



# NNOC 101

Your Guide to Joining the RN Movement



National Nurses  
Organizing  
Committee



National  
Nurses  
United

# INSIDE NNOC 101

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*FOR MORE INFORMATION  
ON HOW YOU CAN JOIN »*

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*Please visit our website at »  
[www.NationalNursesUnited.  
org/NNOC](http://www.NationalNursesUnited.org/NNOC)*

## A NATIONAL 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 National Nurses Organizing Committee (NNOC). 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 our patients.

NNOC was launched by California Nurses Association (CNA) in 2005 in response to nurses' requests to build a national movement of direct-care RNs, modeled on the success of CNA. NNOC and CNA now represent nearly 130,000 RNs in about 300 facilities throughout the nation, including Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Missouri, Nevada, North Carolina, Ohio, Texas, Virginia, West Virginia, District of Columbia, and Puerto Rico.

We are a national union and professional organization for RNs who are pursuing an ambitious agenda of patient advocacy that promotes the interests of patients, direct-care nurses, and RN professional practice.

From coast to coast, we 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 NNOC facilities have safe 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, achieved through our professional practice committees, 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 to meet our goals, whether it was 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 and Maria; and Typhoon Haiyan in the Philippines.

In 2009, our organization was a major force in bringing state nursing associations across the nation together into one, National Nurses United (NNU). NNU's total membership today stands at nearly 225,000 RNs and also includes the District of Columbia Nurses Association, Michigan Nurses Association, Minnesota Nurses Association, and New York State Nurses Association. NNU is the largest union and professional association of registered nurses in U.S. history.

At last, the nation's RNs have a voice.

In the fall of 2019, CNA/NNOC was honored to host the Global Nurses Solidarity Assembly in San Francisco, Calif., a three-day gathering of more than 1,500 nurses, labor leaders, and representatives from over 25 countries. We shared our experiences in organizing for health justice in our respective nations and explored a range of topics, including racial and environmental justice, workplace democracy and workers' rights, and the fight for humane immigration policy.

The establishment of NNU brought to life the dream of a powerful, national movement of direct-care RNs, and that movement is growing in the United States and globally!

Since the pandemic began, NNU nurses held thousands of actions during Covid, and we won critical victories in many facilities, on everything from personal protective equipment (PPE) to staffing.

We have not just maintained strong membership in the face of right-to-work attacks, thousands of nurses across the country stood up and organized with NNU affiliates during Covid-19. And NNU nurses have been able to win contract language on so many critical health and safety issues — including nurses' right to optimal PPE while caring for Covid-19 patients, the creation of infectious disease task forces that trigger within hours after an infectious disease outbreak, safe staffing, no takeaways on benefits, historic wage increases, and more.

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



### OUR PROGRAM

- ▶ Improve RN workplace standards through collective bargaining to ensure 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 the highest safety standards on limiting spread of pandemics, and guaranteeing RN access to proper safety and protective equipment



# MORE THAN 100 YEARS OF RN POWER



▶ **1903**  
California Nurses Association (CNA) founded: one of the first professional RN organizations in the United States.

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

▶ **1945**  
CNA first in the nation to represent nurses in collective-bargaining agreements, with contracts at five San Francisco Bay Area hospitals establishing the 40-hour workweek, vacation, sick leave, health benefits, shift differentials, and 15 percent salary increase.



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

▶ **1969**  
CNA stages first strikes ever by a nurses association in United States history when RNs from eight San Francisco Bay Area hospitals walk out. The strikes led to establishment of Professional Practice Committees (PPC) and paid educational leave in CNA contracts.

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



▶ **1974**  
Major strike by 4,400 RNs for 21 days, affecting 42 Northern California clinics and hospitals. RNs win: every other weekend off, hospital must share staffing and patient-classification information with CNA, and RNs must be trained for specialty areas.

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

▶ **1983**  
University of California medical center RNs vote to join CNA in an election covering 4,420 RNs — one of the single biggest organizing election victories ever for RNs.

▶ **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 overwhelmingly votes to end ties with American Nurses Association (ANA). Adopts program to reallocate resources to organize RNs, strengthen contracts, confront hospital industry attack on RN jobs, and enact legislative and workplace protections.

▶ **1996**  
CNA wins Department of Health Services, Title 22 changes strengthening RNs' ability to advocate for patients in California. Provisions include floating protections and requirement that every patient be assessed by an RN at least once during a shift.

▶ **1997-1998**  
7,500 CNA Kaiser Permanente RNs wage 18-month epic battle, including six strikes, with HMO giant, beating back major takeaways and making significant gains in staffing protections.



▶ **1999**  
California passes 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.

▶ **2004**  
Ratio law implemented in all California acute-care hospitals.

▶ **2005**  
National Nurses Organizing Committee (NNOC) is founded by CNA in response to an overwhelming demand by direct-care nurses outside of California.



1,800 RNs at Cook County Health and Hospitals Association in Chicago, Ill., vote to join NNOC. CNA/NNOC organizes RN Katrina relief effort, sending more than 300 nurse volunteers to 25 health care facilities.

Following the disaster, the Registered Nurse Response Network (RNRN) is formed as a direct-care nurse disaster-relief group.

CNA/NNOC House of Delegates overwhelmingly votes to seek affiliation with the AFL-CIO.



