

COLLECTIVE BARGAINING AGREEMENT

between

COQUILLE VALLEY HOSPITAL

and

OREGON NURSES ASSOCIATION

~~July 1, 2016 – June 30, 2017~~

Expires June 30, 2020

Editing throughout document for formatting, article numbering, spelling, grammar etc.

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AGREEMENT

THIS AGREEMENT is entered into by and between the COQUILLE VALLEY HOSPITAL, a public Hospital under the laws of the State of Oregon, hereinafter referred to below as the Hospital, and the OREGON NURSES ASSOCIATION, an Oregon corporation, hereinafter referred to below as the Association.

ARTICLE 1 – RECOGNITION

Section 1. Hospital recognizes the Association as the sole and exclusive representative for collective bargaining purposes of all regular full-time, regular part-time, and casual nurses and licensed practical nurses employed by the Hospital excluding all other employees, ~~the Director of Nursing Services~~ **Chief Nursing Officer**, ~~Operating Room Supervisor~~ **all Managers**, any other ~~supervisor, member of administration or~~ technician, clerical or confidential employee. Nothing in this provision or in this Agreement will be construed to prevent a supervisor, who is a licensed nurse in the State of Oregon, from providing direct patient care. There shall be at least two nurses available on Hospital premises at all times except when there are no patients. When there are no patients, there shall be a minimum of one registered nurse and one certified nursing assistant, and a second nurse on standby.

Section 2. Prior to all periods of negotiations regarding employment relations, each party to this Agreement shall certify in writing to the other its designated bargaining representatives, and thereafter it shall be the duty of each party to notify the other of any changes in such

representatives. All communication concerning matters of collective bargaining shall be confined to such representatives.

Section 3. All registered and licensed practical nurses employed by the Hospital during the term of this contract who are members of the bargaining unit as defined in Section 1, shall either become members of the Association or shall pay to the Association a "fair share" amount equal to the costs of negotiation and administration of this Agreement as certified by the Association.

Section 4. The Hospital agrees to deduct once each month from the pay of nurses covered by this Agreement either:

- (a) The Association membership dues of those Association members who individually authorize such deductions in writing on a form supplied by the Association; or
- (b) A monthly service fee as payment in lieu of dues, from any nurse who is a member of the bargaining unit and who is not a member of the Association after thirty (30) calendar days from the effective date of this Agreement or after thirty (30) calendar days of having become an employee, whichever is later.

The Association shall indemnify and hold the Hospital harmless against any and all claims, demands, costs, suits or other forms of liability taken or not taken by the Hospital for the purposes of complying with any of the provisions of this Article.

Notwithstanding any other provision of this agreement to the contrary, the Association and Hospital shall safeguard the rights of non-association by nurses based on *bona fide* religious tenets or teachings of a church or religious body of which such nurse is a member. Such nurse shall pay an amount of money equivalent to the regular association dues to a non-religious charity or to another charitable organization mutually agreed upon by the nurse and the Association, and the nurse shall furnish written proof to the Hospital and Association that this has been done.

Section 5. The Hospital agrees to provide each new nurse with a copy of this Agreement and the Association agrees to provide the Hospital with sufficient copies thereof. The cost of printing these copies shall be equally borne by both parties.

Section 6. The Hospital will provide the Association with a designated section of two (2) bulletin boards, one (1) of which is to be located in the employee lounge and the other one (1) to be located in the nurse work room, on which the Association may post notices of regular and special meetings and notices of social activities of the Association. The parties agree that the Hospital may remove any Association posting that the Hospital believes, in good faith, is disparaging of the Hospital, its employees, patients, staff, doctors or management, and/or references controversial political issues or matters and/or is inappropriate for other legitimate business reasons, and will supply written notice to the Association's labor representative of the items removed in a timely manner. The parties further agree that all postings will be in compliance with the Hospital's non-solicitation policy. Upon written request, the Hospital will provide a written explanation of the reason(s) for such removal.

Section 7. The Hospital shall provide the Association with a list of bargaining unit nurses showing the nurse's name, address, social security number and date of hire and will continue to provide it on a semi-annual basis in January and July. A list of newly hired nurses with this same information and the names of terminated nurses, if any, shall additionally be provided to the Association on a monthly basis.

Section 8. The Hospital will provide fifteen (15) minutes to an Association representative to attend the RN Orientation to discuss contract and administration matters with newly hired nurses. This fifteen (15) minute period will only be provided during the orientation of nurses, not other Hospital employees. A newly hired nurse who attends a meeting with an Association representative will be paid by the Hospital for this fifteen (15) minute period.

ARTICLE 2 – HOSPITAL'S LEGAL AND MANAGERIAL FUNCTIONS

It is acknowledged by the parties that the constitution and laws of the State of Oregon confer upon the Hospital certain powers, duties and obligations to be exercised in the interest of the public health, safety and welfare which cannot be delegated. The Hospital expressly retains all such powers. It is further recognized by the parties that the Hospital retains all managerial rights and prerogatives except as modified by a specific provision of this contract; and that such managerial rights and prerogatives include, but are not limited to, the right and prerogative to:

- (a)** Direct employees.
- (b)** Hire, promote, transfer, assign and retain employees in positions, and to suspend, demote, discharge or take other disciplinary action against employees for just cause.
- (c)** Relieve employees from duties because of lack of work or other legitimate reason related to operation of the Hospital, patient census, or any other business reason.
- (d)** Maintain the efficiency of Hospital operations.
- (e)** Determine the methods, means and personnel by which operations are to be conducted.
- (f)** Take whatever action may be necessary to carry out the mission of the Hospital.
- (g)** Determine reasonable schedules of work and establish the methods and processes by which such work is performed.
- (h)** Determine the need for, and assign employees to, educational and training programs, on-the-job training, and other educational activities.
- (i)** To determine issues related to long-range planning, the application of Hospital capital and other resources, including the right to liquidate, merge, or transfer such resources as the Board of Directors may determine.
- (j)** The right to contract or subcontract any or all Hospital function or functions.

The exercise of the rights and prerogatives of the Hospital as outlined above, or decision making related thereto, shall not be subject to collective bargaining, or to the grievance procedure, including arbitration. However, nothing in this Article will be construed to waive the Association's right to bargain concerning the impact of an exercise of the Hospital's decision making authority under Items (i) or (j) above.

ARTICLE 3 – PROFESSIONAL NURSING CARE/LABOR MANAGEMENT COMMITTEE

Section 1. Recognition. A Professional Nursing Care/Labor Management Committee (PNLC) shall be established at the Hospital.

Section 2. Responsibility. The Hospital recognizes the function of the PNLC to make objective recommendations with regard to nurse practice and patient care issues, to foster a positive and collaborative relationship between the parties leading to expeditious resolution of issues based on mutual respect and acknowledgement of each party's legitimate organizational interests, to advance the mission of the Hospital by strengthening employee involvement, and to identify areas in which the central objectives of the Hospital and the nurses are congruent. The Hospital and the Association will duly consider such recommendations and will respond to the Committee in writing in a timely fashion.

Section 3. Objectives. The objectives of the Committee shall be limited to:

- (a) To consider constructively the practice of nurses.
- (b) To work constructively for the improvement of patient care and nursing practice.
- (c) To recommend to the Hospital ways and means to improve patient care.
- (d) Support structure for continued educational needs and opportunities.
- (e) Make suggestions for improvements in quality of services and other operational issues as well as employee relations.
- (f) Clarify contract interpretations, and address workplace issues as they arise.
- (g) Committee meetings are not a substitute for the grievance procedure; and the committee has no authority to settle grievances, modify or waive any provisions of this Agreement or bargain regarding wages, hours, or other terms or conditions of employment unless mutually agreed by the parties, in writing.

The parties agree that all issues listed as within the purview of the PNLC will be brought to the PNLC and not to a different task force or committee that includes managers and nurses. The PNLC may agree to establish other task forces or committees to address specific issues.

Section 4. Composition. The Committee shall be composed of up to five (5) registered nurses employed by the Hospital and covered by this Agreement, elected by the bargaining unit. The Hospital may select up to five (5) members of management to participate in committee meetings.

Section 5. Frequency of Meetings. The Committee shall schedule a regular meeting each month, which may be cancelled by mutual agreement. Each Committee member shall be entitled to their regular straight-time rate, not to exceed two (2) hours, for the purpose of attending each such meeting. Such meetings shall be scheduled so as not to conflict with the routine, and the Hospital shall not be required to relieve more than three (3) nurses for purposes of attending the meeting. The Committee shall prepare an agenda and keep minutes of all meetings, copies of which shall be provided to the ~~Director of Nursing Services~~ **Chief Nursing Officer**, ~~the Hospital Administrator~~ **Chief Executive Officer** and the Association.

Section 6. Special Meetings. The Administration may request special meetings with the Committee, but such meetings shall not take the place of regularly scheduled meetings of the Committee. Nurses requested to attend will be compensated at the straight-time rate.

Section 7. The Hospital will comply with its obligation under Oregon State Law to maintain a written hospital-wide staffing plan for nursing services, and will follow Oregon State Law in the development of that staffing plan.

ARTICLE 4 – PROFESSIONAL DEVELOPMENT

Section 1. Continuing In-service Program. The Hospital agrees to maintain a continuing in-service education program pertinent to the functioning of nurses in the Hospital, including BLS certification for all nurses covered by this Agreement.

Section 2. Required In-service Education and Meetings. In the event that the Hospital requires a nurse to attend an in-service educational function or meeting outside of his/her regular shift hours worked, time spent at such functions will be considered as time worked under this Agreement. A minimum of two (2) hours' pay shall be paid for attendance at required functions if the time spent at such functions is not continuous with the nurse's worked shift. Attendance at nursing staff meetings and/or disaster drills is considered mandatory. When reasonably possible, the Hospital will provide coverage for any staff on duty when the meeting is deemed mandatory. Nurses will be permitted to miss up to three (3) mandatory meetings per calendar year, without penalty, provided such absence is for a legitimate reason and the nurse promptly reviews the agenda and meeting minutes within thirty (30) calendar days of the date the agenda and meeting minutes are posted. An expected absence for a mandatory meeting must be communicated to the nurse's supervisor as soon as the nurse learns he/she cannot attend. Whenever reasonably possible, the Hospital will attempt to schedule such activities at a date and time to provide the majority of the affected nurses an opportunity to attend such function during, immediately before or immediately after the nurse's shift. If the meeting is offered on two (2) or more separate occasions, on at least two (2) shifts (day, evening, night), the nurse must attend the meeting during one (1) of the times continuous with the nurse's worked shift. Whenever possible, approval and scheduling for mandatory educational offerings shall be subject to the normal Hospital work schedule posting requirements. Mandatory meeting times shall be posted at the same time as the posted work schedule, unless such scheduling is beyond the control of the Hospital, subject to the same considerations as noted above. When approval

is required for an educational offering it shall be given by the Hospital within ten (10) calendar days of the request.

Section 3. Other Mandatory Training/Education. Nurses who are required to work in specialty nursing units (~~OR, OB, ER~~, Home Health and ICU) within the bargaining unit may be required to attend and shall be compensated for additional mandatory training or education. Such requirements per unit shall be established by written policy, readily available to nurses and consistently applied.

A nurse is required to complete a minimum of two (2) days of Skills training/education per anniversary year. If less than two (2) days of mandatory requirements occur during this period, the nurse must supplement required training and education with "voluntary" education or workshops to meet this minimum requirement. If not completed within the nurse's anniversary year, upon notice from the Hospital, the nurse must submit in writing a reasonable plan to the nurse's immediate supervisor for the nurse to obtain such training/education. The nurse may be subject to disciplinary action if training/education is not completed in a timely manner due to circumstances within the nurse's control. Hospital approved educational video tapes shall be allowed to meet this training/educational requirement. The nurse must attend a minimum of six (6) hours of training/education to qualify for an education day unless the Hospital provides prior approval that a specific training course lasting less than six (6) hours will be counted as one (1) day's training/education under this Article.

Section 4. Mandatory Certifications. All nurses covered by this labor agreement are required to complete and maintain Basic Life Support (BLS) certifications. Registered nurses are required to complete and maintain Advanced Cardiac Life Support (ACLS) certification within six (6) months of hire. ED ~~and OR~~ will also maintain Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP) certification. OR shall be provided with PALS and NRP certifications if that patient age population is served by the OR. ED will also maintain Trauma Nursing Core Course (TNCC) certification. If not maintained, upon notice from the Hospital, ~~the, the Nurse will be taken off the schedule until certification requirement is met.~~ The hospital shall notify nurses at thirty (30) and sixty (60) days prior to expiration of required certifications via hospital email system and in writing mailed to the nurse's ~~the nurse must submit in writing a reasonable plan to the nurse's immediate supervisor for the nurse to obtain such certification or re-certification. The~~ home. The nurse may be subject to disciplinary action if certification is not completed in a timely manner. Home Health Nurses are excluded from ACLS requirements. Nurses not providing any direct patient care may be excused from the ACLS requirement upon mutual written agreement with management. Class time will be considered as time worked. Nurses in the bargaining unit will have the opportunity to participate in developing any new service or department ~~including but not limited to an OB services~~ and training program at Coquille Valley Hospital through the Nurse Staffing Committee.

Training for mandatory certification will be provided locally by the Hospital at least twice per year. Timelines for certification requirements shall be extended if the two local classes are not able to be provided by the hospital.

~~The CareLearning~~ HealthStream ~~Health Stream, On-line compliance and educational Program~~ educational Program is mandatory for all Nursing staff ~~(13 mandatory classes per~~

calendar year). ~~Choosing~~ the classes that will be mandatory will be a joint effort with PNLC, with the exception of compliance required classes. Additional classes may be taken and compensated for on a case-by-case basis as determined by the Hospital.

Section 5. Non-Mandatory Education Leave. Nurses shall be allowed up to two (2) additional days of approved non-mandatory paid educational leave days per year to be taken in units of not less than four (4) hours for the purpose of attending seminars or workshops directly related to a nurse's employment. The Hospital will evaluate and approve requests for non-mandatory educational leave and the cost of the program on a case-by-case basis. All such attendance must be approved, in advance, in writing, by the Hospital. Related expenses for such additional training seminars or workshops, if approved, will be paid according to Hospital policy or as otherwise mutually agreed between the nurse and the Hospital. A nurse granted non-mandatory education leave shall not be required to additionally work the nurse's regularly scheduled hours, but shall instead be granted the leave as work release time unless otherwise mutually agreed between the nurse and Hospital.

Any nurse who attends an educational program for which the expense or program costs are paid in whole or in part by the Hospital may be required to present an oral review of the matters discussed during such educational leave during the regularly scheduled in-service educational program.

Section 6. Educational Leave. Nurses pursuing a degree related to nursing may request an unpaid educational leave by the ~~Director of Nursing~~ **Chief Nursing Officer** for periods up to one (1) year for study toward such degree. Approval of such requests shall be in the sole discretion of the Hospital. Seniority and benefits shall not accrue during this leave. Upon returning from the one (1) year's educational leave, the nurse shall be guaranteed the same or similar position previously held.

Section 7. Tuition Reimbursement. ~~Refer to appendix B~~ The Hospital shall make available to nurses who have been employed at least one (1) year reimbursement for a portion of the tuition paid for college classes which are required for a nursing or nursing-related degree on receipt of proof of satisfactory completion of the class(es) and proof of payment of the tuition. "Satisfactory completion" shall be defined as a numerical grade of 2.75-~~3.0~~ (or its equivalent) or higher. During each fiscal year beginning July 1, the reimbursement to any one nurse shall not exceed seven hundred fifty dollars (\$750) and the total life-time amount paid per nurse while in the bargaining unit for reimbursement of tuition shall not exceed three thousand dollars (~~\$3,000~~).

Tuition reimbursement for casual employees shall be addressed on a case-by-case basis by mutual written agreement between the employee, Association and the Hospital.

