At the end of March, our Oregon Nurses Association (ONA) nurse leaders notified management that we were concerned about how COVID-19 would impact nurses and expressed a list of issues we hoped they could work on.

We then requested negotiations and met on April 8 for the first time and presented a comprehensive proposal covering a variety of issues from personal protective equipment (PPE) to paid time off (PTO) to testing being available to staff.

Management did not give a counter proposal. We continued to negotiate and held a second negotiation session on April 22 to present some changes to our proposal due to the constantly evolving situation of COVID-19. Again, management presented no counter proposal. However, they insisted that we sign a separate Memorandum of Understanding (MOU) around allowing nurses to volunteer for an extended dock. This is similar to a furlough that maintains health benefits, earned leave and seniority accruing for every hour docked, but nurses are not allowed to accrue dock hours towards our dock cap. You can read that side letter on our website here.

Many nurses who are primarily in Same Day Surgery requested to have this voluntary extended dock option, so we signed a letter allowing that piece to move forward. However, since that was negotiated, the governor has reopened elective procedures to some degree, so it’s unclear how many people will be given the option to volunteer for extended dock.

One of the conditions of signing the side letter was that management also agree to continue negotiations of our main COVID-19 MOU and actually give us a counter proposal which they had yet to do. They agreed, and we met today, May 1 to receive that proposal, which you can find on our website here. You can compare it to the most recent proposal from our ONA nurse leaders here.

Here are the main issues that management made very clear to us today as “non-starters”, ie something they are currently unwilling to budge on:

❖ Management refuses to provide support while nurses are seeing paychecks cut as much as 80 percent.
❖ Management refuses to provide transparency on PPE levels like our peer hospitals are providing.
❖ Management refuses to provide additional needed PTO for nurses during a pandemic.
❖ Management refuses to make the Hardship Fund accessible to nurses with kids with special needs who lack childcare due to COVID-19 facility

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closures, unless those nurses are so needy they are on food stamps.

♦ Management refuses to provide a collaborative space for ONA nurse leaders to directly work on a monitoring committee with management to resolve practice-based challenges or other issues during COVID-19.

♦ Management refuses to provide paid admin leave and workers comp for nurses who contract COVID-19 without proving that a specific incident occurred with a COVID-19 positive patient where the nurse lacked PPE below hospital protocols. If a nurse contracts COVID-19, and was reusing masks, or unmasked with a patient who’s COVID-19 status is unknown, you may be denied paid admin leave and workers comp. If a nurse potentially caught COVID-19 from a coworker, in the break rooms, a bathroom, or the lobby, none of those would necessarily count as a workplace exposure that could be proven. In the mean time most nurses are quickly emptying out their paid leave, with very little paid time to deal with a possible exposure at work.

♦ Management is laying off nurses and our fellow SEIU coworkers and denying them healthcare benefits during a pandemic.

♦ Management has refused to allow future borrowing against earn leave.

♦ Management has refused to include in writing that a pregnant nurse is eligible for workplace accommodations specific to COVID-19.

♦ Management has demanded the right to force nurses to attend meeting to recredential or certify nurses even if we are in the middle of a surge and nurses are working overtime. Credentialing entities have already allowed nurses around the state 60-90-day extensions of these, but management wants the right to deny extensions.

♦ Management has refused any surge differential even if nurses are forced to take patient loads greater than staffing plans allow or forced to take on extra work duties from other staff who are laid off or not scheduled.

♦ Management has demanded the right to change schedules after the schedule has been put out without premium pay.

Our bargaining team discussed management’s response and finds it unacceptable as a way to treat nurses during a pandemic as we approach summertime and a potential surge on the Oregon Coast. Our governor has outlined the steps for reopening, with urging from our own CEO. And yet with the risks looming that come with reopening, CMH is not willing to put in place the protections our nurses need to deal with a potential surge in our county. Currently our own nurses are still reusing PPE and not following manufacturers guidelines, while elective surgeries are being scheduled to help CMH with its budget. We stand with our fellow staff across the hospital to say that CMH should not compromise our safety to balance their budget.