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

▶ **2007**  
Saint Mary's RNs in Reno vote to become the first Nevada hospital to join NNOC, making it the largest RN organization in Catholic hospitals across the United States representing direct-care nurses.



### 2008

1,100 RNs in three Las Vegas CHW (now Dignity/CommonSpirit Health) hospitals vote to join NNOC.

### 2009

Unanimous vote creates largest RN union in U.S. history: National Nurses United (NNU).

7,000 Veterans Affairs (VA) RNs in 22 hospitals in 11 states become members of NNU.

1,300 RNs at three St. Rose Dominican hospitals in Las Vegas, Nev. vote to join NNOC.

Nurses at HCA-affiliated Menorah Medical Center in Overland, Kan. vote to join NNOC.



### 2010

8,000 HCA and Tenet RNs in Nevada, Texas, Missouri, and Florida vote to join NNOC.

14,000 RNs sign up to volunteer for Haiti earthquake relief through RNRN, which sends nurses aboard USNS Comfort and to Sacré Coeur Hospital.



1,300 RNs at the University of Chicago Medical Center vote to join the union, followed by 1,600 RNs at Washington, D.C.'s largest hospital, Washington Hospital Center.

### 2011

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



### 2012

650 RNs at HCA MountainView Hospital in Las Vegas win model first NNOC contract.

Historic first agreement for 3,100 RNs at 10 Florida Hospital Corporation of America (HCA) facilities.

Jackson Park Hospital RNs vote by 85 percent to join the union.

RNs lead 6,000 in Chicago rally on the eve of the G-8 and NATO summits, promote Nurses Campaign to Heal America.

RNs at two St. Louis-area hospitals vote to join NNOC in the same month: Saint Louis University Hospital and Des Peres Hospital.



### 2013

Registered nurses at Sierra Medical Center in El Paso, Texas, vote to join NNOC.

Nurses from the Midwest, to Florida, to Texas win a massive wave of first contracts!

NNOC and NNU join nurses' and health care workers' unions in the Americas, Africa, Asia, Australia, New Zealand, and Europe to create Global Nurses United.

RNRN deploys teams of volunteer RNs to the Philippines in the aftermath of Super Typhoon Haiyan/Yolanda.



### 2014

NNU launches "Insist on an RN" multimedia campaign to raise public awareness that health care technology cannot supplant the knowledge and experience of bedside nurses.

NNU sounds alarm on hospitals' lack of Ebola preparedness.

CNA sponsors and wins S.B. 1299, the nation's strongest workplace violence prevention legislation.

VA RNs in San Diego vote to unionize.

### 2015

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

In August, NNU was the first national union to endorse Sen. Bernie Sanders for the 2016 presidential race.



### 2016

Nurses host 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.

NNOC and NNU launch the Nurses Health and Safety division, a national network of nurses and allies committed to collectively advocate

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 medical support for Dakota Access Pipeline (DAPL) protesters protecting the Missouri River watershed.

Texas RNs at HCA-affiliated Bayview Behavioral Health in Corpus Christi join NNOC.



### 2017

Hospice of Southern Maine workers and Maine Coast Memorial ancillary staff unionize with NNOC.

Nurses and other progressive activists gather to strategize at the second People's Summit under the rallying theme "Beyond Resistance" in response to new presidential administration.

RNRN deploys more than 50 volunteer nurses as part of larger AFL-CIO mission to Puerto Rico in wake of Hurricane Maria.

### 2018

RoseAnn DeMoro, founding executive director of modern-day CNA/NNOC, retires after 32 years. Bonnie Castillo, RN, a nurse leader who has served in numerous capacities within CNA/NNOC and NNU, becomes the new executive director.

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.



VA nurses rally against major administration attacks on their union rights by eliminating “official time” for VA nurses who represent coworkers and leaving their negotiated contract in limbo.

RNRN deploys nurses to assist in the wake of several disasters: 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’s ValleyCare in the Tri-Valley Area of California vote to join CNA.



1,000 RNs at Carondelet St. Mary’s Hospital and St. Joseph’s Hospital, Tenet facilities in Tucson, Ariz., vote to join NNOC, making these the first unionized RNs in the state of Arizona.

RNs at Methodist Hospital of Southern California in Arcadia, California, vote overwhelmingly to join CNA.



## 2019

In a historic victory, RNs at Chinese Hospital in San Francisco vote to join CNA.

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.



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.

Continuing the organizing wins at Tenet facilities in California and Arizona, 500 RNs at The Hospitals of Providence East in El Paso, Texas vote to join NNOC.



## 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.

RNs at Research Psychiatric Center, HCA, in Kansas City, Mo., vote to join NNOC/NU.

NNU conducts the first of multiple national surveys of RNs during the Covid-19 pandemic, documenting serious deficiencies in PPE and other protections for frontline health workers.

For Nurses Week, NNU nurses speak out for Covid-19 protections at events 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 died of Covid.



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.



HCA Mission Hospital RNs in Asheville, N.C., vote by a landslide to join NNOC. This is the first private-sector hospital union election win ever in North Carolina, and the largest at any nonunion hospital in the South since 1975.

Nurses score a tremendous victory 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.



NNU issues the report “Deadly Shame: Redressing the Devaluation of Registered Nurses’ Labor Through Pandemic Equity.”

