

ARTICLE V – HOURS OF WORK

- A. Basic Workweek. - The basic workweek shall be forty (40) hours.
- B. Meals and Breaks. The basic workday shall be eight (8) hours to be worked within eight and one-half (8½) consecutive hours, including a one-half (1/2) hour meal period on the Registered nurse's own time; and one fifteen (15) minute rest period without loss of pay during each four (4) hour period of employment, as scheduled by the Medical Center.

1. The Medical Center will comply with its legal obligations for meals and breaks as required in Oregon's Nurse Staffing Law.

2. Patient care units may substitute other pre-arranged rest period schedules with the approval of the unit's manager. If a Registered nurse cannot be relieved for all or part of a scheduled or pre-arranged rest period and is not given alternative rest period time during the shift, the Registered nurse should report this immediately to the Registered nurse's charge nurse, supervisor or manager.

- C. Scheduling of Meals and Breaks. - The parties acknowledge the legal requirements and the importance of rest and meal periods for Registered nurses. The parties further acknowledge that the scheduling of regular rest periods requires appropriate staffing and scheduling, teamwork, professional accountability and active charge nurse involvement. The parties therefore agree as follows:

1. Scheduling of breaks, including the timing of breaks, is best resolved by unit-based decisions, where the affected Registered nurses are involved in creative and flexible approaches to the scheduling of rest periods and meal periods.
2. Each unit will determine what reasonably available information will help inform reviews of meal and break use. The units will then use that

Deleted: <#>If a Registered nurse is specifically requested by the Medical Center to remain at his/her duty station during a meal period, such period shall be paid time. For purposes of this paragraph a Registered nurse is deemed to have been requested to remain at his/her duty station if he/she is the only Registered nurse assigned to an organized nursing unit for a shift, unless:
The Registered nurse actually leaves his/her duty station during such meal period, or
The Medical Center provides in writing for alternate coverage of the unit during the meal period.

information to develop a process for scheduling Registered nurses for the total amount of rest and meal periods set forth in this Section, to be included in their staffing plan.

- a. The process must be approved by the unit manager;
- b. The preferred approach is to relieve Registered nurses for two (2) fifteen (15)-minute rest periods and one (1) thirty (30)-minute meal period within an eight (8)-hour shift; however, a break and meal period may be combined during the middle four (4) hours of the Registered nurse's shift, when practical;
- c. It is a shared responsibility among the Registered nurse, charge nurse, house supervisor, and unit leadership to communicate, monitor, and support meal and break periods. If a Registered nurse is not able to take a thirty (30)-minute uninterrupted meal period, the Registered nurse will be paid for such thirty (30) minutes.

In the event Registered nurses on a particular unit or units have concerns about the implementation of paragraph 2 or about the availability of meal periods or breaks on the unit in general, the concern may be raised with the Task Force or the appropriate unit-based committee of their clinical division, in addition to the remedies provided by the grievance procedure.

There will be no retaliation for reporting or recording missed meals or breaks.

- D. Overtime. - Overtime compensation will be paid at one and one-half (1½) times the Registered nurse's regular straight-time hourly rate of pay for all hours worked in excess of: forty (40) hours in each workweek of seven (7) consecutive days, or eight (8) hours in each day, which is defined as a period commencing at the beginning of a Registered nurse's shift and terminating twenty-four (24) hours later. [The 24-hour criteria is not applicable to variable start times in terms of the](#)

payment of overtime.

1. In the alternative, overtime compensation will be paid for all hours worked in excess of eight (8) hours in each day as defined above or eighty (80) hours in a work period of fourteen (14) consecutive days, if pursuant to an agreement or understanding in writing between the Registered nurse and the Medical Center.

2. If, however, a Registered nurse elects to work schedules involving other than a basic workday, then overtime compensation shall be paid as follows:
 - a. When such schedule is a nine (9)-hour schedule under the attached Nine (9)-Hour Schedule Agreement, overtime compensation will be paid for all hours worked in excess of nine (9) hours in each day as defined in this Section or thirty-six (36) hours in each workweek hereunder. Such nine (9)-hour schedule shall be on night shift only, unless the Medical Center and Association agree otherwise.

 - b. When such schedule is a ten (10)-hour schedule under the attached Ten (10)-Hour Schedule Agreement, overtime compensation will be paid for all hours worked in excess of ten (10) hours in each day as defined in this Section or forty (40) hours in each workweek hereunder.

