



Minnesota Nurses Association  
2019 Negotiations  
Fairview Health Services  
May 15, 2019  
Time: \_\_\_\_\_

The Minnesota Nurses Association offers the following counterproposal regarding Union Proposal 11:

24. HEALTH AND SAFETY:

F. Nursing Health and Safety Committee:

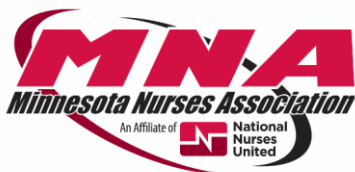
A Nursing Health and Safety Committee will be established as a component part of the Hospital's basic Health and Safety Committee. The Nursing Health and Safety Committee shall consist of an equal number of representatives designated by the Hospital and designated by the bargaining unit. Staff and assistant head nurses selected to serve on this Committee and/or its Subcommittees shall be paid for meeting time spent pursuant to Sections 3 and 4. The Committee shall meet monthly or as otherwise agreed upon to consider and develop recommendations on health and safety matters of particular concern to registered-staff nurses including, but not limited to, workplace violence, infectious diseases, chemical hazards, security and physical safety, radiation, and education and the development and display of appropriate signage addressing workplace violence. The Hospital will cooperate in providing the Nursing Health and Safety Committee with relevant background information. Recommendations will be sent to the Hospital Health and Safety Committee and the Fairview System Workplace Violence Prevention Committee for action. If those recommendations are not implemented, the Committee may bring the matter to the attention of the Chief Nurse Executive.

The MNA Co-Chairperson of the Nursing Health and Safety Committee of each facility will be added to the Fairview Safe Patient Handling Steering Committee and the Fairview System Workplace Violence Prevention Committee.

The Committee, itself or in cooperation with other Hospital Health and Safety Committees, the Fairview System Workplace Violence Prevention Committee or officials, 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 events using experts as needed to accomplish these tasks. Specific tasks may include, but not be limited to:

1. Develop/clarify and communicate a process for nurses to bring concerns to the Committee for review and action.
2. Develop/clarify and communicate a process for nurses to identify situations related to a potential injury/illness that requires immediate intervention.

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3. Mutually assess workplace hazards on a unit basis, develop a plan to abate the hazard through appropriate mechanisms, monitor the implementation of the plan(s), and provide recommendation for education.
4. Address priorities for prevention of chronic, repetitive, or cumulative trauma injuries.
5. Develop education plans regarding ethical rights and responsibilities of nurses protecting themselves from injury.
6. Cooperate with emergency health services to provide access to employee health services twenty-four (24) hours a day.
7. Cooperate with emergency health services to promote its ability to serve as an advocate for employee health and interact with employees in a mutually respectful manner.
8. By July 1, 2008, the Nursing Health and Safety Committee will develop an action plan to address safe patient handling education and equipment needs.
9. Review a summary of all incident reports involving violence as defined by Minnesota Statute 144.566.
10. Staff nurses may request an assessment of the unit including resources, physical geography, patient population, and staff educational needs on the unit in order to address unit concerns in the prevention of workplace violence.

In addition to providing access to and copies of the OSHA 200 records and First Report of Injury forms as required by Statute or Rule and Regulations, the Hospital will furnish copies of its Right to Know plan and its overall AWAIR plan.

The Hospital and the Minnesota Nurses Association are committed to a culture that will dramatically reduce staff injuries and enhance overall safety and security in the workplace. The Nursing Health and Safety Committee will explore, analyze, and make recommendations to the Labor-Management Committee, the Fairview System Workplace Violence Prevention Committee and the Hospital Health and Safety Committee. The Nursing Health and Safety Committee's focus will include, but not be limited to, the following: workplace violence prevention, exploration of a no-lifting policy, new equipment, lifting teams, unit security needs, and a review of the placement, role,

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and responsibility of security. The Nursing Health and Safety Committee shall provide input and review any safe patient handling policies.

The Committee at each hospital will review the 2006 joint research project funded by the Hospital and the Association to develop action items for implementation. Staff nurses will be involved with implementation of these action items on their nursing care unit. The Hospital and the Association will jointly fund an effort to present and publish the results of the 2006 research study regarding barriers to safe patient handling.

Facility building or remodeling in direct patient care areas will be assessed for safe patient handling and workplace violence prevention opportunities. A safe patient handling risk and workplace violence assessment will be conducted for all units related to education and equipment needs.

G. Physical Violence and Verbal Abuse, Workplace Violence:

The Nursing Health and Safety Committee will recommend preparedness and incident response action plans to act of violence, review these plans annually and propose any changes as deemed appropriate. When a trend or pattern arises regarding workplace violence reports or concerns, the Committee will meet and review relevant policies in order to make recommendations for changes or updates to the Hospital.

Workplace Violence Prevention:

Each facility will establish and enforce a code of behavior for all in the facility. Each will have a trained response team(s) which will respond to all emergency situations where physical violence, the threat of physical violence, or verbal abuse occurs. A process will be developed to record and report these incidents of a non-emergency nature. These records will be evaluated by the Nursing Health and Safety Committee ~~involves a registered nurse.~~

The Hospital will provide a face-to-face physical management curriculum by qualified instructors that provides information and skills in threat assessment, de-escalation, physical protection, and behavior management to all nurses on an annual basis ~~in high-risk areas and/or upon request.~~ The Hospital will also provide nurses with updated workplace violence policies.

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The Hospital will develop a process for a risk assessment upon admission to determine potential violence from patients and develop and communicate a therapeutic plan of care as appropriate.

The Committee will evaluate available technology, visual cues and other reasonable means available to alert staff that a patient, staff that a patient or patient's family member or visitor has a history of violence toward staff and/or visitors and make recommendations to the Hospital for implementation.

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**Workplace Violence Response:**

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The parties recognize that accurate information regarding the reporting of workplace violence is imperative to analyzing trends and patterns to continue to promote a safe workplace. Therefore, nurses will make every effort to report incidents of workplace violence. The Committee will work to develop a process to ensure the appropriate tools and processes are in place for expeditious reporting of incidents of workplace violence. Nurses are also encouraged to contact the Employee Occupational Health and Safety Department following any incident of workplace violence.

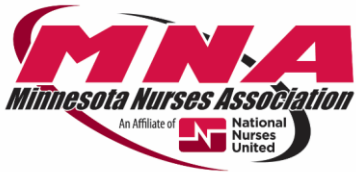
The Hospital will encourage nurses who are victims of assault in the workplace to recognize the potential of emotional impact and offer counseling or other delayed stress debriefing. When a violent event occurs on a unit a documented debrief will take place that includes all staff involved and other members of a typical debrief team. The intent of the debrief is to create a safe space for staff to discuss the event. The Nurse Leader and Employee Occupational Health and Safety Department will facilitate support and resources for the affected nurse. Documentation of the debrief will be provided to the Union upon request.

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In addition, a nurse who has been assaulted at work and is unable to continue working will be given the opportunity to be free from duty without loss of pay for the remainder of that shift.

Upon receipt of verifiable medical certification confirming physical or emotional injury necessitating additional time off beyond the day of the incident, the Hospital agrees to grant the nurse up to three (3) consecutive calendar days off without loss of pay immediately following the date of the incident, in the form of paid administrative leave. Furthermore, the incident of workplace violence must be reported by the nurse in order to be eligible for any paid administrative leave. However, if a report is made more than

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three (3) days after the event, but in no event later than ten (10) days, administrative leave may be provided retroactively.

A nurse who has been the victim of violence that was committed 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.

The Hospital will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise her/his rights under the law.

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