

Danbury Nurses' Union Local 5047

# UPDATE 47

AFT Nurses' and Healthcare Professionals, AFTCT AFL-CIO

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## Short Staffing is Like Drunk Driving...

I can get through the shift of 7 patients assigned to me on the evening shift...I can get home having had a few drinks at dinner. Same mentality, *we can do it impaired* ...with way too many things to do for 7 patients.

Yes we can do it with the elderly patient who was admitted for GI bleed who is now vomiting blood, with the dialysis patient who returned from dialysis with a blood pressure of 70/40, with a confused patient sitting on the toilet with diarrhea, new labs back on a patient with a K+ of 5.4, another patient is complaining of a headache who had had burr holes...and that is just 4 of your 7 patients!

The Impact of being under or short staffed negatively impacts patient care and patient outcomes; we can cite researchers and medical professionals who have documented that short and understaffing causes increased mortality, falls, infections, medical errors, missed medications, and the list goes on.

We do need to look at it from another perspective; who is serving us that 3<sup>rd</sup> or 4<sup>th</sup> drink...who is giving us the 7<sup>th</sup> patient, the 2<sup>nd</sup> ED admit? **We need to have expectations of leadership and management; that they have our backs! There are limits! Limits need to be set by us if management will not! We need to be heard and understood; working short staffed is like drunk driving.** That 7<sup>th</sup> patient: the ED admitted with GI bleed, low H&H, low blood pressure, shortness of breath, who is confused.... That patient needs proper care and monitoring, it is not me, I am at my limit!

**We need you to advocate for yourselves and your colleagues at staff meetings, unit, and council meetings.** Set limits, set patient to nurse ratios for the safety of your patients! Nurses are the heart in healthcare, the backbone, the foundation; no matter how one says it we stand at the side of the patient we are their advocate. We need to set limits for their welfare, not just ours. We need to send leadership and management a message that **short and understaffing is a mistake.** Much like the wrong shoe size, the wrong entrée at a restaurant, or being shortchanged are mistakes. We want the mistake fixed, not with a pizza, or lunch box, candy, or t-shirt. The shoe will not fit any better eating a piece of pizza!

We need to strongly encourage mandating staffing standards to address the problems, especially with contract negotiations. Since leadership mandates bedside report, hourly rounding, SIRS alerts, BMAT, Morse, etc. We need to mandate a nurse/patient ratio so that we can address those procedures/policies properly. Can you effectively round on, care, advocate for, assess and monitor all aspects of a patient with a 1:6, 1:7 ratio or more?

Like *Mothers Against Drunk Drivers* we need to raise hell to get patient ratios because **working short staffed is like drunk driving.** Some of the time nothing terrible has happened, we got by. Short staffing puts all our patients at risk all shift long like a drunk driver who is putting everyone on the road with them at risk. **Like the level for being 'legally' drunk, safe staffing ratios needs to be established to decrease the risk to our patients.**

Jannis Callisen RN BSN CRRN

## Reflection on an Event: Road to Union Leadership

I started my career as an RN in the Operating Room. I have worked for almost 40 years at Danbury Hospital and recently retired on October 6, 2020.

In 1991, I applied to transfer from the evening shift to the open position on the day shift in my home unit, the Ambulatory Surgery Unit (ASU). I had a very nice conversation with the nurse recruiter regarding the details of the posting and had the impression that everything was all set and I would start as discussed. A few days later, I received a phone call from her to let me know that another RN from the PACU was getting the job. That immediately raised a red flag, on several points: 1. I applied for a transfer to a position in my home unit, 2. I did not need to go through an orientation, 3. I had the experience, 4. I had more seniority, 5. It was a violation of the Nurses' contract.

Upon further investigation, it became clear that the other applicant was favored because I had a work-related injury when I was a nurse in the Operating Room.

I was not going to be denied a position I clearly deserved; I was ready to put up a fight. I made an appointment to meet with the Senior Vice President of Human Resources but he had the HR Manager meet with me instead. Carol Flynn, the Unit 47 President at that time, supported me every step of the way. Rightly so, I got the job and stayed in the Ambulatory Surgery Unit for many years; this was where I felt a sense of belonging and formed a strong bond of friendship with my ASU Family.

This particular experience paved the way for me to become more actively involved with our Union. The "Red Book" (Nurses' Contract) was my work bible. I studied and became very familiar with it, as well as the HR Policies.