In November the Michigan Nurses Association, representing 13,000 members, votes to affiliate with National Nurses United.

## 2021

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

RNs at UChicago Medicine Ingalls in Harvey, Ill., a suburb south of Chicago, vote overwhelmingly to ratify their historic first contract.



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



Some 2,000 RNs at Maine Medical Center in Portland, the state's largest hospital, vote overwhelmingly to unionize.

The U.S. House of Representatives passes the NNU-supported bill, H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act (Rep. Joe Courtney, D-CT).

NNU condemns the CDC rollback on Covid infection control, calling the new guidelines unjust and disproportionately harmful to workers of color, their families, and communities.

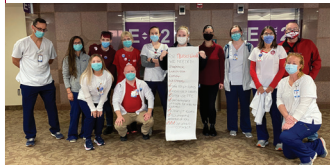


On International Nurses Day, NNU nurses gather in front of the White House to lay out more than 400 pairs of empty shoes, representing the nurses who lost their lives on the front lines of Covid.

The Medical Debt Protection Act, a Maryland bill spearheaded by NNU with a broad coalition of Maryland activists, becomes law at the end of May.



NNU nurses win landmark OSHA Covid-19 Health Care Emergency Temporary Standard, the first enforceable national Covid-19 standard to protect health care workers and patients.



Some 10,000 RNs at 18 HCA hospitals in six states ratify new contracts that include landmark health and safety language and many other improvements. RNs at HCA's Mission Hospital in Asheville, N.C., vote to ratify their first-ever union contract.

RNs at Community First Medical Center in Chicago, Ill., ratify their first union contract.



NNU launches the Division of Social Justice and Equity to grow nurses' collective power to transform the systems, institutions, policies, and practices that perpetuate inequity and injustice.

NNU begins advocacy against hospital industry schemes to treat acute care patients remotely, rather than in a hospital, with the release of an animated video, "Home All Alone."

Frontline RNs from across the country, including NNU President Zenei Triunfo-Cortez, RN testify at a congressional briefing on the understaffing crisis in hospitals, accompanied by the launch of a new NNU staffing report.



## ► 2022

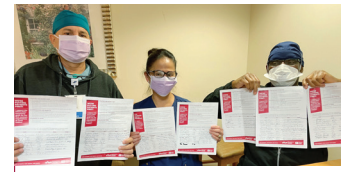
NNU members kick off the new year with a National Day of Action, including a candlelight vigil in Washington, D.C.

RNs at Longmont United Hospital in Longmont, Colo., win recognition in March, becoming the first private-sector NNU-affiliated hospital in Colorado.

Sen. Tammy Baldwin (D-WI) reintroduces the NNU-supported bill, the Workplace Violence Prevention for Health Care and Social Service Workers Act, in the U.S. Senate. The House version passed in April 2021 and would hold employers accountable for preventing violence in the workplace.



Nurses at Ascension Seton Medical Center in Austin vote to join NNOC, making it the largest private-sector unionized hospital in Texas.



Coral Gables Hospital nurses in Florida win their first contract in record-breaking time, less than three months after voting to unionize in July.

RNs at Maine Medical Center in Portland, Maine, ratify their first-ever contract.

New York State Nurses Association, with nearly 42,000 members, votes to affiliate with NNU, growing NNU's membership to nearly 225,000 and bringing NYSNA into the AFL-CIO.

Nurses vote to join NNOC at Ascension Via Christi St. Francis Hospital, the largest hospital in Wichita, Kan., and the first private-sector hospital to become unionized.



NNU applauds passage by the U.S. House of Representatives of the VA Employee Fairness Act (H.R. 1948), sponsored by Rep. Mark Takano (D-CA). This bill would give Dept. of Veterans Affairs nurses and other clinicians full collective bargaining rights.

New Kaiser master contract sets the highest standards in the nation and includes an agreement to hire more than 2,000 RN and NP positions.





### 2023

NNU members hold a National Day of Action to demand that the hospital industry end unsafe “crisis standards of care” and increase staffing by hiring from the more than adequate pool of nurses with active RN licenses. RN actions underscore that the so-called “nursing shortage” is manufactured by the hospital industry as an excuse for their intentional short staffing.



Nurses at Ascension Via Christi Saint Joseph Hospital vote to join NNOC, making this the second hospital to unionize in Wichita, Kan., in less than four months.

NNU reintroduces package of federal bills intended to improve the health and safety of nurses and patients, including the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act; Medicare for All; the Protecting the Right to Organize (PRO) Act; the Workplace Violence Prevention for Health Care and Social Service Workers Act; and the VA Employee Fairness Act.



2,000 nurses at three Ascension hospitals hold the largest nurse strikes in Texas and Kansas history to protest management’s refusal to agree on contracts that invest in patient care and rectify severe understaffing at all three facilities.



CNA/NNOC holds 2023 Convention in San Francisco, Calif., marking the 120th anniversary of CNA’s founding and “120 Years: Our Legacy of Advocacy.”

Registered nurses at Ascension Saint Agnes Hospital in Baltimore, Md. make their hospital the first to have unionized nurses in city history.



Registered nurses at University Medical Center (UMC) in New Orleans, La. vote by a landslide to join NNOC. The victory makes UMC the first private-sector hospital to unionize in the state of Louisiana and marks the largest National Labor Relations Board (NLRB) election in Louisiana in nearly 30 years.

