



SB411/HB624
Safe Staffing Act of 2026
Position: **FAV**

Madame Chair and Members of the Committee,

My name is Houda, and I've worked at a hospital for three years in the Environmental Care department. I urge a **favorable** report on The Safe Staffing Act of 2026. Working short-staffed has taken a toll on my physical and mental health. I came to this country with dreams. I was in medical school back home, and I wanted to continue that journey. But the stress and exhaustion from work have made it impossible to even go to school part-time. A job should not destroy a person's future.

When I first started at the hospital, each worker was assigned 10 rooms a day, plus the common areas and any discharges. It was manageable. Some days were harder than others, but the quality of our work was strong, and patient areas stayed safe. Over time, due to short staffing, that number increased to 15 rooms, and eventually we were told to clean 20 rooms a day — on top of 2 discharges minimum. A “daily clean” is supposed to take 15 minutes and involves removing trash, sanitizing all high-touch areas, cleaning the bathroom, and mopping the floor. A “discharge” is a deep sanitization that takes about an hour. This doesn't include the time it takes to walk between rooms, respond to spills, or being called back by families or nurses.

Management recently informed us that we needed to do 20 dailies and it should take us 3 hours. This is incorrect because $15 \times 20 = 300$ min, which is 5 hours. Before and after entering a room, we need to put on and take off PPE, which takes 2 minutes. $2 \times 20 = 40$ minutes. After every 3 rooms we need to empty our trash and linens, so we walk across the unit to the trash room and then outside the unit to the linen shut, which takes up to 10 minutes. But let's say it could be done in 5 minutes - $5 \times 6 = 30$ minutes. We also take an hour lunch break. So, let's add all this up! $300 + 60 + 60 + 40 + 30 = 8.16$ hours. **There simply isn't enough time to safely and properly clean 20 rooms plus multiple discharges in an 8-hour shift.**

I alerted management to their initial mathematical error, and that they were requiring us to do an amount of work that was physically impossible, but nothing has changed. We are still expected to meet those numbers. We are told the math works, even though it doesn't. The expectations are unrealistic, and they ignore the realities of the job because they don't want to admit that we're short-staffed.

EVC workers are exhausted and burned out, which increases workplace injuries. I was rushing to finish my dailies while the floor techs were waxing the floor, they were rushing too because they are also short staffed, and the caution sign wasn't placed right. I stepped, and the next thing I know I was on the floor with a concussion and a sprained ankle, causing me to be out of work for almost 2 months. My ankle still bothers me.

I want to be clear: EVC may not be considered clinical staff, but nothing in a hospital can function without us. If a room isn't clean, the patient can't go in. The nurses can't work. Doctors can't do their jobs. Everything starts with us. That is why **we need a safe staffing committee that represents the entire care team.** This bill is not just a policy — it is protection. It is respect. It is a chance for workers like me to do our jobs safely and for patients to receive the care they deserve. **Please vote YES.** Thank you for considering workers whose voices are rarely heard.

In Unity, Houda