The contract ratification vote ended at 11:59 p.m. on Tuesday, July 21, 2020. We are pleased to announce that over 84 percent of nurses who voted, voted YES to ratify the Oregon Nurses Association (ONA)/OHSU-Hillsboro (OHSU-H) tentative agreement. The new contract will take effect the first day of the first full pay period following full ratification. We know wages, benefits, and working conditions are important to you all. We believe there are some meaningful gains in this contract that we can continue building on. Please note that we are reviewing the comments that you provided on your ballots. Your feedback will be helpful for future negotiations as well as for discussion during the life of this contract.

We were encouraged to see all the nurses who showed up to support the bargaining team during contract negotiations. To all those who attended the Unity Break, wore buttons/stickers, observed bargaining sessions, kept each other other up to date and more, your support and solidarity was felt!

A summary of what we won, fought back on, and tough decisions are found on our webpage. See BU #9 or go to www.OregonRN.org/97.

Our work doesn’t stop here! A new agreement means nothing unless it is actively enforced. In coming weeks, we’ll be offering opportunities to learn more about the agreement and how you can take a more active role in supporting improvements to staffing and working conditions hospital-wide.

**Shop Steward Trainings:**
Union stewards are trained to interpret and enforce our collective bargaining agreement.
They assist coworkers with questions/concerns, offering Weingarten support during investigatory and disciplinary meetings, and keep members in the know about important union activities.

Every unit should have at least one steward on every shift. We will have a steward training in the upcoming weeks.
If you'd like to get on the list to become a steward, contact Jayesh Palshikar grievance chair, or Sarahi Soto-Talavera at soto-talavera@oregonrn.org.
ONA Legislative Issues Member Survey

We invite all members to participate in ONA’s legislative issues survey. The survey questions have emerged through a collaborative effort between members and staff and are focused on issues that advance nursing practice, health equity, and workplace safety.

This work was a direct result of the ONA Post-COVID-19 Legislative Planning Series, utilizing member experiences and feedback to move forward in developing a legislative agenda. To ensure we have as many voices represented as possible, the group decided to solicit feedback from all membership through this survey.

Your input helps ONA Government Relations staff and the Cabinet on Health Policy finalize an agenda that ONA will prioritize during the 2021 State Legislative Session.

Participants will be eligible to receive an ONA-branded facemask so you can show your nurse pride and promote public health while out in public.

To complete the survey, visit: www.OregonRN.org/Planning

ONA COVID-19 Resource Center

Throughout the COVID-19 pandemic, ONA is dedicated to keeping nurses and our communities safe. One key aspect of this work is providing up-to-date information and guidelines related to COVID-19.

Declining an Unsafe Assignment

ONA has issued guidance to our members on declining unsafe assignments for COVID-19 patients when lack of PPE, safe staffing levels, or breakdown of triage protocols put your health at risk.

Share Your COVID-19 Stories

We invite everyone to share your stories about how COVID-19 has impacted your practice, your workplace and your life. Your stories will help educate officials, elected leaders, the media, and the general public about what is really happening in our health care system.

Share your stories today to help in the advocacy efforts as we push for safer conditions for nurses, health care workers and patients!

To learn more about all of these issues and to stay up to date on the work being done and to take the COVID-19 Workplace survey, visit: www.OregonRN.org/coronavirus
Racism in America is a public health crisis.

There is systemic racism in the healthcare system that excludes Black, Indigenous, People of Color (BIPOC) from receiving comprehensive, quality care. The results are evident: higher rates of chronic illness that are perpetuated and exacerbated by a health care system with an extensive history of racist practices.

Current events have again revealed this public health crisis as People of Color experience a disproportionate mortality rate from COVID-19, police brutality, and are met with state sanctioned violence when protesting. When Black and Brown people protest systemic racism, the police employ draconian, violent tactics that are meant to intimidate and harm those standing up for social justice. Their lives are put in danger by the police using tear gas, rubber bullets, and batons and perpetuating the foundations of racist oppression in America.

When white people armed with assault rifles and dressed in military style clothing storm and occupy government buildings the police refrain from these tactics and protect the health of the white occupiers. White people protesting in support of perpetuating white supremacist culture are protected by the police while People of Color are met with systematic, oppressive violence.

The effects of racism in public health are realized in the COVID-19 mortality rates (Kirby, 2020. Yancy, 2020). As of June 8, 2020, Black people make up 13 percent of the population yet account for 24 percent of COVID-19 deaths where race is known (The COVID Tracking Project, 2020). Hispanic communities face significantly higher rates of infection than their white counterparts in the same regions (Hooper, Nápoles, & Perez-Stable 2020).

It is evident by recently released unemployment numbers that the economy is recovering for white people and communities of color are, once again, suffering economic hardships that exacerbate the public health crisis (Gonzalez, Karpman, Kenney, & Zuckerman, 2020). These disparities are not random occurrences but are the result of a society designed on white supremacist principles that are endemic in health care, law enforcement, and American financial institutions. Systemic racism is an insidious disease that perpetuates a public health crisis in America.

ONA Virtual House of Delegates

To ensure the health and safety of our members through the COVID-19 pandemic, ONA made the decision to hold the ONA House of Delegates virtually on Sept. 22, 2020.

Elected ONA delegates must re-register by July 31 to participate in the HOD.

Click here to learn more and register today or go to www.oregonrn.org/events

Racism is a Public Health Crisis
WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

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 within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. 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

DON’T MISS IMPORTANT ONA EMAILS

Common Reasons for Not Receiving ONA Emails

Mislabeled: Emails from ONA are being flagged as junk or spam by your email service provider.

No Email: ONA does not have an email on file for you.

Bad Email: ONA has an incorrect or outdated email on file.

Blocked: Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.

Opted Out: You have opted out of receiving emails.

Work Email Filters: Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

Fixing Problems to Receive ONA Emails

Check your junk/spam/clutter folder for ONA emails: Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.

EmailONA: To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.