

Testimony
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Good afternoon Mr. Chairman and members of the Assembly Health Committee-thank you for the opportunity to address you today on the issue of the Mental Health and well-being of our healthcare workers. If I may, I believe this issue in and of itself has become collateral damage during this crisis as healthcare workers and providers have struggled over the last several months to not only treat sick patients, but to contain the spread of COVID-19 in their healthcare setting. Probably further forgotten is the affect a stressful work environment has on one's family and own welfare. Our members are some of the most respected, trustworthy and dedicated individuals, yet I received countless phone calls, emails or text messages describing their frustrations and fears as they may have taken care of potentially COVID positive patients. I say potentially because it is that unknown that frightened them the most. Their fears were exacerbated as they had been given limited or no protective equipment. Although our organization has been fighting for full protective equipment well before this crisis started, the risk of exposure was not fully known until the

pandemic was well underway. Most employers only provided limited personnel full PPE. So now you'd have healthcare workers, not fully protected-they could possibly carry the virus from patient to patient and coworker to coworker. Ultimately, they bring it home to their families and risk infecting them. Should the use of full PPE been addressed at the very beginning many of the 200 JNESO member that were infected may not have been; furthermore the 5 deaths may not have happened either.

Another stressor was/is the mandating of members to work in units or areas they are not accustomed to. Our members like routine. It provides familiarity with their workplace and their patients. Each individual, whether a nurse or hospital technician, enjoy certain specialties. In other words, they may provide expertise and be certified in certain clinical areas and/or may not have worked in certain units in quite a long time. A med/surg nurse may not be competent in a critical care unit. A psych nurse may not be competent in the emergency room. A respiratory tech may not be competent in radiology. I reference these examples because many of our members had been mandated to do just that, go to those areas where they weren't competent in, thus raising the anxiety level. Although these issues are being addressed through the collective

bargaining process, some of the stresses healthcare workers are put under cause apprehension and could have led to mistakes when providing patient care.

Providing good patient care has always been a hallmark of our members.

Your shining a light on the well-being of healthcare workers is appreciated as well as your thoughtfulness to address this issue:

We would recommend the following:

1. Provide free mental health services that are available and discreet for each staff member. Those who seek mental health care should not have it used against them with regard to their employment.
2. Clearly communicate emergency plans-such as pandemic or natural disaster crises, with expectations. Be sure the plan is not over burdensome with information, yet provides a clear direction for staff. The plan should have in place the need to address staffing expertise in clinical areas. In the case of an infectious disease emergency, be sure there is ENOUGH protective equipment for all staff.
3. Allow staff to take time away from the job to destress without fear of retaliation from employer. This would be in addition to the provisions provided under FMLA, or contractual leaves of absence.

Considering the severity of this issue, open dialogue will continue to be necessary. Thank you again for your time.