



CNA/NNU 101

Your Guide to Joining the RN Movement



California
Nurses
Association



National
Nurses
United

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FOR MORE INFORMATION
ON HOW YOU CAN JOIN »

Email us at »
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or call 1-800-540-3603

Please visit our website at »
www.calnurses.org

A MOVEMENT FOR RNS

A STRONG VOICE FOR OUR PROFESSION AND OUR PATIENTS

On behalf of the elected RN-members of our Board of Directors, welcome to California Nurses Association/National Nurses United (CNA/NNU). We are proud to be at the helm of our organization in a period marked by unparalleled growth and tremendous change for our profession and for our patients.

Both a union and professional organization for RNs, CNA has grown from 17,000 RNs in 1995 located primarily in Northern California to representing more than 100,000 RNs in more than 200 facilities across the state.

In 2009, CNA was the motivating force to bring state nursing associations across the nation together into one, National Nurses United. NNU's total membership today stands at more than 175,000 RNs and includes the California Nurses Association, District of Columbia Nurses Association, Michigan Nurses Association, Minnesota Nurses Association, Southern United Nurses, and Veterans Health Administration RNs. NNU is the largest union and professional association of registered nurses in U.S. history.

From coast to coast, our members have won the best contracts for RNs in the nation. Some 40 years ago, RNs were among the lowest-paid professionals, had no retirement, and worked every weekend. Today, through the collective action of our members, nurses at CNA/NNU facilities have safer staffing conditions, a more secure retirement, and salaries commensurate with experience. Our agreements are noted for enhancing the collective voice of RNs in patient care decisions through our Professional Practice Committees (PPC), Assignment Despite Objection (ADO) documentation system, and improved health and safety protections.

We believe that a strong professional RN union empowers us to take our patient advocacy from the bedside to the statehouse and beyond. We have repeatedly stepped outside the walls of our facilities, whether it is our decades-long fight to win and defend California's safe staffing ratios or forming the Registered Nurse Response Network (RNRN) to send RN volunteers in the wake of disasters, including the 2010 Haiti earthquake; Hurricanes Katrina, Harvey, Michael, and Dorian; and Typhoon Haiyan in the Philippines.

We invite RNs to join our movement and help us build an even more powerful voice for RNs and patients.

OUR PROGRAM

- ▶ Improve RN workplace standards through collective bargaining to assure RNs have compensation that recognizes professional skills and a retirement that provides dignity for our families after a lifetime of caring for others
- ▶ Secure passage of state and national legislation for RN staffing ratios and other basic protections for RNs and patients, and meaningful health care reform based on a single standard of care for all
- ▶ Make direct-care RNs, not administrators, the voice of nursing in Washington, D.C. and state capitals and the guardians of our practice and profession
- ▶ Block hospital industry efforts to undermine RN professional practice in legislatures, regulatory agencies, boards of nursing, and at the bedside
- ▶ Ensure full compliance with highest safety standards on limiting spread of pandemics and guaranteeing RN access to proper safety equipment





MORE THAN 100 YEARS OF RN POWER



▶ **1903**
CNA founded: One of the first professional RN organizations in the United States.

▶ **1905**
CNA-sponsored legislation results in the first RN licensure law.

▶ **1945**
CNA first in the nation to represent nurses in collective bargaining agreements, negotiating contracts at five Bay Area hospitals that establish the 40-hour work week, vacation and sick leave, health benefits, shift differentials, 15 percent salary increase.



▶ **1966**
2,000 CNA RNs stage mass resignation protest and win major gains, including 40 percent pay increase, eight paid holidays, and time-and-a-half for holidays worked.

▶ **1971**
CNA contract language requires hospital staffing systems based on patient acuity and nursing care with staff RNs participating in staffing assessments.

▶ **1976**
CNA-sponsored regulation establishes mandated RN-to-patient ratios in intensive care units in all California hospitals.

▶ **1993**
Staff RN majority elected to CNA Board of Directors for the first time in CNA history on a platform promoting patient advocacy and challenging unsafe hospital restructuring.



▶ **1995**
CNA Convention votes by 92 percent to end ties with the American Nurses Association (ANA). Adopts a program to reallocate resources to organize RNs, strengthen contracts, confront hospital industry attack on RN jobs and practice, and enact legislative and workplace protections.

▶ **1996**
CNA wins important changes in state law (Title 22) that licenses and certifies hospitals, strengthening RNs' ability to advocate for patients. Provisions include staff RN participation on committee to review patient classification systems, floating protections, and requirement that every patient be assessed by an RN at least once a shift.



▶ **1997-1998**
7,500 CNA Kaiser Permanente RNs wage epic battle with HMO giant to reverse unsafe hospital restructuring and RN layoffs, and to secure crucial patient safety protections.

▶ **1999**
California enacts first-in-the-nation law, sponsored by CNA, mandating minimum RN-to-patient ratios for all hospital units. CNA wins other major legislation, including whistle-blower protection for health care employees.



▶ **2002**
CNA negotiates contracts with salaries up to \$100,000 per year for thousands of RNs.

▶ **2004**
RN Safe Staffing Ratios implemented in all California acute-care hospitals.

CNA organizes nurse-to-nurse relief assistance with Sri Lanka's Public Services United Nurses Union to assist with tsunami relief efforts.



▶ **2005**
CNA goes national in response to an overwhelming demand by direct-care nurses across the U.S. for a national vehicle to address the

crisis faced by RNs. 1,800 Cook County, Illinois RNs vote to join the National Nurses Organizing Committee (NNOC), a new national arm of CNA.

CNA embarks on an epic and successful campaign to save RN-to-patient ratios after Gov. Arnold Schwarzenegger attempts to roll back the law.

CNA organizes Katrina relief effort, sending more than 300 RN volunteers to staff 25 health care facilities in Texas, Mississippi, and Louisiana, including a contingent of 50 RNs to the Houston Astrodome.



▶ **2006**
Maine State Nurses Association (MSNA) votes to join CNA/NNOC.

CNA/NNOC forms a direct-care nurse disaster relief group, the Registered Nurse Response Network (RNRN).



▶ **2007**
Saint Mary's RNs in Reno, Nevada vote to join CNA/NNOC, making it the largest RN organization in Catholic hospitals across the U.S. representing 18,000 RNs in 38 Catholic hospitals.

CNA/NNOC RNs at nine California Catholic Healthcare West hospitals win enhanced patient care protections and pay gains of 25.5 percent.



2008

RNs at Cypress Fairbanks Medical Center in Houston vote for CNA/NNOC representation in a dramatic breakthrough, becoming the first nurses in a private-sector hospital in Texas to win union collective bargaining rights.

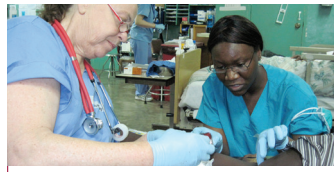


2009

First National RN Day of Action unveils the National Nursing Shortage Reform and Patient Advocacy Act, S. 1031. The bill, based on the success of the California ratio law, includes patient advocacy, whistle-blower protection, education assistance, and a preceptor and mentorship program.

Unanimous delegate vote creates the largest RN union in U.S. history; National Nurses United represents 155,000 RNs with contracts covering nurses in 24 states and individual members in all 50 states.

7,000 Veterans Affairs RNs in 22 V.A. hospitals in 11 states affiliate with National Nurses United.



2010

6,000 HCA RNs in Nevada, Texas, Missouri, and Florida vote to join CNA/NNOC.

RNRN sends nurses aboard USNS Comfort and to Sacré Coeur Hospital, the largest private hospital in the north of Haiti, in response to a devastating earthquake.



2011

CNA wins passage of bill requiring all California hospitals have a safe patient handling policy, including "lift teams" trained to lift patients using proper equipment.

NNU begins Nurses Campaign to Heal America, calling for health care, good jobs, education, a clean environment, and retirement security for all, with revenue through a Robin Hood tax on Wall Street speculation.



2012

CNA issues a major report calling for improved accountability for nonprofit hospitals to provide charity care. RNs in California, Florida, Missouri, Ohio, Texas, and West Virginia vote to join CNA and NNU.

CNA and NNU RNs rush to New York to assist with Hurricane Sandy disaster relief.

2013

California Nurses from Queen of the Valley RNs in Napa, Little Company of Mary in Torrance, and Sutter Pacific in San Francisco, among others, all vote to join CNA.



