



RNs in Motion

YOUR GUIDE TO NNOC/NNU





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WELCOME FROM THE Board of Directors

OUR ROOTS, OUR GROWTH

On behalf of the elected RN-members of our Board of Directors, welcome to National Nurses Organizing Committee and National Nurses United. 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.

National Nurses Organizing Committee (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. Together, they are officially one organization. Since that time, NNOC and CNA have grown tremendously and now represent more than 130,000 RNs in nearly 300 hospitals located in more than 20 states across the country. These include 13,500 Veterans Health Administration RNs at 23 Veterans Affairs hospitals in 12 states and Washington, D.C.

In 2009, CNA and NNOC played a lead role in bringing state nursing associations across the nation together into one national organization, National Nurses United (NNU). NNU stands today at nearly 225,000 RNs from every state in the nation and also includes the District of Columbia Nurses Association, Michigan Nurses Association, Minnesota Nurses Association, and New York State Nurses Association.

NNU pools the collective experiences and might of the most successful RN organizations in the United States and is now the largest union and professional association of registered nurses in U.S. history.

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!

In fall 2023, CNA/NNOC was honored to host our 120-year anniversary convention in San Francisco, Calif., a gathering of more than 2,500 nurses, labor leaders, and representatives from 35 countries. We shared our experiences with the Covid-19 pandemic and our struggles organizing for health care justice, workplace democracy and workers' rights, social justice, and the preservation of hands-on nursing care in the face of ever-pervasive technology.

Since the onset of the Covid-19 pandemic, our members have held thousands of actions and won critical victories in many facilities on everything from personal protective equipment (PPE) to staffing.

The Covid-19 pandemic underscored, like never before, the powerful role we play as patient advocates and the importance of organizing and solidarity.

We will continue to tenaciously advocate in the facilities where we work and at the federal level for the highest infectious disease standards to protect our patients, ourselves, and our communities.



WHO WE ARE

About National Nurses Organizing Committee

NNOC has won the best contracts for RNs in the nation through the collective action of our members. Years ago, nurses were among the lowest-paid professionals, had no retirement plan, and worked every weekend. Our aggressive organizing has resulted in winning safe staffing conditions, secure retirement, and salaries commensurate with experience.

The organization exists to give a voice to the working, direct-care nurse, and a vision for our nation's health care. We believe that strong professional nurses unions will empower us to take our patient advocacy from the bedside to the statehouse and beyond. Individual patient advocacy begins at the bedside and is inseparable from collective, social, and political advocacy in our greater society.

We have repeatedly stepped outside the walls of our facilities in our obligation as patient advocates, whether it be CNA's 13-year fight to win and defend California's historic safe-staffing ratios, or forming the Registered Nurse Response Network (RNRN), a network of more than 28,500 volunteer direct-care RNs, ready to be deployed to disaster-stricken areas, such as the Gulf Coast after Hurricane Katrina, Haiti after its devastating earthquake, Puerto Rico after Hurricane Maria, and Guatemala after the eruption of the Volcan de Fuego.

The escalating health care crisis in our country, caused by a system that puts the bottom line ahead of the best interests of patients, presents us with a significant opportunity to transform the health care system. As nurses and patient advocates, we believe we must continue to change this system so that everyone has access to guaranteed health care based on a single standard of high-quality care for all.

And we are uniquely positioned to do just that — year after year, nursing heads an annual Gallup Poll survey as the most honest and ethical profession.

As members, you have abundant opportunities for education, personal growth, and meaningful, effective action in your facility, in the halls of our legislatures, and in your communities. NNOC provides you with the protections and the resources to allow you to do so. As members of a professional organization, we monitor and evaluate RN working conditions and the environment of care, and we are committed to exposing and removing barriers to patient advocacy and safe standards of care.

We believe that the benefits and opportunities available through membership in NNOC and NNU — together with your desire and responsibility to provide safe, therapeutic, and effective care to your patients — will compel you to be an active member, whether you are a new graduate or a nurse with decades of experience.