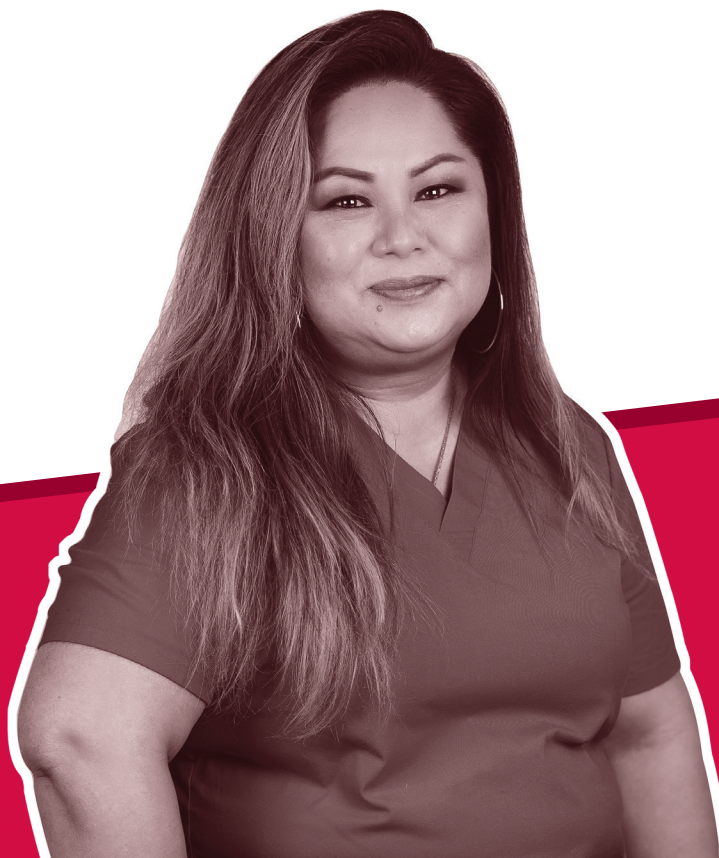
### 2024

NNOC and NNU release the report, “Dangerous Descent: How Ascension Betrays its Mission by Gutting Care for Pregnant Patients and Babies.”



Registered nurses at Northern Maine Medical Center (NMMC) in Fort Kent, Maine, vote overwhelmingly to join NNOC.

Capping a hard-fought campaign, Nurses at Ascension Seton Medical Center Austin ratify their first contract. The contract covers 1,100 RNs and includes strong provisions to improve patient care and boost recruitment and retention.





# BETTER SALARIES AND BENEFITS

## CNA/NNOC LANDMARK SALARIES

Health System	Hospital	Region	RN Days	RN Nights	Charge Days	Charge Nights
HCA	MountainView Hospital	Las Vegas, NV	\$64.83	\$66.93	\$68.07	\$70.28
UChicago Medicine	UChicago Ingalls Memorial Hospital	Chicago, IL	\$64.47	\$69.47	\$66.72	\$71.72
Maine Health	Maine Medical Center	Northern New England	\$54.66	\$62.16	\$56.41	\$63.91
MedStar	Washington Hospital Center	Washington, DC	\$63.41	\$68.51	\$66.41	\$71.51
Kaiser	All Northern CA Hospitals	Northern CA	\$111.06	\$130.49	\$116.61	\$137.01
CommonSpirit	Mercy General Hospital	Sacramento, CA	\$85.73	\$90.23	\$86.73	\$91.23
HCA	Good Samaritan Hospital	Bay Area, CA	\$110.20	\$123.20	\$115.45	128.45
CommonSpirit	California Hospital	Los Angeles, CA	\$78.69	\$83.19	\$81.44	\$85.94
Tenet	San Ramon Regional Medical Center	Bay Area, CA	\$76.42	\$83.67	\$78.17	\$85.42

Top Staff Nurse II Wage Rates (rates as of March 2024)

NNOC RNs have achieved some of the highest wages for RNs in the country and continue to set the standard. Each NNOC contract includes a wage grid that guarantees yearly increases for all RNs, based on years of experience. Additional provisions common in NNOC contracts include:

- ▶ Paid education leave
- ▶ Tuition reimbursement
- ▶ Paid holidays
- ▶ Preceptor pay
- ▶ Charge pay
- ▶ Weekend differentials
- ▶ Call back while on call
- ▶ Overtime pay
- ▶ Experience credit: increased pay for all years worked as an RN inside or outside of the United States

These provisions are protected from unilateral changes by management. With each subsequent contract, NNOC RNs can build upon what they have established and improve standards.

## RETIREMENT SECURITY

- ▶ Protected retirement security or increased employer contributions for many full- and part-time RNs

## 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

*Note: not all contracts have all benefits listed.*

**“**As nurses we know that recruitment and retention is essential to providing our patients with quality care. This means winning a strong contract. When we negotiate, we strive to build on our past wins to improve conditions for nurses and patients. This is what we achieved in our last contract. We won gains in wages and health benefits, the highest levels of personal protective equipment, comprehensive workplace violence protection, and more than 2,000 new registered nurse and nurse practitioner positions. This contract supports optimal care for our patients, and as Kaiser RNs, we know that it also sets a standard for the nation that can positively impact patient care beyond our hospital walls.”

