. I also worry about the line of cars blocking access to the ER for patients who need actual ER care. We have received many warnings from Fire and PD. Is there any plan from hospital leadership to re-evaluate the ED swabbing area and redistribute staff/resources? We are swabbing around 500 patients per day!
A: Wow! I walked by the ED drive through tonight, the line is longer than I've ever seen it. We don't know if hospital leadership has plans to relieve congestion for ED testing. We are aware they are having trouble securing more travel nurses – it's always harder during the holidays, and the rest of the nation is also desperately looking. We can follow up on asking this questions, thanks for bringing this to our attentions. Your CRONA leadership relies on CRONA Nurses to bring their concerns forward.

Kathleen Casey 09:46 PM
12/3 email had the half zip offer

Q: I did not get the text notification/email notification for tonight's webinar.
A: We may not have your accurate cell number; or, you may have requested us to block you from future messages. With email, we may not have your correct email address, our email may be in your Junk folder, or you may have unsubscribed in the past. We can look into this. Please send us an email to inquire, and make sure to include your current cell phone number/email address.

Q: I worked dayshift today and at 6:30pm SHC had 10 more COVID+ patients than were announced this morning.
A: Yes, the surge we did a dress rehearsal for in April and July is finally here. We all have to buckle up and dig in, hard times are ahead. It's more important now than ever to make sure the hospital follows our contract, and that we support each other. That's the best way through this!

Q: What testing is available for employees that have tested COVID positive in the last 90 days?
A: The CDC does not recommend routine COVID testing for anyone who tested positive in the last 90 days, due to the strong possibility of testing positive even when no longer shedding live virus. Exceptions may be made based on individual circumstances and assessment by HRT (Healthcare workforce Response Team 650-497-9595) MD or Advanced Practice Provider (APP). You must call HRT for evaluation.

Q: Can we get tested in Emeryville if we are asymptomatic? Or can we only get tested at 300P?
A: There are 3 test sites for employees: Emeryville (3 days a week), Cancer Center South Bay (Monday – Friday), and Palo Alto (Monday – Saturday). The Palo Alto sites are different if you are asymptomatic or symptomatic. Emeryville and CCSB can test symptomatic or asymptomatic. You may make a test appointment if you have no symptoms and no exposures by using the MyHealth app – it's super easy. If you are symptomatic or have an exposure, HRT will want a nurse to triage you and you must call 650-497-9595. Calls to HRT are answered by Clinical Advice Services, with messages sent to HRT, who will then call back. Wait times are currently extended due to high volumes, so call as soon as you know there is an issue.

Q: What happens if you have no more CASLP hours?
A: Depending on your circumstances, you may be eligible for SDI (State Disability Insurance). You would need to apply via the state's website, edd.ca.gov. The Disability 7-day waiting period was waived by the state for most COVID-related issues. Disability does not pay your full salary, and you would need to opt to use your PTO/ESL to supplement Disability.
If your situation is not eligible for Disability, you will be required to use your own PTO or ESL (or CASL, if you're Relief). If you do apply for Disability, the paperwork requiring a doctor's signature would need to be completed by your PCP, not the hospital.

Q: Are there talks of slowing down elective surgeries in light of this surg of COVID?
A: We're sure there is a plan in case it is called for, but in CRONA's opinion it would take a mandate from the County or an overwhelming number of cases to get the hospital to stop elective surgeries.

Q: I talked to HRT due to an exposure more than 8 hours. My initial instructions were to get tested, quarantine for 14 days, then get retested. My first test came back today and it was negative then I got an email from OCC health saying I should return to work. Not sure who to follow.
A: Based on reports of experiences of others, it is most likely that you were automatically sent a message about return to work once your test results posted and this message was sent in error. You should call HRT at 650-497-9595 to confirm; this way you will feel more confident about your instructions and there will be documentation in case any questions arise.

Q: What if our commute is long/far and we need COVID testing??
A: You still need to be triaged by HRT, that way you will be eligible for the CASLP pay. You may be tested locally to your home, provided the test is a nasal swab PCR test. HRT can provide you with an email address for where to send your outside results. It will be your responsibility to notify HRT of your results and ensure you are cleared to return to work.

Q: So does it change to sick time once you test negative, or all the time you already were out then changes to sick time instead of COVID time?
A: If you are instructed by HRT to stay out of work pending COVID testing, then all the time you are out due to symptoms, until the day when you receive your results, is covered CASLP time. If your results come back mid-shift, the entire shift is covered by CASLP-eligible pay. If you are still ill after that, you would call out – just like pre-COVID times. If your manager tells you that you have to report to work in the middle of your shift because that's when your results came back, that is wrong and CRONA want to hear about it. In that case, your manager isn't following directions from hospital leadership and needs to be educated.