2014

CNA launches "Insist on an RN" multimedia campaign to inform the public about why an RN at their bedside is their best advocate against an industry that wants to computerize health care.

CNA sounds the alarm on how unprepared the nation's hospitals are for Ebola and other communicable disease pandemics; wins toughest and safest standards in country for health care workers through California Occupational Safety and Health guidelines; fights for same at federal level.

1,200 RNs at Kaiser Permanente's flagship Southern California hospital, Los Angeles Medical Center, vote overwhelmingly to join CNA.



2015

Nurses step up political activism, opposing the Trans-Pacific Partnership agreement and celebrating Medicare's 50th anniversary in cities across the country.

NNU is first national union to endorse Sen. Bernie Sanders for president.

RNRN participates in a medical mission providing basic medical support to 11 countries in Central and South America, and the Caribbean.



2016

Nurses seize historic opportunity to support a presidential candidate whose platform aligns perfectly with nurses' values, Sen. Bernie Sanders.

NNU hosts the People's Summit in Chicago, gathering more than 3,000 nurses and progressive allies to discuss and plan how to grow the movement for social justice.

Cal/OSHA votes to adopt the nation's strongest health care workplace violence prevention regulations, thanking CNA for its advocacy and leadership on this issue. NNU successfully petitions the federal government to adopt the same standards.

CNA/NNU launches the Nurses Health and Safety campaign, a national network of nurses and allies committed to collectively advocating for nurse and patient health and safety through direct action, and in the legislative and regulatory arenas.

RNRN sends volunteer nurses to the Standing Rock Sioux reservation to provide basic medical support for Dakota Access Pipeline (DAPL) protesters protecting the Missouri River watershed.





2017

RNs at Emanuel Medical Center in Turlock, Calif. and RNs at Hi-Desert Medical Center RNs in Joshua Tree, Calif., both Tenet facilities, vote to join CNA.

Nurses support efforts around the country at passing state-based single-payer legislation, including the CNA-sponsored SB 562 in California, the Minnesota Health Plan, and a single-payer initiative in Maryland.

As the new presidential administration quickly moved to ban refugees and travelers from certain countries, impose massive deregulation, and fill federal court seats with conservative judges, nurses and other progressive activists gather to strategize at the second People's Summit under the rallying theme, "Beyond Resistance."

RNRN sends nurses to help in the wake of Hurricanes Harvey, Irma, and Maria in Texas and Puerto Rico.



2018

Nurses join with labor unions across the country to protest the Janus v. AFSCME U.S. Supreme Court decision, which turns all public-sector bargaining units into "right to work" environments where workers can refuse to pay dues but still be represented by the union.

Founding executive director of modern-day CNA/NU, RoseAnn DeMoro, retires after 32 years leading the organization. Bonnie Castillo, RN, a nurse leader who has served in numerous capacities within CNA/NU, steps in as the new executive director.

CNA succeeds in initiating creation of Cal/OSHA standards to protect health care workers from noxious surgical plumes.

More than 19,000 RNs and NPs at 21 Kaiser Permanente medical centers, clinics, and office buildings in Northern California ratify five-year contract that protects existing standards and adds 500 patient care coordinators and new patient care protections for Kaiser enrollees.



Around 14,000 University of California registered nurses and nurse practitioners stage a two-day walkout as part of a historic sympathy strike with AFSCME and UPTA colleagues.

Nurses protest the forcible separation by immigration officials of asylum-seeking families from their children at the U.S.-Mexico border.

RNRN deploys teams of nurses to assist in the wake of the eruption of Volcan de Fuego in Guatemala, Hurricane Michael in Florida, and the devastating Camp Fire in Paradise, Calif.



RNs at Stanford Health Care - ValleyCare in the Tri-Valley Area of California vote to join CNA. With this vote, the Livermore and Dublin campus RNs join RNs at the Pleasanton campus who voted to affiliate with CNA earlier in the year.

RNs at Methodist Hospital of Southern California in Arcadia, Calif. vote overwhelmingly to join CNA. This vote represents the largest number of non-union nurses in Southern California to join a union in at least five years.



2019

A federal ratios bill, sponsored by NNU and based on California's mandatory nurse-to-patient ratios law, is reintroduced by Sen. Sherrod Brown in the Senate and Rep. Jan Schakowsky in the House. The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act addresses an epidemic of deliberate understaffing in our nation's hospitals that puts patients and the public at risk.



In a historic victory, RNs at Chinese Hospital in San Francisco vote to join CNA/NU. This vote represents one of the last remaining nonunion hospitals in San Francisco.

RNRN sends nurses to provide basic humanitarian aid to immigrants at a shelter in Tucson, Ariz., and to provide relief to victims of Hurricane Dorian in the Bahamas.



Grassroots momentum for Medicare for All, led by nurses, results in the U.S. House of Representatives holding its first-ever hearing on NNU-endorsed Medicare for All legislation, and the bill's cosponsors grow to 118 members.



CNA/NNOC hosts Global Nurses Solidarity Assembly in San Francisco, Calif., a three-day gathering of 1,500 nurses, labor leaders, and representatives from more than 25 countries to address a range of topics including global health, environmental and racial justice, and the fight against inhumane immigration policy.

In a widely bipartisan vote, the U.S. House passes the groundbreaking H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act, a bill strongly endorsed by NNU. The legislation holds employers accountable, through federal OSHA, for having a prevention plan in place to stop workplace violence before it occurs.





2020

NNU begins monitoring the Covid-19 virus in January and over the following weeks, writes to almost every global and federal health and workplace safety agency and leader to adopt the highest standards and protections against the virus.

Technical and nonprofessional health care workers at Methodist Hospital of Southern California in Arcadia joined Caregivers Healthcare Employees Union (CHEU), CNA's affiliated union, achieving a wall-to-wall union hospital.

NNU sends hospital facilities requests for information to ensure their preparation for Covid-19, and creates a SARS-CoV-2 fact sheet to keep members informed.



CNA/NNU teams up with the Asian American Studies Department at U.C. Davis to launch the Bulosan Center for Filipino Studies, and a new collaboration focused on Asian-American nurses. The launch premiered a short film commissioned by CNA/NNU about Filipino nurse activists, "The Strength of Many."

NNU conducts the first of four national surveys in 2020 of RNs during the Covid-19 pandemic, documenting serious deficiencies in PPE and other protections for frontline health workers, and a general disregard for nurses and patient safety.



For Nurses Week, NNU nurses speak out for Covid-19 protections at events all across the country, including the #ProtectNurses online art show, a 1,000-person online vigil in honor of fallen nurses, and a protest at the White House, placing one pair of shoes for every nurse who has died of Covid.

CNA sponsors and wins A.B. 2537, a bill that requires California hospitals to create and maintain a three-month stockpile of new, unexpired N95 respirators, gowns, and PPE to protect employees and patients.

CNA sponsors and wins A.B. 2037, a bill requiring hospitals to provide increased public noticing of hospital and service closures so that communities have time to save their local hospital services.



On Aug. 5, thousands of RNs hold more than 200 actions in 16 states and the District of Columbia demanding that hospital employers, elected leaders, and the government take immediate steps to save lives during the Covid-19 pandemic and beyond.

TIME Magazine names NNU Executive Director Bonnie Castillo, RN to the 2020 TIME 100, its annual list of the most influential people in the world.

Nurses score a tremendous victory for the type of infection control measures they have been demanding since the start of the pandemic when the California Department of Public Health (CDPH) directs all general acute-care hospitals to begin Covid-19 weekly testing of all health care workers and all patient admissions.



In dozens of actions throughout California, RNs protest the California Department of Public Health's use of Covid-19 as a pretext to allow hospitals to violate the state's landmark RN-to-patient safe staffing law by issuing "expedited waivers."



RNs at Sutter Center for Psychiatry in Sacramento vote overwhelmingly to affiliate with CNA, joining 8,000 RNs at 14 other CNA-represented Sutter hospitals.

NNU issues the report, "Deadly Shame: Redressing the Devaluation of Registered Nurses' Labor Through Pandemic Equity," an in-depth analysis of how nurses' care work is devalued, the resulting inequities, their experiences on the pandemic's front lines, and ways to redress these issues through collective action.



2021

RNs at Sutter Coast Hospital in Crescent City, Calif. vote by a wide margin to join CNA/NNU, bringing union representation to the state's northwest coast.

Newly elected President Biden advances NNU's demands by activating the Defense Production Act, and calls for a federal OSHA emergency temporary standard on infectious diseases.