As the Vice President of Grievance, I had worked with HR to represent several nurses who had been given disciplines. As a liaison for the Perioperative areas, I brought to light issues that affected our everyday work and advocated for change.

I was present to support our team and was a member of the action committee during negotiations. I then joined the team in 2011 at which time I was the First Vice President of Unit 47.

I am very proud of my achievements as a nurse, as I am equally proud of my role as a union steward. I encourage every nurse to actively participate and support our Union. We are living in times of many changes that directly affect our lives and our jobs. We need a strong contract in order to preserve our rights and benefits. ***Please remember that "each one of us is the Union". Let us make sure that Unit 47 continues to be successful and 650 Nurses Strong!!!***

Leodie A. Salazar, RNC BSN – Retired

Former VP Grievance  
Danbury Nurses' Union, Unit 47

Social Media is a great way to get and stay connected. We post pictures of life events, can see what "friends" in our circles are doing, and keep up to date with events.

Just as a reminder, please be mindful of what you are posting, especially when posting about the hospital, managers, coworkers, etc. Even though they may not be on your list of "friends", Nursing Leadership and Human Resources are made aware of disparaging posts. Even after deleting posts, you can never be sure if a screen shot of your post has been taken.

The hospital has a policy about Social Media and Blogging. You can find it on the Pulse, Human Resources Policies and Procedures. Please review this policy prior to posting anything to assure you are not violating it and opening yourself to a discipline.

Rosann Cremonini, RNC NICU  
Grievance Committee

## Caring for the Caretaker

Caring for the Caretaker has been my 2020 motto and I want to pass along a few thoughts with regards to this statement. As nurses, we all give so much of ourselves to others and at times we forget to take care of ourselves. This Pandemic has really allowed me to focus so much more on my own health and wellbeing, after the initial crisis. We are still facing these challenges of the COVID -19 virus and with the flu season and stress of the holidays, we need to care for ourselves even more.

Mark Ansel is a professor of microbiology and immunology at the University of California, San Francisco and he states: "We absolutely have more dysregulation in our population today. And it's related to the challenging way that we interact with the environment-everything from what we eat to what we do". I totally believe this statement. I have been sleeping at least 8 hours per night, eating a balanced diet and exercising at least 5 times/week. I have been able to lose weight and with the help of my nutritionist, I am working towards an overall healthier lifestyle. I am doing these things because I see the cause and effect of patients in the hospital.

As a nurse, I am aware of the role that our immune system plays, and chronic inflammation decreases our natural defense to fight off viruses. By taking the steps to increase our immunities with rest, a balanced diet and exercise, we can help prevent exhaustion leading to a decreased immune system. In the JAMA/April issue 2020, there was a study which discussed COVID-19 hospitalized patients and "34 percent had diabetes, 42 percent were obese, and 57 percent had high blood pressure". Chronic inflammation is also a factor in all of these conditions. Please keep these things in mind as you care for the caretaker-YOURSELF.

There are some things I have learned along these last eight months for myself. I will share with you all and hope that some of these things will also help you as well. Increasing the amount of fiber I eat, taking brisk walks, eating fish that includes Omega-3 fatty acids (fresh tuna, salmon) and avoiding electronics at least 2 hours before I go to bed. This last one is not always possible because of the work I do for the union and emails are very important for me to answer in a timely manner. With the 3 twelve hour shifts I work in ICU, sometimes I do emails late.

I do hope this information was helpful and we all work towards caring for the caretakers in all of us.

Be well,  
Janice Stauffer RN, BSN

## Patients over Profits

Nurses, now more than ever, have become central to fighting for the common good and basic needs of working people everywhere. In the middle of October, the nurses of Backus Hospital brandished signs reading "Patients over Profits" as they struck for a fair and equitable contract. Between March and October, Backus nurses were working without a contract and often forced to work mandatory overtime. All PPE was restricted during this time and only hours before the strike, Hartford HealthCare (the parent company), set forth a policy to remove masks under lock and key. Staffing ratios during this period of time were well beyond their past practice and yet Hartford Healthcare painted a scenario where striking nurses were evil renegades in the midst of the second wave of the COVID pandemic. I joined their fight and stood side by side with our AFT counterparts. I think the most poignant memory of that day was a nurse who yelled out, "If I'm standing out here, there is something very wrong in there." She was right because after all, each person who stood one that line was worried who was caring for the patients inside. You and I need to remember that without the labor of nurses, hospitals will slow down forcing management to find expensive alternatives that will never measure up to the job that you and I do each and every day at this hospital. After a two-day strike and 12 hours of negotiating, Backus nurses and Hartford HealthCare reached a tentative agreement. Sherri Dayton, president of the Backus Federation of Nurses, said pay raises of 12% by the third year of the contract and 14% by the fourth year will help secure a major goal of the union: stopping an exodus of nurses headed to jobs with higher salaries. She added that raising pay was a key issue for nurses who say better compensation at other hospitals was a draw for Backus Hospital nurses, leaving those behind to struggle with a reduced staff. Additionally, Hartford HealthCare, the hospital's parent company, agreed to single-use face masks instead of storing masks in brown paper bags. There is much that happen when nurses take the lead!