WHO WE ARE

About National Nurses United

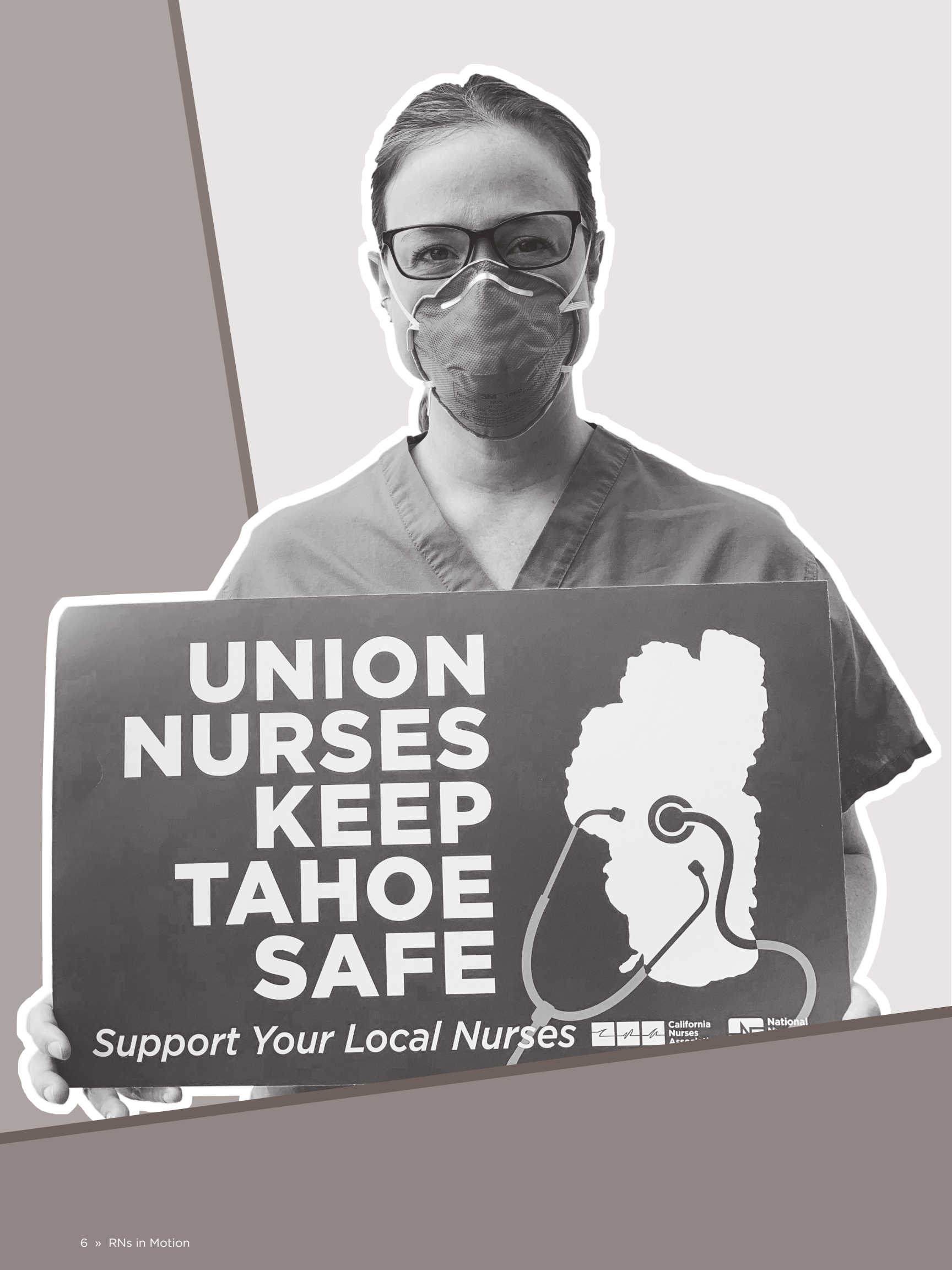
The most pressing nursing and health care issues often require national leadership and solutions. That is why National Nurses Organizing Committee helped establish National Nurses United (NNU), the largest and fastest-growing union and professional association of direct-care registered nurses in the country.

At its founding convention in December 2009, NNU adopted a call for action to counter the national assault by the health care industry on patient-care conditions and standards for nurses, and to promote a unified vision of collective action for nurses.

NNU has made some spectacular achievements, including »

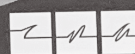
- » Uniting thousands of RNs across the country. Nationally, NNU now represents nearly 225,000 RNs.
- » Sponsoring major national legislation to promote comprehensive mandatory RN-to-patient ratios, modeled on the successful California law sponsored by our RN members there.
- » Fighting for workplace violence protections on all fronts, including collective bargaining, regulations, and legislation at the federal level, modeled on landmark 2014 California legislation requiring all hospitals to have a workplace violence plan.
- » Advocating for nurses to have the education, training, and personal protective equipment they need at work, including mandatory Ebola guidelines in California, federal OSHA standards for Covid-19, and collective-bargaining agreements with strong infectious disease protections.
- » Playing a leading role as advocates of guaranteed health care by sponsoring national legislation to expand and improve Medicare for all people in the United States.
- » Creating the union's Social Justice and Equity Division to support nurses in acting for racial, gender, economic, health care, and environmental justice with the goal of building a healthy and just world for all people.
- » Strengthening the voice and participation of RNs in electoral campaigns from coast to coast.