In response to RNs' intensive organizing, the California Dept. of Public Health (CDPH) announces it will no longer approve "expedited waivers" allowing hospitals to violate the state's ratio laws during the Covid pandemic, and will end all existing waivers.

RNs at John Muir Behavioral Health Center, a psychiatric hospital in Concord, Calif., vote to join CNA/NNU.



CNA sponsors the introduction of CalCare/A.B. 1400 (Kalra), a bill to implement single-payer in California and guarantee comprehensive, high-quality health care to all California residents as a human right.

RNRN deploys nurses to assist with Covid-19 vaccine administration to underserved communities in Los Angeles, Calif. and Corpus Christi, Texas.



Nurses applaud the introduction of the Medicare for All Act of 2021, H.R. 1976, introduced by Rep. Pramila Jayapal (D-WA) and Rep. Debbie Dingell (D-MI), and cosponsored by more than half of the House Democratic Caucus including 14 committee chairs and key leadership members.

The Workplace Violence Prevention for Health Care and Social Service Workers Act (Rep. Joe Courtney, CT-2) is reintroduced in the U.S. House in February and passes in April, a big win for nurses.

In 2021, NNU conducts two national surveys of more than 14,000 RNs total, one revealing that employers are still failing to provide safe staffing, optimal PPE, and testing, and the other showing that employers must do more to be fully compliant with the OSHA Covid-19 Health Care ETS.

In April, all California hospitals must comply with A.B. 2537, requiring a three-month stockpile of PPE to protect employees and patients. A federal ratios bill, sponsored by NNU and based on California's mandatory nurse-to-patient ratios law, is reintroduced by Sen. Sherrod Brown in the Senate and Rep. Jan Schakowsky in the House.



NNU nurses fought for and won the landmark U.S. Occupational Safety and Health Administration (OSHA) Covid-19 Health Care Emergency Temporary Standard (ETS), the first enforceable national Covid-19 standard to protect their union and nonunion colleagues and patients across the country.



In July, RNs at more than 24 facilities hold actions across the country to demand that employers address problems highlighted by the Covid-19 pandemic and prioritize patient safety and workplace protections.

Some 10,000 RNs at 18 HCA hospitals in six states ratified new contracts that included landmark health and safety language and many other improvements.



More than 14,000 RNs in California and Nevada ratify a four-year contract with Dignity Health that features stronger infectious disease prevention measures for nurses and patients.

More than 500 RNs in Monterey County, Calif. vote to join CNA/NNU.

CNA/NNU sponsors and wins A.B. 1407, landmark legislation to require implicit bias education and training for nursing students and new graduates in California, an important step in addressing persistent racial disparities in health care.

RNs at Doctors Hospital of Manteca in Manteca, Calif. vote by 94 percent to affiliate with CNA/NNU, joining more than 5,300 nurses at 13 Tenet facilities in Arizona and California.



21,000 RNs at 21 Kaiser facilities in Northern California hold a one-day sympathy strike in solidarity with IUOE Stationary Engineers, Local 39.



2022

In January, CNA/NNU nurses across the country held actions across the country to demand the hospital industry invest in safe staffing and to demand that President Biden follow through on his campaign promise to protect nurses and prioritize public health.

The CalCare bill (A.B. 1400) passed the Assembly health and appropriations committees but ultimately did not garner a floor vote. Nurses and fellow health care activists vowed to redouble their organizing efforts to win a single-payer health system in California.



In April, more than 8,000 RNs and health care workers at 15 Sutter Health facilities in Northern California hold a one-day strike for safe staffing and health and safety.

In May, NNU Executive Director Bonnie Castillo, RN, testifies in support of Medicare for All before U.S. Senate budget committee and Sen. Bernie Sanders (I-VT) introduces the bill in the Senate.

RNs applaud reintroduction of the Workplace Violence Prevention for Health Care and Social Service Workers Act by Sen. Tammy Baldwin (D-WI).



BETTER SALARIES AND BENEFITS

CNA/NNU LANDMARK SALARIES

Health System	Hospital	Region	RN Days	RN Nights	Charge Days	Charge Nights
Kaiser Permanente	All Northern CA Hospitals	Northern CA	\$95.97	\$108.59	\$100.77	\$113.39
Dignity Health	Mercy General Hospital	Sacramento, CA	\$80.35	\$84.85	\$81.35	\$82.35
HCA	Good Samaritan Hospital	Bay Area, CA	\$98.32	\$104.32	\$102.32	\$108.32
Tenet Healthcare	San Ramon Regional Medical Center	Bay Area, CA	\$85.08	\$91.58	\$86.83	\$93.33
Sutter Health	California Pacific Medical Center	Bay Area, CA	\$92.29	\$106.13	\$96.04	\$109.88
District Hospital	Salinas Valley Memorial Hospital	Central Coast, CA	\$91.91	\$96.91	\$97.42	
Dignity Health	California Hospital	Los Angeles, CA	\$73.46	\$77.96	\$74.71	\$79.21
University of California	UCLA Medical Center	Los Angeles, CA	\$79.42	\$85.42	\$81.92	\$84.42
University of California	UC San Diego Medical Center	San Diego, CA	\$73.33	\$77.33	\$75.83	\$79.83

Top Staff Nurse II Wage Rates (rates as of April 2022)

CNA/NNU nurses have won collective bargaining agreements that are the model for RNs across the nation.

COMPENSATION

- ▶ Salaries: up to \$108.38/hour for career RNs
- ▶ New graduates: rates up to \$69.24/hour for day shift
- ▶ Shift differential: up to 15 percent for evenings, 20.5 percent for night shifts
- ▶ Paid education leave: up to 12 days per year
- ▶ Paid holidays: Up to 13 per year
- ▶ Preceptor pay: up to \$2.50/hour for preceptor assignments
- ▶ Charge pay: up to \$4.80/hour additional pay

- ▶ Weekend differentials: up to 30 percent additional pay
- ▶ Call back while on-call: double-time in some contracts
- ▶ Per-diem pay: up to 25 percent pay differential
- ▶ Overtime: time-and-a-half after eight hours, double-time after 12 hours
- ▶ Experience credit: increased pay for years worked as an RN inside or outside the United States
- ▶ Fair and equitable wage system based on years of experience that eliminates wage caps for senior nurses

DEFINED-BENEFIT PENSION PLAN

- ▶ Full and part-time RNs receive defined-benefit plan
- ▶ Pension credit for per diems who work 1,000 hours per year
- ▶ RNs who transfer to another CNA/NNU-represented hospital in a system are able to bring full earned pension credits

HEALTH BENEFITS

- ▶ Comprehensive coverage for the RN and their family, including health, dental, and vision

SCHEDULING

- ▶ Preference over travelers: Regularly-scheduled RNs have preference over travelers in scheduling and cannot be floated from their unit if a traveler is there

LONGEVITY INCENTIVES

- ▶ No mandatory weekends after 20 years of service
- ▶ Longevity raises at 9, 11, 16, 20, 25, and 30 years
- ▶ Five weeks of vacation after 10 years
- ▶ Increased monthly pension
- ▶ 15 days per year sick leave after five years

Note: Not all contracts have all benefits listed.

“ Specific language in our contract encourages nurses to make Children’s Hospital a long-term career choice. There are more than 100 RNs at Children’s with more than 20 years of service each! Nurses have guaranteed access to part-time positions after several years, and there are no mandatory weekends after 20 years of service. Nurses get longevity raises in addition to yearly cost-of-living raises and five weeks of vacation after 10 years. RNs have the opportunity to transfer to another unit and receive full specialty training before the position is opened up to outside RNs. I transferred from med-surg to oncology and was fully trained in pediatric oncology, which made me feel renewed in what I was doing.”

— Martha Kuhl, RN
CNA Treasurer and Board of Directors
UCSF Benioff Children’s Hospital, Oakland, Calif.

NEW STANDARDS FOR RNS AND PATIENT PROTECTION

CNA/NNU contracts have created new standards for RNs and patient protection. A crucial part of quality patient care is ensuring adequate hospital staffing to avoid putting patients at risk and driving nurses out of the profession. CNA/NNU representation provides RNs with the tools to have a real voice in patient care decisions, which we use to create safer health care facilities to protect our patients, our licenses, and ourselves. CNA/NNU contracts include nondiscrimination language related to work, such as seniority, age, race, and gender.

