

June 2020

SNA Update

NCC Monthly Meeting Report

Our first video membership meetings went well. Over 40 participants joined our meetings and we had some great discussions. Though meeting in person is invaluable, it was really nice to be able to join from wherever you were, literally even a pool, with no travel needed. Being able to take advantage of these discussions and having accessibility to each other and accurate information is important. Please take a minute and let us know how things are going in your department. We look forward to hearing from you.

Thank you to those who showed up to support NUHW during their most recent informational picket on June 3rd. They appreciate our continued support. Their negotiations have been ongoing for over a year as they continue to fight for fair wages, Affordable Health Care, PTO and Safe Working Conditions. The SNA Board fully supports NUHW and we encourage our membership to continue to stand side by side with our family of team members. We expect to be facing these same issues when we start our negotiations this coming August.

Violence in the Workplace/Safety

SNA continues to ask for minutes, actions taken towards implementation and member rosters of specific committees, that are required by law and listed in the Workplace Security and Violence Prevention Plan policy. Both Leslie Pereira, HR and Director Shawna Sewell agreed to research and bring findings to our next meeting.

We were joined by Justin, Lead Security Officer, this month. SNA was pleased to hear him report that the Hospital's budget for 'panic button' devices has been approved and SRMH should see installation over the next 45 days or so. While we see this as a 'win' and positive step forward, SNA again pointed out the potential for immediate danger of nurses working in a room alone, or for example, behind double doors in an isolation area like ICE, with no way to call for help. Justin stated that security could provide a radio to those units and for the nurse to speak to the unit manager if needed. He explained that 1CE and 2E would be first departments to have the panic button devices installed. He also mentioned that Security is rounding every thirty minutes to an hour, keeping rounding logs and is able to provide follow-up as needed. Justin said he will work with the managers and will provide an update at next month's NCC meeting.

SNA asked about building access control, specifically regarding the number of public entry points available, a long standing security issue that SNA brings forward. Justin stated that they recently converted the East Wing entry point to be an employee only, badge-entry point and that currently there are just two points of entry for the public. SNA acknowledged pandemic restrictions and asked how long that reduced point of entry practice will continue? Justin did not have an end time but agrees that access control is an important issue that they continue to address and that the current practice will remain for now.

SNA restated its concerns with lack of metal detection used in our ED. Justin informed SNA that since the last time we brought that to his attention, he added routine metal detection in his annual assessment suggestions to the Hospital.

Staffing: Care Partner (CP)

SNA asked where are all the care partners? We hear the Administration say they have hired X number of CP's, where are they? We stated that we have heard that Float CP's are being pulled repeatedly to be sitters. We reminded the Administration that Float CP's are mandated by contract to 'float the House' and if pulled to be a sitter, they are violating the contract. Damian Gulbranson acknowledged several different factors for the recent shortage of CP's and informed us that two days ago they had a few positions finally approved. She said she was recently made aware

of a few cases where units were short a CP, so she approved a Resource Nurse for that unit. She also mentioned a possible remedy of using nursing students to work as CP's. She said they are trying to meet all priorities with what we have.

SNA asked Damian if she was aware that Float CP's were being pulled to be used as sitters? Damian said she was aware of them being pulled for maybe an hour here or there and it could be that the Hospital had no other options and if she had dates she could look at it. Two dates, 6/6 and 6/8 were immediately provided and she said she would look into it. Sue reiterated that the Hospital's lack of staff does not give them permission to violate the contract. SNA will continue to monitor and expect the contract to be upheld. Please continue to keep SNA informed on this issue.

Break Relief and Lead

SNA has been hearing increased concerns regarding the lack of Nurses being able to receive their rest and or meal breaks. The Leads are unable to relieve each Nurse and do their expansive Lead duties simultaneously. Patients cannot be ignored for thirty minutes. Additionally, Nurses report increased pressure to not report missed breaks on their time cards. SNA reminded the Administration that each Nurse on duty is entitled to three 10 minute rest periods and one thirty minute meal period per 12 hour shift. That is one hour of coverage per Nurse on the floor.

When a Lead Nurse is covering a 30 minute meal period, that Nurse is duty bound to round on and deliver necessary care to those patients during that time. If you are covering for another Nurse, your first priority is to the patient(s) you have accepted the care of.

Damian responded that if a Nurse feels unable to get breaks, they should speak to their manager or the House Supervisor to resolve the issue. She said she wants us to get our breaks. We told her that Nurses are feeling increased pressure and stress. Leah Gerhi stated that in the past 14 days, they have approved 63 hours of extra help for break relief. Please continue to speak up, as we will, for your lawful breaks.

SNA reminded the Administration that having a designated Break and Relief Nurse is the only way to take breaks legally and safely. We will continue to follow up.

3W Transitional Unit

Damian Gulbranson notified SNA that 3W will be used as a transitional unit for now. Direct admits or ED patients will be tested and then housed on 3W until resulted, then transferred to the appropriate unit.

Please find our contract on the website www.snanews.com, along with other information. You can reach us by e-mail snanews@sonic.net. We also have a private Facebook page and if you would like to join just e-mail us with your request. Our office phone number is 707-575-8853 we pick up calls around 8am daily but we answer e-mails more frequently.

Thank you for the challenging work that you do. Please continue to advocate for each other, speak up and ask questions, file AUP's and continue to inform SNA with contractual issues you are unable to rectify. Your individual input and participation with SNA is what guides our direction and areas of focus.

We are always stronger together. In solidarity.

Thank you,

SNA Board

