



Massachusetts
Nurses
Association

TO: Joint Committee on COVID-19 and Emergency Preparedness and Management

FROM: Sherry Thibeault, RN MSN B-C, St. Vincent Hospital

DATE: June 30, 2021

RE: Senate Bill 253 and House Bill 496- An Act Relative to PPE Data Transparency.

My name is Sherry Thibeault. I have been a nurse for 29 years primarily working in the acute care setting. I have a master's degree in nursing education. In 2020, my primary job was as an employee health nurse at Saint Vincent's hospital in Worcester, Massachusetts. A nurse's primary function is to advocate for their patients. In my role as an employee health nurse, the employees are my patients, therefore, the health and safety of the hospital staff is my primary concern. The past year was clearly challenging for us all, but was particularly difficult for frontline workers. As nurses we put our patients first, often without regard to our own needs. The COVID pandemic was unique in that staff were unable to protect themselves and their families due to a lack of personal protective equipment (PPE). Many died and many still suffer long term physical and emotional consequences of the disease. Equipment that is normally for one-time use was worn for up to a week at a time, across multiple patients. Just the guilt and fear of wearing protective equipment across interactions with multiple patients and causing cross contamination was traumatic. Nurses worried they would be unable to obtain the appropriate size N95 mask to do their jobs- as these masks are supposed to be "fit tested" to fit each individual, they wore disposable gowns over and over, at times duct taping them together. I challenge each of you to try on one of these thin blue plastic gowns and an N95 mask and then to remove it without touching the outer surface or ripping it. Then try to put them back on again without contaminating yourself, repeatedly. I assure you, its nearly impossible. But that is what was expected of our staff daily.

To make sure our supply of gowns and masks lasted throughout the pandemic, our hospital had them under lock and key. If staff needed a new mask, they had to call the hospital command center to ask for one. Maybe that sounds reasonable, but the requests were not reasonably met nor met in a timely manner. You may not know this, but N95 masks are not a one size fits all. Staff must be fitted for these masks. Some staff cannot safely wear any of the available masks and must wear what we call a PAPR (Powered air-purifying respirator). Our hospital only had a handful of these devices. If the mask does not fit properly when dealing with an airborne pathogen then staff risk becoming infected. I would like to read you an excerpt from an email that I sent to our CEO among others on May 8, 2020.

“I understand that everyone is overworked and overtired, but staff should never be put in a situation where they cannot call the command center to obtain supplies necessary to safely perform patient care. If the patient comes first, then staff need the supplies necessary to do their jobs. Staff are afraid to call the command center either because of the way they are spoken to or because they are not getting any response to their requests. I have experienced this myself multiple times. Today I needed an N95 mask for a staff member. I was told, “NO, not right now. I’ll get to it later I’m busy now”. I understand that this person most likely is very busy, but this still should not trump patient care. I had to make 5 calls to get a mask for this nurse. Every day I speak to staff on the phone who are crying, distraught, angry, or scared. This email is not meant to point fingers at any one person but to ask you please to take a look at the process for how staff obtain PPE when it is needed. The constant comment that every area is stocked is not accurate or consistent. The times when there is in fact no supplies, stating to the employee that it should be stocked is not helpful and is perceived as inflammatory.”

As you can see from my email above it was not only difficult to obtain PPE but there was no transparency in the availability of the equipment. This caused additional stress in an already stressful situation. You should remember that in the time it took for that nurse to try unsuccessfully to obtain that mask and the hour and a half it took me to get one to her, a patient was waiting for care. If staff were aware of the levels of available supplies, they would not only have reassurance that they would be protected but would undoubtedly work in collaboration with administration to conserve dwindling supplies when needed. There is no one more adept at creative problem solving under fire than a nurse. I respectfully ask you to issue a favorable report on **Senate Bill 253 and House Bill 496- An Act Relative to PPE Data Transparency.**

Sincerely,

Sherry Thibeault RN,