Each nurse who receives tuition reimbursement shall agree to be available to be scheduled for part-time or greater work for a period of one (1) year following the completion of the class(es) on their regular, or other mutually agreeable, shift. If the nurse voluntarily leaves the Hospital prior to this time, the nurse shall repay tuition received, prorated, based on the number of months remaining to complete the one (1) year of service requirement. This payment may be

deducted by the Hospital from the nurse's last paycheck unless the parties have agreed to an alternative payment schedule.

Section 8. National Certification. ~~The hospital highly encourages Nurses to pursue their National Certification who obtain a National Certification which the Hospital, in consultation with the PNCC, determines to be sufficient related to Hospital services, may obtain financial assistance in acquiring such certificate. The Hospital will reimburse the Nurse the cost of the initial certification, excluding travel, hotels, and food. If the certification test is not successfully passed the Nurses will reimburse the hospital the cost of the test. For subsequent renewal of the certification is the responsibility of the Nurse. Nurses with a National Certification/Certificates will be awarded a .70 per hour differential (differential does not increase for additional certifications).~~ has the sole right to determine the amount of financial assistance and/or hourly certification compensation, if any, related to such certification.

Section 9. Nurses with their BSN degrees will receive a .70 cent per hour differential

ARTICLE 5 – PERFORMANCE EVALUATION

Section 1. The Hospital shall provide evaluations of the professional performance of each newly employed nurse covered by this Agreement at least once within the ninety (90) calendar days after commencing employment ~~Clarification-Conflicting with Article 12 Section 4(f) -~~ and not less than once per year thereafter. Evaluations are to be made to be completed by the Department Manager with consultation from the Charge Nurse and reviewed by the Chief Nursing Officer before given the Nurse by the Director of Nursing Services Chief Nursing Officer, ADNS or Department Supervisor Department Manager who shall consult one or more members of nursing personnel who have direct contact or knowledge of the employee's ability.

Section 2. An unsatisfactory annual performance evaluation may result in disciplinary action as specified in Article 11, including postponement of a nurse's advancement to the next higher step on the pay scale on the nurse's anniversary date. In the event a nurse does not receive a satisfactory evaluation, and such nurse has remained at his or her present wage, the nurse shall remain at this step until he or she has received a satisfactory follow-up ninety (90) calendar day evaluation at which time the nurse may move to the next higher step on the pay scale. Should the Hospital not provide the nurse with a follow-up evaluation within ninety (90) calendar days as referenced above, the nurse shall receive any pay step increase the nurse was otherwise eligible to receive.

ARTICLE 6 – HOURS OF WORK

Section 1. The regular hours of work each day shall be consecutive, except for interruptions for a one-half (1/2) hour unpaid lunch and two (2) fifteen (15) minute rest periods during each eight (8) hour shift. Nurses who work twelve (12) hour shifts shall have one (1) scheduled unpaid lunch period of not less than one-half (1/2) hour and three (3) fifteen (15) minute rest periods spread out during the course of the shift. Meal breaks and rest periods may be taken during

overtime at the same intervals as are provided during each shift. Nurses shall not be scheduled to rotate shift without the nurse's consent. Regular hours for beginning and terminating shifts shall not be modified on less than five (5) working days' notice, except in cases of emergency occasioned by conditions beyond the Hospital's control, such as unscheduled employee absence. Nurses may not exchange shifts or substitute for another nurse if the exchange would result in overtime pay without prior written approval by their ~~supervisor~~ **Manager**.

Section 2. The workday shall consist of a twenty-four (24) hour period which shall commence at the beginning of the nurse's regular shift. A normal shift shall consist of eight (8) consecutive hours of work, exclusive of one-half hour (1/2) lunch period to be taken as near as practicable to the middle of the work shift, and one (1) paid fifteen (15) minute break during each four (4) hours of work or major fraction thereof. Alternative straight-time workdays shall consist of ten (10) or twelve (12) hours with similar meal and break periods. Nurses on an eight (8) hour schedule shall receive time and one-half (1-1/2) their regular hourly rate for all work in excess of eight (8) hours in a day, forty (40) hours in a week, and on the sixth (6th) consecutive and seventh (7th) consecutive day of work in the same work week. Alternatively, with the nurse's consent, an employee's schedule for overtime purposes will be eighty (80) hours in a period of two (2) workweeks. The Hospital may elect to schedule nurses in four (4) hour increments by mutual agreement between the nurse and the Hospital on a scheduled posting-by-posting basis. In no event will hours compensated at overtime be included for purposes of computing additional overtime. Overtime pay shall include shift differential as specified in that section of this contract.

Section 3. The parties agree that employees scheduled to work six (6) hours or less shall not be required to take a meal period.

Hours Worked	Paid Break	Unpaid Meal Period
4-6 hrs	1	None
6 hrs 1 min-10 hrs	2	1
10 hrs 1 min-13 hrs 59 mins	3	1
14 hrs	3	2
More than 14 hrs	4	2

Section 4. An employee may request in writing to regularly take his/her meal break at a time other than that specified above. If the Hospital agrees to the change in writing, the employee may take his/her meal break at the requested time. This Agreement may be cancelled by either the employee or the Hospital by providing no less than fifteen (15) calendar days' written notice.

Section 5. It is understood by both the Hospital and the Association that every reasonable attempt will be made to provide employees with required breaks and clear communication by the Hospital to the employee that it is an expectation that employees will take required breaks pursuant to Oregon law.

Section 6. Work schedules for each month shall normally be posted ~~at least fourteen (14) calendar days in advance~~ ^{by the 17th of the month prior}. Nurses requesting days off on the next scheduled to be posted must have their request in by the tenth (10th) of the month preceding their requested time off. The Hospital shall notify a nurse who submits a request for days off on the next schedule of the approval or denial of such request within twenty-one (21) calendar days of the date of the written request is received, and, in any event, no later than the date the next schedule is posted. Full- and part-time nurses shall be scheduled the set number of hours of their position on the posted work schedule, unless otherwise requested by the nurse. Schedule changes following posting shall be made only with the consent of the nurse. Once posted, the Hospital shall have no obligation to revise schedules pursuant to nurse request (except in cases of illness, emergency, or paid leaves specified under Article VIII) or nurse convenience unless: (1) the nurse requesting the change has secured in advance a qualified replacement bargaining unit nurse to cover his or her scheduled hours, and (2) the replacement nurse can substitute at straight time hours.

Requested schedule changes must be in writing and must be approved in writing.

After the posting of the work schedule regular full- and part-time nurses shall be given the first opportunity to schedule extra available shifts, followed by casual nurses, and finally temporary nurses (including traveler and agency nurses). This section shall not require the Hospital to schedule any nurse at an overtime rate of pay if other nurse(s) are available to perform the required work at straight time rate of pay. Once open spots on the posted schedule have been assigned by the Hospital such nurse shall not be bumped from the schedule even if the assigned shift is at an overtime rate of pay.

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Section 7. The Hospital will use every reasonable effort and exhaust all resources to schedule all regular full- and part-time nurses every other weekend off. All nurses shall participate in their unit's weekend scheduling rotation on an equitable basis. Casual nurses shall participate consistent with their position requirement. For scheduled eight (8) hour shifts, a weekend shift shall be defined as a shift beginning as of 11:00 p.m. Friday or later and ending as of 11:00 p.m. on Sunday. For scheduled twelve (12) hour shifts, a weekend shift shall be defined as a shift beginning and ending between 7:00 p.m. Friday and 7:00 p.m. on Sunday. Effective the first pay period after ratification of the 2017~~6~~ Agreement, nurses working a weekend shift as defined herein shall be paid a weekend premium of ~~\$0.75~~ \$1.50 per hour during each such shift.

Section 8. Routinely scheduled weekend tours of duty or alternate patterns of work shift schedules for regular nurses may be arranged by mutual agreement with the Chief Nursing Officer, Director of Nursing Service or ADNS or **Department Manager**, and shall not be subject to the above time and one-half (1-1/2) provisions. Nurses in addition may periodically waive hour, day, or consecutive weekend premium pay in writing for a specific work week or work day in order to obtain additional hours provided that this waiver is not a violation of the law. The Hospital may not solicit nurses for such a waiver. The Hospital will provide the Association with a copy of all premium waivers within fourteen (14) calendar days of such waiver.

Section 9. Overtime and release time must be properly authorized by the immediate supervisor. For purposes of calculating compensable time, the Hospital shall round down to the nearest quarter (1/4) hour for any time reported equivalent to seven (7) minutes or less at the end of a shift. And will round up to the nearest quarter hour for 7 minutes or less prior to the shift start time. The Hospital shall round up to the nearest quarter hour for any time recorded consisting of eight (8) minutes or more at the end of a shift. In addition, will round down to the nearest quarter hour for 8 minutes or more prior to shift start time. Individual time entries shall be rounded to the nearest quarter of an hour. For example, a time clock entry of arriving on shift at 7:52 a.m. shall be rounded to 7:45 a.m. and a time entry of 7:53 shall be rounded to 8:00 a.m. CVH shall discontinue its practice of rounding the total hours worked in a day to the nearest quarter of an hour. This rounding procedure shall apply to all compensable time recorded before and after a nurse's regular shift. When the recorded time generates compensation for a quarter (1/4) hour or more, such compensation for work following the completion of a nurse's shift shall be paid the overtime rate pursuant to Section 2 above. A floor nurse may leave work early upon completion of all responsibilities including bed side shift report, ~~pyx~~Pyxis discrepancies, chart documentation, related charges and approval of Charge Nurse, the nurse's duties and after all nurses in the unit have completed patient report within Nurse within one-half (1/2) hour of end of the shift without loss of ~~pay.~~

~~When pay. When~~ a nurse requests to be on-call during times of a low census while they are on a regular scheduled day, they may elect to be on-call. However, if called back, it will be on a straight time basis. Call pay ends upon return to work.

The Hospital reserves the right to decline any nurse request for additional work hours beyond the nurse's regularly scheduled position hours when the granting of such request would cause those additional hours to be worked at overtime or other premium rates. Assignments resulting

in overtime and premium rates of pay, however, shall be distributed in a fair and equitable manner, whenever operationally reasonable.

Section 10. Casual nurses as defined below shall not be eligible for medical-dental coverage or other fringe benefits under this Agreement but shall receive 20% of base salary (step) per hour in addition to their regular hourly rate ~~two dollars and fifty cents (\$2.50) per hour in addition to their regularly hourly rate of pay~~ in lieu of paid time off, medical/dental/vision insurance, life insurance, short and long-term disability insurance and retirement benefits.

Section 11. Nurses who are scheduled, report for work and are directed to work only a portion of their straight-time shift shall be paid for not less than four (4) hours. This provision shall be inapplicable if the Hospital makes a reasonable documented attempt to notify the nurse not less than two (2) hours in advance of his/her starting time and directs the nurse not to report for work.

Section 12. Each nurse shall be responsible for providing the Hospital with the nurse's current address and telephone number. Messages left with another person or on electronic answering devices at such number shall constitute notice to the nurse for purposes of Section 8.

Section 13. Payroll. The Hospital shall supply itemized paychecks to nurses two times per month. In addition the Hospital, at no cost to the nurse, shall electronically deposit the nurse's pay into an approved bank or credit union account upon his or her written authorization.

Section 14. Definitions.

(a) Regular full-time: nurses who are regularly scheduled an average of thirty-two (32) hours or more per week.

(b) Regular part-time: nurses who are regularly scheduled less than thirty-two (32) hours per week but twenty (20) hours or more per week when on an eight (8) hour schedule or twenty-four (24) hours when on a twelve (12) hour schedule.

(c) Work week: same as calendar week (Sunday – Saturday).

(d) Casual nurses: nurses who average less than twenty (20) hours per week on a schedule as needed by the Hospital. Casual nurses must be available to be scheduled a minimum of three (3) eight (8) hour shifts or two (2) twelve (12) hour shifts per calendar month of their choice, one (1) of which must be on a weekend, to be specified by the nurse ~~by 5:00 pm on the prior to the twelfth (12th)~~ by 5:00 pm on the prior to the twelfth (12th) of the month prior to the posted work schedule. Additionally, a casual nurse must be available to work two (2) major holidays per year, ~~i.e.~~ i.e. Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Day, New Year's Day. ~~If a nurse fails to meet the above requirement~~ If a nurse fails to meet the above requirement twice in a calendar year. The nurse will receive a letter that if they fail to meet this requirement again their employment with CVH will be terminated. nurse may be subject to discipline for failing to specify availability in a timely fashion as required by this provision. A list of holidays for the following year shall be posted on XX for per diem staff to sign up for the two (2) major holidays for the year. Per diem staff may alternatively sign up to work four (4) additional hard to fill shifts, above and beyond

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their base requirement that shall consist of any combination of Christmas Eve, New Year's Eve, Easter, or weekend shifts to add up to the 4 additional shifts. Per-diem staff shall sign up for such shifts no later than 30 days after the listing was posted. Those nurses who do not sign up in the allotted time, or do not fulfill the required amount of shifts required may be subject to the progressive discipline process.

Section 15. Nothing contained in this Agreement shall be construed as a guarantee of any number of hours of work per day or per week.

Section 16. Any claim for wages, overtime or other complaint involving employee compensation or employee payment or overpayment of any benefit referenced in this labor agreement must be presented in writing to the employee and/or the Hospital within the greater of fourteen (14) calendar days of the date on which the employee is paid for the period in which he or she or the Hospital claims a discrepancy, or within fourteen (14) calendar days of the date the employee or Hospital has knowledge or should have had knowledge of the discrepancy; otherwise, the Association, the Hospital and employee agree that payment has been made in full and the right to protest, seek reimbursement, or file a grievance over such discrepancy is waived in all respects.

Section 17. Telephone Consultation. Telephone consultation, including documentation of telephone contact, that is necessary for supervision, telephone conferences, and/or patient evaluation or advice that is in excess of ten (10) cumulative minutes over the assigned call period, shall be considered hours worked and shall be compensated at the applicable rate of pay from an on-call status. Nurses are responsible for duly and accurately recording all such working time. Waiting for return calls shall not be considered hours worked. Long distance telephone charges that are a direct result of work activities by Home Health nurses shall be compensated by the Hospital in a timely fashion. Home Health nurses who use a personal cell phone in the performance of their work functions shall receive a forty dollar (\$40.00) per month payment as reimbursement for such cell phone use.

~~**Section 18.** Twelve (12) Hour Shifts. By mutual written agreement between the individual nurses and Hospital management, with preference given to senior nurses, nurses may work alternative shifts which consist of twelve (12) hours under the conditions set forth in this Section below. Such agreements shall be copied to the Association within seven (7) calendar days.~~

Section 19. The workday shall consist of a twenty-four (24) hour period which shall commence at the beginning of the nurse's regular shift. The effected nurses will work under a seven (7) day, forty (40) hour calendar work week. No more than three (3) consecutive twelve (12) hour shifts shall be scheduled without the nurse's consent. Nurses in the designated units working under a twelve (12) hour schedule will receive time and one-half (1-1/2) for all hours worked over twelve (12) hours in a work day or in excess of thirty-six (36) hours in a work week, and two times (2X) the nurse's regular pay for all overtime hours beyond sixteen (16) hours in a work day.

Section 20. Nurses working a twelve (12) hour schedule shall receive time and one half (1-1/2) for working a fourth (4th) or fifth (5th) consecutive day even if such fourth (4th) or fifth (5th) consecutive work day is in a different work week. After the fifth (5th) consecutive work day, the

work week will be considered to have reset and the time and one-half (1-1/2) premium shall not apply. However, the Hospital will use every effort and exhaust all available and alternative resources to not schedule nurses more than five (5) consecutive work days.

Section 21. The standard shift differential that is applicable to the majority of the hours of the twelve (12) hour shift shall be applied to and paid for all hours of the shift. PTO and other benefits will be accrued based on a formula that thirty-six (36) hours will be equivalent to forty (40) hours in the work week.