STAFFING RATIOS PROTECTIONS

Staffing ratios are written into nurses' contracts and are enforceable. Disputes over staffing between the Professional Practice Committee (PPC) and management may be settled by a neutral arbitrator for a binding decision.

PROFESSIONAL PRACTICE COMMITTEES

CNA/NNU contracts negotiate staff RN-controlled committees with the authority to document unsafe practices and the power to make real changes. The Professional Practice Committee is an elected, staff RN committee with representatives from every major nursing unit. The PPC meets in the hospital on paid time and tracks unsafe conditions through an independent documentation system called the Assignment Despite Objection (ADO).

TECHNOLOGY WON'T REPLACE RN JUDGMENT

- ▶ Precedent-setting language that prevents new technology from displacing RNs or RN professional judgment

FLOATING POLICY IMPROVEMENTS

- ▶ Floating not required outside the RN's clinical area
- ▶ No floating allowed unless RN clinically competent

HEALTH AND SAFETY

- ▶ RNs at many facilities have won presumptive eligibility provisions in their contracts that guarantee workers' compensation benefits in the event they contract certain diseases or infections or suffer needle sticks
- ▶ CNA nurses were successful in passing 2014 legislation requiring hospitals to have plans and training in place to prevent workplace violence against health care workers, and have been cementing such language into contracts as well
- ▶ Contract language to assure safer lift policies, including "appropriately trained and designated staff" to assist with patient handling, available 24 hours a day

BAN ON MANDATORY OVERTIME

- ▶ Prevents nurses working when they are exhausted, which protects patients

CHARGE RN

- ▶ Not counted in the staffing matrix. Has the authority to increase staffing as needed

PAID EDUCATION LEAVE

- ▶ Up to 12 days per year

RESOURCE RNS

- ▶ RNs who are not given a patient care assignment or counted in the patient acuity mix available to assist RNs as needed on their units



“ CNA/NNU contracts include patient protection standards that give us the authority to directly improve patient care at our facilities. For example, binding arbitration for safe staffing is a historic contract gain that gives our Professional Practice Committee the power to improve staffing on units, and protect patient safety. Every RN contract should have these kinds of standards and, eventually, they will.”

— Cathy Kennedy, RN, CNA Council of Presidents
Kaiser Permanente Roseville Medical Center, Roseville, Calif.

RN SAFE STAFFING RATIOS SAVE LIVES

CNA/NNU national and state-specific safe staffing bills are all modeled on the standards set by legislation in California.

Thanks to CNA/NNU-organized RNs, staffing ratios have been in effect in California since 2004, bringing RNs back to the bedside and attracting new RNs by the thousands — and dramatically improving staffing. It took many years, and nurses had to challenge a very popular governor along the way to defend the ratios, but CNA/NNU prevailed and NNU is now actively working to pass a comprehensive national bill, the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, sponsored by U.S. Sen. Sherrod Brown and a similar bill in the U.S. House of Representatives, sponsored by Rep. Jan Schakowsky. We are also working with RNs in states all across the nation to adopt state-specific legislation entitled Hospital Protection Acts.













None of the dire warnings from the hospital industry about the effects of ratios have come to pass. There has been no rise of hospital closures as a result of ratios, California hospitals are financially sound, and in the many years since the law was signed, as we predicted, nurses came back to the bedside because they were able to give patients the care they deserve.

Now the scientific evidence is in too. A study led by the nation's most prestigious nurse researcher, Linda Aiken, RN, PhD, at the University of Pennsylvania School of Nursing, provides unassailable evidence: The law reduces patient deaths and assures nurses more time to spend with patients.

Examining patient outcomes and surveying 22,000 RNs in California, Pennsylvania, and New Jersey, the research found:

- ▶ New Jersey hospitals would have 14 percent fewer patient deaths and Pennsylvania 11 percent fewer deaths if they matched California's ratios in post-surgical units
- ▶ Fewer California RNs miss changes in patient conditions because of their workload
- ▶ California RNs are far less likely to report burnout and leave than New Jersey or Pennsylvania nurses

CALIFORNIA RATIOS

Operating Room Trauma Patients in the ER	 1 to 1 
Intensive/Critical Care Neo-natal Intensive Care Post-anesthesia Recovery Labor and Delivery ICU Patients in the ER	 1 to 2 
Step Down	 1 to 3 
Antepartum Postpartum Couplets Pediatrics Emergency Room Telemetry Other Specialty Care	 1 to 4 
Medical/Surgical	 1 to 5 
Postpartum Women Only Psychiatric	 1 to 6 

All ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

SAFE STAFFING RATIO LAWS — MORE THAN JUST THE NUMBERS

California's historic ratio law, A.B. 394, and all proposed federal bills have multiple provisions designed to remedy unsafe staffing in acute-care facilities.

- ▶ Mandates minimum, specific, numerical ratios for each unit to apply at all times, including break coverage
- ▶ Allows for additional RNs and ancillary staffing based on patient needs
- ▶ Ensures RNs the legal guarantee to serve as patient advocates
- ▶ Prohibits use of mandatory overtime
- ▶ No lay-offs of ancillary staff as a result of the ratios
- ▶ Regulates use of unlicensed staff
- ▶ Restricts unsafe floating of nursing staff
- ▶ Whistle-blowing protection for caregivers who report unsafe practices
- ▶ LVNs/LPNs are not in the ratio count and are assistive to the RN
- ▶ Federal assistance for the purchase of safe patient handling equipment

Why RNs Vote for CNA/NNU »

A SECURE RETIREMENT

CNA/NNU has won landmark improvements in retirement security for tens of thousands of RNs. More progress is needed — but, for the first time, RNs represented by CNA/NNU have the opportunity to retire with dignity after a lifetime of caring for others. We continue to make improved pension coverage and retiree health benefits a major focus.

RETIREE HEALTH BENEFITS AT AGE 55

Nurses who have spent their lives safeguarding the health of their patients should have access to quality health care when they retire. CNA/NNU has won retiree health benefits at age 55 for thousands of nurses and will continue to work towards retiree health coverage for all RNs.

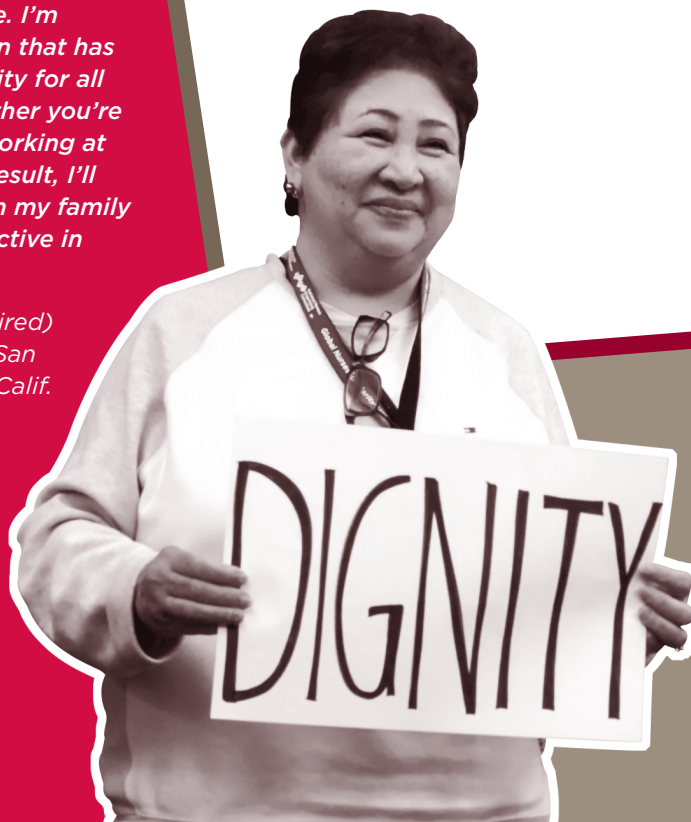
GUARANTEED DEFINED-BENEFIT PLANS WON FOR CNA/NNU RNS

Most CNA/NNU members are now covered by “defined-benefit” pension plans, the type of plans that guarantee certain benefits at retirement time. Defined-benefit plans protect nurses’ pensions from the fluctuations of a volatile and speculative stock market. These plans safeguard retirement savings with far superior security — and benefits — than are available in typical 401(k)/403(b) plans.