Submitted by Megan O'Toole

## Know Your Rights

Even though we have recently been heralded as heroes, the amount and severity of disciplinary action being taken upon our nurses is on the rise faster than Covid itself. As one of your grievance representatives, I want to remind you of a few important points when facing a possible discipline. Please, please, please read your contract and try to understand what it stands for. If you have any questions, don't hesitate to email me at [michalanr@gmail.com](mailto:michalanr@gmail.com) or the union office at [aft5047unit47@gmail.com](mailto:aft5047unit47@gmail.com). We will answer your questions as quickly as possible. Most importantly, NEVER....EVER speak with management without union representation. Even if you have an amazing relationship with your manager, sometimes the decisions regarding your incident do not lie in their hands. You have the right to have union representation with you at investigational meetings. Meaning, if management wants to talk to you about an incident, please always bring someone with you. This is called your Weingarten Rights. Please look them up and be familiar with them. If you are acting as a union representative for someone else, please take down as many notes as possible and send them to me via email. Lastly, it is completely ok to say you do not recall an event if you are being questioned. Sometimes these meetings take place weeks after an event took place, and it can be difficult to remember what exactly happened that shift. It is better to say you do not recall, then to say something that you are unsure of. If you end up being wrong, you can then be accused of falsifying a story, even if that wasn't your intent. It is always nerve-wracking to think you might have done something wrong, but your union representatives are here for you and will help in any way we can!

Michalan Sheehan  
Unit 47 Grievance Representative

## Message from the President

The poor staffing of nurses, PCTs, transporters, housekeepers and other ancillary employees of Danbury Hospital has really affected the patient care. So many falls on the nurses to fix or pick up what is not done by others. The doctors do their part to help our patients and families, however, nurses are at the patient's bedside 24/7 and continue to need to care for the patients and the patient's families. This task of nurses has been so much more difficult because of the concerns of the COVID-19 precautions, especially surrounding the visitation. Families are becoming angry since the visitation is restricted and more times than not, it is the nurses who need to explain the situations. Please involve your managers to speak to the families that are challenging with these issues. It is important to have the chain of command followed in this instance to allow the ability to be the caretaker for the patients. It is so important to keep these therapeutic relationships of nurse/patient/family and allow for the caring to continue. The anger of families and patients with regards to the current visitation is not something nurses need to be focusing on. The care of these patients is our goal.

Please be certain to use the Unit Based Council to bring issues forward. This is in our contract and it is a way to focus on specific items and work to resolve prior to bringing forward to the Eboard members of our union. There are so many things that can be fixed with open discussion and this makes us all stronger together. Nurses also need to be able to discuss things with each other without fear of retaliation. Remember that as nurses we are in great company and need to continue to work together.

Our current 1-year contract will expire March 31,2021. We have been working on negotiation prep work and with all that is occurring, it is most likely going to be in a virtual format. Danbury Nurses Union will have the ability to include our members like in the past, however we need to iron out the details. More to come on this topic. Currently, the New Milford nurses are doing their negotiations on the ZOOM format and report that it has been going well.

I want to remind all of you to use the chain of command when discussing items with management. Please do not go straight to the director because this will delay things since the director will reach out to the manager and assistant manager and ask why this was not resolved. If the assistant manager or manager was not even notified of these issues, it does not look good for the nurse who brought it up. I want Danbury Nurses Union to thrive and hold up our heads high and continue to provide exceptional care to the best of our ability. I am honored to continue to be the President of Danbury Nurses Union and to serve Unit 47 with the wonderful nurses on our Executive Board.

Please email the union office with any questions or concerns.

