Our contract expires Nov. 30, 2016

The Oregon Nurses Association (ONA)/Providence Seaside Hospital (PSH) Negotiating Committee recently met to set goals and begin drafting proposals for negotiating a new contract.

Negotiations for a new contract are set to begin in October.

Wage increases for 2017 and 2018 will be a key subject of negotiations as always. We already know that the health insurance benefit will not change for 2017, but 2018 is still in question and many nurses would like to see improvements in our health benefit, instead of erosion. Other issues that are likely to come into play are mandatory overtime and staffing for safe patient care.

Your Participation is Critical

Our success in negotiations depends greatly on the participation of all our nurses in the bargaining process. The leverage of a union at the bargaining table is the solidarity of the membership and their willingness to act in a united way to show the hospital administration that we are serious about our proposals and getting a fair contract. Providence is a big company and likely to drive a hard bargain if nurses don’t show their power. Fortunately, nurses have significant power because they do the bulk of the critical work of caring for patients. That’s work no one else can do. If we send a strong message to Providence that we are united and serious about a particular issue, they will listen.

The first thing nurses need to do to get a good contract is take the bargaining survey. The results of the bargaining survey tells our negotiating committee what issues are important to you. When a majority of nurses have taken our survey,
Meet Our Negotiations Committee

Our negotiation committee includes our ONA representative, Sam Gieryn, our five member executive committee (floor nurses at PSH). These nurses will do the heavy lifting of creating proposals, attending all negotiating sessions, sending out communications and organizing events in support of bargaining. *Please give them a warm thanks and share your concerns and interests with them. Here’s who they are and their contact information.*

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*Not pictured: Su Coddington (PNCC) Chair, ICU, suc1981@charter.net*

**S A V E T H E D A T E : 2 0 1 7 O N A N U R S E L O B B Y D A Y**

ONA invites you to join nurses and nursing students from around Oregon to lobby on important nursing and health policy issues and meet with your legislators. Hundreds of nurses will rally at the Oregon State Capitol in Salem on Tuesday, February 14, 2017 to advocate for our patients and advance Oregon nurses’ practice. It’s vital that we have nurses represented in the key decisions that are made about our priorities and key bills that will come up in the 2017 session. Early registration for ONA members is now open.

Visit www.OregonRN.org for more information and registration.
WHAT YOU NEED TO KNOW ABOUT OREGON’S HOSPITAL NURSE STAFFING LAW AND MANDATORY OVERTIME

Hospitals may NOT require a nurse to work beyond the agreed upon and prearranged shift, regardless of the length of the shift. Hospitals must provide a 10-hour rest period if a nurse is mandated to work 12 or more hours in a 24-hour period. The 24-hour period starts when a nurse starts a shift. Make sure to clarify if the overtime (OT) is mandated or considered voluntary – the rest period only applies to mandatory OT at this time, although ONA is seeking additional clarification from the Oregon Health Authority about this.

Staffing committees are encouraged to explore ways to track and document mandatory OT. Under the law, hospitals must have a means to track all occurrences of mandatory OT.

Currently, the law does not affect voluntary OT. There are limited exceptions to the agreed upon shift language. End of shift slush time is one example and refers to instances where the shift technically ends but there is still work to complete or there is not another staff person available for relief.

What if a staff vacancy for the next shift becomes known at the end of the current shift?

This is the only allowable instance of mandatory OT, and only for an hour, according to the staffing law. Notify the unit manager as soon as possible of your ability to remain on shift for no more than one extra hour. Verify that the hospital has called in on-call nurses, resource nurses and/or agency staff. Near the end of the extra hour, request another nurse to take a report-off. If there is no one available to report off to, it is recommended that continuity of patient care be maintained so as to avoid accusations of patient abandonment. Continue asking questions as to when relief will arrive and contact a labor representative.

Make sure the mandatory OT is documented by your unit.

What if I work in an area where there are still patients to care for after the time that the unit technically closes (such as an infusion clinic), and there is no additional staff available?

This is mandatory OT and you should communicate this to your manager. If this is a pattern in your unit, it is time to review the staffing plan and suggest some additional evening coverage or a way to avoid the mandatory OT. Your unit can require one additional hour of work, by law, but no longer and only in the situation where a vacancy becomes known at the end of your shift (such as the oncoming nurse having a car accident).

What is my responsibility if there is no nurse to take my assignment at the end of my shift?

By law, if a vacancy occurs at the end of your shift, the hospital can require one hour of OT while a replacement is found. The vacancy could be caused by sudden illness of a staff member, car accident on the way to work or family emergency.

