ARTICLE 26 - HEALTH AND SAFETY

[New MOU]

MOU – Healthcare Safety and Security Assessment

In light of the increased prevalence of violence against healthcare workers, the parties recognize the importance of receiving a comprehensive healthcare safety and security assessment (performed by third-party expert) to identify and prioritize recommendations to improve safety and security at OHSU. Starting 30 days from 8/9/23, OHSU will initiate this third-party assessment, which will include an assessment of physical environment, unit safety, training, etc. OHSU commits to spending at least three million dollars before the expiration of the 2023 – 2026 contract to implement safety and security improvements, as identified in the third-party assessment. This three million dollars in no way is considered part of an OHSU-AURN economic costing of proposals and agreements, but rather is a cost reflective of the need for the employer to operate its facilities safely for all OHSU staff, patients, and executives. The security and safety assessment will include and address recommendations related to improvements in training on self-defense.

26.1 Health and Safety Standards. The parties agree to abide by standards of health and safety in accordance with the Oregon Safe Employment Act (ORS Chapter 654). “Assault” as used in this Article is defined under Oregon Revised Statute Chapter 163. OHSU 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. Violence and threats of violence in the workplace will not be tolerated. Prominent Signs shall be posted in the workplace indicating that violence will not be tolerated. OHSU will follow its Workplace Violence...
ONA and OHSU endorse nursing participation in workplace violence prevention programs, committees and education.

26.2 The Hospital and the Association 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) exploration of a no-lifting policy, new equipment, and lifting teams coaches,

4) Develop education plans regarding ethical rights and responsibilities of nurses protecting themselves from injury, which includes an in-person self-defense training. This in-person self-defense training will be offered monthly and begin within 90 days of ratification, with priority given to departments with the highest rates of workplace violence incidents.

5) The Employer, with the Association’s support and cooperation, will expand 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.

6) Cooperate with Occupational Health to promote its ability to serve as an advocate for employee health and to interact with employees in a mutually respectful manner.

7) Assure that a streamlined and clear process exists for reporting. OHSU Committees Related to Safety shall be provided quarterly (and upon request) and be able to review:

   a) OSHA Workplace violence logs, incident reports
b) Department of Public Safety reports as defined by ORS 654.062, 654.414, and 654.416.

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c) Copies of the OSHA records

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d) Worker and Student Injury Reporting System records.

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e) Copies of all submitted Patient Safety Intelligence (PSI) forms and PSI report summaries, quarterly, and upon request by the relevant committee.

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The employer may only redact information, from the above documents, necessary to comply with applicable privacy laws, including HIPAA, or other relevant laws. Committees may request additional information that is relevant and helpful.

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10. Staff nurses may request, through their UBNPC and/or 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.

11. 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 direct care nurses and applicable UBNPCs during the process of designing the spaces.

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26.3 Emergency Department Needs

The parties agree to:

a) The security staff shall use reasonable best efforts to screen patients, visitors, and all belongings every time they enter the Emergency Department, either by
metal detector, wand, or pat down. This includes any patient/visitor that arrives via emergency medical services (EMS). All people that have been screened will have a visual identification (i.e., bracelet) to assure others that the screening occurred. Anyone that has not been screened upon entry will be screened as soon as possible via wanding. The employer shall use reasonable best efforts to provide 24/7 staffing in the Emergency Department for screenings and/or metal detectors.

b) DPS services will be physically present scheduled in the emergency departments 24/7. During breaks, the officer scheduled in the emergency department will be on call, and a call for assistance will be answered by the closest officer (even if not the officer assigned to the emergency department).

c) The ED UBNPCs will be able to make recommendations to improve safety in their departments.

d) The ED driveway overhang entry shall have a built-in exterior lift.

26.4 DPS/Safety Services throughout the hospital campus

1) Trained security staff shall screen all patients, visitors, and all belongings every time they enter the Marquam Hill hospital buildings, either by metal detector, wand, or pat down regardless of prior screenings. This includes any patient/visitor that arrives via emergency medical services (EMS) or any other transport. All people in the Marquam Hill hospital buildings that have been screened will have a visual identification (i.e., bracelet) to assure others that the screening occurred. The employer shall provide 24/7 security staffing in the Emergency Department for screenings and metal detectors.

2) All Marquam Hill hospital building exterior doors shall be locked unless designated as a secure entry point with proper screening as specified in #1 above.
3) DPS/Safety services will round as call load allows throughout the hospital. The safety committees identified in Section 26.11 and UBNPCs may identify areas needing more frequent DPS rotation.

4) OHSU will endeavor to provide the proper amount of staff on the Code Green Team to respond to Code Greens 24/7, including specially trained staff. Specially trained staff is defined by the OHSU Code Green Policy. A Code Green Team shall be staffed for the OHSU waterfront for daytime hours.