— Michelle Gutierrez Vo, RN, CNA/NNOC President  
Kaiser Permanente Fremont Medical Center, Fremont, Calif.

## NEW STANDARDS FOR RNS AND PATIENT PROTECTION

NNOC contracts have created new standards for RNs and patient protection. A crucial part of quality patient care is reversing the trend of inadequate hospital staffing that is putting patients at risk and driving nurses out of the profession. NNOC 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. NNOC contracts include nondiscrimination language related to work, such as seniority, age, race, and gender.

### STAFFING RATIOS PROTECTIONS

NNOC contracts often contain one or more of the following safe staffing protections:

- ▶ Ratios: the golden standard
- ▶ Staffing based on patient acuity
- ▶ Advocacy
- ▶ Enforcement (arbitration)
- ▶ Break relief RNs who don't count toward the staffing matrix
- ▶ Prohibition on cancelling nurses if that causes the unit to be out of compliance with the staffing matrix

### PROFESSIONAL PRACTICE COMMITTEES

NNOC contracts negotiate staff RN-controlled committees with the authority to document unsafe practices and the power to make real changes. The Professional Practice Committee (PPC) 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).

### SAFE LIFT POLICIES

- ▶ Contract language to assure safer lift practices, including "appropriately trained and designated staff" to assist with patient handling, available 24 hours a day

### 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
- ▶ Limits on floating if the sending unit does not comply with the mandated staffing matrices

### BAN ON MANDATORY OVERTIME

- ▶ Prevents nurses working when they are exhausted, endangering 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/NNOC 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.”

— Marissa Lee, RN, CNA/NNOC Board Member  
Osceola Regional Medical Center, Kissimmee, Fla.

# RN SAFE STAFFING RATIOS SAVE LIVES

NNOC's state-specific, and NNU's national safe staffing bills are all modeled on the standards set by legislation in California.

Thanks to CNA/NNOC-organized RNs, staffing ratios are in effect today in California, bringing RNs back to the bedside 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/NNOC prevailed and is now actively working to pass a comprehensive national bill with NNU, the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, sponsored by U.S. Sen. Sherrod Brown (D-OH) and a similar bill in the U.S. House of Representatives, sponsored by Rep. Jan Schakowsky (D-IL). We are also working with RNs in states all across the nation to adopt state-specific, mandatory nurse-to-patient ratios legislation.




























None of the dire warnings from the hospital industry 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, Ph.D., 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
- ▶ Pennsylvania would have 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	 <b>1 to 1</b> 
Intensive/Critical Care Neo-natal Intensive Care Post-anesthesia Recovery Labor and Delivery ICU Patients in the ER	 <b>1 to 2</b>  
Step Down	 <b>1 to 3</b>   
Antepartum Postpartum Couplets Pediatrics Emergency Room Telemetry Other Specialty Care	 <b>1 to 4</b>    
Medical/Surgical	 <b>1 to 5</b>     
Postpartum Women Only Psychiatric	 <b>1 to 6</b>      

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

## SAFE STAFFING RATIO LAWS – MORE THAN JUST THE NUMBERS

Both California's A.B. 394 and the 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
- ▶ 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

## Why RNs Vote for NNOC »

# A SECURE RETIREMENT

NNOC 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 NNOC have the opportunity to retire with dignity after a lifetime of caring for others. We continue to make improved retirement security 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. NNOC 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 NNOC RNS

Many NNOC members are covered by “defined-benefit” pension plans or a more generous matching component to their 401(k)/403(b) plans.

“

*It was through solidarity — our members signing petitions in Nevada and the nurses in California standing with us, that we were able to save our current benefit package, retirement, and health care, and receive wage increases.”*

— Karen Pels-Jimenez, RN  
St. Rose Dominican Hospital,  
Las Vegas, Nev.



## WHAT'S IN A CONTRACT »

- ▶ Professional Practice Committee — an elected staff nurse committee that addresses staffing and practice issues, meeting on paid time in the facility
- ▶ Staffing ratios
- ▶ Protections against unsafe floating
- ▶ Protections for the right of nurses to advocate for their patients

# VOICE AND RESPECT



## A STRONGER VOICE FOR SAFE WORKING CONDITIONS

“When VA nurses were called to service during the pandemic we jumped into action, putting the care of our veterans first. But we were being asked to care for our patients without the proper personal protective equipment. I am proud to say that after months of action and advocacy we won and secured the promise of single-use PPE at *all* 23 of our NNOC VA facilities. That is the power of collective action.”

— Irma Westmoreland, RN, CNA/NNOC Treasurer  
Charlie Norwood VA Medical Center, Augusta, Ga.



## PATIENT ADVOCACY WITHOUT FEAR

“With NNOC, we feel management respects us and we can advocate for our patients without fear of retaliation. We think our contract ensures patients get the best care possible.”

— Sara Ramirez, RN  
Providence Memorial Hospital, El Paso, Texas



## A STRONGER VOICE TO HELP US ADVOCATE FOR SAFE STAFFING

“Our ICU management was unsafely staffing us at 1:3. We used collective action to file countless ADOs, did marches on the boss, and a series of outdoor actions before winning our 1:2 ratio. When we fight, we win — not just for ourselves, but for our patients, too.”

— Jessica Soto, RN  
Carondelet St. Mary's Hospital, Tucson, Ariz.