“

Kaiser nurses fought for, won, and defended a defined-benefit pension plan for the past 20 years. Unlike a 401(k), the payout is guaranteed in our retirement. No one should be worried about precarious living conditions after they retire. I’m proud to be part of a union that has fought for pension eligibility for all nurses, regardless of whether you’re a new hire or have been working at Kaiser for 40 years. As a result, I’ll be able to spend time with my family and even continue to be active in CNA/NNU.”

— Marilu Ramirez, RN (Retired)
Kaiser Permanente South San Francisco Medical Center, Calif.



VOICE AND RESPECT



A STRONGER VOICE FOR SAFE WORKING CONDITIONS

“Without the union, we wouldn’t have been able to mobilize the nurses to stand together and demand the respect we deserve. From our solidarity, we were able to obtain a fair contract for our nurses that improves our working conditions and our ability to recruit and retain quality nurses we so badly need. We now have a commitment to use negative pressure rooms for potentially infectious patients and guaranteed PPE supplies to help keep patients safe, which is critical to protecting patients and nurses during the Covid-19 pandemic. We also won safe floating protections and competitive wages that will help recruit and retain nurses.”

— Lisa Ryken, RN
USC Verdugo Hills Hospital
Glendale, Calif.



OUR UNITY WON OUR CAMPAIGN FOR WORKPLACE HEALTH AND SAFETY

“In our collective bargaining agreement with the University of California, we have bargained for, and won, strong health and safety language addressing infectious disease and hazardous substances exposure, workplace violence and sexual harassment prevention. The contract language provides for increased accountability and enforcement of regulatory standards and holds UC accountable for providing a safe workplace for nurses and patients.”

— Valerie Ewald, RN
UCLA Santa Monica Medical Center
Santa Monica, Calif.



STANDING UP FOR OURSELVES AND OUR COMMUNITY

“In our last contract negotiations, management tried to cut wages for newly hired nurses by 20 to 30 percent, even though they do the exact same work. Having a large, strong, organized union meant we not only beat back wage cuts, but instead won increases for every nurse in the bargaining unit. Beyond fighting for strong wages and benefits, Kaiser nurses are organizing for race and gender justice in our hospital and community. Being a CNA member means we’re part of a larger social movement fighting for justice and equity for all nurses and patients.”

— Thuy Ho, RN
Kaiser Permanente Roseville Medical Center, Roseville, Calif.

WHAT’S IN A CONTRACT » Most CNA/NNU contracts include these major elements:

- ▶ Professional Practice Committee — an elected staff nurse committee that addresses staffing and practice issues, meeting on paid time in the facility
- ▶ Protections against unsafe floating
- ▶ Restrictions on mandatory overtime
- ▶ Annual salary increases and regular longevity step increases
- ▶ Differentials (weekend, shift, charge, and preceptor)
- ▶ Nurse Representatives — elected staff RN representatives from your unit who can assist you in interpreting your contract, filing a grievance, and organizing and communicating within your facility
- ▶ Vacation, sick leave, and holidays
- ▶ Paid educational leave
- ▶ Retirement plan
- ▶ Health benefits
- ▶ Staffing ratios
- ▶ Technology protections — ensuring that new technology won’t replace RN professional judgment
- ▶ Grievance and arbitration procedure — formal procedures for resolving issues with management.
- ▶ Per diem rights

(Specifics of a contract vary from facility to facility.)

A LEGALLY-BINDING CONTRACT

STEP 1

FACILITY BARGAINING COUNCIL (FBC) AND RN NEGOTIATING TEAM ESTABLISHED

The FBC is the crucial link between the negotiating team and all nurses in the bargaining unit, with representatives from every shift and unit. The FBC elects the nurse negotiating team. The size of the team is based on the number of RNs in the bargaining unit at your facility.

STEP 2

NURSES DECIDE WHAT IS IMPORTANT

The FBC distributes a bargaining survey to every staff RN to get their opinions on a wide array of facility-wide and unit-specific issues, from professional education benefits to holidays and floating policies. The results of these surveys help to determine bargaining priorities.

STEP 3

NURSES ARE DIRECTLY INVOLVED IN NEGOTIATIONS

The elected nurse negotiating team and a CNA/NNU staff labor representative sit across the table from the management team. CNA/NNU provides orientation and training. The negotiating team keeps nurses informed through the publication of regular bargaining updates. General meetings occur at critical junctures throughout the negotiating process.

STEP 4

NURSES VOTE ON THE CONTRACT

When the team reaches a tentative agreement, it is brought back to the nurses for discussion and a vote. Before any contract goes into effect, it must be approved by a majority of the RNs at the facility in a secret-ballot vote.

CNA/NNU NEGOTIATES THE BEST CONTRACTS IN THE NATION



Your first CNA/NNU contract will provide you with an opportunity to work with your nurse colleagues to improve conditions for nurses and enhance protections for patients. With a CNA/NNU contract, your employer cannot unilaterally change your working conditions or reduce salaries and benefits. Any changes in the workplace must be negotiated between management and RNs. You will elect your nurse colleagues who will represent you at the bargaining table, and of course, you will vote on your contract."

— Sandy Reding, RN
CNA Council of Presidents
Bakersfield Memorial Hospital
Bakersfield, Calif.



RECENTLY ORGANIZED RNS SPEAK



USING OUR COLLECTIVE VOICES TO DEMAND RESPECT

“As union members, we feel empowered to use our voices and advocate for ourselves. We have pushed back against an administration and company that has mistreated and undervalued nurses for a long time. Since we joined CNA, one of the biggest changes has been a more competitive pay scale. Also, during the pandemic, CNA has been there to demand management step up and work harder to protect all of us.”

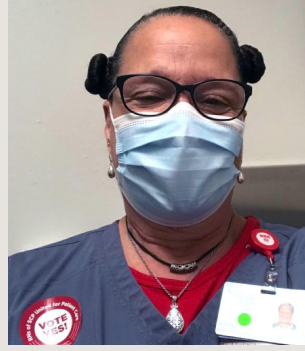
— Sofia Rivera, RN
West Anaheim Medical Center, Anaheim, Calif.



NURSE RETENTION, ECONOMIC IMPROVEMENT

“Before Chinese Hospital RNs formed a union with CNA, our wages and benefits had been stagnant, staffing was not based on acuity, and we were losing our experienced bilingual nurses. We are proud that we fought for a contract that includes economic gains and benefits that will help us recruit and retain experienced nurses, and a guarantee that we can address staffing concerns directly with management.”

— Geraldine Leung, RN
Chinese Hospital
San Francisco, Calif.



PROTECTING PATIENTS AND NURSES THROUGH UNITY

“Our choice to become part of CNA was not about being ‘anti-management.’ It is about being pro-nurse, and about nurses having a voice and a place at the table to make decisions about the quality of patient care and nursing at our hospital.”

— Laura Dixon, RN
Sutter Center for Psychiatry
Sacramento, Calif.



ADVOCATING FOR OUR PATIENTS

“After our landslide victory in joining California Nurses Association, we are now more united than ever to advocate for continuing to improve patient care and providing quality and safe services to our patients.”

— Kamal Kaur, RN
Doctors Hospital of Manteca, Manteca, Calif.

93 PERCENT ELECTION VICTORY RATE
95 PERCENT FIRST CONTRACT RATE

ORGANIZING: HOW IT WORKS

STEP 1

BUILDING A NURSE-TO-NURSE NETWORK

The first step is to educate yourself and your colleagues about CNA/NUU and develop a network of RNs in every unit and shift who are interested in organizing. Copies of CNA/NUU 101 should be distributed to RNs on non-work time, such as breaks. Identify unit issues and explain how they can be addressed with a CNA/NUU contract. You will also make links with nurses on other units, which is the basis for building a professional organization in your facility. Informational meetings are a vital part of this beginning period.

STEP 2

THE CNA/NUU CARD

When there is enough support, nurses will circulate CNA/NUU authorization cards. Nurses should sign a card once they have had all their questions answered and have made a decision that they want CNA/NUU representation. Signing a card does not make you a CNA/NUU member or commit you to pay dues. Your employer is not allowed to see the cards.

STEP 3

WINNING RECOGNITION

Once a strong majority of RNs has signed cards, they are given to the National Labor Relations Board (NLRB), the federal agency that governs union elections, or another appropriate agency that conducts a formal election by secret ballot. Your employer does not know how you vote. CNA/NUU representation begins once an election has been won by a simple majority. Other ways to win union recognition include collective actions, such as card check, pickets, rallies, and strikes.