Janice Stauffer RN, BSN

## Reminders from Rapid Response

As we head into Flu season and continue to battle with Covid I would like to say a few things about Rapid Responses. First please remember YOU as the nurse can call a Rapid Response whenever YOU feel you need assistance. This includes helping the nurse or the patient. As you all know we have heard MD's state things such as "We don't need a fast team we have it under control" or "We are here you don't need a Rapid Response". Well this is a little reminder that as the nurse, you CAN and SHOULD call a Rapid when you feel it is needed. That is what the Multi-specialists are here for. If you do not want to call a Rapid Response because you are not sure if it is needed please call our number and we can have a discussion about the patient or the MD. It is better to call the Rapid Response than to feel as though you should have called one and you did not. You all are wonderful nurses with excellent assessment skills and often the MD's will brush off or stall in treatment and we are here to help with facilitating the help you or your patient may need! You all provide extraordinary care to your patients so please remember to Call the Rapid despite being told it is not necessary!

Tracey Rullo RN

Hi Nurses,

I'm sharing with you that the American Nurses Association has some free continuing education classes or webinars during Covid even if you are NOT a member. Please go to: <https://www.nursingworld.org/continuing-education>

The following are FREE to nonmembers:

[Creating a Board Resume: Case Study 1 \(Free\)](#)

[Nurses on Boards Advancing Nursing Excellence \(Free\)](#)

[Talk the Talk: Understanding & Speaking Finance-ese \(Free\)](#)

[What's Happening with Nurse Staffing? \(Free Webinar\)](#)

[Nursing Ethics: Strategies to Resolve the Top Ethical Dilemmas Nurses Face \(Free\)](#)

[ANA COVID-19 Webinar Series \(Free\)](#)

[Dealing with Fatigue: Strategies for Nurse Leaders](#)

[A Nurse's Guide to Preventing Compassion Fatigue, Moral Distress, and Burnout](#)

[ANA's COVID-19 Self-Care Package for Nurses \(Free\)](#)

[Promoting Nurse Self-Care: Emotional And Mental Wellbeing](#)

Perhaps you will find some other information helpful if you sign up for their free emails.

For anyone wishing to join the ANA they are offering a \$15 gift card to Amazon for new members. Enter the Offer Code MBRM53B104E at checkout and your gift will be emailed to you.

Thank you,  
Meredith  
8Tower

## 2020 AFT VIRTUAL CONVENTION

The 2020 AFT Convention was held virtually do to COVID 19. This was the first time ever for AFT to hold all meetings virtually. I first joined as a Progressive Caucus delegate and attended several meetings. You may ask what is Progressive caucus? The Progressive Caucus is democratic and activist unionism. The caucus democratically decides before each Convention who to recommend serving as AFT national candidates. The caucus leaders and members set an agenda. They form Resolution Committees that discuss, debate and make recommendations of what issues should be voted on at the AFT Convention. Together a caucus platform is constructed. Then we mobilize and unite for the next two years post- Convention to carry out that vision and agenda in support of AFT.

On July 28 – 30 the Virtual AFT Convention was held. I joined as a delegate representing Danbury Nurses Union 5047. There were over 2000 delegates from all over the country. AFT represents Educators, School Support Staff, Healthcare Professionals and Public Employees. There were several wonderful speakers. Including Dr. Bernice King and Speaker of the House Nancy Pelosi. During the Business sessions we voted on the issues presented from 10 different Resolutions Committees. Finally, we voted on our AFT candidates. Congratulations to Randi Weingarten, Loretta Johnson Evelyn DeJesus and the 43 activist Vice presidents from around the Nation. I was amazed at how well this Convention was Organized. I believe the turn out was so well being that it was held virtually.

Tiina Hawley

## The Triangle Shirtwaist Factory Fire and the History of Workers Rights

I recently listened to a podcast about the tragic fire at the Triangle Shirtwaist Factory in 1911. I knew the basics of the story; I remember my horror as a young teen reading the fictional account of this tragedy, *Ashes of Roses*. Even then I understood how terrible a loss it was and the injustice of locked doors and trapped women. The part that I did not understand then was the impact that this horrible event had on workers' rights and unions, and how much we all owe to those women who lost their lives in the Triangle fire. In 1911 Greenwich Village, New York City, the Triangle Shirtwaist Factory employed mostly young immigrant women. The working conditions were miserable and dangerous. The floors were packed with underpaid workers, working 12+ hours a day, 6 days a week. There were no safety measures to keep the workers safe; the Triangle Factory owners even refused to install a sprinkler system in the building because the insurance money they would get if the building burned down was worth more than the lives of workers.

