



Minnesota Nurses Association Proposal to Allina Health

May 24, 2019

ML UNION PROPOSAL #29

WORKPLACE VIOLENCE

all Sections/paragraphs not addressed in this Proposal are to remain status quo unless otherwise addressed in the Local Union Proposals.

Modify to Read

Physical Violence and Verbal Abuse:

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.

A. Preventive Efforts

- The Hospital ~~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 non-emergency nature. These records will be evaluated by the Labor Management Committee when the situation involves a registered nurse. ~~The Association will be notified when an incident occurs and shall be given an opportunity to participate in the review process in place at the hospital.~~
- The Hospital ~~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 through EAP services. Nurses are encouraged to report all incidents of workplace violence and to contact the Employee Occupational Health or the Emergency Department following any incident of workplace violence. Employee Occupational Health will contact the nurse's leader to coordinate the implementation of post-incident protocols and facilitate support and resources for the affected employee(s) (such as EAP services).
- ~~The Hospital shall provide a summary of all incident reports involving violence as defined by Minnesota Statute 144.566 at each regularly scheduled Labor Management Committee.~~

~~This summary will include a description of the incident, the response, and efforts to mitigate future incidents of the same or similar nature.~~

- The electronic medical record shall have a pop-up or other prominent alert feature to alert staff accessing a record that the patient or the patient's family has a history of violence toward staff and/or visitors. ~~Security shall be alerted and maintain a heightened presence in any area where the patient is receiving care.~~
- On obstetric units, a social screen is to be completed upon admission to determine appropriate security measures. ~~the Hospital shall immediately notify staff on the unit when the biologic father of a baby (either born or unborn) is unknown and there is potential that two or more persons who may be the father may attempt to visit the unit.~~
- ~~Behavioral Restraints: An RN who accepts a patient assignment where that patient is in violent restraints and/or seclusion they will not be part of the count for the staffing matrix on the unit for as long as that patient is in physical restraints. When an RN is performing 1:1 of a patient in restraints or seclusion, the RN will be taken out of the count and not be required to leave the bedside of the patient to perform RN duties.~~
- Signage will be posted and clearly visible at all nurse stations of all units in the Hospital which shall indicate that violence of any kind is not permitted on Hospital premises.

B. 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

- A Registered Nurse who has been assaulted at work and is unable to continue working, ~~as determined in the nurse's sole discretion,~~ 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 three days after the event (but in no event later than ten (10) days) administrative leave shall be provided retroactively. -all scheduled hours for seventy-two (72) hours after the assault without loss of pay or the need to use benefit time.
- ~~When assessing unscheduled absences, the proximity to staff being involved in a traumatic event shall be taken into consideration as a mitigating factor in the application of any attendance policy utilized by the Employer.~~
- Following the report of a violent event a documented debrief will take place as appropriate that includes staff involved and other members of a typical debrief team or their designee(s). The intent of the debrief is to create a safe space for staff to discuss the event. The debrief will be scheduled to occur as soon as reasonably possible (reasonable effort will be made have this debrief in 72 hours) after report of the event has been received. Any nurse who opts to utilize the time off provision as stated above will be offered to be

~~included in a debrief consisting of providers, management, nursing staff, therapy staff, clergy, any staff members directly or indirectly involved in the incident, and a designee of the Union. The debrief should be a safe space for staff to discuss and decompress from traumatic events and no discipline shall result from these sessions. This debrief will take place within seventy-two (72) hours. Within ten (10) days of the event a report of the event shall be presented to the Union which shall include all documented reports and investigatory notes as well as outcomes.~~

- A nurse who has been the victim of violence that was committed by a patient or that patient's family shall not be required to assume the assignment of that patient on a future date without the consent of the nurse.
- The Hospital shall immediately 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. Charge nurses will receive information regarding the location and type of incident that initiated the lock down protocol and shall receive annual lockdown training to direct staff, patients and visitors to safety on units during a lockdown.

XX. Workplace Safety and Violence Prevention:

1. Workplace Violence Prevention Committee:

- a. Participation: The Hospital's committee or sub-committee responsible for addressing workplace violence prevention will include an equal number of~~at least one~~ bargaining unit registered nurses selected by MNA to non-bargaining unit employees.~~500 nurses in the bargaining unit~~ Any Allina system-wide Workplace Violence Committee shall have no fewer than three (3) bargaining nurses per hospital selected by MNA.

The nurses participating on the committee will be paid at their regular rate for time spent attending committee meetings. If the committee meets during the nurse's shift, the nurse will be released from duty to attend the meeting. If the meeting occurs on a nurse's day off, attending the meeting will not trigger the reporting pay requirement in Section 4.O (Reporting Pay).

Attendance at the committee meetings is required. If a nurse misses more than two meetings in a six-month period, the nurse will be removed, with a replacement chosen by the Union, from the committee absent exceptional circumstances.

- b. Scope: The committee will review data regarding workplace safety incidents, may make recommendations for educational needs, training content, and other measures to improve workplace safety. The Hospital shall present any proposed pilots or process improvement initiatives that reasonably relate to or impact visitor, patient, and/or staff safety to the committee prior to any rollout, implementation, or test of change. ~~No change in the delivery of care shall be implemented without the agreement of the Workplace Violence Committee. All decisions made by the Workplace Violence Committee will be presented to the Hospital Wide Labor Management Committee (LMC) for final mutual agreement.~~

If a pattern or trend arises, the committee shall conduct a review, and through mutual agreement, make recommendations for additional education or changes to policies as the group identifies opportunities to promote safety.:

~~This review shall include, at a minimum;~~

- ~~a. The number of RNs scheduled for the shift;~~
- ~~b. The number of RNs working the shift;~~
- ~~c. The number, and classification, of other staff scheduled for the shift;~~
- ~~d. The number, and classification, of other staff working the shift;~~
- ~~e. The impact, if any, of the geography of the unit;~~
- ~~f. Security presence on the unit;~~
- ~~g. Admission criteria for the unit;~~
- ~~h. Patient room placement within the unit;~~
- ~~i. Physical barriers present in staff areas;~~
- ~~j. The availability and location of staff assistance or duress buttons;~~

~~During this review the Hospital shall initiate a test of change that caps the census at seventy-five (75%) percent of the total bed capacity of that unit while maintaining staffing levels consistent with the full capacity of the unit. The purpose for this test of change shall be to determine the effectiveness of reducing traumatic events through increased staffing levels. The test of change shall be administered for no less than three (3) months in duration. Upon completion of the test all data shall be presented to both the Hospital and system workplace violence committees.~~

- c. Meeting Schedule: Each hospital committee or subcommittee will meet regularly, but not less than monthly each calendar year. Any system wide committee will meet not less than six (6) times per year.

- 2. The Hospital will provide at least ~~eight~~^{two} (8) hours of classroom (face-to-face) workplace safety training each year. One of the trainers will be an RN clinical expert. Units that require Green Alert/Code Green and/or Crisis Intervention training as a component of mandatory education shall also provide resiliency training and self-defense training to all nurses that provide patient care on those units on not less than the same frequency that Green Alert/Code Green and/or Crisis Intervention training is provided.