STEP 4

BARGAINING YOUR FIRST CONTRACT

Once you win an election, your employer can no longer change existing practices without bargaining with you first. Nurses win the best contracts when they are well organized, unified, and committed to strong participation in their negotiations. See page 14 for details.

“

Every day more nurses organize to join the national nurses movement, meaning that we finally can speak with a unified voice. In the past, RNs were divided and susceptible to intimidation from hospital management. When RNs join together, it gives us protection for our patients and our profession. In just 20 years, CNA and NNOC have grown more than 415 percent, and we're just getting started.”

— Zenei Triunfo-Cortez, RN
CNA/NUU Council of Presidents



YOUR RIGHT TO ORGANIZE

You have a legal right to organize under the National Labor Relations Act (NLRA), a federal labor law. In the case of many public hospitals, state law that is similar to the NLRA governs the process.

YOUR RIGHTS

You have the right to:

- ▶ Sign a CNA/NNU card and attend meetings to discuss CNA/NNU
- ▶ Talk to other nurses about CNA/NNU during work time just as you are allowed to discuss other personal matters such as soccer games or your children
- ▶ Hand out written materials on non-work time (breaks, etc.) in non-work areas such as the cafeteria, locker rooms, and nurses' lounge
- ▶ Post CNA/NNU materials on general purpose bulletin boards, distribute in mailboxes, etc.

It is illegal for your employer to require you to discuss your feelings about CNA/NNU or to discipline you in any way for exercising your rights to join or support CNA/NNU.

ANTI-UNION EMPLOYER CAMPAIGNS

Most hospitals hire professional consultants to try and stop nurses from organizing. Hospitals typically pay consultants \$3,000 - \$4,000 per day! Despite these consultants, RNs have won 93 percent of their CNA/NNU elections. When nurses are united in their desire to organize, they have had great success in defeating these campaigns.

For more information on anti-union campaigns, see the CNA/NNU publication: *Navigating Through an Anti-Union Campaign*.

ALL TOGETHER CNA AND NNOC HAVE GROWN BY MORE THAN 415 PERCENT OVER THE PAST 20 YEARS.

CNA AND OTHER NNU AFFILIATES HAVE WON REPRESENTATION FOR MORE THAN 54,000 RNS AT 85 HOSPITALS IN 15 STATES.



CASE STUDIES IN COLLECTIVE ACTION

EXAMPLES OF ORGANIZED CNA FACILITIES

Our ability to provide safe, therapeutic, and effective patient care depends on reversing the trend of inadequate hospital staffing driven by corporate health care that is putting patients at risk and is forcing nurses out of the profession. Our contracts provide nurses with a voice in patient-care decisions, which we use to create safer health care facilities to protect our patients and our licenses.



PROTECTING PATIENTS AND NURSES THROUGH UNITY

“Nurses at Good Samaritan used our collective power to bring HCA management to the table to address critical short staffing issues. We won a 10 percent wage increase to address recruitment and retention and a commitment to posting and hiring 80 new RN positions across the hospital. It was through our strength as union nurses that we were able to secure these significant victories for our ourselves and our patients and demand the respect that we deserve as dedicated patient care advocates.”

— Stephanie Landry, RN
Good Samaritan Hospital
San Jose, Calif.



STANDING UP FOR OUR PROFESSION AND OUR PATIENTS

“My first experience at the bargaining table was eye-opening. I got to see that management was unwilling to give us a fair contract. So we took action, starting with buttons and stickers, and began to build strong internal unity and eventually, overwhelming support. When we took our message outside with an informational picket, we were empowered by the number of nurses who participated. By the time we voted to authorize the bargaining team to call a strike, the mere threat of a strike made management move. Because of our unity and collective actions, we won a strong contract that will attract and retain nurses while protecting our patients and our core values.”

— John Olarte, RN
West Anaheim Medical Center
Anaheim, Calif.

The Organization »

NURSING PRACTICE AND PATIENT ADVOCACY

The Nursing Practice and Patient Advocacy program is involved in five broad categories of activities:

- ▶ Nursing practice issue research, analysis, and resolution
- ▶ Patient advocacy
- ▶ Continuing education
- ▶ Competency
- ▶ Safe patient care

PURPOSES AND OBJECTIVES

To advocate for direct-care nurses and patients on all public policy matters related to safe care and nursing practice, including safe nurse-to-patient ratios and patient advocacy rights and duties.

The Nursing Practice department provides continuing education programs and monitors professional practice issues and trends affecting direct-care RNs.

The department is a resource for the CNA/NNU contract-mandated Professional Practice Committees (PPC) in each facility to ensure that nursing practice laws, patient advocacy regulations, and professional practice standards are achieved, observed, and protected.

The Nursing Practice department conducts research, literature reviews, synthesis, and analysis on issues within its area of concern; drafts practice and policy position statements; collaborates with Legal, Government Relations, Communications, and Collective Bargaining departments; serves as a resource on nursing practice issues for labor representatives and organizing staff; provides oral and written testimony and submits public comments on behalf of the organization.

The member-led Joint Nursing Practice Commission (JNPC) makes policy recommendations to the Board of Directors on nursing practice issues.

The JNPC is responsible to the Board of Directors, for carrying out the directions of the Convention and abiding by the organization's bylaws.

The JNPC promotes the professional, educational, economic advancement, and government relations/political education of nurses; contributes to identifying, mentoring, and supporting new nurse leader-activists.

The JNPC reviews and promotes implementation of professionally recognized standards of practice; attends, participates, and demonstrates leadership in the member education CE classes.

“

The union's Nursing Practice division is such an essential resource for the Professional Practice Committee, ensuring that we have the information we need — nursing practice laws, patient advocacy regulations, professional practice standards — so we can give our patients the care they deserve.

I also attend as many NNU CE classes as I can. They are empowering and make me feel positive about our profession. The classes are always in-depth, and they have shown me how vital it is to learn the history of our profession so we can be better patient advocates.”

— Mawata Kamara, RN
CNA Board Member
San Leandro Hospital
San Leandro, Calif.



Commissioners are responsible for reporting and disseminating nursing practice alerts to their regional leadership; bringing forward concerns of the membership; analyzing assignment despite objection (ADO) trend-tracking reports; and developing strategies and action plans for facility-based enforcement of nursing practice/patient advocacy contract language.

THE TOOLS

As rapid changes are implemented in health care settings, RNs are often witnesses to unsafe or compromised patient care conditions. Advocating for safe, therapeutic, and effective care for your patients is one of the most important activities that you as an RN can undertake to protect yourself and your patients. Our contracts provide important tools for protecting patients and your license in these situations.

The Professional Practice Committee:

The PPC is a direct-care, RN-controlled committee negotiated into every contract, with the authority to document unsafe practices and the power to make real changes. Direct-care RNs elect representatives to serve on the committee, which meets in the hospital on paid time.

The PPC tracks unsafe conditions through its own independent documentation system called the Assignment Despite Objection (ADO). The PPC discusses practice and staffing problems on various units by analyzing the ADOs for trends and recurrent issues.

The PPC may also elect to report the problem to the appropriate regulatory agencies.

The Assignment Despite Objection Form:

The ADO gives the RN the ability to report unsafe conditions and formally notify management of problems. ADOs are admissible in court, with regulatory agencies, and are protected under federal labor law. It's unlawful for the employer to discipline or retaliate against an RN for filing an ADO.

MAJOR NURSING PRACTICE ISSUES

- ▶ Promotion of the registered nurse as the direct-care provider in all health care settings
- ▶ Patient advocacy and the nursing process
- ▶ Empowerment of Professional Practice Committees
- ▶ Encroachment into nursing practice by other licensed and unlicensed health caregivers
- ▶ External forces promoting reallocation of nursing functions
- ▶ Technology and the deskilling of the profession
- ▶ Deregulation through movement of services from inpatient to outpatient and home settings
- ▶ Expanded nursing practice issues
- ▶ Development and monitoring of staffing ratio language
- ▶ Fragmentation of RN title and work
- ▶ Occupational health hazards for nurses and violence in the workplace



HEALTH AND SAFETY

PROTECTING NURSES AND PATIENTS

CNA/NU's Health and Safety division (H&S) advocates for nurses' right to a safe workplace. Nurses can face many causes of injuries and illnesses in the workplace when their employers neglect their health and safety, which puts their patients at risk, too. When nurses are safe, patients are safe!

