



January 10, 2022

United States Secretary of Labor Martin J. Walsh
United States Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Dear Secretary Walsh:

On behalf of the 85,000 registered nurses of the Nurse Alliance of SEIU and the one million healthcare workers of the Service Employees International Union (SEIU), I am writing to urge you to make the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS) permanent for all healthcare workers without delay.

Nearly two years into the pandemic, more than 830,000 Americans have died, and an estimated 3,600 nurses and healthcare workers have lost their lives to COVID-19 in the first year of the pandemic alone.^{1 2} More than half of those workers were younger than 60 years old; more than half were people of color; more than half worked in healthcare facilities other than hospitals; and the highest number of those who died were nurses, nursing home workers and healthcare support staff, many of whom are lower-paid relative to other medical staff. Even as I write this, nurses throughout our union believe that the number of healthcare worker deaths are underreported based on their own firsthand experiences in their workplaces. To remove the vital protections provided through the ETS, when hospitalizations across the U.S. are surging, more than one in four medical systems reporting that they are experiencing critical staffing shortages³ and when nursing home infections among staff and residents are soaring,⁴ will only exacerbate the crisis.

Continued widespread transmission, especially in areas with low vaccination rates, has resulted and will continue to result in the evolution and spread of new variants of concern beyond both Omicron and Delta.⁵ The World Health Organization’s International Health Regulations Emergency Committee met recently regarding the status of the Covid-19 pandemic and indicated that “the

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¹ <https://www.nytimes.com/news-event/coronavirus?searchResultPosition=0>

² <https://www.theguardian.com/us-news/2021/apr/08/us-health-workers-deaths-covid-lost-on-the-frontline>

³ <https://www.washingtonpost.com/health/2022/01/06/covid-hospitals-how-is-omicron-different/>

⁴ <https://covid.cdc.gov/covid-data-tracker/#nursing-home-staff>

⁵ CDC. Updated December 1st, 2021. Variants of Concern Classification System . <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html>

pandemic is far from finished.”⁶ The need for a comprehensive safety standard for nurses and healthcare workers is as strong as ever.

Before the OSHA ETS was promulgated, nurses in our union were reporting substandard and alarming pandemic response protocols by their employers. By demanding that employers put COVID-19 plans in place that included essential protections such as providing appropriate personal protective equipment (PPE), following CDC guidelines related to transmission-based precautions, requiring hazard plans with worker input to prevent transmission, and limiting exposure to aerosol generating procedures on patients with confirmed or suspected cases of COVID-19, there is no doubt that this ETS saved the lives of countless nurses and patients. And that is why it is critical now that we do not rely on employers alone to maintain these protections, but for OSHA to make their requirements in the workplace permanent.

Right now, the health of more nurses and frontline healthcare workers and their patients are at a heightened risk as we are confronting the surge of Omicron cases. And although the vaccines are our most powerful tool in combating the COVID-19 virus, many seniors and patients who are immunocompromised or medically vulnerable have lower immunity levels despite being fully vaccinated.⁷ We care for patients like this every day and their lives are once again at risk now. We need every health and safety mitigation measure available to keep patients, residents, and ourselves safe and for us to provide the best care possible.

In addition to the real risk of sickness and death for patients due to COVID-19, nurses are confronted daily with the ways our overtaxed healthcare system cannot meet the healthcare needs of patients who also deserve the highest quality care in this pandemic. Emergency rooms and COVID floors are near capacity in many states, patients are being forced to delay necessary care and or surgical procedures, and many nurses are reporting unsafe staffing levels on their floors. Many of my fellow nurses are also sharing that these work conditions are causing unprecedented levels of stress and burnout that have escalated in the weeks since the ETS has lapsed, and that ultimately will force more skilled and compassionate nurses to leave their profession.

Building upon the modifications to the standard we suggested in our letter of December 13, 2021, as frontline nurses who are part of interdisciplinary care teams and coordinating care both in acute settings and outpatient settings of care, we also propose the permanent standard include the following additions:

- OSHA must require employers to have longer term nurse staffing plans for the Omicron surge and beyond. As several rounds of COVID-19 variants are anticipated, employers must be required to plan to support nurses and healthcare workers through comprehensive pandemic staffing plans.
- OSHA must help ensure that free testing is easily accessible in the workplace and beyond for all healthcare workers to ensure their health both at work and at home.

⁶ World Health Organization, “Statement on the ninth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic,” Oct 26, 2021, [https://www.who.int/news/item/26-10-2021-statement-on-the-ninth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/26-10-2021-statement-on-the-ninth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic).

⁷https://www.upi.com/Health_News/2021/11/30/COVID-19-reinfection-immunocompromised-study/1291638280965/

- OSHA should ban the reuse of single use PPE for healthcare workers caring for patients with suspected or confirmed COVID-19. Ongoing research continues to underline the dangers of reusing single-use PPE, including N95 filtering facepiece respirators.⁸ PPE becomes contaminated during use and single-use PPE can be degraded and damaged with multiple uses.⁹ Despite this growing body of evidence documenting the hazards of the reuse of disposable PPE, many healthcare organizations continue to require it. SEIU urges OSHA to fully ban reuse of single-use PPE and to ban the use of decontamination methods to reuse PPE.

Many of the infection control challenges facing nurses now precede this pandemic, but with the voices of frontline nurses included at this moment, we have the opportunity to create stronger protections for all healthcare workers and patients and to save more lives and to better prepare our healthcare system for future surges and variants.

Thank you for your consideration and continued support of nursing and healthcare professionals across the country.

In unity,



Martha Baker, RN, Chair, Nurse Alliance of SEIU

⁸ Hadi S. Covid-19: Exposing frontline NHS staff to dangers by asking them to reuse PPE. *BMJ*. 2020 May 14;369:m1911. doi: 10.1136/bmj.m1911. PMID: 32409333.

⁹ Li, D.F., H. Alhmidi, et al., "A simulation study to evaluate contamination during reuse of N95 respirators and effectiveness of interventions to reduce contamination," May 10, 2021, <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/abs/simulation-study-to-evaluate-contamination-during-reuse-of-n95-respirators-and-effectiveness-of-interventions-to-reduce-contamination/BB181D7D8A8C71111C1877AF08D37153>.

Jung, J., J. Kim, et al., "Fit-failure rate associated with simulated reuse and extended use of N95 respirators assessed by a quantitative fit test," *Infection Control & Hospital Epidemiology*, Jan 25, 2021, <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/fitfailure-rate-associated-with-simulated-reuse-and-extended-use-of-n95-respirators-assessed-by-a-quantitative-fit-test/223BBC46A26D4F15806FA85EAB3C10B2>.