The COVID-19 outbreak is evolving rapidly. We want to ensure that you and your teams have the resources they need to put patients first and manage the situation effectively.

We reached out to Oregon Health Authority (OHA) on the issue of nurse staffing in preparation for the likely impacts this epidemic could have on your hospital nurse staffing plans. We know there are specific regulations that address an epidemic. Below are the two specific rules that address nurse staffing in the event of an emergency or disaster.

First, Oregon Administrative Rule 333-510-0130(10) suspends some of the mandatory overtime rules in the following circumstances:

- In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan; or
- In emergency circumstances that include:
  - Sudden and unforeseen adverse weather conditions;
  - An infectious disease epidemic suffered by hospital staff;
  - Any unforeseen event preventing replacement staff from approaching or entering the premises;

The mandatory overtime rule would come up if there’s a declared state of emergency in which the facility disaster plan is implemented. Alternatively, mandatory overtime rule would come up if staff suffer from the disease or if the facility is quarantined and replacement staff cannot enter. The Nurse Staffing Interpretive Guidance has a question about this specific rule on page 11.

Second, Oregon Administrative Rule 333-510-0140 allows the hospital to suspend the nurse staffing plan in the following circumstances:

1. A national or state emergency requiring the implementation of a facility disaster plan;
2. Sudden and unforeseen adverse weather conditions; or
3. An infectious disease epidemic suffered by hospital staff.

In that situation either co-chair could call a nurse staffing committee meeting and the committee could modify the staffing plan as needed. This rule contemplates the nurse staffing committee modifying the staffing plan to address staffing needs for the duration of the emergency and the aftermath.

In addition, the nurse staffing committees can work with other the emergency preparedness team in the hospital to prepare for any implementation of the facility disaster plan and talk about how plan scenarios will impact nurse staffing.

If you have questions, please contact ONA at practice@oregonrn.org.
Personal Protective Equipment

What should a nurse do when they feel their assignment is not safe due to not having appropriate of adequate personal protective equipment (PPE)?

Nurses who are immunocompromised should notify their employers now, or as soon as possible of the risks of caring for patients with COVID-19. The nurse should request to not take care of these patients. If this request is refused, please document that refusal.

If a nurse is asked to care for a patient with COVID-19 and does not believe that they have the PPE necessary to do so safely, it’s important to raise those concerns. First, make sure you are aware of what the current OHA guidelines for the type of patient they are asking you to care for (Rule-out/positive/monitoring).

After you have determined that you are being asked to take an assignment you don’t feel is safe, raise that issue with the charge RN, then the supervisor, or manager. It is always good to do an email as follow-up to your manager with your concerns identified for record keeping.

Clarify what your concerns are, what the evidence supporting that concern is and then ask for the PPE that you think is needed.

If you are still being directed to accept the assignment, accept the assignment, then file an SRDF and contact your labor representative or bargaining unit leader. While we recognize that this current situation is fluid and rapidly evolving, the safety of our members is important and can’t just be sacrificed.

Two Grievance Wins!

Nurses in the Emergency Department (ED) win two grievances.

In the past few months two separate grievances were brought forward by nurses in the ED. Both grievances were won! The two grievances had to do with pay practices.

One of the grievances was an association grievance brought forward by a group of six nurses regarding travel time to Portland for mandatory education. Nurses brought forward the issue of not being properly compensated per BOLI laws in Oregon regarding same-day travel and compensation. Resolution of the grievance resulted in pay for the hours involved with travel for the education for this group of nurses.

The second grievance involved a nurse who had applied for education hours, was approved and scheduled for the education hours. At the time of the education the hospital requested the nurse to work extra hours for short staffing. The nurse worked the hours, but her education hours were decreased when timecards were approved. This was a violation of changing the schedule after it was posted. The grievant won and all the education hours that were approved were to be paid.

These are two cases in which nurses spoke up about a situation that they felt was not right. These nurses reached out and were helped through the grievance process. These grievances resulted in a positive gain for not only those nurses but for the whole bargaining unit. By using the grievance process that we have in place for these types of circumstances it shows a level of strength and organization. If you think you have a situation that is violation of the contract reach out to an PMMC-ONA executive team member in our bargaining unit or your local labor representative.

Personal Protective Equipment

What should a nurse do when they feel their assignment is not safe due to not having appropriate of adequate personal protective equipment (PPE)?

Nurses who are immunocompromised should notify their employers now, or as soon as possible of the risks of caring for patients with COVID-19. The nurse should request to not take care of these patients. If this request is refused, please document that refusal.