The business was booming, and the businessmen were completely unregulated. There was no minimum wage, no safety requirements, and no oversight to control big business and protect workers. In response the Triangle Factory women worked with the International Ladies' Garment Workers' Union and fought to be organized. Their efforts led to the "uprising of 20 thousand" when 20,000 workers went on strike. Other smaller factories reached agreements with their employers and went back to work, but the Triangle Shirtwaist Factory, a large company, would not give in and agree to the workers' demands. They paid off policemen, hired thugs, and bribed politicians to help break up the strike, sometimes quite violently. In the end the Triangle Shirtwaist Factory workers achieved next to nothing, and they went back to work out of necessity.

Not long after the strike, on Saturday March 25th, the tragic fire happened, with 600 workers in the building. There was fabric everywhere and the building went up in flames quickly. Workers were trapped; there were no safety escapes, no sprinkler system, and exit doors were locked from the outside. This all made escape impossible for many of the women and some jumped from windows to escape the flames. In the end, 146 workers died and 78 were injured. The factory owners were indicted, but quickly acquitted. The company had to pay the family of the workers who died only \$75 per life lost, which is about \$2,000 in modern day. To add to the injustice, the fire insurance paid the company \$400 per death; so, the owners in fact made money for their gross negligence and their complicity in the death of their employees.

The public shock and outrage in response to the Triangle Fire and the needless deaths of workers created a monumental push for improved factory safety measures and workers' rights. In its wake, unions grew stronger, the American Society of Safety Professionals was founded, and the Factory Investigating Commission was created. It is incomprehensible that it took the loss of so many lives to make this progress and allow us to have the protections and rights we have as workers today. It is because of the sacrifices of the Triangle Factory workers, and all workers who have come before us, that we have the rights and protections that exist today. And it is in their honor that we continue the work.

Maggie Cleary

### The Story of Covid by Stacey Kinsley

The people stayed home, but the nurses did not. The people read books, played games, and listened, and rested, and exercised, and learned new ways of being, while being still. The nurses listened more deeply. Some meditated, some prayed. The nurses began to think differently too thinking about loss and our own mortality. And as the people healed, so did the nurses. And when the danger passed, the nurses began to join together and grieve their losses. Many made new choices while others created new ways to live. In doing so, we began to heal fully.

### From the Bedside: A dry mouth...and now a 'bad taste'.

We still have it. The dry mouth continues. Masks are mandatory. Many of us went through months of nearly constant N 95 use. All you wished for was a drink of cold water, but we often waited a few hours for that quick gulp of liquid. The ER and 9 East are still suffering the consequences. They still have marks/irritations on their faces from the tight fit of the N 95 respirator – used for most patient care.

We have gone through a horrendous six months or more. After 30 years of experience at the bedside it was the worst time I have gone through, in the most uncomfortable working conditions. Not to mention the fear of thinking “will I soon become infected?”. Some co-workers did suffer a positive diagnosis. We thought of those too. We never turned to a career in nursing because it was easy, but this was an unexpectedly huge undertaking. The uplifting factor was, however, the team I was part of. Some of us went to assist ICU/Critical Care for all those vented patients. (Our ICU nurses taught me a lot.) Others floated to unfamiliar units. 12 Tower was a ‘rule-out’ floor for an extended time, and 9 Tower has seen the longest stretch with COVID PPE. I thank you all for your company and support during such a tough time.

I do wish however that the Nuvance leadership was able to look at things from the bedside view. To further their own health, happiness and comfort they did make an HR plan change. See below.

*“The Nuvance Health PTO plan is aligned with our employee engagement and resiliency efforts which encourage employees to take time off, recover and decompress. Your wellbeing and health is a top priority ... and time-away is critical to that objective.”*