 - c. When such schedule is a twelve (12)-hour schedule under the attached Twelve (12)-Hour Schedule Agreement, overtime compensation will be paid for all hours worked in excess of twelve (12) hours in each day as defined in this Section or thirty-six (36) hours in each workweek hereunder.

E. Authorization of Overtime. - Work in excess of the basic workday or workweek

must be properly authorized in advance, except in emergency. Regardless of whether the Registered nurse obtains prior authorization, Registered nurses must report accurately all hours, whether overtime or not, and they will be paid for all hours of work.

F. Rest rooms/Lockers. - Rest rooms and lockers shall be provided by the Medical Center.

G. Work Schedules. - The Medical Center and ONA recognize that schedules impact staff ability to plan for childcare, appointments, and in general for life outside of work.

1. Work schedules will be available for staff no less than two (2) weeks before the beginning of the scheduling period.

a. Scheduling Patterns and Preferences. - One each unit, nurse management shall work with at least one (1) bargaining unit nurse on the unit to build new schedule patterns in order to preserve transparency and collaboration between the Medical Center and the Association on scheduling practices. The nurse manager will approve the final schedule patterns.

2. Registered nurses will not be regularly scheduled for work shifts in excess of sixteen (16) hours.

3. Registered nurses will not be regularly scheduled to work different shifts. However, at a Registered nurse's request and with the Medical Center's agreement, a Registered nurse may be regularly scheduled to work different shifts, if the Registered nurse is otherwise qualified for such work.

4. Without the Registered nurse's consent, Registered nurses will not be regularly scheduled to work on different units, with the exception of the Float Pool and 5E Psychiatry Registered nurses working in the

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Emergency Department.

5. Within each discrete shift (day/evening or night), the Medical Center may create and post variable start time positions, meaning positions with variable shift start and end times. Such start and end times will vary no more than two (2) hours before and after the position's regularly designated start time. When the Medical Center fills a variable start time position, it will work with the Registered nurse to minimize the impact of the variable start and end times by communicating and collaborating with the Registered nurse in the development of the Registered nurse's schedule. Unless a Registered nurse is hired into such a variable start time position, the Registered nurse will not be required to work variable start times without the Registered nurse's consent.

6. General Schedule Stability: Short- and Long-Term Changes to Balance Schedule.
 - a. The Medical Center will make every effort to honor schedule stability (e.g., pattern or skeleton schedules). The parties agree, however, that in certain instances schedules may need to be adjusted to meet staffing needs. These include a rebalancing of work schedules as well as short-term changes.

 - b. When short-term changes are necessary, such changes will be made through voluntary moves to the extent possible (e.g., staff trades and extra shifts). If attempts to balance the schedule through voluntary moves are unsuccessful, mandatory moves will be made in reverse seniority order within each shift group.

 - c. The parties agree that additional guidelines for schedule changes should be developed and maintained in a collaborative manner at Task Force. Such efforts will include development of a mechanism

to identify the quantity and frequency of short-term schedule changes and the establishment of a threshold to rebalance schedules. These guidelines for schedule changes will be made available on the House-Wide Staffing Committee website.

7. Unit Based Scheduling.

- a. The Medical Center and the Association support self-scheduling as it offers nursing staff the opportunity to be autonomous and in charge of their work schedules, promoting accountability and responsibility that lead to job satisfaction and personal growth.
- b. The Medical Center and Association will allow unit-based staff scheduling for any unit that has a consensus of the unit's Registered nurses for this practice.
- c. A Registered nurse or team of Registered nurses from the unit will take and maintain responsibility for assigning RNs into the unit's core schedule according to the provisions of this agreement.
- d. Units making use of this provision will determine their scheduling process, and assignment of the RNs into the core schedule will be a fair and equitable process. This process will have been agreed upon by members of the unit and approved by Task Force. If an RN has a concern about the scheduling process that has not been adequately addressed on the unit level, that RN may raise the issue with Task Force.
- e. After the Registered nurse or team of Registered nurses schedule themselves, the manager will ensure the schedule is balanced or will make changes to balance the schedule.

- f. The Association agrees that the Registered nurse manager for such units has final approval for each monthly schedule in a manner that is not arbitrary or capricious.