PRIORITY HEALTH AND SAFETY ISSUE AREAS

The Health and Safety division works to address the following priority issue areas:

- ▶ Workplace violence prevention
- ▶ Infectious disease exposure control, including for known pathogens such as measles, tuberculosis, influenza, Ebola, bloodborne pathogens, and others as well as preparation for emerging infectious diseases events such as the Covid-19 pandemic
- ▶ Safe patient handling and back/musculoskeletal injury prevention programs
- ▶ Stress prevention and supporting mental health
- ▶ Hazardous chemical exposure prevention, including disinfectants and antineoplastic drugs
- ▶ Preventing other workplace hazards that put nurses and their patients at risk of injury or illness

TOOLS AND RESOURCES

The Health and Safety division monitors threats to nurse health and safety through surveys, literature reviews, and worksite assessments. The division issues alerts to members about new and changing conditions.

In emergent situations such as the Covid-19 pandemic where information changes daily, the H&S division provides up-to-date, essential information, analysis, and recommendations for nurses to powerfully advocate for safer patient care conditions.

The H&S division provides resources, such as fact sheets, scientific briefs, and trainings, to members to support their advocacy for safer patient care conditions. These resources cover a wide range of topics, including workplace violence prevention, safe patient handling and back injury prevention, infectious disease exposure control, personal protective equipment, ventilation, and much more.

Continuing education classes are offered for members, which provide analysis of the latest science on nurse health and safety, information about effective protections employers should implement, and nurses' rights under laws and regulations.

The H&S division provides support to Professional Practice Committees on technical questions regarding occupational health and safety issues, exposure incidents, and understanding nurse rights and employer responsibilities under law and regulation.

The H&S division participates in public policy advocacy to craft and win the strongest laws and regulations that establish standards for nurse and patient safety in health care settings and to create additional enforcement tools for nurses to use to protect themselves and their patients.



When the Covid-19 pandemic began, our union's Health and Safety division issued an early alert and nurses at my hospital immediately urged management to prepare. Then cases surged and management responded by changing our PPE protocols, making us reuse single-use N95s, and constantly changing the N95 models they gave us. Nurses were able to push back — armed with the standards, evidence, and knowledge provided by our union's Health and Safety division — and advocate for what we needed to protect our patients and ourselves. We also utilized our pandemic task force contract language to secure PPE.

Because we took collective actions as a union, we won significant improvements for our patients and colleagues. We continue to monitor conditions and push back on issues related to Covid-19 and other hazards in our facility."

*— Mary Lynn Briggs, RN
Bakersfield Memorial Hospital, Bakersfield, Calif.*

LEGISLATIVE ADVOCACY

A RECORD OF LEGISLATIVE ACHIEVEMENT

Every year, CNA/NU takes positions on hundreds of pieces of legislation affecting RNs, their workplace, and patients. The Government Relations department consists of regulatory policy specialists and lobbyists. A member-composed Legislative/Regulatory Committee guides the work of the department.

Direct-care RNs want a strong advocate who will fight for patients and nurses in the legislative arena and win. As any direct-care RN knows, safe staffing — legally enforced through minimum, specific RN-to-patient ratios — is the gold standard for RNs and patient safety. The model, the landmark CNA/NU-authored safe staffing law that has been in effect in all California hospitals since 2004, has generated national legislation which includes hospital-wide RN ratios, legal recognition for RN patient advocacy rights, whistle-blower protections, and safe patient handling standards.

MEDICARE FOR ALL

The union has played a leading role in advocating for Medicare for All, a single-payer health care system that would guarantee safe, therapeutic care to everyone with a single standard of care. Due to the union's leadership, a growing mass movement of nurses and our allies has put Medicare for All on the Congressional agenda. Our federal legislation, the Medicare for All Act, now has the support of the majority of the Democrats in the U.S. House of Representatives and was introduced in the U.S. Senate in May 2022. The campaign for guaranteed health care for all also continues at the state level in several key states.

LABOR RIGHTS

National Nurses United fights for the rights of nurses, and indeed all workers, to organize unions and bargain collectively, free from management interference and retaliation. This is why the union is a strong advocate of the Protecting the Right to Organize (PRO) Act, which would take important steps toward restoring this vital right to all workers in the United States. This bill passed the U.S. House of Representatives on March 9, 2021 and is awaiting action in the Senate. NNU is also the leader in fighting for passage of the Veterans Administration Employee Fairness Act, which would grant full collective bargaining rights to RNs and other clinicians in V.A. facilities across the country.

OCCUPATIONAL HEALTH AND SAFETY

Because of NNU's unrelenting advocacy, we were able to achieve a landmark federal Occupational Safety and Health Administration (OSHA) Covid-19 emergency temporary standard (ETS) for health care workers in June 2021 to protect nurses and other health care workers during the pandemic. The standard requires mandatory practices governing the provision of PPE and safety protocols for all health care workplaces during the pandemic. Ongoing nurse advocacy at the facility level has succeeded in pressuring hospital employers to adhere to the ETS and adopt practices necessary for saving the lives of nurses and our patients.

CNA and NNU have also been prominent national leaders in demanding protections for nurses and other health care workers from workplace violence. The union won landmark legislation in California in 2014 to require hospital employers to adopt workplace violence prevention plans. That bill, now a California statute, served as the basis of the Workplace Violence Prevention for Health Care and Social Service Workers Act, which passed the U.S. House of Representatives on April 16, 2021. The bill requires OSHA to issue an interim occupational safety and health standard that will require employers in the health care and social service sectors to take actions to protect workers and other personnel from workplace violence.

CNA/NU HEALTH AND SAFETY PROTECTIONS

Whether we are talking about Covid-19, other infectious diseases, back injuries, workplace violence, or other workplace safety issues nurses face every day, CNA/NU leads the way in winning protections for nurses.

CNA/NU has:

- ▶ Won the first national, enforceable standard on Covid-19 to protect health care workers and their patients, including the first national mandate for respiratory protection and other personal protective equipment for health care workers caring for Covid-19 patients
- ▶ Advanced the campaign for a national, enforceable workplace violence prevention standard to protect health care and social service workers
- ▶ Stopped dangerous crisis standards employing unproven "decontamination" systems to reuse single-use N95 respirators during the Covid-19 pandemic
- ▶ Won breakthrough legislation in 2014 to create landmark workplace violence regulations in health care settings in California
- ▶ Won safe patient handling regulations to prevent back injuries to California nurses
- ▶ Advanced work towards a surgical plume standard in California

PRECEDENT-SETTING LEGISLATION

Staffing

- ▶ California's first-in-the-nation, state-mandated RN-to-patient staffing ratios, which also prohibit the assignment of unlicensed personnel to perform nursing functions in lieu of an RN
- ▶ State health department regulations requiring safe floating practices, competency validation, and patient classification systems
- ▶ Extended RN-to-patient staffing ratios in the observation unit

Health and Safety

- ▶ Mandate for all hospitals to implement comprehensive, unit-specific plans to prevent workplace violence and ensure a safe environment for nurses, other staff, patients, and visitors
- ▶ Whistle-blower protection for health care providers who expose unsafe conditions
- ▶ Mandatory safety devices on hospital needles
- ▶ Requirement of all hospitals to have a safe patient handling policy, including lift teams trained to use proper equipment
- ▶ Requirement that all hospitals create and maintain a three-month stockpile of new, unexpired N95 respirators, gowns, and other personal protective equipment

Education

- ▶ Additional \$63 million for nurse education programs
- ▶ Loan funding for minority student RNs
- ▶ Scholarships and loans to RNs seeking a higher degree in nursing and committing to serve as RN educators
- ▶ Requirement of nursing schools and programs to include implicit bias education as part of their curriculum, and hospitals to implement an evidence-based program on implicit bias as part of new graduate training
- ▶ Additional \$10 million for the Song-Brown RN education fund
- ▶ Require an approved school of nursing or an approved nursing program to include implicit bias training
- ▶ Expense or cost of any employer-provided or employer-required educational program or training for an employee providing direct patient care or an applicant for direct patient care must be incurred by the employer, not the employee or the applicant

Public Sector

- ▶ Prohibition of public employers from deterring or discouraging public employees from becoming or remaining members of an employee organization

HALLMARKS OF HEALTH AND SAFETY LEGISLATION

- ▶ Requires health care employers to implement safe staffing as the key to every nurse health and safety program
- ▶ Maintains clearly defined RN role and scope of practice
- ▶ Bedside RN input and worker involvement in creating and evaluating employers' injury and illness prevention plans
- ▶ Prohibits discrimination against workers for taking action or filing complaints
- ▶ Stringent documenting and reporting requirements for employers
- ▶ Requires effective, interactive, hands-on training