Section 22. Once established, the Bargaining Unit or the Hospital may provide written notice to the other party no less than thirty (30) calendar days prior to a decision to discontinue such twelve (12) hour shifts. If discontinued, the Bargaining Unit nurses shall revert to the nurse's eight (8) hour positions on the previous eight (8) hour schedule. Low census shall be whenever reasonably possible equitably distributed between eight (8) and twelve (12) hour positions as specified in the seniority article. Low census assignment, however, shall not result in a scheduled four (4) hour shift duration established prior to the start of the shift, without the consent of the nurse. Holiday pay applies to the entire shift when a majority of the scheduled hours on a shift occur during one of the holidays specified in the Paid time Off Article. Education leave shall be paid for at the rate of eight (8) hours if a program is eight (8) hours.

Section 23. A nurse who has an eight (8) hour position and who voluntarily fills in for a twelve (12) hour shift shall be compensated for an eight (8) hour shift plus applicable premium pay. A nurse who volunteers and is scheduled for a twelve (12) hour shift on the posted monthly work schedule shall receive twelve (12) hour position compensation.

Section 24. No Pyramiding. Premium or overtime payments for hours worked, including but not limited to overtime premium payments, and consecutive twelve (12) hour shift premium payments shall not be duplicated or pyramided for the same hours worked or paid for under any of the terms of this Agreement, and to the extent hours are compensated for at overtime or premium rates under one provision of this Agreement, they shall not be counted as hours worked under the same or any other provision of this Agreement. This Section shall not apply to any hourly premium payment made to a nurse who actually works on a holiday recognized under this Agreement, or to hours worked as a Short Notice Shift (less than 2 hours' notice).

Section 25

Surgery department nurses will continue to be compensated at time and one half the nurses' regular rate of pay for hours worked in excess of eight (8) hours per day. and for time spent on call between 7:00 p.m. and 7:00 a.m.

ARTICLE 7 – UNPAID LEAVES

Section 1. Leaves of Absence. In the sole discretion of the Hospital, a nurse may be granted a personal leave of absence, other than medical leave of absence, after six (6) months of service. All such requests must be presented in writing to the ~~Director of Nurses~~ Chief Nursing Officer as far in advance as possible. A leave of absence protects an employee's accrued service record;

however, a nurse will not accrue benefits or build service time during the leave, unless the leave is for four (4) weeks or less.

Section 2. Educational Leave. ~~After completing one (1) year of service, a nurse, upon request, may be granted a leave of absence without pay for educational purposes at an accredited school when it is related to employment. The period of such leave of absence shall not exceed one (1) year but it may be renewed or extended, when necessary, at the request of the nurse and upon authorization by the Hospital. One (1) year's leave of absence with any requested extension for education purposes may not be provided more than once in any three (3) year period.~~

. Educational Leave. Nurses pursuing a degree related to nursing may request an unpaid educational leave by the -Chief Nursing Officer for periods up to one (1) year for study toward such degree. Approval of such requests shall be in the sole discretion of the Hospital. Seniority and benefits shall not accrue during this leave. Upon returning from the one (1) year's educational leave, the nurse shall be guaranteed the same or similar position previously held.

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Section 3. Military/Peace Corps Leave.

(a) The Hospital and Association agree to comply with all of the requirements of the Uniform Service Employment and Reemployment Rights Act (USERRA). Employees covered by USERRA shall be subject to all regulations contained in the statute which must be satisfied for employees to remain covered by USERRA. Nurses employed by the Hospital who are members of the National Guard or Armed Services Reserves are entitled to paid annual leave of fifteen (15) consecutive calendar days. The hours the nurse would have been scheduled to work during annual military training shall count towards qualification for fringe benefits. Nurses shall inform the nursing office of the dates for their annual training by the tenth (10th) of the month preceding the month in which annual training occurs.

(b) Military veterans may request Veterans' Day off work in accordance with Oregon law, so long as they give at least twenty-one (21) calendar days' advance notice. The Hospital reserves the right to deny such leave in the event of significant economic or operational disruptions, or undue hardship.

Section 4. The Hospital shall have no obligation to provide the paid benefits of medical insurance coverage, funeral leave, jury duty compensation, or retirement contributions to any nurse during such period of time that the nurse is on an approved unpaid leave of absence of thirty (30) consecutive calendar days or greater for any purpose except to the extent otherwise required by law.

Section x. Compliance with Oregon Sick Leave. The hospital and the Association agree that the hospital shall comply with Oregon Sick Leave laws and no provision of this contract shall be interpreted in a manner that is not in compliance or waives any rights permitted by the Oregon Sick Leave law.

Section 5. Compliance with ADA. The Hospital and the Association agree that the Hospital shall be permitted to take any and all actions necessary to comply with the Americans with Disabilities Act (ADA) to avoid liability under the provisions of said Act. If such actions necessitate violation of a provision of this Agreement, then the parties agree to bargain with regard to the effect of such action on other bargaining unit employees.

Section 6. Family and Medical Leaves. Unpaid family leave shall be in accordance with applicable state and federal laws, including the Oregon Family Medical Leave Act (OFLA) and the Family and Medical Leave Act (FMLA) of 1993. An unpaid leave of absence for up to twelve (12) weeks will be provided to eligible employees for certain family or medical reasons under the Acts.

(a) Eligibility. Eligibility for family and medical leave is detailed in the Hospital Personnel Policy.

(b) Qualifying Purposes. Eligible employees may request family and medical leave for the following purposes:

(1) The addition of a child to the family through birth, adoption, or placement by foster care ("parental leave");

(2) A serious health condition of the employee's spouse, child or parent, and under OFLA, non-disabled child over age eighteen (18), parent-in-law, grandparent, grandchild, same-sex domestic partner and parents or child of an employee's same-sex domestic partner. A serious health condition includes any pregnancy related illness that incapacitates an employee and prenatal care. Doctor's visits may be included if required for a serious medical condition;

(3) A serious health condition that prevents the employee from performing his or her job; to care for an injured service member (Armed Forces, National Guard and Reserves) who is the employee's spouse, child, parent or next of kin, with a serious injury or illness incurred on active duty and for a covered veteran undergoing medical treatment, recuperation or therapy for a serious illness or injury that was sustained any time up to five (5) years preceding the treatment ("military caregiver leave"); for a qualifying exigency arising out of the employee's spouse, child or parent's active duty, or call to active duty in the Armed Forces, National Guard or Reserves ("qualifying exigency military leave.")

Under OFLA, eligible employees may also request family and medical leave for:

(1) The care of a minor child who is ill and requires home care, only if the child does not have a serious health condition, provided another family member is not willing and able to care for the child;

(2) For up to fourteen (14) regularly-scheduled work days per deployment arising out of the employee's, spouse's, or registered domestic partner's active duty or call to active duty in the Armed Forces, National Guard or Reserves.

In addition to the basic twelve (12) week family leave entitlement, eligible FMLA employees are entitled to take up to twenty-six (26) weeks of leave in a single twelve

(12) month period (that includes leave for any other FMLA purpose) for military caretaker leave. Eligible OFLA employees may qualify for additional family medical leave under OFLA up to a maximum of thirty-six (36) weeks for a female employee and twenty-four (24) weeks for a male employee in the following circumstances:

(1) Up to twelve (12) weeks leave for an illness, injury or condition related to pregnancy or childbirth that incapacitates the employee; and

(2) Up to twelve (12) weeks of sick child leave for those employees who take twelve (12) full weeks of family leave as parental leave provided the child does not have a serious health condition.

(c) General Provisions.

(1) Notice. Employees must give the Hospital at least thirty (30) days' leave is unforeseeable, employees must give the Hospital oral notice within twenty-four (24) hours of when the employee's leave starts and provide written notice within three (3) days of the employee's return to work.

Employees must make reasonable efforts to schedule treatment for serious health conditions and/or for planned treatment in a manner that does not unduly disrupt Hospital operations. Employees will be required to submit a request for an extension of their family leave of absence every thirty (30) days where applicable and in accordance with the law.

A notice by the Hospital will be given to the nurse taking the leave informing him or her of the arrangements for payment of health insurance premiums, whether the nurse will be required to provide medical certification for leave, etc., in accordance with FMLA and OFLA including the consequences of inaction.

(2) Employees are responsible and must provide sufficient information for the Hospital to determine if the leave may qualify for family medical leave protection and the anticipated timing and duration of the leave. Employees also must inform the Hospital if the requested leave is for a reason for which FMLA and/or OFLA leave was previously taken or certified.

The consequences for failing to provide adequate notice for OFLA-only leave or that the Hospital may reduce the period of unused OFLA by the number of days the employee took leave without notice (not to exceed three [3] weeks per leave year).

(3) Twelve (12) Month Leave Period. The leave calculation year for family medical leave is twelve (12) months starting with the first day family leave is taken by the employee (twelve [12] month "looking forward" method).

(4) Paid, Other Leave to Run Concurrently. Leave granted under state workers' compensation laws will be treated in accordance with the state workers' compensation laws and will run concurrently with family medical leave covered by FMLA, and will run concurrently with family medical leave covered by OFLA if

the workers' compensation claim is denied, or if the employee rejects a light-duty offer.

Paid leaves and unpaid leaves run concurrently with unpaid family medical leave where allowed by law. Any accrued paid leave, such as PTO leave, must be substituted for unpaid family medical leave and taken before the remainder of family medical leave is taken as unpaid leave, except that the nurse may retain up to one hundred and twenty-five (125) hours of accrued PTO.

Leave under OFLA runs concurrently with leave under FMLA in many circumstances.

(5) Medical Certification. The Hospital may request in writing a required medical certification of the employee's own serious health condition and serious health conditions of the employee's family member. The employee will be required to provide the completed and sufficient certification in a timely manner. The Hospital will also require returning employees to provide a certification of fitness to return to work periodic re-certifications supporting the need for leave may be required.

Employees who use sick child OFLA leave on all or any part of three (3) separate days in a twelve (12) month leave period may be required to provide medical documentation from the child's doctor to verify that the child was ill and required home care for all subsequent uses of sick leave in the twelve (12) month period.

Certification of spousal/domestic partner deployment, qualifying exigency and military caregiver leave. The Hospital will require certification of OFLA spousal or registered domestic partner deployment leave, and of FMLA qualifying exigency, and the serious illness or injury of the covered service member military family leave. The employee need just respond to such a request in a timely, complete and sufficient manner, within fifteen (15) calendar days of the request. Failure to provide a timely, complete and sufficient certification may result in denial or delay of continuation of leave. Under OFLA the Hospital must pay "out of pocket" expenses for medical verifications required as a condition of continuing employment.

(6) Intermittent/Reduced Schedule Leave. Intermittent and reduced schedule leave is available in accordance with the law. Intermittent or reduced schedule leave is not available for family leave used for birth, adoption or foster placement. In other situations where intermittent or reduced schedule leave is available and foreseeable, employees may be temporarily transferred to available alternative positions that better accommodate intermittent or reduced schedule leave in accordance with OFLA and FMLA and this Agreement.

(7) Reinstatement. Generally, employees returning from leave will be restored to their original or equivalent positions with equivalent pay, benefits and other

employment terms (including shift) unless their former position has been eliminated for bona fide business reasons, where the employee may have no reinstatement rights.

Reinstatement following OFLA leave is generally to the employee's former position, unless the position has been eliminated, in which the employee may be entitled to reinstatement to an available, equivalent job.

(8) Continuation of Benefits. Employees on FMLA qualified leave are entitled to continue health benefits on the same terms and conditions as active employees for up to twelve (12) weeks in a leave calculation year. The Hospital will recover premiums paid on behalf of an employee who does not return to work for reasons other than a serious health condition of the employee or family member or other circumstances beyond the control of the employee.

Human Resources personnel policies have specific details, and applications for family medical leave.

Section 7. Reinstatement. In the case of return from family leave or military leave, a nurse shall be reinstated in accordance with state and federal law, and in accord with other applicable provisions of this agreement.

For other authorized leaves of absence of up to one hundred twenty (120) calendar days, a returning nurse shall be reinstated in the same position she was employed before commencement of leave.

For authorized leaves of absence in excess of one hundred twenty (120) calendar days, if the nurse's original position is not available, the returning nurse will be offered the first comparable available position, including shift, for which the nurse is qualified. If the nurse declines or fails to respond to such offer, the Hospital will not be contractually obligated to recognize further reinstatement rights.

A nurse who returns from a leave of absence to a different position that she left, will have first option to fill the first opening that occurs in the position she left for the two-year period following her return to a different position.

If a nurse asks to return from leave to work earlier than originally planned with reasonable notice, the Hospital is obligated to promptly restore the employee as noted above.

A nurse who, without good cause, fails to report for work on her/his next scheduled work day following termination of a leave of absence including family leave will be considered to have voluntarily resigned her/his position.

ARTICLE 8 – PAID LEAVES

Section 1. Funeral Leave. Nurses shall be allowed five (5) days off with pay at straight time for the purpose of attending the funeral and assisting in arrangements therefore in the event of death of the nurse's spouse or child. In the event of a death by other members of the nurse's

immediate family, the nurse shall be granted three (3) days off with pay. Paid days off will be limited to the nurse's scheduled workdays. Scheduled days off will not be changed to avoid payment for funeral leave. Other members of the nurse's immediate family, for purposes of this section, shall be defined as spouse, son, daughter, mother, father, brother, sister, ~~or~~ grandchildren, or as defined by any state or federal law.

Section 2. Jury Leave. A regular full-time nurse who is called to perform jury duty will be permitted the necessary time off to perform such service, and will be paid the difference between the regular rate of pay for the scheduled workdays missed and any jury duty pay received (less mileage). The nurse must make arrangements with his/her ~~supervisor~~ **Manager** in advance of the actual jury service. Jury duty pay shall be extended only to employees who are called, not employees who volunteer, and shall be limited to a maximum of twenty-two (22) working days per year. The employee must furnish a signed statement from a responsible officer of the court as proof of jury service and pay received. If a nurse working the day shift is excused from jury service prior to 1:00 p.m. on any day of jury duty, the nurse shall be required to contact the ~~Director or Assistant Director of Nursing~~ **Chief Nursing Officer or Department Manager** immediately for assignment for the remainder of the shift.

Section 3. Court Witnesses.

- (a) A nurse who is required to testify in a legal proceeding on behalf of the Hospital will be compensated for all time spent in official trial and pretrial discovery proceedings.
- (b) A nurse who is subpoenaed to appear as a witness in a legal proceeding to which the Hospital is not a party to testify concerning matters involving the nurse's employment at the Hospital or involving events which took place while performing such duties shall be compensated at straight-time pay during the nurse's scheduled workday.
- (c) A nurse who is subpoenaed to appear as a witness concerning matters not directly related to her employment at the Hospital shall be granted a leave without pay.

ARTICLE 9 – INSURANCE AND RETIREMENT PROGRAMS

Section 1. The Hospital will continue to provide medical and dental plan benefits substantially equivalent to those presently in existence as of October 1, 2016. As of October 1, 2016, medical benefits are provided through OEBB, and dental benefits through ~~PacificSource~~ **Pacific Source**. If such benefits are not available in the local marketplace, the parties shall meet and attempt to negotiate a substitute benefit program. The period of negotiation shall not exceed forty-five (45) calendar days after written notice of unavailability of such benefit plan(s) is sent to the Oregon Nurses Association. If negotiations do not lead to mutual agreement to a substitute benefit program, the Hospital shall supply an equivalent value benefit to nurses who would otherwise have been eligible for participation. Such benefit will include a Hospital payment directly to a health insurance carrier in an amount equivalent to the Hospital's monthly premium obligations under this agreement in lieu of the previous benefit programs.

