Contract Negotiations Have Begun

Contract negotiations pertaining to your wages and working conditions have begun.

Your negotiation team met with administration Oct, 21 and 22 to exchange initial proposals. The results of the ONA survey you completed were reflected in your team’s initial proposal to management.

The bulk of the proposals from both ONA and management focused on proposed changes to working conditions. Substantive negotiations will begin in earnest at the next negotiation sessions which are scheduled for:

Tuesday, Nov. 11 8 a.m.-5 p.m and
Wednesday, Nov. 12, 8 a.m.-4 p.m.

Additional negotiation dates are:
Nov. 18, 8 a.m.-5 p.m. and
Nov. 19, 8 a.m.-4 p.m.

All sessions will be held at the hospital in a room to be determined.

Welcome
Ateusa Salemi, RN
New ONA Labor Representative at
St. Alphonsus Medical Center

Ateusa Salemi,
BS, RN, CWCN
joined ONA in October, 2014, as an Eastern Oregon Labor Relations representative. Ateusa was a full-time practicing RN and Wound/Ostomy care nurse at a rural critical access hospital and a larger regional medical center. Ateusa began her nursing career in 2007 and has been an ONA member since day one. She has served her local bargaining unit (BU) both as a local unit rep and as a member of the Negotiations Team. For her efforts and hard work she received ONA’s Rising Star award in 2010 and her Bargaining Team was awarded the 2010 Adversity Award after they successfully led their BU through a challenging contract negotiation.

Ateusa was appointed to the Cabinet on Economic and General Welfare in 2012 – she has also served at the statewide level as a convention delegate. Ateusa has a long background with both nursing and labor, walking a picket line at a young age with her mother during a nursing strike. Ateusa lives in Eastern Oregon with her husband and five children.
ONA Ebola Updates and Information

ONA continues to be actively involved with Ebola Virus Disease (EVD) work at both the state and national level. ONA President Katy Cooper, RN and Dr. Carl Brown, ONA staff, attended a meeting and then press conference with Gov. Kitzhaber as he discussed plans for treatment if a patient is diagnosed with the EVD. ONA President, Katy Cooper presented a statement on behalf of ONA during that news conference.

In addition, ONA released a press statement along with the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Medical Association (OMA) which can be seen on ONA’s home page.

ONA members want to know what to do if a patient suspected of EVD comes into their health care organization.

This situation should be managed with a “THREE I” mnemonic approach which is Identify, Isolate and Inform.

Identify: All outpatient/ambulatory care triage/registration area patients should be assessed for:

- Fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained hemorrhage. AND
- Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset or exposure to someone who has been in West Africa in the last 21 days.

Isolate: If both criteria (symptoms and travel history) are met, then remain calm.

The patient should be moved to a private room with a bathroom, and STANDARD CONTACT and DROPLET precautions should be followed during further assessment.

Inform: Contact local hospital leadership and Oregon Public Health officials.

**CDC Guidelines for Health Care Providers**

Of importance, the Centers for Disease Control and Prevention (CDC) has now updated guidelines for health care providers who are providing care to patients who test positive for the EVD.

**CDC Guidelines can be found here**

Limiting the number of health care providers present during the procedure to only those essential for patient-care and support.

Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room (AIIR) when feasible. Room doors should be kept closed during the procedure except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure.

HCP should wear appropriate PPE (http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html) during aerosol generating procedures.

Conduct environmental surface cleaning following procedures (see section below on environmental infection control).

Facilities should develop policies for monitoring and management of potentially exposed health care providers.

Nurses must partner with their respective hospitals and other health care systems to become educated and informed about education and management of patients with Ebola to include the proper donning and doffing of Personal Protective Equipment (PPE). Nurses should speak out if there is not available education and practice in utilization of PPE. ONA will work with our members to provide education and support.