While no nurse wants or intends to leave a patient without handing off care to another RN, it is the facility’s responsibility to secure replacement staff members. Your responsibility is to notify the charge nurse, supervisor or manager that you must leave at a certain time and determine who will be receiving your assigned patients.

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We Need Your Input (Continued from Page 1)

we’ll know what you want, and we’ll have credibility when we tell Providence what your bottom line is. A high percentage of participation in the survey also shows Providence that nurses are interested and paying attention to what goes on at the bargaining table. It demonstrates that nurses are willing to take small actions now supporting their team in hopes of avoiding the need for more serious demonstrations of unity in the future, such as rallies or picketing.

The bargaining survey is completely confidential. No personal identifying information will be shared with Providence. Only aggregate data will be shared, (e.g. the percentage of nurses who would like to see improvements in the retirement plan). But please include your personal email on the survey because the next step for ONA nurses is to watch for alerts and information from your negotiation committee. We’ll need your support to get the best possible contract. This might include an ONA button wearing campaign, attending negotiations sessions, placing signs in your car while at work, or other activities that show solidarity and resolve. Your participation level will determine what we can achieve.

WHAT YOU NEED TO KNOW ABOUT OREGON’S HOSPITAL NURSE STAFFING LAW AND MANDATORY OVERTIME (Continued from Page 3)

What if I have declared the time that I must leave the facility and no one has been assigned to replace me?

You have the right to escalate the issue beyond your unit to the administrator responsible for the facility. You also have the right to expect that alternatives to requiring you to stay are implemented. Those alternatives might be to transfer your patient to another unit, to secure staff from another unit, to divert patients from the unit or facility and that there is a member of the administrative staff on site to ensure alternatives are found or to assume responsibility for your patients.

How does the staffing law work in areas that require call?

On-call shifts/time can still be required as a part of a job and as such, is considered to be voluntary as long the shift and schedule is agreed to by the nurse. Additional required call shifts, or OT, are prohibited.

Hospital facilities cannot require mandatory OT as a way to cover for adding on non-emergent surgeries.

Can OT be required as part of an “emergency”?

The only emergencies that allow a hospital to impose mandatory OT are:

- A public health epidemic
- A national or state emergency requiring the implementation of a facility disaster plan (a disaster plan previously adopted by the hospital’s staffing committee)
- Sudden unforeseen adverse weather conditions
- An infectious disease epidemic suffered by hospital staff
- An unforeseen event preventing replacement staff from approaching or entering the premises

All other OT should be considered as voluntary.

If I am unable to resolve the staffing issue through my hospital staffing committee, how do I make a staffing complaint to the state agency?

Complaints are made through the Healthcare Regulation and Quality Improvement (HCRQI) Public Health Division of the Oregon Health Authority.

Need more information?

If you would like more information about filing a complaint with the HCRQI please contact ONA through your labor relations representative or by emailing practice@oregonrn.org.
Our Contract Protects Us Against Bullying and Harassment

Section 10.5 of our ONA/PSH contract protects nurses against any behaviors by other employees, including our supervisors, that undermine mutual respect. Such behaviors can include, harassment, verbal abuse, and/or bullying. One of our nurses recently used this process to resolve a serious bullying issue with her manager.

Any nurse who witnesses or believes they are subject to such behavior should raise their concerns with their supervisor as soon as possible. If the supervisor is unavailable, or if the supervisor is the one doing the behavior, the nurse should raise their concerns with their supervisor’s manager or with Human Resources.

In Section 10.5(b) the Hospital has agreed that any nurse who reports bullying, or who cooperates in an investigation of such behavior, will not be subject to retaliation. Any nurse who believes they are being retaliated against for reporting such behaviors is encouraged to raise their concerns with an appropriate manager, supervisor or human resources representative as soon as possible. But contact one of your ONA/PSH Nurse leaders next. We want to make sure this section is fully enforced.

The Hospital is required to promptly investigate any reports. The Hospital is required to tell the nurse who has reported the behavior the findings of the investigation when it is completed, and, based on the investigation, take appropriate action to prevent it from happening again. Hospital employees who have been found to have engaged in such behavior will be subject to disciplinary action.

Seriously inappropriate behavior may subject a nurse or nurse supervisor to possible disciplinary action by the Oregon State Board of Nursing. Section 3 of the Scope of Practice Standards for All Licensed Nurses (Oregon Administrative Rule 851-045-0040)

Requires all nurses to demonstrate honesty and integrity in nursing practice and to maintains appropriate professional boundaries. If you witness or are subject to serious deviations from this standard, please let us know. If necessary, we’ll help you navigate the OSBN complaint process.