A black and white photograph of a woman with short hair, wearing glasses and a surgical mask. She is holding a large black sign with white text and graphics. The sign reads 'UNION NURSES KEEP TAHOE SAFE' in large, bold, sans-serif capital letters. To the right of the text is a white silhouette of the state of California with a stethoscope draped around it. At the bottom of the sign, it says 'Support Your Local Nurses' in a smaller, italicized font, followed by logos for the California Nurses Association and the National Nurses Union.

**UNION
NURSES
KEEP
TAHOE
SAFE**

Support Your Local Nurses



California
Nurses
Association



National
Nurses Union

WHO WE ARE

Elected Nurse Leadership Structure

Board of Directors

CNA/NNOC members elect the board, delegates to the Convention, Ballot Committee, and the Joint Nursing Practice Commission. All CNA/NNOC policy is formulated and directed by members through this representative democracy structure. The national elections are conducted in the spring every three years.

Council of Presidents

Reflecting explosive growth in membership and activity, a four-RN Council of Presidents was overwhelmingly elected in May 2007.

The presidents elected to a three-year term in 2023 are: Cokie Giles, RN; Cathy Kennedy, RN; Sandy Reding, RN; and Michelle Gutierrez Vo, RN.

CNA/NNOC Convention

The Convention is the triennial fall meeting of CNA/NNOC-elected RN delegates. The Convention acts on proposed bylaw amendments and formulates policies through adopting resolutions. Each CNA/NNOC region is allotted a specific number of delegates in accordance with CNA/NNOC bylaws. Any member in good standing is eligible to submit a consent-to-serve form and appear on the ballot as a candidate for delegate.

In between the conventions, the CNA/NNOC board carries out and formulates policy. Board meetings are open to all members.

NNU Convention

In addition, our members also elect delegates to the National Nurses United Convention, which then elects the officers of NNU.

Elected Member Committees

- » The Ballot Committee is an elected committee that oversees the conduct of CNA/NNOC's elections.
- » The Joint Nursing Practice Commission makes policy recommendations to the board on nursing practice issues.

Bylaws and Resolutions

Bylaws are the rules adopted by an organization for managing its internal affairs. These rules state the purpose and functions of the association, determine how and by whom the organization is run, and establish the criteria for membership and dues assessment.

Resolutions are formal position statements voted on at the Convention. Examples of past resolutions include issues such as international nurse recruitment, new technology, patient advocacy, environmental justice, and voting rights.

Bylaw proposals and resolutions are submitted by individual members and by structural units to the bylaws and resolutions committees for review. The committees then forward the proposals to the Convention, where the proposals are discussed and voted on by the elected delegates.

NNOC CODE OF CONDUCT

NNOC is committed to providing a safe and respectful environment free from discrimination and harassment, and other unacceptable behavior based on race, gender, ethnicity, religion, age, national origin, sexual orientation, disability, gender identity or expression, pregnancy, or immigration status.

It is our union's duty to prioritize that commitment and expectation that all NNOC leaders, members, and staff will carry out that goal and be a model for others.

NNOC does not tolerate discrimination or harassment in the workplace, in a union meeting or other union-sponsored action or event, or in other public expressions, including social media, whether the discrimination or harassment is committed by a supervisor, coworker, staff, or anyone else.

If you are subject to, or witness to discrimination, harassment, or other unacceptable behavior under this Code of Conduct in the workplace, or at a union activity or meeting, please inform a NNOC staff person or elected NNOC leader to respond to the complaint. It is expected that elected leaders and representatives of the union will also act to oppose acts of discrimination by others, especially in the workplace and at union events and meetings. It is the responsibility of the union to follow up on all complaints.

NNOC takes these complaints seriously and may, at its discretion, take action that it deems appropriate upon assessing the situation. Possible responses may include a warning to or expulsion of the alleged offender from the NNOC activity, event, or meeting. There will be no retaliation or other adverse action taken against any individual who makes a complaint.