(a) Effective October, 1, 2016, the Hospital will provide fully paid employee coverage for each eligible regular full-time and part-time nurse under the Dogwood Plan under OEBC, which shall be considered the Base Plan. An Employee may select a different plan under OEBC and will pay the difference in premium. The Hospital and employee premiums for plan year October 2016 through September 2017 are set forth as Addendum A. For nurses on the Base Plan, the Hospital shall reimburse up to \$500 of the \$1,600 deductible once the nurse has paid and provided written receipts to confirm payment of the \$1,600 medical deductible or the first \$3,000 of the family deductible

(b) The Hospital shall also provide vision coverage, for full-time employees, which is mandatory for all employees who are covered by the Hospital health insurance program. Premium payments are set forth in Addendum A.

(c) The Hospital shall also provide dental coverage for full-time employees. Premium payments are set forth in Addendum A.

(d) The Association will be given written notice and an opportunity for discussion at least thirty (30) calendar days prior to decision on any revisions in the plan benefits in effect as of the date of this Agreement.

(e) Medical insurance benefits shall be made available to nurses who are on leave or laid off for up to eighteen (18) months as defined by applicable law. The COBRA rate (including all legally permissible administrative charges) will be charged as a condition of contribution of such medical coverage.

Section 2. The Hospital shall provide life insurance paid for by the Hospital equal to one (1) times the nurse's annual salary, to the next highest one thousand dollars, with a minimum coverage of \$7,500, along with an equal amount of accidental death and dismemberment coverage.

Section 3. The Hospital shall at Hospital expense maintain the current retirement program which shall include the following provisions:

(a) Base Provisions. Each September the Hospital shall contribute 3% of the participating employees' total gross wages to the retirement program.

(b) Matching Provisions. In addition to the 3% contribution described above, the Hospital will provide an additional matching contribution of \$0.25 for each dollar contributed by the employee up to an additional 1-1/2% of their salary for a total of 4.5% contribution by the Hospital. For example, if a nursing employee decides to contribute an extra \$100 per month of their salary to the retirement program, the Hospital will provide an extra \$25 (assuming this is not more than 1-1/2% of the employee's total salary) to equal a total contribution of 4.5% by the Hospital.

(c) Employees are eligible to participate in this retirement program after completing twelve (12) months of employment. Participation will begin the first day of the month following the month in which the twelve (12) month waiting period has been met.

(d) Contributions for the matching and base plans shall occur on an annual basis each September. Nurses once qualified for the matching plan shall subsequently remain qualified, provided further that it is anticipated that they will meet qualifying hours on an annual basis. Nurses once qualified for the base plan must have been scheduled or worked a minimum of 1000 scheduled or worked hours to qualify for the contribution for the full calendar year. All contributions by the Hospital and employee shall be deposited by no later than September 30.

(e) Vesting of Hospital contribution to begin in the first year of plan participation, with employees vesting twenty percent (20%) per year and becoming fully vested at the end of five years of service. All vesting in the new plan will be at the employee's current or new schedule, whichever is a higher percentage. Employees shall be immediately and fully vested in employee contributions.

The prior retirement plan shall continue without further contributions and shall be protected by a single annuity contract. All employees sixty percent (60%) or more vested in this plan will become one hundred percent (100%) vested.

The above description of the Hospital's retirement program is not intended to be an exhaustive review of employee's rights and responsibilities. The retirement plan document shall control in the event of any inconsistency between the terms of this agreement and the plan document, providing it sets forth substantially equivalent or greater benefits as those set forth above.

No later than June 30, 2018, the PNLC shall review and make suggested changes to the retirement benefits offered at CVH. The hospital shall give not less than 60 days' notice, to the Association, of any proposed changes to any such benefits.

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Section 4. Emergency treatment received in the Emergency Department for an on-the-job illness or on-the-job injury will be provided at no cost to the nurse. When there has been an on-the-job injury, the nurse shall make an application for state accident benefits.

Section 5. The Hospital shall offer at no cost to the full time nurse a long-term disability plan in an amount equal to sixty percent (60%) of the employee's pre-disability monthly income when coordinated with Social Security Benefits, Workers' Compensation and/or Pension benefits until age sixty-two (62). There shall be a \$2,000 maximum monthly benefit with a ninety (90) day waiting period.

Section 6. In order to be eligible for any of the Hospital paid monthly medical and dental premiums described above, a nurse must first complete the required probationary period. Hospital paid monthly medical and dental premiums will be paid for eligible employees beginning with the first full month following completion of the probationary period.

Section 7. A health benefits review committee will make written recommendations regarding suggested changes to the Hospital's current benefits program. The committee shall include at least two (2) ONA representatives (to be selected by the bargaining unit) who shall be compensated their regular straight time hourly rate of pay for all time spent in performing committee functions. Actions by this committee shall not supersede or waive any other obligation or right that the Hospital or the association may have under this Agreement.

Section 8. The Hospital shall continue to offer a cafeteria 125 Tax Plan that shall include health care and child care costs so long as such plans are available on a tax advantaged basis pursuant to the provisions of the Internal Revenue Code requirements.

ARTICLE 10 – WAGES

Section 1. Nurses shall be compensated as provided in the wage schedule attached to this Agreement marked “Appendix A,” and by reference made a part of this Agreement.

~~**Section 2.** This contract should not be construed to limit the Hospital’s right to reward an individual nurse’s performance by placing the nurse on a more advanced pay step specified in Appendix A. The Hospital may additionally pay a nurse above the highest pay scale rate. Once advanced, the nurse shall be entitled to move to the next step based upon the provisions set forth in Article 15 and Appendix A.~~

Section 3. Recent continuous experience shall be defined as clinical nursing experience in an acute care setting without a break in nursing experience which would reduce the level of practical nursing skills. The ~~DNS-CNO~~ Nurse Manager and Human Resources or designee and the nurse shall review the nurse’s experience and years of continuous service at date of hire to determine years of continuous service for application to this contract mutually agreeable to both. For hires with over 6 years of experience, the Association will be notified in writing.

Step placement shall be subject to the following guidelines:

For work experience in an acute care and/or sub-acute skilled nursing setting, or as a nursing school instructor, a full year of credit shall be given for each year casual part-time work shall be at 50%.

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LPN experience shall be counted at 75%, unless that work was in an acute hospital setting, then 100% of the credit shall be given.

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For work experience in a nursing home or clinic setting, fifty percent (50%) of the credit in this section shall be given.

For work experience as an RN manager where a majority of work was providing direct patient care, one hundred percent (100%) of the credit in this section shall be given. For work experience as an RN manager not providing direct patient care, fifty percent (50%) of the credit shall be given.

Nurses who have worked at the Medical Center in the previous twelve (12) months shall be hired at a step equal to or greater than the rate of pay the nurse was receiving at the time of termination.

All previous work experience must be documented in the nurse’s personnel file, on the employment application and/or resume. The Hospital shall bring this entire Section to the attention of each newly hired nurse at the determination of the nurse’s wage rate or step.

~~**Section 4. Credit for Prior Experience.** A nurse may request to be placed on a step other than the one that correlates to their experience at time of hire. A nurse may be hired at any step, but not less than the step number that corresponds with the number of years of the nurse's related experience as a nurse employee of an accredited acute care hospital(s) with the following additional guidelines:~~

~~(a) Nurses with zero (0) to two (2) years of continuous recent experience in nursing shall be hired at no more than twenty percent (20%) over the base number at Step 0.~~

~~(b) Nurses with three (3) to five (5) years of continuous recent experience in nursing shall be hired at no more than thirty three percent (33%) over the base number at Step 0.~~

~~(c) Nurses with five (5) or more years of continuous recent experience in nursing shall be placed on the existing wage scale based on such experience as determined by the Hospital on a case-by-case basis with written notice to the Association.~~

~~Newly hired nurses shall not qualify for the skills and knowledge bonus payments until after completion of the nurse's probationary period.~~

ARTICLE 11 – DISCIPLINE AND DISCHARGE

Section 1. Disciplinary action may be administered by the Hospital only for just cause and may include, but will not be limited to, oral reprimand, written reprimand, extension of probation, demotion, suspension and discharge. To the extent that it is feasible, an oral reprimand will be given by a supervisor in a manner least likely to cause embarrassment of the nurse before other employees, patients or the public. A grievance involving disciplinary action shall be filed first with the person who originated the disciplinary action.

Section 2. Oral reprimands shall be subject to the grievance procedure, but shall not be subject to arbitration.

Section 3. No oral or written reprimand or other disciplinary action shall result in an adverse entry in the personnel records of an employee unless written notice of such entry is delivered or mailed to the employee within ten (10) calendar days of the reprimand or other disciplinary action; and such employee shall have the right to a personal interview with the persons giving the reprimand and making the entry by making a request for such interview in writing within ten (10) calendar days from the receipt of the written notice. The employee shall have the right to be accompanied at the interview by a representative of the Association, and shall have the right to submit a written rebuttal to the employee's personnel file.

Section 4. The Hospital shall advise the nurse in advance if a requested meeting may result in disciplinary action. Where an investigatory meeting may lead to disciplinary action, the Hospital will inform the nurse that he/she may request to have another employee or Association

representative present. Such other employee or representative shall be present solely to advise the nurse and shall not act as a spokesperson for or advocate of the nurse in such meeting.

ARTICLE 12 – GRIEVANCE PROCEDURES

Section 1. Definition. “Grievance” shall mean a claim by an employee that a specific provision of this Agreement has been violated.

Section 2. Time Limits. Any time limits provided in this grievance procedure may be waived only by mutual agreement of the parties. A failure by the Hospital to respond within the time limits provided or agreed upon shall be deemed a rejection of the grievance, and the grievance may be filed in the next step within the time provided from the date of rejection. A grievance may be terminated at any time upon receipt of a signed statement from the Association that the matter has been resolved; and a failure to submit or pursue the grievance in accordance with this procedure or within the time limits prescribed or agreed upon shall constitute an abandonment of the grievance.

Section 3. Association and Nurse Participation. The Association shall receive copies of all grievance notices and shall be entitled to participate in all of the grievance procedures. An employee or an Association representative may initiate a grievance under this Agreement. Once a grievance is filed it shall be processed solely by the Association as the exclusive collective bargaining representative of employees under this Agreement. The Association shall not be required to process any grievance which it believes lacks sufficient merit and any such determination made in good faith shall be dispositive of the grievance.

Section 4. Grievance Procedure. The steps of the grievance procedure shall be as follows:

(a) After first attempting to resolve the grievance informally with the nurse’s superior, the nurse may file a grievance in writing with the department head within fourteen (14) calendar days from the occurrence which is the subject of the grievance, or from the time the nurse knew or reasonably should have known of such occurrence. The written grievance shall contain a statement of the relevant facts, the nature of the grievance, and the relief or remedy requested.

(b) Within ten (10) calendar days of the receipt of the written grievance, the Nurse Executive shall either respond in writing to the grievance or notify the Association and nurse in writing that the grievance has been referred to the Hospital Administrator.

(c) If the grievance remains unresolved by the immediate supervisor, then within ten (10) calendar days the Association may submit the grievance in writing to the Hospital Administrator. The Hospital Administrator will, within ten (10) calendar days of receipt of the grievance, conduct a conference with the affected parties for the purpose of resolving the grievance. A written response to the Association and nurse shall be made by the Hospital Administration ~~on or~~ within five (5) calendar days after the conference.

(d) If the grievance is not resolved after the receipt of the written response from the Hospital ~~Administration or Administration~~, then the Association may, within ten (10)

calendar days thereafter, notify the Director in writing of its desire to submit the matter to arbitration under the following procedures:

(1) The Association and Hospital shall select one arbitrator, but if they cannot agree upon an arbitrator within a period of ten (10) calendar days, then either party may request a list of nine (9) arbitrators from the Federal Mediation and Conciliation Service and the parties shall alternately strike one (1) name, and the last name remaining shall be the arbitrator. The parties agree that FMCS shall be required to provide a list of Northwest arbitrators. All arbitrators on the FMCS provided list must actually have as his or her primary residence a location in Oregon, Washington or Idaho as of the date such arbitrator is selected by the parties.

(2) The arbitrator's fee shall be borne by the loser as determined by the arbitrator. Each party shall be responsible for the costs of presenting its case to arbitration.

(3) No question, issue or matter shall be considered or decided in arbitration except the claimed violation of a specific provision of this Agreement as contained in the written grievance submitted to the Hospital Administrator, or those contained in a written stipulation between the parties. The arbitrator shall have no authority to add to, modify or detract from this Agreement and may only consider the claim based upon a specific provision of this Agreement. The arbitrator shall render his/her decision as soon as possible and in no case later than thirty (30) calendar days after the hearing has been closed or briefs have been submitted, whichever is later.

(4) Either party may make a verbatim record of the arbitration proceeding, or both parties may share jointly the cost of making or transcribing such record.

(5) Decisions on all questions properly submitted to arbitration and within the scope of the arbitrator's authority shall be final and binding upon the parties.

(e) The grievant and one (1) nurse representative may be authorized by their immediate supervisor(s) to process a grievance without loss of regular pay, so long as such activity does not exceed one (1) hour per grievance. Under no circumstance will pay be granted for time when the employees would not have been scheduled to work nor for hours which result in overtime.

(f) A probationary employee disciplined or terminated during his probationary period shall not be entitled to invoke the arbitration procedure to contest such action.

A new employee shall serve a probationary period of ninety (90) ~~worked-calendar~~ days, during which time the employee may be terminated by the Hospital with or without cause. Probation periods shall not be extended unless mutually agreed by the hospital and the Association.

(g) The Hospital shall have no obligation to arbitrate any grievable occurrence or dispute arising on or after the termination date of this Agreement.

ARTICLE 13 – GENERAL PROVISIONS

Section 1. Discrimination. The Hospital and Association agree to apply this Agreement equally to all employees in the bargaining unit without discrimination as to age, marital status, handicap (so long as consistent with required standards of patient care), race, color, creed, sex, national origin, political affiliation, where such discrimination would violate federal and/or state laws; and they shall also not discriminate against any nurse on account of any labor-related activity which is lawful under the Public Hospital Relations Act of the State of Oregon.

Section 2. Association Business. Duly authorized representatives of the Association shall be permitted at all reasonable times to enter non-patient areas of the Hospital for the purpose of transacting Association business during nonworking time, provided that the representative first advises the Hospital administrator or a duly appointed management representative of his or her presence. No interference with normal work activities shall result from such visitation.

Section 3. Lockout and Strikes. In recognition of the importance of the operation of the Hospital's facilities to the community, the Hospital and the Association agree that there shall be no lockouts by the Hospital and no strikes or any other interruptions of work by employees or the Association during the term of this Agreement.

Section 4. Pay on Termination of Employment. Upon termination from employment for any reason (including but not limited to discharge, retirement, layoff or voluntary quit with or without prior notice), the Hospital shall have until the next regularly scheduled pay day after the date of the employee's separation date to mail to the employee all wages earned and unpaid at the time of the employee's separation from employment.

Section 5. No Pay for Unworked Time. Notwithstanding any other provision of this Agreement to the contrary, in no case will the Hospital be required to pay an employee compensation for time not worked.

Section 6. Overtime. Nothing in the labor agreement requires the Hospital to work an employee at overtime or at premium rates when another qualified regular Hospital employee is available to perform the work at straight time or less than premium rates.

Section 7. Good Standing. As a condition of continued employment, all nurses in the bargaining unit shall maintain their license from the Oregon State Board of Nursing (OSBN) permitting such nurse to practice nursing in the State of Oregon in good standing.

Section 8. Notice of Restrictions or Limitations.

(a) Each nurse subject to this Agreement has a duty to report any OSBN imposed restriction on the nurse's license to practice nursing in the State of Oregon. The nurse shall report any such limitation in writing, to the Hospital as soon as possible and in all cases before the nurse's next scheduled shift. Failure to provide such written notice to

the Hospital shall be grounds for discipline and will permit the Hospital to place the nurse on an unpaid suspension until the investigatory process has been completed.

(b) The Hospital shall have no obligation to continue to employ any nurse when OSBN imposed restrictions cannot be reasonably accommodated.