Q: If I was sick 3 days prior to a scheduled work day stretch, could I have used ESL on the first day of scheduled work stretch since I was sick the past three days prior to scheduled work time?
A: Yes. ESL starts on the 4th day of illness or injury, regardless of when you are scheduled to work. ESL is also effective the first day of hospitalization if you are hospitalized as an inpatient (not 23-hour patient).

Q: Will the vaccine be a 2-dose vaccine or single dose?
A: All known vaccines require a 2-dose regimen. The vaccines we are most likely to initially receive are from Pfizer, which is 2 doses: first dose, then 2nd dose 21 days later. The later batches of vaccines are likely to come from Moderna, which is 2 doses: first dose, the 2nd dose 28 days later. You will be provided with your vaccination schedule at the time of vaccination. It is VERY important to adhere to dosing schedule. CRONA does support the vaccination of all CRONA nurses who can receive a vaccine.

Q: Is there any forecast for either Stanford Healthcare and Packard to mandate staff to take the vaccine, similar to the mandate from Santa Clara County with the flu vaccine?
A: No, the hospital specifically told CRONA that the vaccine will not be mandatory. The hospital has not worked out how it will process any declinations. CRONA does support getting vaccinated if you do not have a contraindication to vaccination. We also support your right not to get vaccinated if you have a medical or other reason to not be vaccinated.

Q: Wait. Can you repeat what the home COVID test kit is for and when?
A: The hospitals are working out the details of a contract to have self-administered home COVID test kits available for interested employees. We don't have further details as the contract is not yet finalized for Stanford Health Care. Part of the issue is verifying ongoing availability with the supply chain. The intent is to allow employees to pick up a test kit, self-administer the test, and return the test kit for processing. You will have to meet criteria for this type of testing, such as asymptomatic. We'll pass on the details as we learn them.

Q: Is the $511/day CASLP pay subject to tax or is it like disability?
A: We do not know. One nurse told us she did have taxes deducted, but this is anecdotal. You must check with your tax advisor to verify.

Q: You can also supplement with ESL and ATO when your receiving Covid CASLP pay?
A: If you are at LPCH, the hospital is paying a max of $511/day and only deducting the number of hours from your CASLP balance that gets you to $511/day. If you want to make your full salary, you may opt to use PTO/ESL as applicable. You must inform your manager of your preference. We *strongly* advise you to do this in writing.
A: If you are at SHC, you will receive your full salary until you reach the total CASLP cap of $5110; the number of hours this takes will vary depending on your hourly rate. There is no requirement to pay night shift differential, and the hospital is not doing anything they are not obligated to do so do not expect it. After you reach the max, you may use Disability (if you are eligible and you apply) and/or supplement with PTO/ESL.

Q: I was required to quarantine for two weeks back in June before they changed the quarantine policy, will I get reimbursement for those hours used?
A: If you received paid admin leave prior to mid-September when the state passed the CASLP law, your CASLP balance will be deducted the hours of paid admin leave you received from March through mid-September. To our knowledge, the hospital is not providing back pay as it is not required by law.

Q: What happens if a nurse develops side effects from the vaccine?
A: This is an excellent question! We don't have the answer, but it is a question that we will ask when we meet with the hospitals tomorrow. In CRONA's opinion, this should qualify for CASLP pay. We do not know if Occupational Health will be in charge of vaccine administration, their phone number is 650-723-5922.

Q: Are Unit Educators still part of CRONA and therefore obligated to work 2/4 Holidays requirement during Xmas ?
A: It depends. At LPCH, Unit Educators are non-CRONA exempt nurses. At SHC, some Unit Educators are exempt and full-time educators; others are part time clinical nurses and part time Educators, these are CRONA Nurses and have the same obligation to work holiday.

Q: Do we need to do COVID test weekly? Is it mandatory for all nurses per County starting 14 December?
A: It will no be mandatory unless you traveled, had an exposure, or are symptomatic. It is otherwise voluntary, but now voluntary to get tested as frequently as every 7 days if that is your personal preference. If you are asymptomatic and do not have an exposure, you may self-schedule testing through the MyHealth website of phone app – it's easy.

Q: (Our unit manager) mentioned in huddle this week that nursing ratios might "go away". Will this happen unless there is a true disaster?
A: There is a state executive order that allows this, but hospitals must apply for it and have justification, and the order has an expiration date. Your manager may dream of meeting her budget shortfalls with getting rid of ratios, but it's not that easy, and CRONA would need to be involved. Please let us know if more managers are putting out this kind of anxiety-producing loose talk on your units.