## STRONGER VOICE TO HELP US ADVOCATE FOR SAFE STAFFING

“We've made improvements as a result of having a union contract. For example, the ‘floating only to like units’ article. Before, as a pre-op nurse I was being floated to L/D, ICU, and med-surg. I now only float to ‘like units’ where I'm oriented. Thanks to our NNOC contract, I'm confident in the care I'm giving.”

— Linda Schall, RN  
Menorah Medical Center, Overland Park, Kan.



## RN UNITY IS A WIN FOR EVERYONE

“When RNs stick together for quality patient care and our professional practice, it is a win for everyone — patients, nurses, our hospital, and the community.”

— Brenda Saravia, RN, MountainView Hospital, Las Vegas, Nev.

## Most NNOC contracts include these major elements:

- ▶ Restrictions on mandatory overtime
- ▶ Paid educational leave
- ▶ Nurse representatives — elected staff RN representatives from each unit who can assist in interpreting the contract, filing a grievance, and organizing and communicating within the facility
- ▶ Annual salary increases and regular longevity step increases
- ▶ Vacation, sick leave, and holidays
- ▶ Grievance and arbitration procedure — formal procedures for resolving issues with management
- ▶ Technology protections — ensuring that new technology will not replace RN professional judgment
- ▶ Per-diem rights
- ▶ Retirement plan
- ▶ Differentials (weekend, shift, charge, and preceptor)
- ▶ Health benefits

*(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 an NNOC staff labor representative sit across the table from the management team. NNOC 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.

## NNOC NEGOTIATES THE BEST CONTRACTS IN THE NATION



*Your first NNOC contract negotiations will provide you with an opportunity to work with your nurse colleagues to improve conditions for nurses and enhance protections for patients. With an NNOC 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 vote on your contract."*

— Cathy Kennedy, RN  
CNA/NNOC President  
Kaiser Permanente Roseville,  
Roseville, Calif.



## RECENTLY ORGANIZED RNS SPEAK



### MODEL PATIENT CARE PROTECTIONS, ECONOMIC IMPROVEMENT

“The number one reason we organized with NNOC is to have the tools to advocate for a safe hospital for our patients and our community — where our patients don’t have to wait long hours in the ED, and we have the medical supplies we need to care for them. We’re excited to bargain a contract that sets higher standards at UMC and raises the bar at other hospitals in the region, too.”

— Kisha Montes, RN  
University Medical Center,  
New Orleans, La.



### STRONGER VOICE TO HELP US ADVOCATE FOR PATIENTS

“Forming a union with NNOC was an act of caring and advocacy for our patients. As union nurses, we can practice nursing at its best. Now that we have a contract, we have a guarantee that we can be true patient advocates. We have a voice and management must listen to our professional opinion of what should be done.”

— Dominique Hamilton, RN  
Carondelet St. Mary’s  
Hospital, Tucson, Ariz.



### UNION STRENGTH AND POWER

“The pride I feel to be sitting at the first-ever bargaining table for the nurses at Maine Medical Center is a tremendous privilege. Making management listen to the voices of the 2,000 nurses at MMC is one of the most empowering endeavors I have taken on. For the first time, we feel real power standing together as a group and dealing with them on a level playing field!”

— Jonica Frank, RN  
Maine Medical Center,  
Portland, Maine



### AN ALL-RN UNION WITH A TRACK RECORD OF SUCCESS

“HCA told us over and over that if we unionized nothing would change. We didn’t let that stop us. We did our own research and decided NNOC was the right union for us. We knew that with an elected board made up exclusively of bedside RNs, NNOC could understand and support us as we organized to change our hospital. It is often said that you can’t talk about unions in the South, but with collective action, the Mission nurses busted that myth and we’re very proud of what we’ve accomplished so far!”

— Hannah Drummond, RN  
Mission Hospital,  
Asheville, N.C.

95 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 NNOC and develop a network of RNs in every unit and shift who are interested in organizing. Copies of *NNOC 101* should be distributed to RNs on nonwork time, such as breaks. Identify unit issues and explain how they can be addressed with an NNOC 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 NNOC CARD

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

### STEP 3

#### THE ELECTION

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 other appropriate agency that conducts a formal election by secret ballot. Your employer does not know how you vote. NNOC representation begins once an election has been won by a simple majority. In some cases, voting may occur by a majority simply signing cards.

### 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.*

— Cokie Giles, RN  
CNA/NNOC President  
Eastern Maine Medical Center,  
Bangor, Maine





# 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 an NNOC card and attend meetings to discuss NNOC
- ▶ Talk to other nurses about NNOC 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 nonwork time (breaks, etc.) in nonwork areas such as the cafeteria, locker rooms, and nurses' lounge
- ▶ Post NNOC materials on general purpose bulletin boards, distribute in mailboxes, etc.

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

## 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 95 percent of their NNOC 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 NNOC publication: *Navigating Through an Anti-Union Campaign*.

OVER THE PAST 20 YEARS,  
CNA/NNOC HAS GROWN  
EXPONENTIALLY.

CNA/NNOC 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 RECENTLY ORGANIZED NNOC 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.



