

HEALTHEAST CARE SYSTEM & MNA
2019 MNA NEGOTIATIONS

HealthEast's Proposal re: Workplace Violence
5/15/2019

Employer's Updated Counter-Proposal re: Workplace Safety

Article 27 - Health and Safety

- A. [Same]
- B. [Same]
- C. [Same]
- D. 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 and Workplace Violence 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 and shall have standing monthly meetings as part of the labor management committee (LMC). The Committee shall consider and develop recommendations on health and safety matters of particular concern to registered nurses, including but not limited to infectious diseases, chemical hazards, security and physical safety, radiation, and education and 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 when appropriate the Workplace Violence Prevention Committee Hospital Health and Safety Committee for action. If those recommendations are not implemented, the Committee may bring the matter to the attention of the Chief Nurse Executive. Membership of the Workplace Violence Preventing Committee shall include, but not limited to, representatives from security, employee occupational health, management, quality and patient safety, practice and education, and MNA designated nursing staff.

In addition to providing access to and copies of the OSHA 2300 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 over-all AWAIR plan.

- E. Physical Violence and Verbal Abuse: Each facility 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 nonemergency nature. These records will be evaluated by the Nursing Health and Safety Committee when the situation involves a registered nurse.

Employers will encourage registered nurses who are victims of assault in the workplace to recognize the potential emotional impact and offer counseling or other delayed stress debriefing.

In addition, a registered 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 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 three days after the event (but in no event later than ten days) administrative leave may be provided retroactively. If additional time away is needed, the Employee Occupational Health and Safety Department will explore options with the nurse via programs, resources, and offerings available.

F. Workplace Violence: The Hospital and Association recognize the effects traumatic events of violence directed at staff have and the obligation of the Employer to provide a safe and secure environment for patients, visitors, and staff. In order to ensure the professional longevity and continued health of staff who work in areas where violent events occur, the Hospital and Union agree to the following commitments:

Preventative Efforts

- The hospital will cooperate in providing the nursing health and safety committee with relevant background information. Recommendations will be sent to the Workplace Violence committee for review and discussion. If those recommendations are not implemented the committee may bring the matter to the attention of the Chief Nursing Executive.
- The Hospital will continue to evaluate available technology, visual cues and other reasonable means to alert that a patient, patient's family member, or visitor has a history of violence on the Hospital campus.
- On obstetric units, a social screen is completed upon admission to determine appropriate security measures.
- Behavioral Restraints: the Hospital will maintain a behavioral restraint policy to be used with the appropriate patient population.

Physical Violence and Verbal Abuse

- Each facility 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 incidences of a non-emergency nature. These records will be evaluated by the nursing health and Safety committee when the situation involves a registered nurse.

- Employers will encourage registered nurses who are victims of assault in the workplace to recognize the potential emotional impact and offer counseling or other delayed stress debriefing.

Traumatic Events

The Hospital and Association recognize the effects traumatic events of violence directed at staff have on the whole person. In order to ensure the professional longevity and continued health of staff, the Hospital and Association agree to the following provisions for all Registered Nurses:

- When a violent event occurs on a unit there shall be a timely debrief that includes management and all staff involved. Following the report of a violent event, the MNA nurse may report the violent event to MNA co-chairs and designated MNA staff.
- A critical stress debrief will be made available, usually within 72 hours. The debrief team will consist of the appropriate staff involved and other members of a hospital debrief team. The intent of the critical stress debrief is to create a safe space for the staff to discuss the event. The Nurse Leader and Employee Occupational Health and Safety Department will facilitate support and resources for the affected nurse(s). Plain language descriptions of all available resources will be provided to the affected staff.
- A nurse who has been the victim of violence as defined by Minnesota Statute 144.566 that was committed by a patient or that patient's family 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 emergency that would jeopardize patient care.
- The Hospital shall notify all staff working on the premises if there is an event that creates a building lockdown protocol. Staff will be given detailed instructions that include actions to be taken for the protection and well-being of patients, families, and themselves.
- Monthly workplace violence reports will be provided to the MNA chairs and designated MNA staff.
- The Nursing Health and Safety Committee will recommend preparedness and response action plans to acts of violence, review the action plans annually, and propose changes it deems appropriate. When a trend or pattern regarding workplace reports or concerns are noted, the Committee will meet and review relevant policies in order to make recommendations for changes or updates to the Hospital.

The Employer proposes such other language changes to the agreement as may be necessary to conform the agreement to the counter-proposals set forth above.

The Employer reserves the right to add to or modify these counter-proposals.