Well I want to congratulate hospital management/leadership for looking after themselves. While a lot of them have not come near a COVID patient or constantly donned PPE, they know that taking time-off to recover and decompress is important. They indeed have revised the PTO schedule for 2021 for ALL Nuvance Employees EXCEPT the ‘Collective Bargaining’ Union. As I read the email back in June it appears they have given themselves 2 extra PTO days PLUS ‘Martin Luther King Day’ for a total of 3 days (per year) if they work 40 hours. I have to say that their timing is rather unbelievable!! They gave the Union a resounding “NO” to the ‘Hazard Pay’ request for those months of high COVID patient numbers. Leadership openly disseminate the financial woes of the hospital/organization post COVID and the need to be fiscally prudent at all levels. Time is money: this will cost them! It all tastes so bad!! They should be damn grateful that ‘Unit 47’ fought for the bedside nurses to also receive the same ‘MLK holiday’ this coming January. It would have made the working conditions even more unfair if not. (We still need to ‘negotiate’ the years after 2021.) What has however given me the worst of a lingering ‘bad taste’ through all of this was the mismanagement of the ‘one-time deal’ of 2 extra PTO days that they ‘dangled like a carrot’ in front of us. They decided only to allocate the PTO to those who had been in full PPE a high percentage of shifts – but this did pit nurse against nurse since so many worked with COVID patients by floating to unfamiliar units. Then the list suddenly got shorter than the original one. Enough! No wonder our union could not support this terribly disappointing proposal. As I ‘float’ around the hospital I have heard many expressions like “do they (leadership) think so little of us?”. Sadly, actions speak volumes.

After 25 years at Danbury Hospital the working environment (and even aspects of the job) has become nearly unrecognizable. As time marches on the sinking morale does continue to disappoint me. When I feel it cannot get any worse, I am proved wrong. We do, however, need to show up and support our union at negotiations – coming this March. Nuvance will come out fighting. They even posted a new position for a ‘Director of Labor Relations’ who will attend contract negotiations. Wait! We have been told of a hiring freeze. We will see if they squeeze this one in.

I do appreciate that this Union is also at the bedside with us – they work alongside us, receive the same emails, deal with similar issues and hence they are able to relate. They walk our walk. Please turn out to support ‘Unit 47’ in March. They are working for us.

Amanda Hutchins Warren RN UWW

## A Perspective of a Day in the Life of An ED Charge Nurse

It is well known in all Hospitals that ED nurses are not the most well-loved nurses. It is thought that we have little care for the nurses challenges on the floors and that we are simply trying to get rid of our patients on our push to get them upstairs. I have heard nurses throughout the hospital often comment that we don't do our jobs well and we don't always catch everything or start every single order and the complaints often come to our manager team if we didn't finish every last detail. Let me assure you, as an ED nurse of 12 years this could not be further from the truth. Having been a telemetry nurse, critical care float nurse and ICU nurse myself, I can say for certain that I need all of these skills in order to be an ED nurse, and having worked in all of these roles, I have great perspective from all angles. Now, as an evening shift charge nurse, it is my responsibility to lead a busy shift while keeping perspective of the challenges throughout the entire hospital, often with the help of the Mac nurse.

Over the summer, I was in charge during a crazy shift, and I received a call from a nurse on the stroke floor stating to me that she had just discharged a gentleman who had a TIA and was now at home with his wife and upon arrival to his home had sudden onset of left sided weakness and slurred speech. The patient did not want his wife to call 911 so she called this nurse to ask her what to do. She quickly explained to his wife he needed to get back to the hospital immediately and his wife stated she would try. When this nurse called me, I told her since you know the patient call 911 and make sure the wife called and I will get the team ready. She gave me a full report on the patient's status during his admission and I was able to have our stroke team ready and waiting. Sure enough, within 3 minutes of me talking to our alert doctor and giving them the heads up, the CMED radio toned off signaling an incoming critical patient, level one stroke alert. Upon arrival this patient was certainly having a new stroke and he got very efficient and fast care. That nurse who called me from the stroke inpatient unit, saved her patients life, and together we gave him the best care he could have received. This story from this summer has stayed with me because especially in times of Covid, it truly shows the characters of the nurses that work in this hospital, that we are here to take care of our patients, who remain in our hearts and minds well after discharge. This team effort is just one small example of what we can accomplish working together as a team throughout the entire institution and is just a small picture of what we do every day.

