

Backing fired nurses, panel cites murky rule

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Two State Hospital nurses who were fired last year were "placed in the untenable situation of having to risk their own lives" because the hospital didn't have the equipment to protect them, according to the state employee grievance appeal panel that reinstated them.

The panel's written decision was not immediately available last week when the last of the nurses, Cheryl Miller, returned to work.

Miller and fellow registered nurse Sharon Thompson were fired in November along with licensed practical nurse Lavita Fisher after the death of a patient who wasn't given CPR promptly. Three other employees were disciplined.

Brenda Shelton, 41, was found hanging from a sheet in her room at the hospital Oct. 25. She died five days later.

Investigators, who believe Shelton hanged herself, found that more than a minute had lapsed between the discovery of Shelton and the nurses beginning chest compressions.

The Department of Human Services fired the nurses in part because they did not begin rescue breathing measures for at least four minutes.

According to an investigation into the what happened, the nurses delayed rescue breathing until they could get an "AMBU bag," which is placed over a person's mouth during CPR to assist breathing. The bag had been accidentally locked in a closet.

No one could say the nurses did anything to contribute to Shelton's death, said Robert Newcomb, an attorney for the three nurses.

In fact, the panel "determined that under the circumstances that [the State Hospital] placed [Miller and Thompson] in, they responded admirably," the final page of the decision reads.

Fisher, who had worked at the hospital 19 years, was reinstated in March after an administrative appeal within the Human Services Department.

Miller and Thompson both lost their appeals at the administrative level, prompting them to appeal to the grievance panel. Miller had worked at the hospital 14 years, and Thompson had worked there 25 years.

The panel noted that the Human Services Department had conflicting policies regarding the requirement to use a mouth shield when performing CPR that would protect the employee and the patient from infectious diseases.

Julie Munsell, a spokesman for the Human Services Department, acknowledged that there were some inconsistencies in policies but that nurses have been provided barriers on keychains.

"We need to bring some consistency to the policy," Munsell said Tuesday afternoon. "We're discussing internally what to change it to. We certainly want our employees to be protected from infectious disease, but that has to be balanced with lifesaving measures."

During Miller's and Thompson's appeal hearing, two doctors who work with the hospital testified that they would not have performed mouth-to-mouth without protective barriers.

"There are people that come down on either side as professionals," Munsell said. "Some have told us they would not administer it without a barrier, and some said they would provide lifesaving measures regardless."

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