

ARTICLE XVII – Workplace Safety and Technology

- A. General. - The Medical Center recognizes it is subject to national and state laws, and professional and regulatory standards for use of medical and safety equipment. The Medical Center commits to making good faith efforts towards ensuring medical and safety equipment is available according to patient care requirements and caregiver health protections.

Clinical technology is intended to complement the Registered nurse's clinical judgment in assessment, evaluation, planning, and implementation of care. It is understood that technology/equipment decisions fall under management rights and responsibilities and are at the discretion of the Medical Center.

- B. Safety Protection and Devices. - Safety devices and required personal protective equipment shall be provided by the Medical Center for all Registered nurses engaged in work where such items are necessary to meet the requirements of applicable law, regulations and policies. Registered nurses must use such items in accordance with Medical Center policies.
- C. Mutual Responsibility. - Registered nurses and leadership personnel recognize they have a mutual responsibility for promoting safety and health regulations and complying with health and safety practices. These shall include but not be limited to the following:
- a. Adherence to Medical Center policies and procedures.
 - b. Proper use of personal protective equipment and safety devices.
 - c. Use of equipment according to manufacturers' instructions for use (IFU) or in accordance with state and national guidelines and standards.
- D. Nurse Input into Equipment and Technology.
Registered nurses who have concerns about safety, technology and/or equipment may escalate via their chain of command and/or take those concerns to their Unit Based Practice Council.

- When feasible, Registered nurses shall be given the opportunity to provide input whenever new technology affecting the delivery of nursing care is being considered.
- Registered nurses are encouraged to identify deficits, malfunctions, and/or outdated equipment and bring proposals for new equipment or alterations of current equipment to the leader of the Nursing Unit.
- Housewide concerns regarding equipment shall be brought to task force.
- An IS Support Technician will be staffed 24/7 at the Medical Center.

E. Workplace Concerns.

- A Registered nurse who has concerns about staffing shall follow the established staffing complaint process, which includes but is not limited to escalation in the moment, followed by the completion of the Staffing Request Documentation Form (SRDF), which will be reviewed at the Housewide Staffing Committee. ONA is required to send SRDF forms to the Medical Center (Housewide Staffing Committee co-chairs and CNO) within one (1) week of the occurrence.
- A Registered nurse who has workplace concerns related to their health status will follow the established disability accommodation process by informing their core leader and leave administrator, and will follow organizational policies and procedures.
- A Registered nurse who has concerns about their workplace environment or safety shall follow their chain of command, including charge nurse and/or their core leader, and escalate as needed for review and/or resolution.
- In rare instances, when the chain of command fails to resolve a concern about their workplace environment or safety, including the care of a patient with a communicable disease, the Registered nurse will escalate the matter to their director and/or house supervisor (off hours). Every effort will be made to reach a resolution, which may include additional resources, support and/or training, safety measures, a modified or

changed assignment or another practical solution.

F. Exposure to Communicable Disease in the Workplace. - If a Registered nurse is exposed to a serious communicable disease due to a work assignment with an infected patient and is determined by Caregiver Health to have had a high-risk exposure to a disease that would require immunization, testing, or treatment, the Registered nurse shall be provided immunization against, testing for, and/or treatment for such communicable disease without cost to the Registered nurse, in accordance with Medical Center policy.

G. Personal Safety.

- a. The Medical Center is committed to providing regular and ongoing education and training for Registered nurses to promote their personal safety in the workplace setting.
- b. The Medical Center will provide security staff, metal detectors, and wandings at every public entrance whenever its accessible to non-staff members.
- c. Security Staff numbers are based on hospital census and number of violent instances, patients on violence alert, and/or threats of violent instances and will be reviewed annually and voted on at the Housewide Nurse Staffing Committee.
- d. The Employer shall maintain a process for emergency lock downs and train nurses on that process. This process will include a communications plan for all St. Vincent locations.
- e. Threats to patient or staff member safety will be communicated in real time or as promptly as possible.
- f. The Medical Center will create an escalation pathway for instances of violence and/or threats of violence. The pathway will be in writing, available on each unit, and reviewed annually in Central Partnership Council.

- g. Security shall be physically present in the Emergency Department 24/7.
 - h. Signage: Prominent signs shall be posted in the workplace indicating weapons and violence will not be tolerated on campus.
 - i. Prevention and Management of Aggressive Behavior: Each unit will receive a PMAB training annually.
 - j. The Medical Center will maintain a safety committee and a workplace violence committee, and three (3) Registered nurses shall be included in the committee.
 - k. The Medical Center monitors the incidents of reported behavior/combative persons (code gray), weapons/hostage situations and active threat on campus (code silver), and the reported occurrences of workplace violence. The date will be shared and reviewed with the ONA Task Force.
- H. The Hospital will encourage nurses who are victims of assault in the workplace to report the event and will recognize the potential emotional impact. The Employer will follow its established process regarding workplace violence reports.

When a violent event occurs on a unit, the victim and/or impacted staff may request a documented debrief and/or that the Employer alert employees of available resources. The intent of the debrief is to create a safe space for staff to discuss the event. Providence St. Vincent Quality will determine if a Root Cause Analysis (RCA) is needed. If there is an RCA, all involved staff will be invited. The Nurse Leader and Caregiver Health will facilitate support and resources for the affected nurse(s).

- a. If a nurse who has been assaulted at work is unable to continue working after reporting the incident, the nurse will be released from duty without loss of pay for the remainder of that shift. If additional time away is needed, the Caregiver Health Department will explore options with the nurse via programs, resources and offerings available.

- b. A nurse who has been assaulted 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.
 - c. The Hospital will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise their rights under the law.
- l. Prevention Program.** The Employer will provide a Suicide Prevention Program.
- a. Reasonable resources will be put towards supporting and maintaining this program.
 - b. A Trauma Informed Care Program shall be provided for nurses experiencing trauma at work.
 - c. The Employer will educate employees about well-being resources including the EAP, 988 National Suicide and Crisis Lifeline; the Trauma Informed Care Program and a link for these resources will be displayed on the ma webpage.
 - d. Suicide prevention education will be provided annually. Additionally, education about well-being resources and processes may be provided annually on Unit Education Days or other designated days.