OUR HISTORY

More Than 120 Years of RN Power

Throughout the last 120 years, California Nurses Association has been on the historical and clinical cutting edge of confronting a political economy that values profits over people. Our advocacy expanded nationally with the creation of National Nurses Organizing Committee (NNOC). The delivery of health care in the United States has undergone dramatic changes in the span of the past 120 years. RNs today must challenge the money-driven structure of the health care system and, through our collective action, advance the role of nurses as patient advocates at the patient's bedside and beyond.

The pivotal change in our organization came in 1993, the year that direct-care RNs took charge of the organization and for the first time elected a staff nurse majority on the Board of Directors. The organization adopted a platform based on patient advocacy, which has been a guiding principle ever since and has allowed us to build alliances with patients and consumers promoting Medicare for All based on a single-payer model.

OUR HISTORY — A TIMELINE

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.

1913

California becomes first state to include unpaid student nurses in laws and to limit workday to eight hours for women's labor.

1935

Social Security Act adopted — nurses termed independent contractors and not covered until 1952.

1938

CNA adopts platform for the eight-hour workday.

1945

CNA first in the nation to represent nurses in collective-bargaining agreements, negotiating 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.

1992

Staff RNs organize massive resistance and CNA takes successful legal action in getting Alta Bates Hospital in Berkeley, California, to rescind a work redesign program that would have displaced RNs with unlicensed assistive personnel.

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.

CNA introduces first ratio legislation for all acute-care units, A.B. 1445.



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 whistleblower protection for health care employees who expose unsafe hospital conditions.

2004

Ratio law implemented in all California acute-care hospitals.

2005

CNA 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.

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, Illinois, vote to join NNOC.

The 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.

CNA/NNOC wins breakthrough multistate organizing pact with Tenet Healthcare, one of the largest pacts for RNs in U.S. history, covering 6,500 RNs.

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, the largest private hospital in the north of the island.

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. Major improvements in patient-care protections, enhanced professional and economic standards, including professional practice committee, staffing by acuity, ban on mandatory overtime, and equitable salary step.

Jackson Park Hospital RNs vote by 85 percent to join the union, bringing the total of our union's represented RNs in Chicago to nearly 5,000.

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.

More than 500 RNs at three Community Health Systems (CHS) hospitals in West Virginia and Ohio vote to join NNOC: Affinity Medical Center in Massillon, Ohio; Bluefield Regional Medical Center in Bluefield, W.V.; and Greenbrier Valley Medical Center in Ronceverte, W.V.

2013

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

RNs at Providence Hospital in Washington, D.C. become first nonunion District hospital in decades to unionize.

Nurses across the country win a massive wave of first contracts! RNs at Jackson Park Hospital in Illinois, Florida Medical Center and Palmetto General Hospital in South Florida, Saint Louis University Hospital and Des Peres Hospital in Missouri, and Providence Memorial and Sierra Medical Center in Texas all ratify first collective bargaining agreements.

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 to fight austerity measures and work collectively to win universal health care as a human right for all.

RNRN deploys teams of volunteer RNs to the Philippines in the aftermath of Super Typhoon Haiyan/Yolanda, one of the worst storms on record.

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, with nurses across California and Washington, D.C. striking over this issue and cuts to patient care.

CNA sponsors and wins S.B. 1299, the nation's strongest workplace violence prevention legislation, despite staunch opposition from the hospital industry.

Providence Hospital nurses in Washington, D.C. win first contract.

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.

In testament to the growing power of NNOC-represented nurses who work at HCA-affiliated hospitals, RNs approve contracts covering nearly 8,000 RNs at 17 HCA-affiliated facilities in five states.

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 campaign, 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.



RNs at two Tenet South Florida hospitals, Florida Medical Center and Palmetto General Hospital, celebrate new contracts.

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

2017

It's a good year for organizing in Maine, as Hospice of Southern Maine workers and Maine Coast Memorial ancillary staff unionize with NNOC.

As the new presidential administration quickly moves 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."

Nurses from Texas, Appalachia, and Washington, D.C. win new contracts.

RNRN deploys more than 50 volunteer nurses as part of larger AFL-CIO mission to Puerto Rico in the wake of Hurricane Maria, working in teams across the country to assess residents' medical needs and educate them about how to access clean water and avoid infectious diseases.

RNRN volunteers also deploy in the aftermath of Hurricanes Irma in Florida and Harvey in Texas.

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.

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

RNs at two Tucson hospitals and additional RNs at University of Chicago Medical Center celebrate unionizing victories with NNOC.

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, California.