Construction can be delayed, lay offs can be avoided, health benefits can be maintained, frontline staff can be protected.

Even when budgets are tight, our hospital has a responsibility to prioritize frontline staff, who put our lives on the line to care for our community. And without certain protections in place, we put our own patients at risk. When nurses don’t have proper PPE, with this pandemic, we risk becoming the vectors of spread. When nurses worry, they might have been exposed, but don’t have enough PTO to stay home, we risk becoming the vectors of spread. All of these things put our own patients at risk.

We ask management and our Board of Trustees to take these negotiations far more seriously and agree to fair protections in our MOU. CMH is actively seeking funds and support from the state and federal government and when those arrive, they need to go to frontline staff, not just to maintain operating margins and keeping construction of a new hospital on rigid timelines. The federal government has already approved 100 billion dollars just for funding hospitals right now. The State of Oregon is figuring out how to distribute 200 million to hospitals. Bailout money comes from taxpayers to
bailout working people, not just to bailout an institutions operating margin.

To this end, we ask all nurses, staff, coworkers and community members to sign our petition to demand management at CMH and hospitals across Oregon get back to the bargaining table and negotiate fair protections. Please sign the petition here

TAKE ACTION! We have signs distributed throughout our departments for nurses to take pictures with to show support. Be sure to find your unit rep and ask for a sign. Also, be sure to put the sign in your car window!

Unit Reps:
FBC: Kelsey Betts
Med Surg: Sarah Rogers
CCU: Rachel Davidson
ED: Shaun Haner
SDS: Shelby Mendoza
OR: Becky White
PACU: Julie George

We are also planning further actions in the coming weeks until CMH does the right thing. If you would be willing to take part in planning these actions join our COVID-19 MOU Action Team by emailing cooper@oregonrn.org or talk to your unit rep.

Nurses Week 2020: We are ONA

Nurses Week, May 6-12

Nurses Week is a time we celebrate the profession of nursing and honor the life-saving work done by every nurse in every practice. This year is especially meaningful as nurses across the country are on the front lines of a global pandemic, dedicated to fighting COVID-19 and protecting our communities.

The American Nurses Association (ANA) called for 2020 to be the Year of the Nurse and we didn’t know how true this would be. Nurses have shown they are the backbone of our health care system and work hard every day on behalf of our patients and our communities.

In Oregon, ONA nurses stand together to advocate for safer working conditions and fight for proper PPE to protect all health care workers and our patients.

During Nurses Week, May 6-12, we honor the dedication of ONA nurses! While we may not be able to hold celebrations together, we will celebrate throughout the week with various events online and some bargaining units will hold small celebrations where they can.

Thank you for everything you do, every day, every week. We will continue to stand together because together, we are ONA.
Petition to Governor Brown to Stand with Health Care Workers

Oregon nurses and frontline health care workers are risking their lives every day to save the lives of patients during the COVID-19 pandemic.

We’re asking Governor Brown to insist that health care employers come to the table with their workers and get COVID-19 protections in place before the lives of Oregon health care providers are lost.

By signing this petition, you take direct action to remedy this crisis by urging Governor Brown to intervene in this extraordinary public health and workers’ rights emergency.

Click here to sign the petition or visit www.OregonRN.org/Petition

Completing the Staffing Request & Documentation Form (SRDF) During the COVID-19 State of Emergency

SRDFs & COVID-19

Many processes within hospitals have changed since COVID-19 came to Oregon. With the current State of Emergency, it is not required that the hospital follow staffing plans or the Oregon Hospital Nurse Staffing Law.

However, it continues to be crucial to collect staffing data from within our facilities. The SRDF collects many data points in addition to whether the staffing plan has been followed, and we encourage all members to continue filling out SRDFs when an unsafely staffed shift occurs or patient care is impacted.

To make filling out an SRDF as accessible as possible, the online form is mobile compatible, and a computer is not required to fill it out.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

HOW TO FILL OUT THE SRDF

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or as soon as is possible. The SRDF can be found online at OregonRN.org/SRDF. This version is web and mobile compatible.

A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process?

Email SRDF@OregonRN.org