The ED nursing staff has a multitude of different aspects to deal with and during Covid we were scared. We had patients coming in who were barely breathing and who we couldn't help in the ways we are trained for, and the feeling of great camaraderie ensued because we would have 3 nurses to one Covid patient, each nurse having a very specific purpose and in hopes to give great critical care. Yet we didn't just take care of people in the community, we took care of many sick staff members throughout the hospital too, and while doing so we came to feel great compassion for what all the staff on every floor was dealing with, we were no different than any other scared and anxious healthcare provider. Once the rush of the spring started to calm down the business of the summer started to pick up. We became overwhelmed with multiple mass casualty traumas and incidents, a higher influx of STEMI and STROKE patients and waiting rooms of 20 or more. The difference with the ED, no matter what our staffing pattern is, no matter what our patient volume is, our doors are always open, ambulances are always piling in, and we have no choice but to accommodate. I was in charge for multiple mass casualty events this summer, and I have never ever seen such an amazing already stressed and tired team from the pandemic, come together and work with one another, providing high quality care even with such increased levels of anxiety and stress, still taking care of each other. We come to work because of how we feel when working next to one another, and as a charge nurse, I have never met such a hardworking, caring group of nurses and it's an honor to work with them. There are evenings we are holding patients because the hospital is full, with waiting room volumes high and an ambulance every 2-3 minutes coming in, yet no one complains. This is the environment we have chosen; this is a specialty within itself, and it is truly our priority to give the immediate care these patients deserve and need. We see things that no human beings should have to see with sexual assaults and DCF cases, horrible accidents, and trauma, and all the while trying to push past our own emotion when the next patient rolls in. As soon as one patient is moved to the floor or ICU, that bed is filled before the bleach on the bed is even dry. In this tough year we have seen more alcoholic patients and overdoses than ever before, and the sadness affects each of us in different ways. I assure you; we are here working with everyone, we understand everywhere has their challenges and that we are here to work together.

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Another busy evening charge shift this summer, we received a mass casualty incident with multiple traumas involving multiple children. I knew we needed help, and I called the MAC nurse asking for anyone who could help. She sent down a former ED nurse who now works in the ICU, multiple techs, and a pediatric nurse from the floor. The former ED nurse jumped into a trauma as if she had never left, and the pediatric nurse took care of all the kids as we were treating their parents. It took us four hours to stabilize, treat and provide dispositions on all of them and without these two nurses we would never have been able to do it with such efficiency, all while still caring for the continued ambulance volume and a waiting room of 15 people and all the nurses having full assignments. This is the typical day of a busy evening shift in the ED. Recently, even two mac nurses and two ICU nurses came down to assist us while we had two very critical patients who needed to be flown out to Yale, one of them, a 25 year old going into cardiac arrest and the Mac nurses helping with CPR and the ICU nurses administering care while I as the trauma nurse, worked on the second patient.

While we all know health care has changed more than any of us could have ever possibly imagined in the last 8 months, as a charge nurse in the ED, I have realized that healthcare remains compassionate and high in quality because of each of us. As an ED nurse, we write the beginning chapters of our patients' story at Danbury Hospital, and the nurses within the hospital, throughout the continued stay of each patient, continue writing that story to the end. Yet no story is considered worth reading if it does not come with challenges and successes throughout, and it is together that we conquer and celebrate each of those.

Lindsay Elliott ED RN

#### “COVID Island”

Being a first-year nurse and working on 9 Tower, the mental and physical stress was and still is something unimaginable. When the first case was coming into the hospital and we were told on 9 that we were going to be the COVID unit, we were terrified. Step down had had a case before we did and we were getting the potential next case, I told the nurses that I would take the patient. The other nurses had babies and children at home, and I did not want to put them all at risk. A nurse from step down came to 9 to teach me how to don and doff, taught my buddy how to assist in this and all I kept thinking was, how am I supposed to give the patient the best care possible when they are going to be behind not just 1 wooden door but 2. We were always coming up with ways to monitor these patients without physically having eyes on them. Us nurses came up with a million in one ideas to make sure these patients got the care that they deserved. Yes, we were terrified to care for these patients and the patients knew this, but we were all they had. I remember a patient was watching the news and I went to give him his nighttime medications and he looked at me and said “please get me out of here as soon as possible, I know if I catch this virus I will never survive.” It was heartbreaking but at that point, he was right. We did not know what to do for these patients nor did the doctors. We were learning together, trialing medications, proning patients, putting patients on extensive amounts of oxygen. We were trying everything in our power to keep these patients alive. Back in March and April at the height of what we saw, the anxiety waking up and knowing I had to go to work was nothing I have ever experienced before. Day after day, it got worse and worse. We started intubating more patients, more patients were dying, we were holding hands of patients who were taking their lasts breaths because family was not allowed to be there with them. We had patients calling their family members on the way to be intubated because they were unsure if they were ever going to see them again. Us nurses were all these patients had in those moments. We had patients crying, terrified, begging us to keep them alive, and in those moments, we were also terrified knowing the mortality rate of these patients at that time. We tried to have these patients zoom with their family member so their family members were able to see them because again they were not sure if they would ever see them again. Us nurses were also terrified to bring this virus home to our families or catch it ourselves. We took all the necessary precautions and still we wanted to limit our exposure to the patients and the virus. Everyone wants to be an amazing nurse and most of us felt we were unable to do this due to fearing getting exposed. We were told to limit patient contact, go in the patients rooms the least amount of times possible, and that in itself takes away from being the nurse you are supposed to be. Nurses are supposed to be kind, caring, compassionate, the listening ear and during all of this it felt that we were unable to do this because we were scared. We were trying to breathe in the PPE, we were sweating, we were rushing to get out of the rooms as soon as possible so we didn't pass out, all while trying our hardest to give these patients the care they deserved.