(c) Any nurse who violates any restriction or limitations imposed by the OSBN may be subject to discipline up to and including discharge.

Section 9. Substance Abuse and Screening Policies and Procedures

A drug-free and alcohol-free workplace is necessary to maintain a safe environment for patients and employees. These protections are jeopardized when any employee uses "drugs" or alcohol on the job, comes to work under the influence, or possesses, distributes or sells alcohol or "drugs" in the workplace. The Hospital policy, entitled Substance Abuse and Screening, and this Article shall be the basis of enforcement and further definition of this policy.

OBJECTIVE:

Coquille Valley Hospital has a responsibility to its employees and the public to provide safe working conditions for its employees and a productive Hospital workforce unimpaired by drugs and/or alcohol. The Hospital also has a similar responsibility pursuant to the Drug Free Workplace Act of 1998 to satisfy these responsibilities. The Hospital strives to maintain a work environment free from the effects of drugs, alcohol, or other performance impairing substances.

The misuse when an employee uses "drugs" or alcohol on the job, comes to work under the influence, or possesses, distributes or sells alcohol or "drugs" in the workplace it presents a risk to the safety and health of patients, the public and other employees and the community.

The term "drug" for purposes of this policy includes prescription drugs that might affect

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workplace safety, as well as "illegal" inhalants and "illegal" drugs; illegality for purposes of this policy means any drug, inhalant or substance that is not legally obtained or is being used, distributed, dispensed, and/or sold unlawfully. The term "intoxicants" means drugs or alcohol. If you have any questions contact Human Resources. The terms "Hospital premises" and "Hospital property" include all of the Hospital's medical centers, treatment facilities, parking lots, garages, workplaces, storage structures, vehicles and equipment.

PROHIBITED CONDUCT, CONDITIONS AND ACTIVITIES:

The following conditions and activities are expressly prohibited:

1. Except as expressly noted in this policy, it is a violation of policy to use, possess, distribute, manufacture, sell, trade and/or offer for sale alcohol or drugs in the workplace, on our premises or property, during work time, while representing the Hospital in any work-related fashion, or in circumstance that the Hospital believes might adversely affect our operations or safety. (See the discussion of "prescription drugs" below.)

2. It is a violation of policy to report for work under the influence of intoxicants, to be in this condition while on Hospital property or in other circumstances the Hospital believes might adversely affect operations or safety.

An employee violating this policy will be subject to discipline up to and including termination.

POSITIVE TEST RESULT:

An employee may be found to be under the influence of drugs or alcohol on the basis of any appropriate evidence including, but not limited to:

1. Direct observation;
2. Evidence obtained from an arrest or criminal conviction;
3. A verified positive test result; or
4. An employee's voluntary admission.

A positive result is one reported as positive by the Medical Review Officer (MRO). An employee whose alcohol or drug test result is "positive" will be considered in violation of this policy. Adulterating or substituting a specimen, or any test that is "cancelled" will be deemed a "positive" test result. The Hospital has a zero tolerance policy.

For purposes of this policy, "under the influence of alcohol or drugs" or "under the influence of intoxicants" is any detectable level of alcohol or drugs present in the individual's system (based on the results of urinalysis or breathalyzer testing).

An employee who refuses to voluntarily consent and submit to discovery testing for drugs or of alcohol or who fails to cooperate fully with all testing procedures or requirements will be subject to suspension or discharge, or both. Alleged lack of reasonable suspicion is not grounds to refuse to submit to a test. In addition, any such failure, upon request, to permit testing described in this policy will be considered the same as a positive test.

If a second or subsequent collection is recommended by the Medical Review Officer (MRO), such collection will be unannounced and the employee may be subject to observation by collection site personnel during the collection process.

The Hospital also reserves the right to involve law enforcement officials for any conduct that it believes might be in violation of state or federal law.

PRESCRIPTION DRUGS:

Any employee who is taking any prescribed or over-the-counter medication that could adversely affect that employee's performance is responsible to do one of two things.

(a) The employee may determine from a physician or pharmacist whether or not the substance is capable of impairing job performance; if it may impair job performance, the employee must report the use of the substance to Human Resources and/or the employee's supervisor. The Hospital, through discussion with the employee, will evaluate whether the employee is fit for

duty at that time. When necessary to the evaluation, the Hospital will request a limited amount of relevant medical information related to the work-related effects of the medication.

(b) Alternatively, the employee may report any relevant effects of the medication immediately to the employee's immediate supervisor. The employee is not requested or required to report the name of the drug or the condition for which it was prescribed. The Hospital, through discussion with the employee, will evaluate whether the employee is fit for duty at that time. When necessary to the evaluation, the Hospital will request a limited amount of relevant medical information related to the work-related effects of the medication.

Each employee is responsible for meeting performance, safety, and attendance standards.

An employee whose use of prescription and/or over-the-counter medication may adversely affect job performance should use PTO time or sick leave or other steps consistent rather than reporting for work in an impaired state. If any employee reports to work under the influence of prescription and/or over-the-counter medication and such that she/he presents a danger to patients, self, co-workers or others, the employee may be disciplined.

The Hospital will utilize a laboratory certified by the National Institute on Drug Abuse to conduct all tests under this policy.

Positive test results may only be disclosed to the employee or employee representative with prior written employee release, and the appropriate management officials on a need to know basis or as required by law.

All medical and rehabilitation records will be deemed confidential and may not be disclosed without the prior written consent of the employee, authorizing court order, or otherwise as permitted by law.

MARIJUANA PROHIBITED:

The Hospital prohibits an employee from reporting for work with an illegal drug, including marijuana (which is illegal under federal law and many state laws), in his/her system; this policy applies even where the medical or personal use of marijuana is authorized by state law. An employee reporting for work with an illegal drug, including marijuana, in his/her system is in violation of this policy and subject to discipline under this policy. The Hospital enforces this policy consistently with respect to all drugs, including marijuana, as the law allows the Hospital to do.

PRE-EMPLOYMENT DRUG SCREENING:

All offers of employment to applicants who have passed the other pre-employment evaluation will be conditional and subject to drug and alcohol testing prior to beginning employment. Any positive result of any degree will disqualify the applicant from employment.

All applicants will be notified and asked to authorize a drug and alcohol screen test as a requirement of employment. Applicants shall be directed to an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, but no later than 48 hours after notice to the applicant.

Any applicant with a verified positive test result will be disqualified from employment. The Hospital will inform such applicant that the positive test disqualifies the individual from employment. The individual may reapply after the expiration of twelve (12) months.

CRIMINAL CHARGES AND CONVICTIONS:

Each employee must report to the Department Head any criminal charge (alleging violation of any criminal drug statute) or felony conviction for violating any criminal drug statute no later than five (5) calendar days following such action.

Where criminal charges (alleging violation of any criminal drug statute) are brought against an employee regarding alleged off the job illegal use, manufacture, purchase, sale, possession, or distribution of illegal drugs, or drug paraphernalia, the Hospital will construe this as reasonable suspicion for testing and will request the employee to submit to drug testing consistent with this policy. This may result in the employee being taken off of work without pay pending the outcome of the test.

Any employee convicted of a criminal drug statute violation will be terminated from employment with the Hospital.

SELF-DISCLOSURE AND EMPLOYEE ASSISTANCE:

Any employee who has a personal drug and/or alcohol problem is encouraged to come forward for assistance with rehabilitation and in doing so will not jeopardize his or her employment. (If the employee is in this situation is already subject to discipline for other reasons at the time he or she comes forward, the act of coming forward will not excuse the employee from that discipline. At the same time, the act of coming forward will not be considered in the determination of appropriate discipline.)

The Hospital recognizes that individuals may be hesitant to disclose their usage or choice to seek assistance. However, if an employee is in this situation, it is in his/her best interest to make a Voluntary Disclosure to the Hospital before it leads to a violation of this policy or leads to unacceptable performance, attendance or other unacceptable work habits. ("Voluntary Disclosure" means self-disclosure by an employee to the Hospital regarding the possible need for assistance in connection with the use of drugs or alcohol.)

An employee who makes such a Voluntary Disclosure may seek time off in connection with treatment. Such employee may pursue any needed alcohol or drug treatment with a private treatment program. The employee may ask his or her personal physician to assist the employees in identifying and selecting an appropriate treatment program.

Accrued PTO time/sick leave benefits may be used while attending Hospital approved treatment and/or rehabilitation.

After such accommodation, the discontinuation of any involvement with alcohol or drugs may be an essential requisite for employment and is consistent with the Hospital's policy of maintaining a drug free workplace.

The employee will be required to comply with return to work terms that include, among other things, (a) that the employee must pass a drug/alcohol test before returning to work and (b) that the employee will be subject to periodic testing during the two-year period following the employee's return to work. The return to work terms also may include a requirement that the employee authorize the release of information regarding his or her participation in and compliance with any treatment program, and the effectiveness of the treatment program in direct relation to any employee's ability to return to work.

NOTE: An employee who admits to the use of drugs or alcohol at the time a situation has occurred which would require testing as prescribed by this policy does not meet the standard for Voluntary Disclosure. Such employee remains subject to testing and the consequences as outlined. Further, an employee who admits to violation of this policy is subject to discipline for such violation (there would be no need for testing).

Employees who undergo drug or alcohol treatment or rehabilitation will be expected to do so at their own expense and without contribution from the Hospital. (Note that a portion of those expenses may be covered by the employee's medical insurance plan.)

CONFIDENTIALITY:

Information received by the Hospital in regard to voluntary disclosures related to drug or alcohol use or the need for treatment, and in regarding to drug or alcohol test results, will be treated with the highest degree of confidentiality feasible, except as may be required by law, by grievance activity or as necessary to respond to any inquiry by a governmental agency or entity. The employee may divulge any aspect of the testing process and results they so desire.

DRUG TESTING UPON REASONABLE SUSPICION:

When the Hospital has a reasonable suspicion that an employee may be in violation of this policy, the employee in question will be required to submit to discovery testing to determine the presence or use or any involvement with alcohol and drugs.

If prior to testing the employee confirms that he or she is under the influence of alcohol or drugs, that admission will be treated as a positive test and the employee shall not be required to undergo a screening. The employee shall be immediately suspended, pending timely subsequent action. He or she shall not be allowed to drive if impaired.

Reasonable suspicion (including circumstance that could be indicators of a violation of alcohol and drug policy and be considered reasonable suspicion) prior to the time of the test means observable, objective evidence that gives the Hospital a reasonable basis to suspect that the employee may be impaired or affected by drugs or alcohol in the workplace. Such evidence may include, but is not limited to:

-
- Observed drug or alcohol use during work hours at the workplace, or employee statements or admissions regarding such use;
 - Apparent physical symptoms of impairment or intoxication;

- An employee's physical appearance that suggests possible drug or alcohol impairment;
- Bizarre behavior;
- Incoherent mental state;
- Marked or significant changes in personal behavior or performance ~~that are~~ that is otherwise unexplainable;
- Repeated tardiness or unexplained, patterned or unprotected absences;
- Credible reports of alcohol or drug use in violation of this policy or credible reports of off-the-job illegal drug use;
- Workplace accidents or injuries to person or property; or
- Other actions that provide reasonable suspicion to believe the employee may be in violation of the alcohol and drug policy.

If the employee confirms that he or she is intoxicated, the employee shall not be required to undergo a screening, but shall be immediately suspended, pending timely subsequent action. He or she shall not be allowed to drive if impaired.

An employee who tests positive for drugs or alcohol in violation of this policy will be subject to disciplinary action including suspension or termination.

TESTING PROCEDURE:

A. Employee representation in connection with reasonable suspicion testing:

When the employee is notified that he or she will be required to consent and submit to such test, he or she will be notified that they may request the presence of a representative to witness the test, and if the employee so requests, he or she shall be offered assistance. The test may not be delayed unreasonably in order to wait for a representative. The absence of a representative shall not be grounds for the employee to refuse to consent and submit to such test or searches. The presence of a representative shall not disrupt or interfere with the tests or searches, or such interference will be considered a refusal to submit to testing and grounds for disciplinary action including dismissal.

B. Authorization to test:

Before a supervisor may require an employee to consent and submit to any drug or alcohol test based on reasonable suspicion, the supervisor must first obtain concurrence from another manager that the information available to the Hospital about the subject employee is sufficient to give rise to reasonable suspicion that prohibited conduct may have occurred or is occurring.

C. Procedure for Consent:

The employee shall give consent to urine or breathalyzer testing, or any combination, upon request, by signing a consent form. The form will include the following information:

1. Employee's consent to release test results to the Hospital.

2. The procedure for confirming an initial positive drug or alcohol test result.

3. The consequences of a positive test for alcohol, under the circumstances.

4. A listing provided by the employee of legally prescribed and over-the-counter medications that may be in the employee's body.

5. The employee's right to explain a confirmed positive drug or alcohol test result.

6. The consequences of refusing to consent to urine or breathalyzer testing.

D. Refusal:

Failure to appear for testing when scheduled without objection or delay will be considered refusal to participate in testing, and will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment.

E. Confirmatory Test:

In the event that the urine or breathalyzer test results are positive for drugs or alcohol the Hospital shall require that a second confirmatory test from the same sample be conducted at the Coquille Valley Hospital Laboratory, or another laboratory certified by the National Institute on Drug Abuse. The confirmatory test use gas chromatography/mass spectrometry methods. The confirmatory test also must be positive before concluding the employee has such substance(s) present in the body.

F. Employee Requested Test:

The Hospital will require that the provider of drug and alcohol screens maintain samples with positive results for one (1) year. Where an employee requests a retest of any confirmed positive test, such retest will be at his or her own expense at a laboratory approved by the Hospital.

Any employee who believes that his/her specimen was not collected in accordance with established procedures must report any deficiencies within one business day of the collection.

G. Chain of Evidence:

The procedures to obtain, handle, and store test samples and to conduct laboratory tests shall be documented to establish procedural integrity and chain of evidence. Such procedures shall

be administered with due regard for the employee's privacy and the need to maintain the confidentiality of test results and to an extent which is not inconsistent with the needs of this policy.

H. Notification:

The employee shall be notified of the preliminary results of any positive gas chromatography/mass spectrometry confirmatory test before it is reported as a positive test by the lab. The employee will be so notified by an independent medical review officer who will afford the employee an opportunity to provide medical or other information that may explain the positive result. If the employee cannot be contacted through reasonable efforts, or if the independent medical review officer confirms the validity of the test results, the employee and the Employer will be notified of the positive test results.

SEARCHES:

Where it has reason to believe that its policies regarding drugs and alcohol may have been violated, the Hospital reserves the right to inspect and/or search in the workplace (in Hospital owned furniture, in employee offices, desks or lockers, and/or anywhere else in the workplace). An employee does not have a reasonable expectation of privacy in these areas, regardless of whether he or she has any personal property on Hospital premises. The Hospital also reserves the right to contact law enforcement officials, as necessary, in such situation. An employee who fails to submit to an inspection and search under this policy and to fully cooperate with the inspection and/or search, or who fails to give consent for the inspection and/or search, after being informed of the reason for the inspection and/or search, will subject the employee to disciplinary action, including dismissal.

LAST CHANCE AGREEMENTS:

It is the employee's responsibility to seek assistance before drug or alcohol problems lead to on-the-job safety or misconduct incidents, or a violation of this policy. If an employee uses alcohol or drugs in connection with work, or otherwise violates this policy, thus endangering patients, employee or others, the employee will not be entitled afterwards to enter a treatment program and thereby avoid discipline or penalty.

However, without waiving its right to terminate for any of the foregoing violations, the Hospital, at its sole discretion, may offer a Last Chance Agreement in lieu of termination to any employee who tests positive for drugs or alcohol in violation of this policy. The Hospital will consider such factors as type of work performed, work performance, history with the Hospital, attendance, safety record and any other relevant factors to make such determination.