Want to learn more about stopping bullying in the workplace?
Click here or call ONA at (503) 293-0011 to order "Nurses and Bullying in the Workplace: A Resource Guide" which is free to ONA members.

PSH Nurses Organize Over Scrubs

June 29 PSH informed ONA in that, as an OR infection control measure, Emergency Department (ED) and Birthplace (OB) nurses would no longer have access to Hospital laundered scrubs. Hospital scrubs would only be provided to OR nurses and no nurse would enter the OR without changing into the OR scrubs. ED and Birthplace nurses would have to go out and purchase their own scrubs and launder them at home. Nurses on both units quickly organized campaigns to keep the scrubs available. July 12 we issued a demand to bargain the change in longstanding working conditions.

While ONA assembled a bargaining team and prepared for bargaining, PSH nurses in the OB drafted a letter to Chief Nursing Officer Janiece Zauner highlighting the difficulties they would have caring for their patients in emergency situations, such as prolapse or abruption, when they need to get in and out of the OR quickly. OB nurses did the research and found that Providence...
provides OB nurses with (in fact, mandates that they use) Hospital laundered scrubs in all of its other Oregon hospitals, as do Kaiser Hospitals, Columbia Memorial Hospital, and Tuality Community Hospital. ED nurses who were concerned about home laundering of infectious material circulated a petition to keep the scrubs available in the ED. The petition was signed by 37 staff members at last count.

Both OB and ED nurses are regularly exposed to bodily fluids in the course of their work. Compared to ICU or Medical Surgical nurses, for example, the ED nurses are less likely to have information about the potential of infectious contamination when presented with an ED patient. Sometimes the threat of infection is not known until after the assessment performed by the nurse or even much later. ED nurses cannot be expected to wear personal protective equipment throughout their entire shift, and while they may wash their skin thoroughly before leaving the hospital, personal scrubs can harbor significant contamination which is resistant to home laundering. That contamination can spread to other family clothing that their families wear to work and school.

Many studies have demonstrated bacterial contamination of the uniforms and clothing of health care workers (HCW) during patient care activities. Microbes tend to thrive in moisture and protein-rich soil or dirt that may be found on apparel, especially apparel that has not been properly laundered, or not laundered at all. The United States Center for Disease Control recommends that contaminated laundry should be washed at water temperatures of at least 160°F, using 50-150ppm of chlorine bleach to remove significant quantities of micro-organisms from grossly contaminated linen. Typical temperatures of domestic washing machines do not exceed 110°F due to child safety laws to prevent scalding and burns. Thus, apparel can readily acquire, retain and transmit epidemiologically significant pathogens. Typically, HCWs will wear the same clothing for one day or more, during which time their apparel will have direct or indirect contact with co-workers, patients and the general public. Some health care workers may launder their scrubs less frequently than others.

Aug. 1—PSH RNs Autumn Doss and Patricia Wilson, and ONA Labor Relations Representative Sam Gieryn met with Zauner and the new PSH Human Resources Director John Anglim, and proposed keeping the scrubs available to both ED and OB nurses. To differentiate the scrubs from OR scrubs, we proposed dyeing the scrubs that were used in the OR a different color. In her written response to our proposal, Zauner claimed that our proposal did not meet the OR’s infection control needs. Zauner’s response did not address our concerns about the potential for home laundered scrubs to spread infection throughout the rest of the Hospital and the community.

However, the Hospital agreed to purchase three sets of scrubs (or reimburse up to $125 for three sets of scrubs) for OB nurses only. Bunny suits will be made available so that nurses can very quickly don them and can go immediately to the OR, never leaving their patient’s side. The Hospital will explore a different ‘handover’ process to reduce trips by OB and other staff, into the OR clean core. ED nurses would still have to purchase their own scrubs, which they are expected to launder at home, unless they are known to be contaminated. The Hospital also agreed that any nurse who believes their personal attire has become contaminated may utilize hospital scrubs and the Hospital will launder their personal attire.

We still think that ED nurses should use hospital laundered scrubs exclusively. The problem is ED nurses don’t always know which patients pose a risk until later. Also, donning and doffing scrubs during the shift wastes time. Currently, we plan to meet with PSH Chief Executive Officer Dr. Kendall Sawa to discuss the issue further. ED nurses are advised to switch to hospital scrubs whenever they believe there’s a chance that their personal attire has become contaminated.