

**March 24
UPDATE**



On Sunday, March 22nd, VFNHP hosted a Tele-Town Hall as a forum to share some information related to UVMMC's staffing considerations during this COVID-19 crisis. Here is a summary of the FAQ at this time. VFNHP will continue to issue summaries as more information is released. VFNHP has submitted a new series of questions and concerns coming out of the Tele-Town Halls. Please stay tuned! Additional questions and concerns may be sent directly to **COVID19@vfnhp.org**.

Q: Can an outpatient RN be forced to work inpatient? Or can I be forced to float in order to Care for COVID-19 patients?

A: No. No one will get forced to work inpatient if they do not want to do so. The third scenario (Situation 3: Closing a clinic, department or unit) presented by Management would apply here. The four options offered in the case of closing a clinic, department, or unit include:

1. Use CTO or take time as unpaid/excused
2. Work somewhere else
3. Cross-train to supplement the inpatient/critical care/ed workforce providing direct patient care.
4. As a last resort, take a temporary layoff for a specific period of time
 - However, inpatient may be required to move with a patient because of a COVID-19 related issue if no one volunteers.

Q: What do I do if I am given an unsafe assignment- my concern is specifically around PPE?

A: If the correct equipment is not available based on the latest recommendations, depending on which shift you are working, you should be speaking to your manager, ANC, or Incident Command (847-9911). Please continue to report your questions and concerns, including unsafe assignments to COVID19@vfnhp.org.

Q: Will layoffs be by clinic or by seniority? If by seniority, could we be transferred to another clinic? When will we be notified of decisions?

A: The second scenario (Situation 2: Consolidating Clinic within the same Healthcare Service) presented by Management would apply here. This scenario pertains to consolidating clinics within the same Healthcare Service. Under this scenario,

1. Staffing of consolidated clinics will be based on seniority, skill, and ability.
2. If there is no work available, the options under the third scenario would be in effect.

Right now, the hospital is working to find work for people, and a lay off would be the last resort. If it were to occur, it would follow Article 16, page 21 of the CBA of the nurse's contract and Article 16, page 18 To the CBA for the technical professionals. The hospital has told us they will give as much notice as possible and know that the state has revoked any waiting period for starting to get unemployment benefits. You can access the online links to applying for Unemployment benefits through the Vermont Department of Labor website. Here is the link to filing an initial claim:

<https://vermont.force.com/DOLClaim/s/>

Question: I am personally immunocompromised- what protections are in place for me during this situation?

A: We share in your concern regarding our colleagues who are immunocompromised and who are currently pregnant. As a union, we will continue to advocate for those immunocompromised colleagues who should have the absolute right to opt-out of providing care for COVID-19 patients. UVMMC HR team is working with the HARTFORD to change the policy on STD for members that are immunocompromised. VFNHP will send out more info as we get it.

Q: If UVMMC's position is to suspend the mandatory absence limit altogether, that is not promoting the ability for employees to stay employed. Additionally, those of us working in projects for RN 3/4 could potentially get a lot done by taking these down staffed shifts to work on/complete. I would hope this would be allowed at no limit if mandating is the next step.

A: We have been assured that they are looking at mandatories and project work to keep everyone on the clock and working. If you hear of a situation otherwise, please let us know.

Q: If we are laid off, how will we be notified of when to return to work?

A: Article 17 of both the Nurse and the Tech contract will come into effect here. Your manager/supervisor should be contacting you directly.

Q: Are all of the Hospitals in the Network following similar protocols?

A: Yesterday, union leaders from nearly every unionized UVM Health Network met on a call to share information. Coming out of that call, there is a goal of requesting N95 fitting, safe PPE, and consistent policies and practices across the network. We will continue to stay connected to our sister hospitals and will report out what we learn. As of now, there does not seem to be consistency with protocols.

Q: What's going to happen if we are exposed? Are we going to need to self-quarantine? Is it paid time off if we get sick by taking care of these patients and need to stay home?

A: The current recommendation if a staff member feels ill is to call Employee Health (847-7199) describe your situation and they will give you direction on the need to self-quarantine. Two weeks is the current length of time for quarantine. Employee Health is also working closely with ID, they will take your symptoms and risk of exposure into consideration and then let you know if you should get tested. The how and if of whether employees are being paid or not is still being worked out but the resulting call outs will not count against you as potential corrective action for unexcused absences. To ensure this, when calling out to staffing we would recommend specifying it is because of Covid-19 quarantine so it is on record.

Q: If a staff member tests positive for COVID19 and is out of work for a minimum of two weeks, how will they be compensated/paid?

A: If a staff member gets exposed to Covid19 at work and tests positive, they will be paid two weeks of administrative leave pay. Please be in touch with Employee Health. For staff members who test positive without known exposure at work, this is still being worked on. Currently, they are using CTO or unpaid/excused absence.

Q: I am a part time nurse, and would be interested in working extra hours if necessary, on a COVID unit. Is this possible to be trained on these units? I do not have ED/ICU experience, but I did complete UVMHCs critical care internship.

A: Yes. See situation 3 (Closing a clinic, department or unit). The Hospital has agreed to train people with the skill and ability to work on these units.

Q: What happens if I am positive as far as pay when my CTO has run out?

A: The Hospital is giving anyone exposed at work two weeks of administrative leave pay.

Q: If we get laid off will we definitely be able to keep our benefits? Most importantly our healthcare coverage? We would pick up the cost of what we normally would pay if we were working?

A: We are pursuing this answer with urgency. We will share any information we receive immediately.

Q: How do I access the SignUp Platform?

A: Sign Up is on the internet, not intranet as it's an external site. The link is:
<https://signup.com/Group/11863710540119/>

**Please continue to email your questions and concerns to COVID19@VFNHP
or call the VFNHP office at (802)657-4040**