Finally, we have figured out how to care for the patients and treat these patients. The mortality rate has come down significantly (thankfully) and as a nurse I get to see these patients get better and send them home to their families. 9 months later and still working on the COVID floor, I can say that the PTSD and the burnout is there. We cope by talking to each other, making jokes about working on “COVID island”, and taking everything day by day. If it were not for my coworkers, I would have given up on nursing a long time ago.

-Samantha Nappi

## **The Power of Dosing Kindness Between Nursing Peers** **By Vivian C. Lounsbury, RN, BSN**

This year, more than ever, we are giving witness to the great need for kindness in our world. Within many healthcare settings, nurses give witness to how life circumstances are best confronted with compassion, gentleness, and kindheartedness. The Year of the Nurse - 2020, has demanded that we give and sacrifice more of ourselves as caregivers, due to the overwhelming strain placed on nurses as we minister care to patients and families affected by the COVID-19 pandemic. The stressors of delivering patient care amid a global pandemic has mounted to where personal scales have been tipped and patience has been both tested and worn. Kindness can be subtly or desperately displayed during all sorts of health encounters that occur across a variety of settings at the sharp point of care. I was reminded early on by a Daughter of Charity at St. Vincent's Medical Center that "...a worthy nurse may be perceived as kind, but this virtue has significant value only when associated with an action....".

Today as Nurses we are faced with the challenge of how to effectively deliver kind care within the context of a health care system that is typically ambiguous, resource-strapped, bureaucratic, complex, and fast-paced. We know how fatigue and irritability are often associated with intense work environments, and these intense emotions can be counterproductive to consistently providing doses of kindness to those who need it most. Keeping a consistent and deliberate approach to dosing kindness during interactions with colleagues/nursing peers, I believe, promotes teamwork, collegiality, and a healthy work environment. Many workplace dynamics can be viewed as uncivil and violent. There are many factors that encourage an unhealthy organizational dynamic, including unrealistic/unfair workloads with long hours, insufficient resources and little (if any) appreciation for the delivery of nursing care under extenuating circumstances (as in the case of patient care during COVID-19). A non-therapeutic work environment, that continuously tasks its nurses with unrealistic demands, contributes to high staff turnover, as well as an increase in number of errors.

As we move forward in closing out one of the most challenging and controversial years in medical history, I am extending this gentle reminder in hopes that it will kindle every nurses heart: Together we can make such a difference. We must begin with a clear emphasis in assuring kind and gentle communication between each other. Never forget that the "golden rule" is not a trivial intervention. As nurses when we role model kindness and demonstrate actions that are consistent with the belief that team members should be treated in the same way that we would hope and expect to be treated - we are demonstrating a powerful example for others to witness, including new nurses, patients, physicians, and hospital administration. It demonstrates the strength we have in not only kindness, but also respect, for each other and our profession. In closing, I ask that each and every one of you are blessed with much love, happiness and an abundance of health. May your hearts enjoy the peace which is found in embracing loved ones and raising a glass of cheer for each other....and, although a little early—may the New Year fill your lives with much joy, hope, laughter, and an exceptionally large dose of kindness...!

### Negotiations Resume : January 2021

I just wanted take a moment to remind our members that Negotiations are resuming in January 2021. We will be negotiating for a full 3 year contract. Our goals are to support our members needs and to balance them with what may actually be obtainable through negotiation. We need to remember, we cannot just demand, it must be a give and take. We must determine what points to take a stand on, and what points to allow to fall to the wayside in order to get what we want the most. We want a safe, fair contract and the Negotiation Team will do their best to achieve that. The only way that a strong contract can be accomplished is by the support of our members. We don't know how negotiations will look like yet with COVID, most likely Zoom, but when we ask for member support you need to show up, that is the only way to a fair contract.

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### **Danbury Nurses' Union Unit #47**

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