[From MOU #5:]

5) The Employer will define Code Green to include behavioral incidents involving violence or immediate precursors to violence (such as threatening behavior), regardless of their form.

6) The Employer, with the cooperation of involved nurses, shall track the number, location and nature/time of the utilization of the rapid response team, Code Green, and all known patient and staff assaults that involve staff nurses. The data will, upon request, be shared and reviewed with the AURN/Management Cooperative Committee and the Workplace Violence Committee.

5) The Employer shall maintain a process for emergency lock downs and train nurses on that process. This process will include a communications plan for all OHSU employees and relevant locations.

26.52 Mutual Responsibility. Employees 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:

a. Availability and use of mechanical safeguards;
b. Adherence to known safety work practices;

c. Proper use of personal protective safety devices and wearing apparel;

d. Adherence to provisions applicable under the Occupational Safety and Health Act, and

e. Use of equipment according to manufacturer standards except in emergency/shortage situations. In the event that there is a deviation from manufacturer standards, the Employer shall follow applicable national or local standards or guidelines.

26.6 Safety Protection Devices. Proper safety devices, apparel and equipment shall be provided by the Employer for all employees engaged in work where such items are necessary to meet the requirements of safety compliance laws, regulations and policies. Employees must use such items, where provided.

26.7 Communicable Disease Tuberculosis Screenings. The Employer shall provide tuberculosis screening, communicable diseases, and all other Employer-recommended or required screenings/tests at no cost to the employee in accordance with evidence-based guidelines as approved by the Occupational Health Medical Medical Director.

26.85 Refusal to Perform Allegedly Unsafe Work. If an employee claims that an assigned job or assigned equipment is unsafe or might duly endanger her/his health, and for that reason refuses to do that job or use the equipment, the employee shall immediately give her/his reasons for this conclusion to her/his supervisor in writing. The Employer shall promptly review and investigate the basis for the employee’s claim and
determine what action, if any, should be taken. If the employee is not satisfied by the Employer's response, he/she shall state in writing the reasons for such dissatisfaction. The Employer shall then request an immediate determination by the Environmental Health and Safety (EHS) as to the safety of the job or equipment in question. EHS may be contacted at ehs@ohsu.edu or by calling 503-494-4444 and requesting to be connected with the EHS Manager On Call ehs@ohsu.edu. If further information or clarification is needed, EHS, the Association or the employee may contact OR-OSHA for assistance. An Association representative or nurse representative may accompany the OR-OSHA representative and employee(s) during the determination.

26.85.1 Opportunity for other suitable work. Pending the outcome of the process described above, the employee 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 employee was originally scheduled. If no suitable work is available, the employee shall be sent home.

26.85.2 Paid/unpaid time lost. Time lost by the employee as a result of any refusal to perform work on the grounds that it is unsafe or might unduly endanger her/his health shall not be paid by the Employer unless the employee’s claim is upheld.

26.9 Workplace Violence Response:

1. 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 every effort to report incidents of workplace violence. The Workplace Violence Committee will review the current tools and processes in place for reporting incidents of workplace violence and make recommendations to the Hospital. Nurses are encouraged to contact the Occupational Health...
Department following any incident of workplace violence when appropriate.

2. The Hospital will encourage nurses who are victims of assault in the workplace to report the event and to recognize the potential of emotional impact. The Employer will follow its established processes regarding workplace violence reports.

When a violent event occurs on a unit, the victim and/or impacted staff may request a documented debrief and/or that the Employer alert employees of available resources. The intent of the debrief is to create a safe space for staff to discuss the event. OHSU Quality will determine if a Root Cause Analysis (RCA) is needed. If there is a RCA, all involved staff will be invited. The Nurse Leader and Occupational Health will facilitate support and resources for the affected nurse.

3. 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 Occupational Health Department will explore options with the nurse via programs, resources and offerings available.

5. A nurse who has been assaulted by a patient or that 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 an emergency.

6. The Hospital will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise their rights under the law.
26.106 Exposure to Serious Communicable Disease. If in the conduct of official duties an employee is exposed to a serious communicable disease or is determined by Occupational Health to have had a high risk exposure to a disease which would require immunization, testing or treatment, the employee shall be provided immunization against, testing for, or treatment of such communicable disease without cost to the employee. Employees who Occupational Health requires to quarantine due to high-risk exposures at work as determined by Occupational Health, and who are not receiving time loss benefits on a workers’ compensation claim, shall receive paid administrative leave for the lesser of the government-recommended quarantine period for the disease to which the employee was exposed or until they are cleared to return to work by Occupational Health. This section does not apply for nurses while they are assigned to work from home.