H. Weekend Schedules. - It is the policy of the Medical Center to schedule those Registered nurses who so desire every other weekend off. [For the purposes of this section, a weekend is defined as 7:00 pm on Friday through 6:59 pm on Sunday](#). If the schedule on a unit allows for additional weekends off, preference will be given to Registered nurses with more than twenty (20) years of service with the Medical Center on a rotating basis, starting with the most senior Registered nurse. With the exception of those Registered nurses who have agreed to work schedules calling for consecutive weekend work and those who express a desire to work consecutive weekends when work is available, all other Registered nurses who are required to work consecutive weekends will be paid for work performed on their scheduled weekend off at one and one-half (1½) times their regular straight-time hourly rate for all such hours worked. Registered nurses who have volunteered to work consecutive weekends may withdraw such authorization by notifying unit management three (3) weeks prior to the posting date for the subsequent schedule in which the change would take effect. Working consecutive weekends will not be a condition of employment, except Registered nurses who are hired [into](#) positions requiring weekend work.

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- i. Effect of Low Census. - Regular full-time and regularly scheduled part-time nurses shall not suffer the loss of any fringe benefits as a result of not working one of their scheduled working days at the request of the Medical Center.
- J. Notice and Report Pay. - Registered nurses who are scheduled to report for work and who are permitted to come to work without receiving prior notice that no work is available in their regular assignments shall perform any nursing work to which they may be assigned.
 - 1. When the Medical Center is unable to utilize such Registered nurse and

the reason for lack of work is within the control of the Medical Center, the Registered nurse shall be paid an amount equivalent to four (4) hours times the straight-time hourly rate plus applicable shift differential; provided, however, that a Registered nurse who was scheduled to work less than four (4) hours on such day shall be paid for his/her regularly scheduled number of hours of work for reporting and not working through no fault of his/her own.

2. The provisions of this Section shall not apply if the lack of work is not within the control of the Medical Center or if the Medical Center makes a reasonable effort to notify the Registered nurse by telephone not to report for work at least two (2) hours before his/her scheduled time to work.
3. It shall be the responsibility of the nurse to notify the Medical Center of his/her current address and telephone number. Failure to do so shall preclude the Medical Center from the notification requirements and the payment of the above minimum guarantee.
4. In the event of a lack of work as determined by leadership, the Registered nurse may request to waive the four (4) -hour requirement and, if approved, may use PTO or unpaid time for the four (4)-hour time period.

K. Requests Off After Working Certain Hours. - A Registered nurse may enact a ten (10)-hour rest period in accordance with Oregon's staffing law. In those situations, the Registered nurse may choose to use or not to use accrued vacation/PTO to fulfill missed hours up to their FTE.

L. Changing. - Registered nurses in Surgical Services and in Operating Suites within units who are required to change at the Medical Center into Medical Center-required clothing will be permitted five (5) minutes at the beginning and end of each shift to change such clothing.

M. Required Scheduled Standby. - Nursing units with required scheduled standby will develop unit guidelines regarding the scheduling and assignment of standby time to be included in their staffing plan.

The following nursing units have required scheduled standby:

Cardiovascular Operating Room (CVOR)
Catheterization Lab (CVL)
Hemodialysis (ADU)
Main Operating Room
Medical Procedures Unit (MPU)
Post Anesthesia Care Unit (PACU)
Pediatrics Operating Room
Short Stay Surgical Unit (SSU)
Surgical Services Ophthalmology (Outpatient Eye Surgery)

1. The unit guidelines will include an estimated range of required standby hours or shifts, if any, per Registered nurse per posted cycle. Required standby hours will not exceed fifty-two (52) hours per four (4) week schedule except where modified in Appendix A.C.4.D. The guidelines for each unit will be made available to the Registered nurses in the unit as well as to any Registered nurse who applies for a position in that unit. The Medical Center will, upon request or upon a change, provide the Association with the guidelines.
2. Registered nurses whose units are closed on a holiday and who are covering standby for such holiday will not be required to use PTO/vacation for those hours on standby.
3. The units set forth in Section M (Required Scheduled Standby) above are

subject to required scheduled standby. The Medical Center will notify the Association before establishing a standby requirement in a unit where standby is not currently required and will bargain upon request.

4. The Medical Center will notify the Association before changing the standby guidelines in a unit to increase the range of required standby hours and will bargain upon request. This does not include an increase in the range of required standby hours or shifts due to an absent Registered nurse or Registered nurses who are not replaced on the work schedule (e.g. leave of absence) for no more than three (3) posted standby scheduling periods.

Deleted: <#>For Labor and Delivery, the parties will regularly review metrics at ONA Task Force to ensure the removal of scheduled standby continues to meet our commitments to our patients and community. Key metrics: caregiver engagement, closed to admission hours, use of standby, turnover rate, sick occurrences, decision to incision time, and safety events.¶