Q: How can you request the vaccine?
A: The hospital will be deciding how the vaccine will be administered. Other than knowing that "equity" will be a factor, and bedside staff are prioritized, we don't have definite protocols - they are being developed now. We have been told that it will not be entire units at once – this is due to the potential for mild reactions leading to sick calls; the hospital doesn't want an entire unit to get the vaccine and have 40% call out sick the next day due to minor reactions.

Q: Someone in my unit tested positive and the manager never notified staff. We found out by the staff member who tested positive. Is the manager required to notify staff of a positive in our department?
A: The manager is required to interview the positive employee and report any known contacts, as well as looking at who else took lunch break at the same time, in order to determine exposure. If the manager did not have any knowledge of you being "exposed" then you will not be notified. If you learn of a coworker having a positive test, and you have questions, call HRT to discuss. If you were wearing your PPE, you will not be considered exposed.

Q: I was told to stay home at the beginning of the COVID era due to exposure. I noticed once ruled out my CASLP is less than other coworkers (with no other needs to stay home since). Is this right? or should I be given my full CASLP hours? And what is the full amount of CASLP hours?
A: The state law that created CASLP allowed employers to deduct any paid admin leave hours employees already received from March onward. So they likely subtracted the hours you were paid in the beginning. Your total eligible hours is two weeks worth of your average number of hours worked over the six months prior to mid-September when the law was enacted, minus any paid admin leave you received. All CASLP hours expire on December 31, 2020.

Q: Is the hospital going to stop visitors from coming to the hospital again?
A: This is an excellent question, and is on CRONA's list of questions for the hospital at our meeting later this week. More to come.

Q: Is the vaccine mandatory?
A: The hospital told us that the vaccine will NOT be mandatory. They are working on developing something, like the flu shot declination, to allow you to decline.

Q: Our managers told us that to avoid missed breaks and late lunches, they would have us start lunch at 8am. Ridiculous. They dropped it when we questioned them.
A: That is ridiculous, sounds like there aren't enough break nurses. Good for you for questioning!! That's how we turn the tide on things that aren't right!

Q: Do you contact HRT to get your supplemental pay?
A: Your manager enters the code for supplemental (CASLP) pay, but you must be triaged by HRT in order to qualify. The process is: 1) you call HRT to be triaged, 2) HRT instructs you to not report to work and to notify your manager, 3) HRT follows up by sending your manager a message to let your manager know that they instructed you not to work, 4) Your manager codes your time card correctly.

Q: Because I tested positive and wasn't ready to return to work at the end of my quarantine, I was told to call my PCP for evaluation of when to return to work. Is this correct?
A: Yes, if you are not ready (due to symptoms) to return to work at the end of your initial COVID-positive quarantine, you will be instructed to refer to your PCP for return to work clearance. You notify your manager when your are cleared to return to work, HRT does not follow your case after you are referred to your PCP.

Q: Can I ask to continue to use CASLP if my quarantine is extended?
A: Yes, provided that you have hours of eligibility remaining.

Q: When does the hospital call for critical shortage of nurses? Short by what number of nurses? Is the shortage considered for entire hospital?
A: It is not the entire hospital. There is not a set definition. Currently, SHC is considering a critical staffing shortage if at least one unit is 2 or more nurses short, and cannot replace the nurse with floats, ECB, or managers in the count. The hospital is obligated to notify CRONA *by phone* if called a critical staffing shortage. We welcome hearing from you if a critical staffing shortage is called, as sometimes the hospital neglects to follow policy/contract and notify us.

CRONA 09:29 PM
No it can be in certain areas only

Q: ICU patients in PACU are said to be ICU/Stepdown patients...that's what is said so far.
A: Yes, they will try to put the most stable ones there. We still want to hear from you if this happens as we want to ensure you are provided all the supplies, staff, and other resources you need to care for these patients in an unfamiliar location.

Q: Question - due to the new grid, my unit (name of unit redacted because this is common on many units) is having a really hard time getting everyone their breaks. A few nurses submitted for missed break penalties, and then we all got an email from management upset about this and saying that they will consider paying us on a case-by-case basis. Now the staff are intimidated and afraid to submit for missed breaks. Is there anything that CRONA can do to step in?
A: YES – send us this management email. It's not a "case-by-case" basis, it's the LAW. Your managers clearly need education and we live to provide this education. PLEASE send us this email and more details.

Q: Will the CASLP pay renew January 1st?
A: We don't know, that is up to the state legislature. CRONA has pressed for the hospital to have a plan for January 1st.

Q: Is hospital tracking nurses who fly out of state?
A: Not as far as we are aware. If you fly to California from out of state, you are expected to report this travel and test as mandated.

A: If testing is mandated, you need to be released for your test appointment. If you are being tested for our own preference, release is encouraged but not required, and you would need to schedule the test to coincide with your break. Testing is fast, so this is generally possible in the main hospital.

#CRONAStrong