A Last Chance Agreement (LCA) will contain standards set forth by the Hospital to the individual that are appropriate for the specific situation. It may address such issues as:

- Assessment by a certified treatment or counseling professional.
- Release of medical information and treatment information to the Hospital.
- Notice of follow-up testing.

- Other employer standards such as ongoing work performance and attendance.
- Consequences of any violation of the LCA.
- Other items as appropriate.

This Memorandum of Agreement shall be deemed a part of and incorporate

ARTICLE 14 – SENIORITY

Section 1. Probationary Period. A nurse newly hired in the bargaining unit shall be on probationary status during the first ninety (90) ~~calendar~~^{worked} days from the employee's most recent date of hire. A worked day shall consist of any day in which an employee covered by this Agreement actually works four (4) hours or more. The probationary period of a nurse evaluated as less than satisfactory may be extended by mutual agreement between the Hospital and the Association; the terms of such extension shall be specified in writing by the Hospital with a copy to the nurse. During the probationary period, or any extension thereof, a nurse may be discharged without notice and without recourse to a grievance procedure.

Section 2. Seniority shall mean length of continuous service with the Hospital in the bargaining unit either as a registered nurse or as a licensed practical nurse calculated on the basis of hours worked exclusive of standby hours. Three-quarters of seniority accrued as an LPN shall be counted should an employee become a registered nurse. A nurse who works for the Hospital in a position outside the bargaining unit and then returns to a bargaining unit position within one (1) year (without a break in service) will be given credit for his/her previously accrued seniority. Seniority shall be calculated on the basis of the total number of hours actually worked by employees in the bargaining unit. The definition of hours worked shall not include standby hours and hours for which the nurse has received a PTO payment.

The Hospital will create a seniority list and will provide the seniority list to the Association (1) within thirty (30) calendar days following ratification of the parties new labor agreement; (2) within twenty-one (21) calendar days following the expiration of the pay period that includes the 26th week in a calendar year; and (3) within twenty-one (21) calendar days following expiration of the pay period that includes December 31. The Association will then have thirty (30) calendar days within which to review the Hospital-provided seniority list and the data on it with the nurses to confirm its accuracy and submit any corrections to the Hospital. After expiration of the thirty (30) calendar day period, the Hospital-provided seniority list will be considered final and will be used as the basis for all future seniority lists.

Section 3. Notices of vacancies or newly created positions shall be posted on the intranet and on the bulletin board by the time clock at least seven (7) calendar days before the Hospital permanently fills such position. Any nurse is eligible to apply for such opportunities and will be interviewed and considered. Ability, qualifications, experience and seniority will be considered

in selection among applicants. Where the Hospital considers the other factors to be equal, preference among applicants shall be on the basis of seniority. The Hospital shall be the sole judge of ability, qualification, and experience, which judgment shall not be exercised in an arbitrary or capricious manner. A nurse when selected for a new position shall be moved to that position within thirty (30) calendar days.

Section 4. In the event the Hospital has need to reduce its staff on a daily basis due to low patient census, then such reduction shall occur, within all nursing departments, first by Nurses that are outside temporary/-per diem or agency contract-, those nurses on over time, volunteers, and finally then internal per diem CVH-, and lastly, volunteers, and lastly by seniority (taking into consideration needed skill mix for patient care). ~~seeking volunteers nurses working overtime~~ on the unit and shift affected. If there are insufficient volunteers, or if further reductions are necessary, then a reduction shall occur based upon classification status on the following basis: first temporary and agency or outside contract nurses (provided however, the Hospital has no obligation to pay the per diem agency or contracted agency nurse any compensation for such reduction in hours, the needs of the units and patients are met by the qualifications if the agency nurse works, and will provide this information for the individual making staffing decision for that shift.), ~~nurses working overtime~~ **volunteers**, then casual nurses, and finally on a rotational basis among all regular full- and part-time nurses, beginning with the least senior nurse in each classification. The Hospital may retain any qualified nurse scheduled to work in an area where in the sole judgment of the Hospital special nursing skills are needed if no other qualified nurses are able to fulfill this responsibility, including ancillary nursing departments such as surgery, etc.

In the event the Hospital experiences a need to reduce staff on a long-term basis then the Hospital shall institute a layoff in the following order:

(a) ~~Agency or outside contract nurses; Volunteers from within the Hospital;~~

(b) ~~Agency or outside contract nurses;~~

(c) Casual nurses;

Volunteers from within the Hospital;

(d) Least senior regular full- and part-time nurses within the Hospital provided the remaining nurses are qualified to perform the available assignments. The word "qualified" as used herein shall not include the normal orientation that would be afforded any new employee.

Section 5. ~~The Hospital will establish a Hospital wide list of volunteers which will be updated at least quarterly who may agree to be sent home on low census days.~~

Section 6. Qualified laid-off employees who have retained seniority will be recalled to any bargaining unit position(s) to which the Hospital determines to be available in inverse order of layoff. It is the responsibility of the laid-off nurse to keep the Hospital advised of current address and telephone number. Failure to do so shall constitute waiver of any right of recall.

Section 7. An employee's seniority rights and his or her employment under this agreement shall be terminated under any of the following conditions: (a) voluntary quit; (b) retirement; (c) discharge for cause; (d) failure to return to work within the period granted by a leave of absence unless further extended by mutual agreement in writing between the nurse, the Hospital and the Association; (e) in the event of a layoff, failure to return to work within five (5) calendar days after having been notified of recall by certified mail, telegram, mailgram or facsimile; (f) layoff from work for a period of more than twelve (12) months; or (g) absence from work due to illness or injury in excess of twelve (12) months unless further extended by mutual agreement in writing between the parties.

ARTICLE 15 – PAID TIME OFF

Section 1. Schedule of Paid Time Off.

(a) Purpose.

(1) Paid Time Off (PTO) is provided to regular full-time employees to encourage planning and predictability of employee time off. PTO compensates employees at their rate of pay when they are absent from work for such purposes as vacations, illness, holidays, religious observances, preventative health and dental care and other excused absences.

(b) Eligibility.

All regular full-time employees will be considered eligible for the PTO program. Probationary employees will not accrue PTO during their probationary period. Once an employee completes the probationary period, the employee will receive PTO credit from his/her first day of employment and shall then be eligible to use such PTO under the terms of this Article.¹

(c) Accrual.

(1) PTO is accrued on the basis of hours scheduled excluding overtime hours; provided however, as a sole exception, PTO will accrue on hours worked at overtime and/or premium pay rates up to the same number of such hours nurse is scheduled to work the week in question (up to a maximum of forty (40) hours). Nurses who are on the schedule to work, but are placed "on-call" or have their scheduled workday canceled due to low census, will continue to accumulate PTO at their normal rate for the shifts scheduled and not worked (up to a maximum of forty (40) hours of work time per week). Under no circumstances will nurses earn additional PTO when on PTO.

¹ Employees who are not eligible for PTO may be eligible for paid sick leave in accordance with the Hospital's Oregon Paid Sick Leave Policy, which is designed to comply with the Oregon Sick Leave Law.

(2) PTO accrual will continue for all hours off on jury duty that the employee would normally have been scheduled to work.

(3) Accrual Rates. Years are based on yearly anniversary date of benefited position.

(A) First through Fourth Years

200 hours (25 days)

Yearly PTO Accrual

1,880 Work Hours for Accrual

1064 Ratio Per Hour

(B) Fifth through Tenth Years

248 hours (31 days)

Yearly PTO Accrual

1,832 Work Hours for Accrual

1354 Ratio Per Hour

(C) Eleventh and all subsequent years

296 hours (37 days)

Yearly PTO Accrual

1,784 Work Hours for Accrual

1659 Ratio Per Hour

(D) Employees may use the second level of PTO during the fifth year and the third level of PTO during the tenth year, so long as they do not use more days than they have accrued.

(E) Length of service for any Hospital employee outside the bargaining unit shall be recognized for purposes of PTO accrual rate placement.

(d) Use of PTO.

(1) PTO may be used as soon as it is earned, except for new hires who have not completed their ninety (90) work day probationary period. PTO may not be used in advance with an agreement to reimburse the Hospital and may not be used on regularly scheduled days off. PTO may be used on any of the worked holidays specified in Section 2 of this Article.

(2) PTO, as with all other time off, must, except in unusual circumstances, be requested ~~through the "time and attendance" on-line application in writing in advance of the time off desired, and approved in writing by the Supervisor.~~ Approval will be based upon the Hospital's determination of its staffing needs. When time off is requested without prior approval due to an emergency or

illness, a specific reason for the request is to be given and accrued PTO must be used. If reasonably possible, the employee requiring time off without prior approval must call in two (2) hours before the start of the assigned shift. If the employee does not have approval for each day of absence, it shall be considered an unpaid unexcused absence. Such absences can become cause for disciplinary action. The Hospital may request a doctor's certificate of illness if the amount of time off due to illness is deemed excessive by the Hospital.

(3) The first forty (40) hours of PTO in a calendar year used for a reason covered by the Oregon Paid Sick Leave law shall be protected and will be administered in accordance with the Hospital's Oregon Paid Sick Leave policy.

(4) Employees under the maximum cap described in Section 1(E) below are encouraged to use at least eighty (80) hours of PTO per year. It is also recommended that employees reserve at least forty (40) hours of PTO to cover emergencies.

(5) If there are two (2) or more requests for time off by employees and if not all of such requests can be accommodated, then an employee requesting PTO shall be given a priority over an employee requesting time off without pay regardless of seniority. Legally-protected time off will have priority over other types of requests. (Otherwise seniority will prevail.)

(6) PTO may not be used to claim pay for the time lost due to tardiness. This lost time cannot be regained and shall be considered unexcused absent time.

(7) All accumulated PTO will be paid upon termination.

(8) PTO requests for vacation purposes shall be granted according to the operating needs of the Hospital. Request for vacation PTO shall be submitted in writing prior to the 10th day of the preceding month before the start of the requested PTO, but not more than six (6) months prior to the date when the schedule covering such time off is to be posted. For written PTO vacation requests submitted sixty (60) calendar days or less from the date the request is submitted the Hospital will notify the nurses of the approval or denial in writing within thirty (30) calendar days after the request is received. For PTO vacation requests more than sixty (60) calendar days after the date the request is submitted, the Hospital will notify the nurses of the approval or denial in writing within sixty (60) calendar days of the request. After written approval of the PTO time is granted, such time may only be changed by mutual agreement of the parties.

(9) Preference between two (2) or more pending requests by employees selecting the same period shall be given to the employee with the greatest seniority. Requests made within twenty-four (24) hours of each other shall be considered submitted at the same time. The Department Head shall respond in writing within seven (7) calendar days after the request has been received. After

written approval of the PTO time is granted, such time may only be changed by mutual agreement of the parties.

(10) The first two (2) weeks of earned PTO may be taken consecutively by the employee if so desired. Additional PTO may be taken in a manner mutually acceptable to the Hospital and employee.

(11) Accrued PTO pay appropriate for the length of the scheduled vacation shall be paid to the employee prior to the start of the vacation, providing the employee requests the pay in writing through his/her supervisor seven (7) calendar days prior to his/her vacation. PTO paid in advance for vacation purposes would be for a minimum of five (5) days.

(e) PTO Cashout.

Effective July 1, 2017~~6~~, an employee's maximum PTO accrual shall be four hundred eighty (480) hours. For any employee who reaches this four hundred eighty (480) hour cap any time after July 1, 2017~~6~~, the following provisions shall apply:

(1) Any employee who reaches this four hundred eighty (480) hour cap any time after the start of a fiscal year, must use or cash out all additional hours of PTO accrued after reaching the cap no later than the last date of the fiscal year in which the employee reached the four hundred eighty (480) hour cap. Any PTO hours accrued but not used or cashed out (subject to the one hundred twenty [120] hour cashout limit per fiscal year) by an employee in excess of the four hundred eighty (480) hour cap during a fiscal year will forfeit all PTO hours accrued above four hundred eighty (480) at midnight on June 30 end of that fiscal year.

(f) PTO cashouts will be limited to no more than one hundred twenty (120) hours per fiscal year. PTO cashouts will be available two (2) times per year on payment dates determined by the Hospital with no less than thirty (30) calendar days' written notice of such cashout date. PTO cashouts shall be at the employee's regular rate of pay but shall not include any other differential or premium pay. No employee may request a cashout of an amount which would cause the employee's PTO bank to drop below forty (40) hours as of the date of the cashout.

(g) An employee may donate up to sixteen (16) hours of his/her PTO to another Hospital employee during any one (1) fiscal year. Arrangements for such PTO donations are made through the Human Resources Department.

(h) No bargaining unit employee will lose any accrued but unused vacation or sick time as part of the transition from such leave to pay to

PTO. Any accrued sick leave hours will be frozen as of the date of transfer to the PTO program and thereafter can be used only for *bona fide* illness or injury. Any accrued but unused sick leave will be forfeited upon employee separation from Hospital employment.

~~(i) Effective July 1, 2010, PTO cashouts will be paid out at the same pay rate as such PTO was earned. Any PTO accrued prior to July 1, 2010, will be paid out at the June 30, 2010, pay rate.~~

Section 2. Holidays.

(a) Work on Holidays. Nurses who are scheduled and work on New Year's Day, Independence Day, Thanksgiving Day, Labor Day, Memorial Day (last Monday in May), and Christmas Day will be paid at the rate of time and one-half. One personal holiday for a regular or part-time nurse (a regularly scheduled workday selected by the nurse and scheduled off in advance of the posted work schedule) shall additionally be recognized and paid at the holiday rate of time and one-half if worked. Nurses who are on-call not scheduled but are called in to work on Thanksgiving or Christmas shall receive double time for all hours worked.

(b) Holiday Rotation. The Hospital shall use its best efforts, including an opportunity for nurses to express their preferences on a sign-up sheet, not to require a nurse to work more than two (2) holidays per calendar year, nor to work the same major holidays in two (2) consecutive years. A casual nurse must work two (2) major holidays per year. Holidays for purposes of this sub-section shall be defined as: any holiday as defined in this contract with applicable shift differentials applied.

Section 3. Notice of Resignation/Termination.

A nurse shall give the Hospital not less than fourteen (14) calendar days' written notice of intended resignation. A nurse's failure to provide such notice forfeits any right to be paid accumulated paid time off (PTO) up to one hundred twelve (112) hours. PTO cannot be used as the termination notice, unless it was previously approved. PTO will likewise not be paid for work time missed during the last two (2) weeks of employment without a physician's written confirmation of illness. This disqualification will be waived if a documented emergency condition beyond the control of the nurse prevents the submission of the required notice of resignation.

The Hospital shall give a non-probationary nurse fourteen (14) calendar days written notice of the termination of his/her employment or, if less notice is given, then the difference between the fourteen (14) calendar days and the number of working days advance notice shall be paid the nurse at his/her regular rate of pay based upon the nurse's normal scheduled hours. No such advance notice or pay shall be required for a nurse who is discharged for gross misconduct, including but not limited to Hospital-related theft, drug abuse, intoxication, patient abuse or use of alcoholic beverages. A nurse may additionally be discharged for just cause without such notice.

ARTICLE 16 – SUBSTANCE ABUSE AND SCREENING

~~In order to maintain a safe environment for patients and employees, the Hospital prohibits the employment of individuals who engage in employment performance impairing use of controlled or illegal substances or alcohol and requires the timely rehabilitation of any employee found engaged in such use. The Hospital policy, entitled Substance Abuse and Screening as presented during the 1999 negotiation resulting in this Agreement shall be the basis of enforcement and further definition of this provision. The Hospital's substance abuse and screening program may be revised on no less than thirty (30) calendar days' written notice to the Association of such revisions. Upon such notice, the Association may request, in writing, the opportunity to discuss such changes before they are implemented.~~

ARTICLE 17 – SEPARABILITY

In the event that any provision of this Agreement shall at any time be declared invalid by any court of competent jurisdiction or through governmental regulations or decree, such decision shall not invalidate the entire agreement, it being the express intention of the parties hereto that all other provisions not declared invalid shall remain in full force and effect.

