How do health care staffers learn if coworkers have coronavirus? Word of mouth.

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At Long Island Community Hospital, nurses and other workers knew about three dozen of their own were out sick with COVID-19. At least

one, popular intensive care unit nurse Ali Dennis Guillermo, was on a breathing machine until he died after a three-week battle with the virus.

Still, there was no official word on how many co-workers had the coronavirus that causes the disease until a local news story last week reported 61 of them tested positive, said hospital emergency room nurse Darriel Daniels.

Those who worked closely with infected colleagues were not alerted about their exposure, Daniels said.

Employees and unions say hospitals are misinterpreting privacy laws and government guidance on when and how they must inform employees they've been exposed to coronavirus by co-workers.

"They are hiding behind those loopholes and laws and policies out there," said Daniels. "The problem is we don't have actual numbers, but someone up above us has actual numbers."

The repercussions go far beyond labor-management disputes. Such secrecy can turn hospitals into "the biggest incubator for coronavirus," said former New York Lt. Gov. Betsy McCaughey, chair of the non-profit Committee to Reduce Infection Deaths. When employees are unwitting coronavirus carriers, they put each other and uninfected hospital patients at risk, she said.

Long Island Community Hospital spokeswoman Katherine Heaviside said while federal privacy laws prevent the facility from telling employees who tests positive, it "does everything every other hospital does."

"When someone is affected, we determine if possible who they have had possible exposure to and tell them," she said.

The Centers for Disease Control and Prevention reported as of last week, more than 9,200 health care workers across the U.S. had contracted COVID-19 and at least 27 died. The CDC noted because of spotty reporting, the number of infected health care personnel likely was far higher. States with more complete data saw the percent of cases involving health care workers was about one in 10.

The report speaks to one of the big issues troubling nurses at Washington, D.C."s St. Elizabeth's psychiatric hospital: the underestimation of people like them infected by the virus.

St. Elizabeth nurse and union official Susan Nelson-Pierre estimated 75% of the hospital is on quarantine. The District of Columbia Nursing Association, where Nelson-Pierre is president of behavioral health, wants D.C. Mayor Muriel Bowser to change the testing protocols to allow rapid and repeated testing for the hospital's workers. Four patients have died in the last three weeks and 30 nurses are out on quarantine.

"All of us need to get tested so people can know whether they are positive or negative and feel more comfortable coming to work," she said.

Government guidance for workers

The World Health Organization has COVID-19 protocols for the rights and protections of health workers and the CDC has published guidance on the issue.

In a March 7 update for health care professionals, CDC acknowledged contact tracing—identifying everyone an infected person could have exposed—"is not practical or achievable in all situations" and "could divert resources from other important infection prevention and control activities."

Still, CDC said hospitals should ask employees to "report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill."

Dr. Janis Orklowski, chief health care officer at Association of American Medical Colleges, said hospitals should follow both WHO and CDC recommendations.

"The last thing any hospital wants is for its workforce to be exposed and the workforce to become ill," said Orlowski.

Patient safety expert Dr. Marty Makary agrees with CDC the virus has spread too much in some areas to expect "contact tracing."

Makary, an author and Johns Hopkins University surgeon and professor, doesn't advocate extreme responses as "anyone at the workplace can protect themselves in vast majority of instances" if a co worker developed COVID-19.

"Health care is an essential service," he said. "You can't take these reactionary measures and send everyone home."

But some front line health care personnel argue not enough is being done.

At Montefiore Health's hospital in the Bronx, nurses with suspected COVID-19 exposures are being told to break the typical 14-day quarantine and return to work early, according to Karine Raymond, a Montefiore nurse and union leader.

The order apparently came as the CDC last month recommended loosening quarantine rules for medical workers, adding to the already lessened infection-control practices nurses say put them at risk.

"They keep lowering the guidelines as we fall sicker and sicker," said Raymond. "I'm afraid we're going to lose some of our colleagues."

Hiding behind privacy law?

Hospital workers say it isn't a violation of anyone's privacy to alert employees they were exposed to co-workers who tested positive for the virus. It's a basic safety precaution for everyone.

McCaughey, of the Committee to Reduce Infection Deaths, said hospitals "should be telling (other employees) if one is out with coronavirus. They need to protect the other patients too."

She agrees with nurses who say they should be alerted when they are exposed to the virus, as they would for any other dangerous exposure.

"In this crush, you can see all the most fundamental principles of infection control being violated," McCaughey said.

However, Dr. David Skorton, CEO of the Association of American Medical Colleges, said privacy still has to matter.

"Even though we are in the middle of a public health crisis, we have to remember privacy and the rights of people with (coronavirus)," he said.

Without official numbers, Daniels, the Long Island Community Hospital nurse, said workers had no way of knowing how protected they were from the virus compared to other hospitals. Michelle Thoman, president of the Registered Nurses Association at the University of Cincinnati Medical Center, agreed.

Thoman said more information about what's happening in health care settings could identify locations that need more resources to protect

workers.

"From a health care worker perspective, I think those numbers can be beneficial," she said. "If you see that numbers in your facility or [hospital](#) are climbing, you can be prepared for that."

The medical colleges association's Orlowski said having dozens of coronavirus cases involving staff would warrant reports to CDC and the state's health department, along with targeted notification of "those people who were in direct contact" with the employee or employees who are sick.

"What happens is that they don't make a general announcement saying Dr. Orlowski is sick at home with COVID, but you have to notify people from a public health point of view," said Orlowski, a practicing kidney specialist.

If the contact was, for example, with a physician wearing the medical-grade N95 mask, the "likelihood is low" of that doctor infecting others but others "need to know."

"There needs to be surveillance," Orlowski said.

There also needs to be better communication of who has been exposed. Nurses simply can't "social distance at work," said Daniels. That increases both the risks and the pain of losing a colleague.

"Ali worked with us in the ER and we work with a lot of his very, very close friends," said Daniels. "It really took a toll everyone."

More information: Contributing: David Robinson, The Journal News; Dan Horn and Terry DeMio, Cincinnati Enquirer.