#### STANDING UP FOR OUR PROFESSION AND OUR PATIENTS

“When management told the psychiatric unit RNs that they were going to combine child and adolescent populations, we knew how unsafe that change would be for our patients. We refused to accept this decision. We spoke out, launched a petition that gathered about 600 signatures from RNs across the hospital, and held collective actions for months until the hospital announced that the child and adolescent patients would remain separate.

We used the Assignment Despite Objection (ADO) forms to stop unsafe floating practices and nurse call-offs. We also used the ADOs to curb unsafe staffing. For example, after RNs in our trauma care unit filled out ADOs every day for two weeks, management stopped calling nurses off, and the unit was properly staffed. That is the power of collective action!”

— Elle Kruta, RN  
Mission Hospital, Asheville, N.C.



#### ENSURING PATIENT SAFETY

“Before we joined NNOC, we could be floated to units outside of our competency. We knew this was a dangerous practice that we wanted to change. Nurses were afraid of harming patients or putting their nursing licenses at risk. When we negotiated our first contract, we worked really hard to establish floating procedures and clusters to ensure that nurses are only assigned to units where they have expertise or competency.

This was a huge victory for us and our patients. Because of NNOC, we have a real voice over patient care at our hospital.”

— Shannon King, RN  
Carondelet St. Joseph’s Hospital,  
Tucson, Ariz.

## 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/NNOC 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/NNOC 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 performance 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

## SUPPORTING NATIONAL STANDARDS

NNOC supports the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act. The bill would implement:

- ▶ Hospital-wide mandatory minimum RN staffing ratios
- ▶ Legal recognition for RN patient advocacy rights
- ▶ Whistle-blower protections



## HEALTH AND SAFETY

### PROTECTING NURSES AND PATIENTS

NNOC's Health and Safety (H&S) division 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 (PPCs) 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."*

*— Sandy Reding, RN, CNA/NNOC President  
Bakersfield Memorial Hospital, Bakersfield, Calif.*

## LEGISLATIVE ADVOCACY

### A RECORD OF LEGISLATIVE ACHIEVEMENT

Every year, NNOC and our national organization, National Nurses United (NNU), take positions on state and federal legislation affecting RNs, their workplaces, and patients. The Government Relations department consists of regulatory policy specialists and lobbyists. A member-composed Legislative/Regulatory committee and the union's elected Executive Council guides the work of the department.

### SAFE STAFFING

As any direct-care RN knows, safe staffing ratios laws are the gold standard for RNs and patient safety. The model, the landmark CNA-authored safe staffing law that has been in effect in all California hospitals since 2004, has inspired similar bills at the federal and state level. At the federal level, the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, which includes hospital-wide mandatory minimum RN staffing ratios, legal recognition for RN patient advocacy rights, and whistle-blower protections, continues to gain support in Congress.

### 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. The campaign for guaranteed health care for all also continues at the state level in several key states.

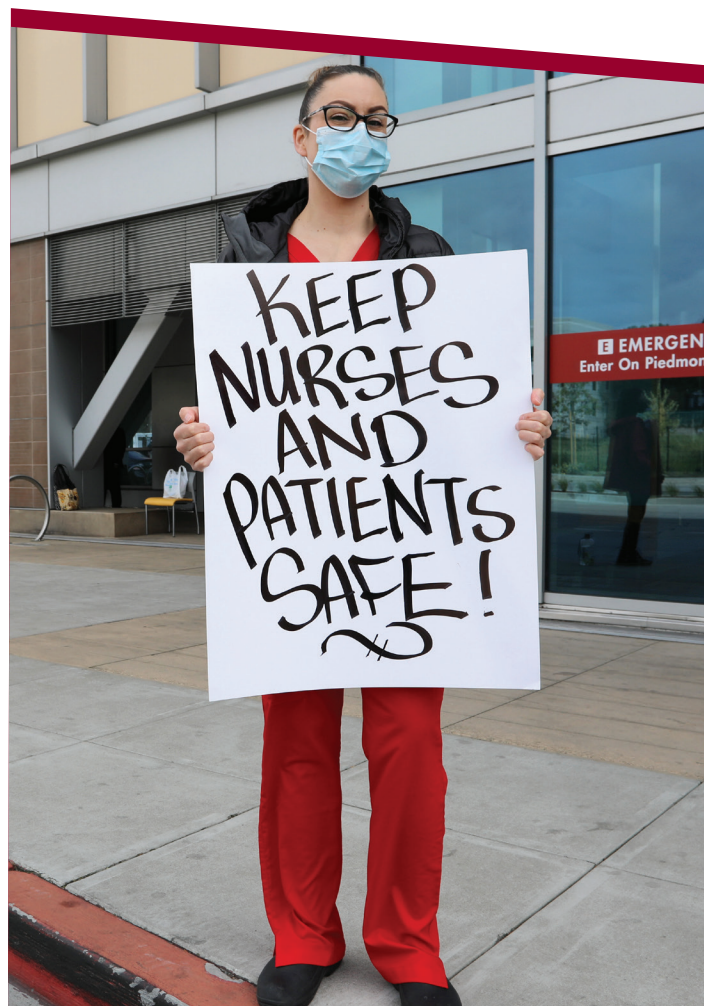
### LABOR RIGHTS

National Nurses Organizing Committee and National Nurses United fight for the rights of nurses, and indeed all workers, to organize unions and bargain collectively, free from management interference and retribution. This is why the unions are 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. NNOC and NNU are also leaders in fighting for passage of the Veterans Administration Employee Fairness Act, which would grant full collective bargaining rights to RNs and other clinicians in VA facilities across the country.