26.117 OHSU Committees Related to Safety. The Association shall have at least two bargaining unit member position in the following OHSU committees related to safety, or their successors:

- Cognitive Behavioral Care Committee
- Culture of Safety Committee
- Emergency Management Committee
- Quality Oversight Committee
- Safety Oversight Committee
- Workplace Violence Committee
- Workplace Injury Committee
• Trauma Informed Care Advisory Committee

• Restraint and Seclusion Best Practices Committee

The Professional Nursing Care Committee will seek volunteers establish a list of RN candidates from the bargaining unit for these committees pursuant to Article 27.3. AURN will appoint the bargaining unit members for each position. The Employer may forward names of volunteers to the PNCC from the bargaining unit to these committees. The Employer will cooperate in providing the committee members with relevant background information.

The Committees mentioned in this section shall:
1) meet as agreed upon to consider and develop recommendations on health and safety matters pursuant to their Charters or other governing documents. Recommendations will be sent to the appropriate hospital wide safety committee and/or OHSU nursing leadership for action.

2) The Workplace Violence Committee, itself or in cooperation with other Hospital Health and Safety Committees, will develop a process to mutually assess risk management decisions, analyze injuries and incidents of workplace violence, and identify ways to prevent such injuries or incidents using experts as needed to accomplish these tasks.

3) The Employer and nurse representatives of each above committee will provide a report every six months to the AURN Management Cooperative Committee of the progress for the above committees.

26.129 Impairment Free Workplace. The Employer and the Association are committed to providing a safe work environment for staff, patients, and the public. In order to meet this objective, a policy addressing an impairment free workplace has been established. A copy of the most current policy will be electronically accessible on the
Employer’s Policy Management System. Nurses will be drug tested upon hire, but cannot be drug tested thereafter other than for just cause with reasonable suspicion, or as required by law/regulation.

26.129.1 Impairment Free Workplace Committee. A joint committee will be maintained to assist management and staff in understanding and administering the policy. The committee shall meet a minimum of one time per calendar year in the month of October to review the policy and changes in partners (drug testing and evaluation vendors). The committee shall be composed of six (6) members; three (3) members designated by AURN and three (3) members designated by the Employer. Every reasonable effort will be made to reach full consensus on any material changes to this policy. If consensus fails, the issue will be decided by majority vote among committee members. If the vote does not result in a majority decision, the matter will be referred to the Chief Nurse Executive for a final review and determination. Committee members will be paid at the straight time rate of pay for activities related to the committee.

26.129.1.1 Applying the impairment free policy. A good faith attempt will be made to rotate cases covered by AURN and management, subject to their availability for meetings. AURN may appoint three (3) alternate nurses to attend pre-investigatory and investigatory conference meetings.

26.1310 Safe Patient Mobilization. The Employer and the Association have a mutual interest in reducing the potential of injury to patients and to employees entrusted with the handling and mobilization of patients, in developing accountability of employees for their personal safety and the safety of patients, and in enhancing the
work environment. Accordingly, the parties mutually support the Safe Patient Mobilization Program at OHSU ("Program") that is championed by the Chief Nurse Executive and facilitated by the Safe Patient Mobilization Committee. The AURN may appoint at least one (1) member to the committee with a two-year rotating term. The parties’ mutual support extends to the goals, governance, initial focus, strategies and tactics that are reflected in the Safe Patient Mobilization Program Plan, as that document continues to change and develop over time. The Employer will maintain and fund the Program as it evolves, as determined by the CNE.

26.14 The Employer will provide a Suicide Prevention Program.

A. Reasonable resources will be put towards supporting and maintaining this program.

B. A Trauma Informed Care Program shall be provided for nurses experiencing trauma at work. To access Occupational Health’s mental health programs, nurses can email OcchealthMH@ohsu.edu.

C. The employer will educate employees about well-being resources including the EAP, 988 National Suicide and Crisis Lifeline, the Trauma Informed Care Program and a link for these resources will be displayed on the main O2 webpage.

D. Suicide Prevention education will be provided annually. Additionally, education about well-being resources and processes may be provided annually on Unit Education Days or other designated days.

[from MOU #5:]

26.15 Locking Cabinets

The Employer will establish locked cabinets in all units, including cabinets in each acute care adult inpatient room.

When safety concerns arise, including when a patient refuses to place belongings in locked cabinets, the nurse should follow the Safety Searches Policy and engage the Employer’s chain of resolution policy.
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<th>ONA → Oregon Health &amp; Science University</th>
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<td><em>disagreements in bold, yellow in agreement. Underline addition to CBA, strike through deletion from CBA</em></td>
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