ARTICLE 18 – AMENDMENTS

Any provision of this Agreement may be amended, modified or supplemented at any time by mutual consent of the parties hereto in writing, without in any way affecting any of the other provisions of the Agreement.

ARTICLE 19 – WORK RULES

The parties recognize that the Hospital is directly responsible for carrying out the functions and services to its customers. For this reason, it is jointly recognized that the Hospital retains broad authority to fulfill its responsibilities and may do so by implementing work rules, oral or written, which now exist or which may be implemented in the future. It is agreed, however, that no work rule will be adopted or implemented which is inconsistent with a specific provision of this Agreement and with the Hospital's obligations as specified by ORS 243.698. Additionally, all new work rules which shall be implemented will be reduced to writing and furnished to employees and the Association fifteen (15) calendar days prior to their effective date in order to provide the Association and employees an opportunity to comment and suggest changes.

ARTICLE 20 – DURATION AND TERMINATION

Both parties of this Agreement specifically waive their rights to negotiate any matter not enumerated by this Agreement, excluding the parties' legal obligation to bargain the alteration of existing terms or working conditions of employment for the term of this Agreement. Both

parties, however, may mutually agree to bargain on any issue during the term of this Agreement. This Agreement constitutes the sole written agreement between the parties and shall be effective upon its ratification by both parties. This Agreement shall remain in full force and effect until June 30, ~~2020~~2017. Thereafter, this Agreement shall be renewed automatically from year to year unless one party shall notify the other in writing not later than ninety (90) calendar days prior to the expiration date of intent to modify or terminate this Agreement. Whenever such written notice is given as provided herein, this Agreement shall remain in full force and effect during the period of negotiation.

This Agreement has been executed on behalf of COQUILLE VALLEY HOSPITAL this ~~1st day of February, 2017~~, and it has been executed on behalf of the OREGON NURSES ASSOCIATION by its duly authorized representatives this ~~1st day of February, 2017~~.

COQUILLE VALLEY HOSPITAL

OREGON NURSES ASSOCIATION

By:

By:

By:

By:

By:

By:

APPENDIX A

The following shall apply with respect to steps ~~10-256~~ only: In order to move to the next succeeding step on the pay scale on the employee's anniversary date, the employee covered by this Agreement must accumulate a minimum of ~~1,800~~~~72~~400 hours during the anniversary year and receive a satisfactory annual employee evaluation. In the event an employee does not work the required amount of hours such employee shall not move to the next step of the salary schedule until the hourly requirement has been met, ~~or two years, whichever is earlier~~

In the event the employee does not receive a satisfactory annual evaluation, the employee shall remain at his or her present step in the wage scale until receiving a satisfactory follow-up three-month evaluation.

STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	
CVH Current Wages	31.37	31.78	32.57	33.38	34.23	36	36.88		38.01		39.91			41.82			43.31			43.44	45.64	
New Scale retro	32.8	33.79	34.8	35.85	36.92	38.02	39.17	40.35	41.56	42.8	43.66	44.53	45.42	46.33	47.26	48.2	49.17				50.14	51.15

If by June 30th of 2018 patient satisfaction scores are increased additional increases shall be awarded as follows: an additional 1% of the base wage for reaching Quality Measure Benchmark goals. An additional 0.5% shall be awarded if the overall patient satisfaction score is increased from 35 to 62. An additional 0.5% shall be awarded for overall patient satisfaction score of 80.

If by June 30th of 2019 patient satisfaction scores are increased additional increases shall be awarded as follows: an additional 1% of the base wage for reaching Quality Measure Benchmark goals. An additional 1% shall be awarded if the overall patient satisfaction score is increased from 90.

If by June 30th of 2020 patient satisfaction scores are increased additional increases shall be awarded as follows: an additional 1% of the base wage for reaching Quality Measure Benchmark goals. An additional 1% shall be awarded if the overall patient satisfaction score is increased to 95.

RN STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	
Current Wages	31.37	31.78	32.57	33.38	34.23	36.00	36.88		38.01		39.91			41.82			43.31			43.44	45.64	
New Scale (retroactive to June 30, 2017)	32.80	33.79	34.80	35.85	36.92	38.02	39.17	40.35	41.56	42.80	43.66	44.53	45.42	46.33	47.26	48.20	49.17				50.14	51.15

July 1, 2018, to June 30, 2019

RN STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25
1% increase	33.13	34.13	35.15	36.21	37.29	38.40	39.56	40.75	41.98	43.23	44.10	44.98	45.87	46.79	47.73	48.68	49.66	0.00	0.00	50.64	51.66
Additional 1% if quality measures met by June 30, 2018	33.46	34.47	35.50	36.57	37.66	38.79	39.96	41.16	42.40	43.66	44.54	45.43	46.33	47.26	48.21	49.17	50.16	0.00	0.00	51.15	52.18
0.05% increase if overall satisfaction score increased from 35 to 62	33.63	34.64	35.68	36.75	37.85	38.98	40.16	41.37	42.61	43.88	44.76	45.65	46.57	47.50	48.45	49.42	50.41	0.00	0.00	51.40	52.44
Additional 0.05% increase if overall satisfaction score increased to 80	33.80	34.82	35.86	36.94	38.04	39.17	40.36	41.57	42.82	44.10	44.99	45.88	46.80	47.74	48.69	49.66	50.66	0.00	0.00	51.66	52.70

July 1, 2019, to June 30, 2020

RN STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25
2% increase	33.79	34.81	35.85	36.93	38.03	39.17	40.35	41.57	42.82	44.09	44.98	45.87	46.79	47.73	48.69	49.66	50.65	0.00	0.00	51.65	52.69
Additional 1% if quality measures as outlined are met by June 30, 2019	34.13	35.16	36.21	37.30	38.42	39.56	40.76	41.99	43.24	44.53	45.43	46.33	47.26	48.21	49.18	50.15	51.16	0.00	0.00	52.17	53.22
Additional 1% if satisfaction score increased to 90	34.47	35.51	36.57	37.68	38.80	39.96	41.17	42.41	43.68	44.98	45.88	46.80	47.73	48.69	49.67	50.66	51.68	0.00	0.00	52.70	53.76

LPN STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	
<i>Current Wages</i>	24.38	24.95	25.54	26.16	26.78	27.41	28.08	28.91	29.61	30.34	31.09	31.87	32.67	33.49	34.33							
CVH proposal for 2018-2019	24.38	24.95	25.54	26.16	26.78	27.41	28.08	28.91	29.61	30.34	31.09	31.87	32.67	33.49	34.33							
Additional 1% if quality measures as outlined are met by June 30, 2018	24.62	25.19	25.79	26.42	27.04	27.68	28.36	29.19	29.90	30.64	31.40	32.18	32.99	33.82	34.67							
Additional 0.5% if satisfaction increased from 35 to 62	24.74	25.32	25.92	26.55	27.18	27.82	28.50	29.34	30.05	30.79	31.56	32.34	33.15	33.99	34.84							
Additional 1% if satisfaction increased to 80	24.86	25.44	26.04	26.68	27.31	27.95	28.64	29.48	30.19	30.94	31.71	32.50	33.31	34.15	35.01							

LPN STEPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	
CVH proposal for 2019-2020 2% increase	25.10	25.69	26.30	26.94	27.58	28.22	28.92	29.77	30.49	31.24	32.02	32.82	33.64	34.49	35.36							
Additional 1% if quality measures as outlined are met by June 30, 2019	25.35	25.94	26.56	27.20	27.85	28.50	29.20	30.06	30.79	31.55	32.34	33.14	33.97	34.83	35.71							
Additional 1% if satisfaction increased to 90	25.60	26.19	26.82	27.47	28.12	28.78	29.49	30.36	31.09	31.86	32.66	33.47	34.30	35.17	36.06							

In order to move to Step 7 a nurse must have worked at Step 6 for no less than two years and worked no less than 2800 hours. In order to move to Step 8 a nurse must have worked at Step 7 for no less than two years and worked no less than 2800 hours. In order to move to Step 9 a nurse must have worked at Step 8 for no less than three years and worked no less than 4200 hours. In order to move to Step 10 a nurse must have worked at Step 9 for no less than three years and worked no less than 4200 hours. In order to move to Step 11 a nurse must have worked at Step 10 for no less than three years and worked no less than 4200 hours. In order to move to Step 12 a nurse must have worked at Step 11 for no less than three years and worked no less than 4200 hours. In order to move to Step 13 a nurse must have worked at Step 12 for no less than three years and worked no less than 4200 hours. In order to move to Step 14 a nurse must have worked at Step 13 for no less than three years and worked no less than 4200 hours.

Appendix B

Tuition Reimbursement

ONA and CVH believe in nurses and want to support their educational goals. CVH shall fund and support a nurse in "good standing" in their desire to obtain their BSN, or for an LPN to obtain their RN. The commitment and requirements are outlined as follows.

To be eligible:

- Must pass 90 day probation period.
- Applicant must write an essay on "How would CVH helping you obtain your BSN benefit you, the hospital and the community".
- Must be full time (36 hours) Employee.
- Must maintain a GPA of 3.0 for funding to continue
- Letter of recommendation from Manager
- Approval from CNO/COO and Human Resources (if the hospital intends on denying an applicant, they shall notify the Association with the rationale for denial)
- Applications are due by August 1st each year
- Quarterly meeting with Chief Nursing Officer while in school.
- Once started no more than a one 6 week break between classes in the 2 year period, unless there are extenuating circumstances, to be approved by the CNO.

The hospital will pay the tuition and fees up front, not to exceed \$20,000.00 over a two-year period, as a loan to the employee with proper documentation verifying enrollment and cost.

The student (employee) will pay back the loan with service to the hospital. After 4 years of full time employment and staying in good standing with the hospital, the loan will be forgiven. The "loan forgiveness time" starts the day after they receive their BSN. If they fail to fulfill their commitment they must pay back the entire amount, but shall not be charged interest or other fees. During the pay-back time the nurses must also give 8 hours a year in the form of community service, to be assigned and discussed through the PNLN.

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RETENTION INCENTIVE PROGRAM

1. Charge Nurses. Effective the first full pay period following July 1, 2013, the Charge nurse premium shall be four dollars (\$4.00) per hour. A nurse will be deemed to have been assigned to Charge Nurse responsibilities if the nurse (1) has been selected to fill a Charge Nurse vacancy, or (2) has been designated by the Hospital to be a Charge Nurse for a shift. There shall be a charge nurse designated or assigned on each shift. Such charge nurse will be responsible for all areas of the Hospital where nurses are assigned to work, ~~including the Emergency Department but excluding Home Health, Ambulatory Outpatient and Operating Room departments.~~

2. Shift Differential. Beginning the first full pay period after the ratification of the 2017 Agreement, the night shift differential shall increase ~~to three dollars and fifty (\$3.50)~~ to four dollars and twenty-five cents (4.25) per hour. Night shift differentials will only be paid to nurses who work a majority of their scheduled hours between 7:00 p.m. and 7:00 a.m.

~~3. No Reduction. No nurse will suffer a reduction as a consequence of the adoption of this Agreement.~~

4. Standby. Nurses scheduled for standby/on-call shall be paid the sum of Four dollars and twenty five cents (4.25) ~~three dollars and ten cents (\$3.10)~~ for each hour of scheduled standby, regardless of whether they are called to work. Nurses on standby call who are called into work shall receive the premium rate of one and one-half (1-1/2) times their regular rate for all hours worked after being called to work, including applicable shift differential. With proper notice, low census standby designation may be rescinded by the Hospital up to two (2) hours prior to the

beginning of the nurse's scheduled shift of work, in which case premium pay shall not apply for a nurse directed to report to work at the beginning of his or her scheduled shift. Standby pay shall be in addition to pay for actual hours worked. Call-back pay begins when a nurse reports to the Hospital ready to work as a result of a call to return to work. While on standby, the nurse is normally expected to report to work as soon as possible within thirty (30) minutes following notification, ~~but in no event longer than forty-five (45) minutes.~~

5. Mileage. Effective the first full pay period following bargaining unit ratification, home health nurses shall receive the rate designated by the Internal Revenue Service for the per mile reimbursement when the nurse uses his/her private vehicle for travel directly related to his/her approved work assignment. This mileage payment will not be paid for reporting to the Hospital for work at the beginning of the work day or commuting home from the Hospital at the conclusion of the work day.

6. Short Notice. A regular full-time or part-time nurse who is called into work or scheduled with less than two (2) hours' notice of the time worked shall be compensated short notice pay at a rate of time and one-half the nurse's regular rate of pay.

7. Preceptor. Any bargaining unit RN who is assigned to orient or precept a student nurse will be compensated at an additional one dollar twenty-five cents (\$1.25) for each hour of performing such activity, up to a maximum of one hundred fifty (150) hours per student nurse.

8. Experienced Nurse Orientation. Any bargaining unit RN who is assigned to orient an experienced nurse will be compensated at an additional one dollar (\$1.00) for each hour performing such activity, up to a maximum of eighty (80) hours per experienced nurse oriented.

9. Scrubs/Uniforms. Bargaining unit employees who are required to wear scrubs in connection with their assigned duties will be provided with such scrubs by the Hospital at no cost to the employee. The Hospital will launder such scrubs at no cost to the employee. Bargaining unit employees who wish to purchase scrubs for personal use may do so at Hospital cost.

10. Nursing staff shall at no time be required to be the main phone reception for incoming calls to the hospital.

MEMORANDUM OF AGREEMENT

between

COQUILLE VALLEY HOSPITAL

and

OREGON NURSES ASSOCIATION

This Memorandum of Agreement is entered into between Coquille Valley Hospital (hereinafter referred to as the "Hospital" or "Coquille") and the Oregon Nurses Association (hereinafter referred to as the "Association" or "ONA") for the purpose of describing the parties' agreement regarding the method of payment overtime to surgery department nurses.

~~Surgery department nurses will continue to be compensated at time and one-half the nurses' regular rate of pay for hours worked in excess of eight (8) hours per day and for time spent on call between 7:00 p.m. and 7:00 a.m.~~

This Memorandum of Agreement shall be deemed a part of and incorporated into the terms and provisions of the current Agreement in effect between the parties.

Dated this 1st day of February, 2017.

Signed:

Signed:

On Behalf of Coquille Valley Hospital

On Behalf of Oregon Nurses Association

Date:

Date:

MEMORANDUM OF AGREEMENT

between

~~COQUILLE VALLEY HOSPITAL~~

and

OREGON NURSES ASSOCIATION

This Memorandum of Agreement is entered into between Coquille Valley Hospital (hereinafter referred to as the "Hospital" or "Coquille") and the Oregon Nurses Association (hereinafter referred to as the "Association" or "ONA") for the purpose of describing the party's understandings with respect to Substance Abuse and Screening Policies and Procedures.

A drug-free and alcohol free workplace is necessary to maintain a safe environment for patients and employees. These protections are jeopardized when any employee uses "drugs" or alcohol on the job, comes to work under the influence, or possesses, distributes or sells alcohol or "drugs" in the workplace. The Hospital policy, entitled Substance Abuse and Screening, and this Article shall be the basis of enforcement and further definition of this policy.

OBJECTIVE:

Coquille Valley Hospital has a responsibility to its employees and the public to provide safe working conditions for its employees and a productive Hospital workforce unimpaired by drugs and/or alcohol. The Hospital also has a similar responsibility pursuant to the Drug Free Workplace Act of 1998 to satisfy these responsibilities. The Hospital strives to maintain a work environment free from the effects of drugs, alcohol, or other performance impairing substances.

The misuse when an employee uses “drugs” or alcohol on the job, comes to work under the influence, or possesses, distributes or sells alcohol or “drugs” in the workplace it presents a risk to the safety and health of patients, the public and other employees and the community.