### OCCUPATIONAL HEALTH AND SAFETY

Because of NNOC and 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.

NNOC 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. 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. The bill was reintroduced in the House and the Senate on April 18, 2023.



## NNOC 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, NNOC and NNU lead the way in winning protections for nurses.

Together, NNOC and NNU nurses have:

- ▶ 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
- ▶ Won legislation in California to set standards for removal of toxic surgical plumes in health facilities

## 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

## PRECEDENT-SETTING LEGISLATION

- ▶ California’s first-in-the-nation, state-mandated RN-to-patient staffing ratios prohibit the assignment of unlicensed personnel to perform nursing functions in lieu of an RN
- ▶ Mandated patient advocate role of RNs in California’s Nursing Practice Act
- ▶ Prohibition on phone advice by unlicensed staff to protect patients
- ▶ Our union was successful in prohibiting LVNs from administering IV medications in California
- ▶ Whistle-blower protection for health care providers who expose unsafe conditions
- ▶ Additional \$63 million for nurse education programs
- ▶ Bar on discrimination based on medical conditions or genetic characteristics
- ▶ Mandatory safety devices on hospital needles
- ▶ Loan funding for minority student RNs
- ▶ Requirement that health plans provide medically appropriate care
- ▶ Requirement that caregivers disclose credentials on name tags
- ▶ State health department regulations requiring safe floating practices, competency validation, and patient classification systems
- ▶ Scholarships and loans to RNs seeking a higher degree in nursing and committing to serve as RN educators

## The Organization »

# EDUCATION, SOCIAL JUSTICE AND EQUITY, AND RESEARCH

The Education division provides member education workshops as well as continuing education courses that complement courses offered by the Nursing Practice department. Educators use tools from their research and teaching backgrounds to design classes that explore various aspects of the social determinants of health, health care industry trends, 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 NNOC and 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 produces studies on hospital pricing and medical debt such as the report, "Fleeing Patients: Hospitals Charge More Than Four Times the Cost of Care."

“

*At the heart of our union's excellent research and education programs is the recognition that our patients' health is deeply connected to the social conditions they experience. I am proud that the union's programs give nurses the knowledge and leadership skills we need to address the root causes of injustice in our workplaces and the world. They support us with valuable resources, and collective tools to address injustice, and build a healthy and just world for our patients and our communities.”*

— Brenda Langford, RN  
CNA/NNOC Board Member  
Cook County Hospital, Chicago, Ill.





# 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 NNOC negotiations, RNs have won successful contracts without strikes.

## ONLY RNS THEMSELVES CAN DECIDE TO STRIKE

NNOC 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 NNOC NURSES PROTECT PATIENTS IN THE EVENT OF A STRIKE

When NNOC RNs do vote to 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.

“

*We started negotiating our first contract as we were emerging from the height of the deadly Covid-19 pandemic. As nurses, we had all sacrificed a great deal to provide our patients with the best care we could with very little support from management.*

*For months, Ascension ignored the deepening staffing crisis and refused to accept our proposals at the bargaining table.*

*We decided to take our message to the public. We held two strikes that received wide community solidarity at the picket lines, and extensive press coverage exposing how Ascension puts profits over patients. We are proud of what we achieved, a contract that holds Ascension accountable for enforcing safe nurse-to-patient ratios, and a fair and transparent wage scale based on years of experience. We also won a formal process through the professional practice committee to regularly advocate on behalf of our patients and our communities.”*

*— Taylor Critendon, RN  
Ascension Seton Medical Center  
Austin, Texas*



## RNS IN MOTION: GET INVOLVED

As a member of NNOC and 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>.

### CE COURSES

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

Course topics have included:

- ▶ **A.I. 101: What to know about A.I. in health care and its effects on patient advocacy**
- ▶ **The latest science on long Covid and its impact on nurses, patients, and the public**
- ▶ **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**
- ▶ **Protecting patients from health care monopolies**
- ▶ **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](http://www.NationalNursesUnited.org/ce).

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

After Hurricanes Katrina and Rita struck the Gulf Coast in 2005, our union cut through bureaucratic red tape and sent more than 300 RNs to 25 facilities in Texas, Louisiana, and Mississippi. We 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](http://www.RNResponseNetwork.org).

### SOCI@LIZE

Follow us on social media by clicking the social icon buttons on the homepage of our website. Easily share content you like with friends by clicking the "share" links on our website at: [www.NationalNursesUnited.org](http://www.NationalNursesUnited.org).

#### Here's a list of some of our social media accounts:

-  National Nurses United  
NNUBonnie
-  @NationalNurses  
@NNUBonnie
-  NationalNurses  
NNUBonnie
-  @NationalNurses
-  National Nurses United
-  National Nurses United
-  NationalNursesUnited

# CNA/NNOC BOARD OF DIRECTORS

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

## BOARD OF DIRECTORS 2023 - 2026

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*NNOC together with NNU, is the largest and fastest-growing all-RN professional organization and union in the nation with a membership of nearly 225,000 RNs in all 50 states.*

**JOIN US!**

800-540-3603

[www.NationalNursesUnited.org/NNOC](http://www.NationalNursesUnited.org/NNOC)



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