New Patient Belongings Search Safety Measure

Last summer, we suggested in Nurse Task Force (NTF) that the hospital review our patient belongings policies and adopt processes to alert staff when patients’ belongings have been searched. This was prompted after one of our ICU nurses was pepper-sprayed by a patient. This incident could have been prevented had staff known whether the patient’s belongings had been searched. Patients can refuse to have their belongings searched, but we lack a process for keeping staff safe if the patient has any contraband (illicit substances and paraphernalia, weapons, etc.).

The process we proposed was, if a patient refuses a belongings search, a sticker be applied to their bag that clearly says, “NOT SEARCHED” and the bag removed from the patient intact and returned to the patient upon discharge. This can be for patients in the ED who discharge from there or for patients who are admitted.

The hospital is moving forward with the sticker process and will be working through UBCs to educate staff. Further review of our patient belongings policy is also in the works. We were very excited to have this move forward through our work in NTF.

Other Nurses Task Force Discussions

- No nurse can hold both an exempt and a non-exempt position within Providence. Exempt positions are salaried, such as ANM, Educators, etc. Non-exempt positions are hourly, such as FTE RN, per diem RN, and CNAs. This follows BOLI regulations.

- The NTF is working on a hospital-wide agreement for how to consider nurses who are put back on the posted schedule after rescinding an approved PTO in terms of being extra shift and call off order. We’re also discussing how to code them in Kronos to support call-off order decision making.

- No nurse should be discouraged from getting the COVID vaccine. Concerns were raised that some managers were more than strongly discouraging staff from getting the vaccine near or on scheduled work days in order to avoid missing work due to potential reactions that would warrant calling out sick. We were in agreement that managers can encourage staff to get the vaccine on their days off, they should not be discouraging staff from getting it when it is available. Additionally, we were in agreement that the vaccine is not mandatory.

continued on page 2
• We asked the hospital to find dates for revisiting the low census MOU. At the end of negotiations on our current contract, we had agreed to meet June 2020 to review low census data to decide on a possible cap. Due to many interferences (COVID, data collection time, holidays) we have only met once on Aug 31, 2020 to review our concerns. One of our greatest concerns with low census is the potential of working too few hours in order to maintain benefits for nurses. PTO and other time off/LOAs do not count toward benefitted hours. Even for 0.9 nurses, there are risks for having their benefits dropped due to not enough hours worked.

• We discussed making NTF minutes available to the nursing staff. This is a way to make our discussions transparent and show the work we do in our meetings to sort out contract issues.

• We continue to raise our concerns regarding Sedgwick and the potential for underpayment while on LOA and getting paid via the short-term disability benefit. This is due to the way Sedgwick calculates our hours worked—for a full-time nurse who works three 12-hour shifts per week, instead of calculating a pay period as 72 hours in a paycheck, broken down into six 12-hour shifts, Sedgwick takes the 72 hours and divides it by 10, based on a 5-day Monday-Friday work week. That means payment for one day of LOA is 7.2 hours according to Sedgwick. If you miss one 12-hour shift, you would be underpaid.

This is especially troubling, given it usually isn’t discovered by the nurse until the underpayment is several paychecks past and has continued through subsequent pay periods. There are nurses and CNAs who have had hundreds of dollars from their paychecks. All while they are on LOA, presumably recuperating. We have asked for a better explanation of how this can be prevented, so far Providence’s answer is that the nurse is responsible for knowing if their paychecks are accurate.

Care-A-Van A Success!

We had a great turnout for the Care-A-Van on Jan. 9! A group of about 15 cars at the end of the main route came back to PWF and did a couple circuits around our hospital. Nurses gathered outside to wave as we honked and drove with our decorated cars to call attention to the lack of action from Providence on signing our COVID MOU.

We continue to ask Providence to provide industry standard COVID protections, including pandemic pay for exposures, improved notification processes, better access to testing, and remove barriers to current extended illness time (EIT) and short-term disability (STD) benefits. See the Providence system-wide webpage www.OregonRN.org/Providence for more info. And look to your ONA boards in our breakrooms for updates!

If you want to decorate your car with washable car paint or want a sign to hang in your car window, please let one of your executive committee members know. We have supplies!
ONA stewards are the lifeblood of what makes our union strong. A strong union has at least one steward for every unit and shift. Stewards are there to answer colleague’s questions and discuss concerns and help keep every nurse up to date on important union activities.

We will offer three, rotating trainings in 2021.

- Introductory Steward Training
  - Thursday, January 28, 2021
  - Saturday, April 17, 2021
  - Saturday, June 19, 2021
  - Tuesday, September 21, 2021
  - Thursday, December 9, 2021

- Grievance Handling Training
  - Saturday, February 27, 2021
  - Wednesday, May 19, 2021
  - Thursday, July 22, 2021
  - Saturday, October 9, 2021

- Building Worksite Power Training
  - Tuesday, March 16, 2021
  - Saturday, August 7, 2021
  - Wednesday, November 10, 2021

Find the training that works best for you!

Space is limited so register today at:

www.OregonRN.org/Steward-Training