The term “drug” for purposes of this policy includes prescription drugs that might affect

ONA/Coquille Valley Hospital Collective Bargaining Agreement 2016—2017 57

workplace safety, as well as “illegal” inhalants and “illegal” drugs; illegality for purposes of this policy means any drug, inhalant or substance that is not legally obtained or is being used, distributed, dispensed, and/or sold unlawfully. The term “intoxicants” means drugs or alcohol. If you have any questions contact Human Resources. The terms “Hospital premises” and “Hospital property” include all of the Hospital’s medical centers, treatment facilities, parking lots, garages, workplaces, storage structures, vehicles and equipment.

PROHIBITED CONDUCT, CONDITIONS AND ACTIVITIES:

The following conditions and activities are expressly prohibited:

1. Except as expressly noted in this policy, it is a violation of policy to use, possess, distribute, manufacture, sell, trade and/or offer for sale alcohol or drugs in the workplace, on our premises or property, during work time, while representing the Hospital in any work related fashion, or in circumstance that the Hospital believes might adversely affect our operations or safety. (See the discussion of “prescription drugs” below.)

2. It is a violation of policy to report for work under the influence of intoxicants, to be in this condition while on Hospital property or in other circumstances the Hospital believes might adversely affect operations or safety.

An employee violating this policy will be subject to discipline up to and including termination.

POSITIVE TEST RESULT:

An employee may be found to be under the influence of drugs or alcohol on the basis of any appropriate evidence including, but not limited to:

1. Direct observation;
2. Evidence obtained from an arrest or criminal conviction;
3. A verified positive test result; or
4. An employee’s voluntary admission.

A positive result is one reported as positive by the Medical Review Officer (MRO). An employee whose alcohol or drug test result is "positive" will be considered in violation of this policy. Adulterating or substituting a specimen, or any test that is "cancelled" will be deemed a "positive" test result. The Hospital has a zero tolerance policy.

For purposes of this policy, "under the influence of alcohol or drugs" or "under the influence of intoxicants" is any detectable level of alcohol or drugs present in the individual's system (based on the results of urinalysis or breathalyzer testing).

An employee who refuses to voluntarily consent and submit to discovery testing for drugs or of alcohol or who fails to cooperate fully with all testing procedures or requirements will be subject to suspension or discharge, or both. Alleged lack of reasonable suspicion is not grounds to refuse to submit to a test. In addition, any such failure, upon request, to permit testing described in this policy will be considered the same as a positive test.

If a second or subsequent collection is recommended by the Medical Review Officer (MRO), such collection will be unannounced and the employee may be subject to observation by collection site personnel during the collection process.

The Hospital also reserves the right to involve law enforcement officials for any conduct that it believes might be in violation of state or federal law.

PRESCRIPTION DRUGS:

Any employee who is taking any prescribed or over-the-counter medication that could adversely affect that employee's performance is responsible to do one of two things.

(a) The employee may determine from a physician or pharmacist whether or not the substance is capable of impairing job performance; if it may impair job performance, the employee must report the use of the substance to Human Resources and/or the employee's supervisor. The Hospital, through discussion with the employee, will evaluate whether the employee is fit for duty at that time. When necessary to the evaluation, the Hospital will request a limited amount of relevant medical information related to the work-related effects of the medication.

(b) Alternatively, the employee may report any relevant effects of the medication immediately to the employee's immediate supervisor. The employee is not requested or required to report the name of the drug or the condition for which it was prescribed. The Hospital, through discussion with the employee, will evaluate whether the employee is fit for duty at that time. When necessary to the evaluation, the Hospital will request a limited amount of relevant medical information related to the work-related effects of the medication.

Each employee is responsible for meeting performance, safety, and attendance standards.

An employee whose use of prescription and/or over-the-counter medication may adversely affect job performance should use PTO time or sick leave or other steps consistent rather than reporting for work in an impaired state. If any employee reports to work under the influence of prescription and/or over-the-counter medication and such that she/he presents a danger to patients, self, co-workers or others, the employee may be disciplined.

The Hospital will utilize a laboratory certified by the National Institute on Drug Abuse to conduct all tests under this policy.

Positive test results may only be disclosed to the employee or employee representative with prior written employee release, and the appropriate management officials on a need-to-know basis or as required by law.

All medical and rehabilitation records will be deemed confidential and may not be disclosed without the prior written consent of the employee, authorizing court order, or otherwise as permitted by law.

MARIJUANA PROHIBITED:

The Hospital prohibits an employee from reporting for work with an illegal drug, including marijuana (which is illegal under federal law and many state laws), in his/her system; this policy applies even where the medical or personal use of marijuana is authorized by state law. An employee reporting for work with an illegal drug, including marijuana, in his/her system is in violation of this policy and subject to discipline under this policy. The Hospital enforces this policy consistently with respect to all drugs, including marijuana, as the law allows the Hospital to do.

PRE-EMPLOYMENT DRUG SCREENING:

All offers of employment to applicants who have passed the other pre-employment evaluation will be conditional and subject to drug and alcohol testing prior to beginning employment. Any positive result of any degree will disqualify the applicant from employment.

All applicants will be notified and asked to authorize a drug and alcohol screen test as a requirement of employment. Applicants shall be directed to an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, but no later than 48 hours after notice to the applicant.

Any applicant with a verified positive test result will be disqualified from employment. The Hospital will inform such applicant that the positive test disqualifies the individual from employment. The individual may reapply after the expiration of twelve (12) months.

CRIMINAL CHARGES AND CONVICTIONS:

Each employee must report to the Department Head any criminal charge (alleging violation of any criminal drug statute) or felony conviction for violating any criminal drug statute no later than five (5) calendar days following such action.

Where criminal charges (alleging violation of any criminal drug statute) are brought against an employee regarding alleged off the job illegal use, manufacture, purchase, sale, possession, or distribution of illegal drugs, or drug paraphernalia, the Hospital will construe this as reasonable suspicion for testing and will request the employee to submit to drug testing consistent with this policy. This may result in the employee being taken off of work without pay pending the outcome of the test.

Any employee convicted of a criminal drug statute violation will be terminated from employment with the Hospital.

SELF DISCLOSURE AND EMPLOYEE ASSISTANCE:

Any employee who has a personal drug and/or alcohol problem is encouraged to come forward for assistance with rehabilitation and in doing so will not jeopardize his or her employment. (If the employee in this situation is already subject to discipline for other reasons at the time he or she comes forward, the act of coming forward will not excuse the employee from that discipline. At the same time, the act of coming forward will not be considered in the determination of appropriate discipline.)

The Hospital recognizes that individuals may be hesitant to disclose their usage or choice to seek assistance. However, if an employee is in this situation, it is in his/her best interest to make a Voluntary Disclosure to the Hospital before it leads to a violation of this policy or leads to unacceptable performance, attendance or other unacceptable work habits. ("Voluntary Disclosure" means self-disclosure by an employee to the Hospital regarding the possible need for assistance in connection with the use of drugs or alcohol.)

An employee who makes such a Voluntary Disclosure may seek time off in connection with treatment. Such employee may pursue any needed alcohol or drug treatment with a private treatment program. The employee may ask his or her personal physician to assist the employees in identifying and selecting an appropriate treatment program.

Accrued PTO time/sick leave benefits may be used while attending Hospital approved treatment and/or rehabilitation.

After such accommodation, the discontinuation of any involvement with alcohol or drugs may be an essential requisite for employment and is consistent with the Hospital's policy of maintaining a drug free workplace.

The employee will be required to comply with return to work terms that include, among other things, (a) that the employee must pass a drug/alcohol test before returning to work and (b) that the employee will be subject to periodic testing during the two year period following the employee's return to work. The return to work terms also may include a requirement that the employee authorize the release of information regarding his or her participation in and compliance with any treatment program, and the effectiveness of the treatment program in direct relation to any employee's ability to return to work.

NOTE: An employee who admits to the use of drugs or alcohol at the time a situation has occurred which would require testing as prescribed by this policy does not meet the standard for Voluntary Disclosure. Such employee remains subject to testing and the consequences as outlined. Further, an employee who admits to violation of this policy is subject to discipline for such violation (there would be no need for testing).

Employees who undergo drug or alcohol treatment or rehabilitation will be expected to do so at their own expense and without contribution from the Hospital. (Note that a portion of those expenses may be covered by the employee's medical insurance plan.)

CONFIDENTIALITY:

Information received by the Hospital in regard to voluntary disclosures related to drug or alcohol use or the need for treatment, and in regarding to drug or alcohol test results, will be treated with the highest degree of confidentiality feasible, except as may be required by law, by grievance activity or as necessary to respond to any inquiry by a governmental agency or entity. The employee may divulge any aspect of the testing process and results they so desire.

DRUG TESTING UPON REASONABLE SUSPICION:

When the Hospital has a reasonable suspicion that an employee may be in violation of this policy, the employee in question will be required to submit to discovery testing to determine the presence or use or any involvement with alcohol and drugs.

If prior to testing the employee confirms that he or she is under the influence of alcohol or drugs, that admission will be treated as a positive test and the employee shall not be required to undergo a screening. The employee shall be immediately suspended, pending timely subsequent action. He or she shall not be allowed to drive if impaired.

Reasonable suspicion (including circumstance that could be indicators of a violation of alcohol and drug policy and be considered reasonable suspicion) prior to the time of the test means observable, objective evidence that gives the Hospital a reasonable basis to suspect that the employee may be impaired or affected by drugs or alcohol in the workplace. Such evidence may include, but is not limited to:

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- Observed drug or alcohol use during work hours at the workplace, or employee statements or admissions regarding such use;
 - Apparent physical symptoms of impairment or intoxication;
 - An employee's physical appearance that suggests possible drug or alcohol impairment;
 - Bizarre behavior;
 - Incoherent mental state;
 - Marked or significant changes in personal behavior or performance that are otherwise unexplainable;
 - Repeated tardiness or unexplained, patterned or unprotected absences;
 - Credible reports of alcohol or drug use in violation of this policy or credible reports of off-the-job illegal drug use;
 - Workplace accidents or injuries to person or property; or
 - Other actions that provide reasonable suspicion to believe the employee may be in violation of the alcohol and drug policy.

If the employee confirms that he or she is intoxicated, the employee shall not be required to undergo a screening, but shall be immediately suspended, pending timely subsequent action. He or she shall not be allowed to drive if impaired.

An employee who tests positive for drugs or alcohol in violation of this policy will be subject to disciplinary action including suspension or termination.

TESTING PROCEDURE:

A. Employee representation in connection with reasonable suspicion testing:

When the employee is notified that he or she will be required to consent and submit to such test, he or she will be notified that they may request the presence of a representative to witness the test, and if the employee so requests, he or she shall be offered assistance. The test may not be delayed unreasonably in order to wait for a representative. The absence of a representative shall not be grounds for the employee to refuse to consent and submit to such test or searches. The presence of a representative shall not disrupt or interfere with the tests or searches, or such interference will be considered a refusal to submit to testing and grounds for disciplinary action including dismissal.

B. Authorization to test:

Before a supervisor may require an employee to consent and submit to any drug or alcohol test based on reasonable suspicion, the supervisor must first obtain concurrence from another manager that the information available to the Hospital about the subject employee is sufficient to give rise to reasonable suspicion that prohibited conduct may have occurred or is occurring.

C. Procedure for Consent:

The employee shall give consent to urine or breathalyzer testing, or any combination, upon request, by signing a consent form. The form will include the following information:

1. Employee's consent to release test results to the Hospital.
2. The procedure for confirming an initial positive drug or alcohol test result.
3. The consequences of a positive test for alcohol, under the circumstances.
4. A listing provided by the employee of legally prescribed and over-the-counter medications that may be in the employee's body.
5. The employee's right to explain a confirmed positive drug or alcohol test result.

6. The consequences of refusing to consent to urine or breathalyzer testing.

D. Refusal:

Failure to appear for testing when scheduled without objection or delay will be considered refusal to participate in testing, and will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment.

E. Confirmatory Test:

In the event that the urine or breathalyzer test results are positive for drugs or alcohol the Hospital shall require that a second confirmatory test from the same sample be conducted at the Coquille Valley Hospital Laboratory, or another laboratory certified by the National Institute on Drug Abuse. The confirmatory test use gas chromatography/mass spectrometry methods. The confirmatory test also must be positive before concluding the employee has such substance(s) present in the body.

F. Employee Requested Test:

The Hospital will require that the provider of drug and alcohol screens maintain samples with positive results for one (1) year. Where an employee requests a retest of any confirmed positive test, such retest will be at his or her own expense at a laboratory approved by the Hospital.

Any employee who believes that his/her specimen was not collected in accordance with established procedures must report any deficiencies within one business day of the collection.

G. Chain of Evidence:

The procedures to obtain, handle, and store test samples and to conduct laboratory tests shall be documented to establish procedural integrity and chain of evidence. Such procedures shall be administered with due regard for the employee's privacy and the need to maintain the confidentiality of test results and to an extent which is not inconsistent with the needs of this policy.

H. Notification:

The employee shall be notified of the preliminary results of any positive gas chromatography/mass spectrometry confirmatory test before it is reported as a positive test by the lab. The employee will be so notified by an independent medical review officer who will afford the employee an opportunity to provide medical or other information that may explain the positive result. If the employee cannot be contacted through reasonable efforts, or if the independent medical review officer confirms the validity of the test results, the employee and the Employer will be notified of the positive test results.

SEARCHES:

Where it has reason to believe that its policies regarding drugs and alcohol may have been violated, the Hospital reserves the right to inspect and/or search in the workplace (in Hospital owned furniture, in employee offices, desks or lockers, and/or anywhere else in the workplace).

An employee does not have a reasonable expectation of privacy in these areas, regardless of whether he or she has any personal property on Hospital premises. The Hospital also reserves the right to contact law enforcement officials, as necessary, in such situation. An employee who fails to submit to an inspection and search under this policy and to fully cooperate with the inspection and/or search, or who fails to give consent for the inspection and/or search, after being informed of the reason for the inspection and/or search, will subject the employee to disciplinary action, including dismissal.

LAST CHANCE AGREEMENTS:

It is the employee's responsibility to seek assistance before drug or alcohol problems lead to on-the-job safety or misconduct incidents, or a violation of this policy. If an employee uses alcohol or drugs in connection with work, or otherwise violates this policy, thus endangering patients, employee or others, the employee will not be entitled afterwards to enter a treatment program and thereby avoid discipline or penalty.

However, without waiving its right to terminate for any of the foregoing violations, the Hospital, at its sole discretion, may offer a Last Chance Agreement in lieu of termination to any employee who tests positive for drugs or alcohol in violation of this policy. The Hospital will consider such factors as type of work performed, work performance, history with the Hospital, attendance, safety record and any other relevant factors to make such determination.

A Last Chance Agreement (LCA) will contain standards set forth by the Hospital to the individual that are appropriate for the specific situation. It may address such issues as:

- Assessment by a certified treatment or counseling professional.
- Release of medical information and treatment information to the Hospital.
- Notice of follow up testing.
- Other employer standards such as ongoing work performance and attendance.
- Consequences of any violation of the LCA.
- Other items as appropriate.

This Memorandum of Agreement shall be deemed a part of and incorporate into the terms and provisions of the current Agreement in effect between the parties dated this 1st day of February, 2017.

Signed:

Signed:

On Behalf of Coquille Valley Hospital

On Behalf of Oregon Nurses Association

Date:

Date:

MEMORANDUM OF AGREEMENT

between

COQUILLE VALLEY HOSPITAL

and

OREGON NURSES ASSOCIATION

Regarding

One-Time Payment to Night Shift Nurses

Within thirty (30) days of ratification of the 2016-2017 collective bargaining agreement, those nurses who hold a full-time night shift position shall receive a one-time lump sum payment of three hundred and fifty dollars (\$350); those nurses who hold a part-time night shift position shall receive a one-time lump sum payment of one hundred and seventy five dollars (\$175).