

MEMORANDUM OF UNDERSTANDING:

Ebola Preparedness from October 2014 through December 31, 2015

The University of Michigan and the Michigan Nurses Association are committed to providing care for patients with the Ebola virus. With that in mind, safety of staff will remain the highest priority.

In order to meet these mutual interests and objectives, we agree that:

1. Patients suspected of being infected with the Ebola virus will be treated in identified areas with staff properly trained to their special care needs.
2. RN assignment to Ebola patients shall be on a voluntary basis. RNs caring for Ebola patients will perform their assignments within their scope of practice. After discussion with the nurse manager or designee to address the issue, an RN has the right to refuse to care for an Ebola patient if in the RN's judgment the conditions are unsafe.
3. The parties shall create a Nursing Ebola Preparedness Task Force (NEPTF) comprised of representatives appointed by the union and representatives appointed by the Chief Nursing Officer. The task force shall meet twice per week for 30 minutes each day by conference call or in person. The NEPTF is charged with monitoring system-wide preparedness and response to an Ebola outbreak, which shall include but not be limited to: continued discussions regarding Personal Protective Equipment (PPE) and training needs, evaluation of the Ebola Preparedness Plan, implementation of prevention standards and procedures, standards of nursing care, isolation accommodations, effective communication to nursing staff and stakeholders, training to direct care nurse providers and front-line nursing staff, and continued review and implementation of optimal safety standards for direct care nurse providers. Either party may request a meeting that will be scheduled within 24 hours if an emergent situation arises. Should a patient with Ebola be admitted to the Hospital, the NEPTF along with the Chief Nursing Officer and MNA staff shall endeavor to meet within 12 hours to assess the situation, ensure that staffing is appropriate, and coordinate communications to nursing staff.
4. Optimal protocols and PPE must be used when caring for a patient with suspected or confirmed Ebola that meet the highest standards including:
 - Biohazard suits for nurses that meet the American Society for Testing Materials (ASTM) F1670 standard for blood penetration, and the ASTM F1671 standard for viral penetration, and that leave no skin exposed or unprotected

- Air purifying respirators (PAPRs) with an assigned protection factor consistent with specifications the parties have discussed including full hood and face shield

- Additional equipment in accordance with nationally and internationally accepted guidelines, including but not limited to an apron, booties, sleeves, leg covers, and double impermeable fluid-resistant gloves. Protective gear needs will continue to be evaluated on a regular basis to provide optimal protection for nurses designed to reduce the risk of infections.

5. Nursing care is expected to be in negative pressure isolation rooms by specially trained nurses working in the hospital system as based upon patient assessment and condition. The provision of nursing care is available 24 hours a day, 7 days a week. Nurses need to anticipate doffing PPE every 4 hours to allow for personal needs and a break. There shall be at least three (3) RNs caring for each Ebola patient on a 12-hour shift, with an additional (4th) RN available to the team as needed, based on the judgment of the direct care RN. Nurses will be expected to rotate between the patient room, the anteroom, and the nursing desk in approximately 4-hour increments. An RN has the right to refuse and question the care for an Ebola patient if in the RN's judgment the conditions and providing care are unsafe.
6. The Employer will provide no-cost accommodations for RNs on the treatment team who wish to or are required to limit their exposure to others while caring for Ebola patients.
7. Any RN caring for an Ebola patient must meet the U of M Ebola Clinical Care Team institutional guidelines revised on October 27th, 2014 which includes in part:
 - Be able to demonstrate appropriate Personal Protective Equipment (PPE) don and doff technique.
 - Must be able to enter quarantine for 21 days if a contamination occurs or if otherwise recommended by CDC guidelines
 - May not be pregnant, breastfeeding, or have a medical condition that results in immunosuppression, or have any other condition that reduces the RN's safety or the ability of the RN to safely care for the patient under necessary isolation conditions

8. There will be continuous interactive training with all SCDL RNs who are participating on this team and to be exposed to Ebola patients. Nurses shall receive interactive training on infection control practices and delivering care within the SCDL, including policies, procedures, and protocols of the SCDL. Specific emphasis will be placed on PPE donning and doffing protocols and education on biosafety for all SCDL RNs involved in the care of these patients, as well as on the broader safety of the community. The training shall be followed by strict competency verification before staff is permitted to care for patients suspected to have Ebola. The care team must validate competency in the following areas:
 - Donning and doffing of PPE
 - Waste management protocols
 - Decontamination and containment protocols
 - Specimen handling for diagnostic testing
9. Training and education and just-in-time support will be provided for identified high risk procedures including:
 - PPE don and doff
 - Waste management protocols
 - Open system suctioning
 - Blood draws and other procedures
 - Managing fluid waste
10. The parties will continue to discuss the following procedures and the standards of care:
 - Cardiopulmonary resuscitation
 - Intubation and extubation
 - Ventilator management
 - Dialysis
11. Should an RN contract Ebola, the presumption shall be that exposure occurred at the workplace. There is an exception to this presumption if, based on positive answers to screening questions, the RN has travelled to known areas with Ebola infections that resulted in non-workplace contacts with suspected or confirmed Ebola patients within 21 days of becoming symptomatic.
12. Employees who have recently cared for a patient who has or is suspected of having Ebola and who experience symptoms of an acute infectious disease (e.g., fever, cough, new rash,

nausea, vomiting, diarrhea, night sweats) will be immediately evaluated in the Emergency Department.

Concerning pay and benefits:

13. Per paragraph 639, RNs that are required to miss scheduled shifts as a result of suspected work-place exposure to the Ebola virus and are prohibited from working will experience no loss of pay, and will not be required to utilize their PTO or Extended Sick Time, Pay will be supplemented and coordinated with Worker's Compensation benefits, if any, in order for the RN to be made whole.
14. RNs that are required to miss scheduled shifts as a result of a work-place Ebola infection, treatment and post-recovery period shall be without loss of pay, and without being required to utilize their PTO, Extended Sick Time or other benefits for the period of time of their incapacitation. Pay will be supplemented and coordinated with Worker's Compensation benefits, if any, in order for the RN to be made whole. The Employer will supplement the RN's pay to make the nurse whole for a period of up to 12 months if the RN is unable to resume normal duties as a result of having been infected with the Ebola virus. After 12 months, the Employer may end supplemental pay and the RN will be eligible to utilize PTO and all other applicable benefits.
15. RNs that are required to miss scheduled shifts as a result of suspected work-place exposure to the Ebola virus or infected in the work-place with the Ebola virus shall not be penalized in any way and will have the option of returning to their previous position, hours of work, and shift upon being declared Ebola free by the competent infectious disease professionals..
16. If the nurse is suspected of being infected or is infected, the University will provide all treatment and follow up medical evaluations necessary to support a recovery from the Ebola infection at no cost to the nurse. Psychological counseling should be considered an essential