Scope of Practice

- ▶ The ongoing protection of RN scope of practice — for example, CNA/NNU was successful in prohibiting LVNs from administering I.V. medications
- ▶ Prohibition on phone advice by unlicensed staff to protect patients
- ▶ Requirement that caregivers disclose credentials on name tags

Patient Advocacy

- ▶ Bar on discrimination based on medical conditions or genetic characteristics
- ▶ Mandated patient advocate role of RNs in California's Nursing Practice Act
- ▶ Requirement that health plans provide medically appropriate care

Hospital Closures

- ▶ Hospitals must provide 180 days' notice for closure if the hospital provides emergency medical services, 120 days' if the facility doesn't provide ER services and at least 90 days' notice prior to eliminating or relocating a supplemental service. The law also requires mandatory, continuous public notice

The Organization »

EDUCATION, SOCIAL JUSTICE AND EQUITY, AND RESEARCH

The Education division develops and provides continuing education courses to complement courses offered by the Nursing Practice department. CNA/NNU educators use tools from their research and teaching backgrounds to design classes that explore in depth a variety of aspects of the political economy of nursing and their ramifications for patient advocacy.

The Social Justice and Equity division provides training, resources, leadership development, and coordination of our union's fights for racial, gender, economic, health care, and environmental justice. The division supports nurses in developing our skills and understanding of social justice unionism with the goal of building a healthy and just world for all people.

The Research division provides political and economic policy analysis in health care and other industries. In collaboration with CNA/NNU as a whole, Research helps develop and articulate strategic approaches in addition to creating reports to illustrate the current health care crisis in this country. Research publishes the Annual Hospital 200, a well-respected compendium that examines how exorbitantly hospitals inflate their charges nationwide.

“

I am proud to be a member of a union that truly lives up to its commitment to social justice. NNU's exceptional research and education programs give nurses the knowledge we need to address the root causes of injustice in our workplaces and communities. The union's social justice workshops, resources, and support give nurses the leadership skills and collective tools to address injustice and build a healthy and just world for all people.”

— Tinny Abogado, RN
CNA Board Member
Kaiser Los Angeles Medical Center
Los Angeles, Calif.



WHAT ABOUT STRIKES?

STRIKE FACTS

A strike is the most powerful tactic used in the negotiation process and, when used, is done with careful preparation. In 95 percent of CNA/NNU's negotiations, RNs have won successful contracts without strikes.

RNS ORGANIZE TO IMPROVE PATIENT CARE AND THEIR WORKING LIVES AS PROFESSIONALS, NOT TO STRIKE

When RNs do vote to strike, they create mechanisms to ensure the well-being of their patients and the community. These include a Patient Protection Task Force and a 10-day written strike notice to give the hospital time to prepare.

ONLY RNS THEMSELVES CAN DECIDE TO STRIKE

CNA/NNU organizers, representatives, or other staff do not call strikes. A strike occurs only after a majority of the represented nurses in your hospital decide to do so in a secret ballot strike vote.

HOW CNA/NNU NURSES PROTECT PATIENTS IN THE EVENT OF A STRIKE

When CNA/NNU RNs strike, they create several mechanisms to ensure the well-being of their patients and community.

▶ 10-Day Notice

The nurses give the hospital written notice, 10 days in advance, of their intent to strike as required by law. This is to give the hospital time to stop admitting new patients and begin the process of transferring patients who can be safely moved.

▶ Patient Protection Task Force

We notify the employer that in the case of an emergency during the striking period, we will have nurses available through the Patient Protection Task Force. In case of an emergency, the task force will make a professional assessment of each situation and will, if it deems necessary, assign a nurse to the patient.



Our 2020 USC negotiations did not start well. In the midst of a deadly global pandemic, Keck Medicine of USC and Norris Cancer Center took away protections nurses needed to care for themselves and their families. USC ignored our proposals for improved health and safety protections that would ensure we had enough PPE at all times and other workplace protections when faced with infectious disease (like Covid-19). We needed to strike.

Our strike showed the power and determination of the RNs, which led to our victory. Our proposals were accepted, takeaways were stopped, and we got more! Some highlights include a commitment to hire 70 new RNs and reduce travelers by more than 50 percent, which will improve the quality of care. We won new health and safety language which will include a novel disease task committee to address cohorting of patients, staffing, PPE, exposure control plans, and other related topics."

*— Allysha Shin, RN
CNA Board Member
Keck Medicine of USC
Los Angeles, Calif.*



RNS IN MOTION: GET INVOLVED

As a member of CNA/NNU, there are many exciting opportunities for involvement at the facility level as a member of your nurse negotiating team, in the legislative process as a local spokesperson, in your community as an educator and public speaker, and throughout the nation with our disaster relief efforts and campaign for Medicare for All.

ORGANIZE YOUR FACILITY

Organizing your facility is the cornerstone of RN power. See page 16 for more details.

STAY INFORMED

The NNU Nurse Advocacy Network (NAN) is a community of nurses and activists who mobilize to ensure that nurses and other frontline health care workers have the protections and safety standards they need to care for patients. NAN works to hold elected officials and other decision-makers accountable through collective action, and provides nurses and activists with the resources and training to be successful. Sign up at <https://bit.ly/joinNAN>.

Additionally, you can stay in the loop through CNA/NNU's social media accounts.

Get CNA/NNU news in your social media feeds:

- ▶ Facebook: [facebook.com/calnurses](https://www.facebook.com/calnurses) and [facebook.com/nationalnurses](https://www.facebook.com/nationalnurses)
- ▶ Twitter: @CalNurses and @NationalNurses
- ▶ Instagram: @CalNurses and @NationalNurses
- ▶ Our Vimeo and YouTube channels: vimeo.com/nationalnursesunited and youtube.com/nationalnursesunited
- ▶ All our latest photos on Flickr: [flickr.com/californianurses](https://www.flickr.com/photos/californianurses) and [flickr.com/nationalnursesunited](https://www.flickr.com/photos/nationalnursesunited)

CE COURSES

Attend one of CNA/NNU's innovative CE class series taught by our nursing practice and education and research departments.

Course topics have included:

- ▶ Preserving Holistic Care: Protecting the science and art of nursing during Covid
- ▶ Public Health, a History
- ▶ RN Staffing Ratios: The necessity of regulated nurse staffing ratios to ensure patient safety and improved outcomes for hospitalized patients
- ▶ Workplace Violence: Prevention and advocacy for nurses
- ▶ Stress on the Job: A closer look at root causes, impacts, and solutions

- ▶ PPE and Covid-19: The science, standards, and enforcement
- ▶ Fighting the Monopoly Epidemic
- ▶ Confronting Institutional Racism in Health Care
- ▶ Healing the Planet: Environmental justice as health justice

To learn more and register for classes, visit: www.nationalnursesunited.org/ce.

VOLUNTEER, DONATE TO CNA/NNU'S RN RESPONSE NETWORK (RNRN)

After Hurricanes Katrina and Rita struck the Gulf Coast in 2005, CNA/NNU cut through bureaucratic red tape and sent more than 300 RNs to 25 facilities in Texas, Louisiana, and Mississippi. CNA/NNU then officially established the first disaster relief organization by and for RNs, the Registered Nurse Response Network (RNRN) in response to the massive showing of RNs wanting to volunteer their help.

Since its formation, RNRN has sent teams of nurses to help following disasters in locations across the United States and around the world, including California, Florida, New York, Texas, Haiti, the Philippines, and the Bahamas. RNRN has also provided basic humanitarian aid and medical support to underserved communities within the United States as well as in Central and South America and the Caribbean.

RNs can sign up to join RNRN's list of interested volunteers or donate to support sending nurses to where they are needed most at: www.RNResponseNetwork.org.



CNA BOARD OF DIRECTORS

CNA has a democratic governing structure consisting of an elected Board of Directors, all of whom are registered nurses, and a presidency model called the Council of Presidents, which is a shared presidency of four RNs.

BOARD OF DIRECTORS 2020 - 2023

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CNA/NNU is the largest and fastest-growing all-RN professional organization and union in the nation with a membership of more than 100,000 RNs in more than 200 facilities throughout California and more than 175,000 nurses nationwide.

JOIN US!

800-540-3603

www.CalNurses.org



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