If a nurse is asked to care for a patient with COVID-19 and does not believe that they have the PPE necessary to do so safely, it’s important to raise those concerns. First, make sure you are aware of what the current OHA guidelines for the type of patient they are asking you to care for (Rule-out/positive/monitoring).

After you have determined that you are being asked to take an assignment you don’t feel is safe, raise that issue with the charge RN, then the supervisor, or manager. It is always good to do an email as follow-up to your manager with your concerns identified for record keeping.

Clarify what your concerns are, what the evidence supporting that concern is and then ask for the PPE that you think is needed.

If you are still being directed to accept the assignment, accept the assignment, then file an SRDF and contact your labor representative or bargaining unit leader. While we recognize that this current situation is fluid and rapidly evolving, the safety of our members is important and can’t just be sacrificed.

Two Grievance Wins!

Nurses in the Emergency Department (ED) win two grievances.

In the past few months two separate grievances were brought forward by nurses in the ED. Both grievances were won! The two grievances had to do with pay practices.

One of the grievances was an association grievance brought forward by a group of six nurses regarding travel time to Portland for mandatory education. Nurses brought forward the issue of not being properly compensated per BOLI laws in Oregon regarding same-day travel and compensation. Resolution of the grievance resulted in pay for the hours involved with travel for the education for this group of nurses.

The second grievance involved a nurse who had applied for education hours, was approved and scheduled for the education hours. At the time of the education the hospital requested the nurse to work extra hours for short staffing. The nurse worked the hours, but her education hours were decreased when timecards were approved. This was a violation of changing the schedule after it was posted. The grievant won and all the education hours that were approved were to be paid.

These are two cases in which nurses spoke up about a situation that they felt was not right. These nurses reached out and were helped through the grievance process. These grievances resulted in a positive gain for not only those nurses but for the whole bargaining unit. By using the grievance process that we have in place for these types of circumstances it shows a level of strength and organization. If you think you have a situation that is violation of the contract reach out to an PMMC-ONA executive team member in our bargaining unit or your local labor representative.

Personal Protective Equipment

What should a nurse do when they feel their assignment is not safe due to not having appropriate of adequate personal protective equipment (PPE)?

Nurses who are immunocompromised should notify their employers now, or as soon as possible of the risks of caring for patients with COVID-19. The nurse should request to not take care of these patients. If this request is refused, please document that refusal.

If a nurse is asked to care for a patient with COVID-19 and does not believe that they have the PPE necessary to do so safely, it’s important to raise those concerns. First, make sure you are aware of what the current OHA guidelines for the type of patient they are asking you to care for (Rule-out/positive/monitoring).

After you have determined that you are being asked to take an assignment you don’t feel is safe, raise that issue with the charge RN, then the supervisor, or manager. It is always good to do an email as follow-up to your manager with your concerns identified for record keeping.

Clarify what your concerns are, what the evidence supporting that concern is and then ask for the PPE that you think is needed.

If you are still being directed to accept the assignment, accept the assignment, then file an SRDF and contact your labor representative or bargaining unit leader. While we recognize that this current situation is fluid and rapidly evolving, the safety of our members is important and can’t just be sacrificed.

Two Grievance Wins!

Nurses in the Emergency Department (ED) win two grievances.

In the past few months two separate grievances were brought forward by nurses in the ED. Both grievances were won! The two grievances had to do with pay practices.

One of the grievances was an association grievance brought forward by a group of six nurses regarding travel time to Portland for mandatory education. Nurses brought forward the issue of not being properly compensated per BOLI laws in Oregon regarding same-day travel and compensation. Resolution of the grievance resulted in pay for the hours involved with travel for the education for this group of nurses.

The second grievance involved a nurse who had applied for education hours, was approved and scheduled for the education hours. At the time of the education the hospital requested the nurse to work extra hours for short staffing. The nurse worked the hours, but her education hours were decreased when timecards were approved. This was a violation of changing the schedule after it was posted. The grievant won and all the education hours that were approved were to be paid.

These are two cases in which nurses spoke up about a situation that they felt was not right. These nurses reached out and were helped through the grievance process. These grievances resulted in a positive gain for not only those nurses but for the whole bargaining unit. By using the grievance process that we have in place for these types of circumstances it shows a level of strength and organization. If you think you have a situation that is violation of the contract reach out to an PMMC-ONA executive team member in our bargaining unit or your local labor representative.