UNION PROPOSAL
ARTICLE 17 – HEALTH AND SAFETY

It is the objective of both Parties to the Agreement that safe working conditions shall be maintained. Toward that end, the Hospital will make necessary safety equipment available and promote safe working conditions. Nurses shall follow Hospital safety procedures in order to perform tasks in a safe manner and will report observed safety hazards to their supervisor and/or security staff.

Legacy-Mt. Hood seeks a safe environment for its community, including employees, patients, visitors, students, affiliates and guests, and is committed to maintaining an environment free from violence and threats of violence. There will be zero tolerance for violence in the workplace. Prominent signs shall be posted in the workplace indicating that violence will not be tolerated. The Hospital and the Union endorse nursing participation in workplace violence prevention programs, committees, and education.

A. Mutual Commitments.

The Hospital and Union are committed to:

1. A culture that will reduce staff injuries and enhance overall safety and security in the workplace.
2. Workplace violence prevention.
3. Development and implementation of an assault prevention and protection program for Nurses that includes training on a regular and ongoing basis.
4. Expanding and improving training for employees regarding personal safety and de-escalation. The training will include trauma-informed care/crisis intervention and de-escalation techniques (to address, among other things, physical abuse, verbal aggression, and exposure to sexual conduct). Paid time will be provided for all training.
5. Ensuring that a streamlined and clear reporting process exists, with monthly updates regarding received reports being sent to the Union and the Safety Committee.
6. Nurses may request, through their unit-level leadership, an assessment of the unit which may include resources, physical geography, patient population, and staff educational needs on the unit in order to address unit concerns in the prevention of workplace violence. Assessments and points that need addressing will be sent to the Safety Committee for review and action.
7. Facility building or remodeling in direct patient care areas will be assessed for safe patient handling and workplace violence prevention opportunities, which includes consultation with Nurses during the process of designing the spaces.

B. Mutual Responsibility.

Nurses and management personnel should both be aware of safety and health regulations and recognize that they have a mutual responsibility to assist in maintaining good health and safety practices, procedures, and regulations. These shall include but not be limited to the following:

1. Availability and use of mechanical safeguards;
2. Adherence to known safety work practices;
3. Proper use of personal protective equipment;
4. Adherence to provisions applicable under the Occupational Safety and Health Act; and
5. Use of equipment according to manufacturer standards except in lifesaving situations.

C. Security Staff.
Security staff (excluding Nurses) shall use reasonable best efforts to screen patients, visitors, and all belongings every time they enter the Hospital, either by metal detector, wand, pat down. Security staff (excluding Nurses) will use reasonable best efforts to physically search all belongings. This includes any patient/visitor that arrives via emergency medical services (EMS). All people who have been screened will have a visual identification (i.e., bracelet) to assure others that the screening has occurred. Anyone who has not been screened upon entry will be screened as soon as reasonably possible. The Employer shall provide 24/7 staffing at all metal detector screening locations.

In addition to security staff stationed at metal detectors, the Employer shall provide a minimum of four security staff available to make rounds and respond to incidents throughout the hospital.

Nurses assigned to the Emergency Departments and the Family Birthing Center will receive enhanced in-person de-escalation training that includes advanced physical skills. Enhanced in-person de-escalation trainings will be offered to all Nurses annually. Nurses will be able to make recommendations to improve safety in their departments.

D. Personal Protective Equipment.
Proper safety devices, apparel, and equipment shall be provided by the Employer for all Nurses engaged in work where such items are necessary to meet the requirements of patient and Nurse safety, compliance laws, regulations, and policies. If the Employer cannot or will not provide adequate safety devices, apparel, or equipment, Nurses may provide their own personal protective equipment as long as it meets OSHA standards.

E. Communicable Disease Screenings and Preventions.
The Employer shall provide tuberculosis, communicable disease, and all other Employer-recommended or Employer-required screenings, tests, and vaccines at no cost to Nurses.

F. Refusal to Perform Allegedly Unsafe Work.
If a Nurse claims that an assigned job or assigned equipment is unsafe or might endanger their health or patient health, and for that reason refuses to do that job or use the equipment, the Nurse shall promptly give their reasons for this conclusion to their supervisor and follow up with an ICARE report and/or appropriate work order when feasible.
The Employer shall promptly review and investigate the basis for the Nurse’s claim and
determine what action, if any, should be taken.

If the Nurse is not satisfied by the Employer’s response, they shall state in writing the
reasons for such dissatisfaction. The Employer shall then request an immediate
determination by the House Supervisor as to the safety of the job or equipment in
question.

Pending the outcome of the process described above, the Nurse shall be given suitable
work elsewhere. The Employer shall use its best efforts to schedule such work on the
same days and shift as the Nurse was originally scheduled. If no suitable work is
available, the Nurse shall be on paid leave.

G. Workplace Violence Response.

1. The Parties agree to incorporate the Legacy Policy 200.21-Code Silver into the
Agreement by reference with the following modification. Section A.2 will read as
follows:

2. Authorization to initiate a Code Silver by level of severity:
Lockdown: Safety/Security in consultation with Nursing Supervisor via the Incident
Assessment Team as well as site leadership has the authorization to initiate a Code
Silver.

2. The Parties recognize that accurate information regarding the reporting of
workplace violence is imperative to analyzing trends or patterns to continue to
promote a safe workplace. Therefore, Nurses will make an effort to ensure that
incidents of workplace violence are reported through the ICARE system by
themselves, a supervisor, and/or a witness.

3. The Hospital will encourage nurses who are victims of assault in the workplace to
report the event and will recognize the potential of emotional impact.

4. When a violent event occurs on a unit, management will offer the victim and/or
impacted staff a documented debrief within 48 hours of the incident. The
Employer shall alert employees of available resources.

5. If a nurse who has been assaulted at work is unable to continue working after
reporting the incident, the nurse will be released from duty without loss of pay for
the remainder of that shift. If additional time away is needed, the Nurse may use
up to three days of paid administrative leave. The Nurse may use available APL
for extended absence beyond three days. Use of administrative leave and/or APL
after a violent event will not be considered an unexcused absence.

6. A Nurse who has been threatened, treated in an aggressive manner, or assaulted
by a patient or a patient’s family member or visitor shall not be required to
assume the assignment of that patient on a future date without the consent of the Nurse, except in cases of lifesaving situations.

7. Any ICARE filed regarding an incident of workplace violence will be reported to the Safety Committee and reviewed within 24 hours. The Safety Committee will notify the person who filed the ICARE of the outcome of their review.

H. Exposure to Serious Communicable Disease.
If, in the conduct of their duties, a Nurse is exposed to a communicable disease or has a high-risk exposure to a disease which would require immunization, testing or treatment, the Nurse shall be provided immunization against, testing for, or treatment of such communicable disease without cost to the Nurse.

Nurses who are required to quarantine after high-risk exposures at work, and who are not receiving time loss benefits on a workers’ compensation claim, shall receive paid administrative leave for the government-recommended quarantine period for the disease to which the Nurse was exposed or until they are cleared to return to work by a provider, whichever is longer.

This section does not apply to Nurses while they are assigned to work from home.

I. Impairment-Free Workplace. The Employer and the Union are committed to providing a safe work environment for staff, patients, and the public. In order to meet this objective all Nurses are required to comply with state laws regarding a drug-free workplace. Nurses will be drug tested when required by law, and with documented reasonable suspicion.