RNs at Stanford Health Care's ValleyCare in the Tri-Valley Area of California vote to join CNA, joining RNs at the Pleasanton campus who voted to affiliate with CNA earlier.

1,000 RNs at Carondelet St. Mary's Hospital and St. Joseph's Hospital, Tenet facilities in Tucson, Arizona, vote to join NNOC/NU, 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/NU. This vote represents the largest number of nonunion nurses in Southern California to join a union in at least five years.

2019

Federal nurse-to-patient ratios bills, sponsored by NU and based on California's mandatory nurse-to-patient ratios law, are reintroduced by Sen. Sherrod Brown in the Senate and Rep. Jan Schakowsky in the House.

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 NU-endorsed Medicare for All legislation, and the bill's cosponsors grow to 118 members.

CNA/NNOC hosts Global Nurses Solidarity Assembly in San Francisco, California, 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 for humane immigration policies.

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 NU. 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/NU.

2020

NU 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.

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

NU conducts the first of several national surveys 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, NU 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.

Mission Hospital RNs in Asheville, N.C., vote by a landslide to join NNOC, defeating a heavily funded anti-union campaign by hospital chain behemoth HCA. 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 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.

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, nurses’ experiences on the pandemic’s front lines, and ways to redress these issues through collective action.

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

2021

Against the backdrop of a continuing pandemic, thousands of NNU members start the new year with hundreds of socially distanced events in more than 19 states and the District of Columbia to demand that hospital employers prioritize patients before profits.

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. Biden also selects an NNU affiliate leader, Minnesota Nurses Association President Mary C. Turner, RN to serve on the national Covid-19 Health Equity Task Force, created to ensure all people in the United States have access to Covid-19 resources.

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. 1776, 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.

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

NNU-sponsored federal ratios bill, based on California’s mandatory nurse-to-patient ratios law, is reintroduced

by Sen. Sherrod Brown in the Senate and by Rep. Jan Schakowsky in the House. The bill passes the House in April 2021.

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, CT-2).

NNU issues a new nationwide survey of 9,200 RNs, revealing that a year into the Covid-19 pandemic, employers are still failing to provide safe staffing, optimal PPE, and testing.

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. That evening, nurses hold an online vigil and several in-person car caravans across the country to honor fallen colleagues, whose names are projected onto the AFL-CIO headquarters in Washington, D.C.

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.

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

RNs at Community First Medical Center in Chicago, Illinois, ratify their first union contract with strong protections for patients and nurses, averting a planned three-day strike.

NNU’s sixth nationwide survey of more than 5,000 RNs reveals that employers must do more to comply with the OSHA Covid-19 Health Care standards to protect nurses and other health care workers from Covid-19.

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 report, “Protecting Our Front Line: Ending the Shortage of Good Nursing Jobs and the Industry-Created Unsafe Staffing Crisis.”



2022

NNU members kick off the new year with a National Day of Action, including a candlelight vigil in Washington, D.C. to mourn nurses who lost their lives to Covid-19 and actions across the nation, demanding that the hospital industry invest in safe staffing. RNs also call on President Biden to prioritize public health and follow through on his campaign promises to protect nurses with a permanent Covid-19 workplace health and safety standard.

Overcoming employer delays, RNs at Longmont United Hospital in Longmont, Colorado, win recognition in March, becoming the first private-sector NNU-affiliated hospital in Col. and joining NNU-affiliated RNs at VA facilities in Denver and Aurora.

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.

NNU Executive Director Bonnie Castillo, RN, testifies in a U.S. Senate hearing that Covid-19 impacts on health care

are evidence that Medicare for All is necessary now more than ever. Sen. Bernie Sanders (D-VT) reintroduces Medicare for All legislation, with 14 cosponsors, later the same day.

Nurses at Ascension Seton Medical Center in Austin vote to join NNOC, making it the largest private-sector unionized hospital in Texas. The 800 nurses join more than 2,500 other Texas members of NNOC in El Paso, Corpus Christi, and Brownsville.

Coral Gables Hospital nurses 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. NNOC represents 2,000 RNs at the facility.

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 by RNs in the city.

RNRN sends two teams of RNs to Florida to support residents of Port Charlotte and Englewood in the wake of the destructive, category 4 storm, Hurricane Ian.

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 39). This bill would give Dept. of Veterans Affairs nurses and other clinicians full collective bargaining rights. NNU represents more than 12,000 nurses at 23 VA hospitals in the United States.

New contracts ratified by more than 21,000 RNs and nurse practitioners at 21 Kaiser Permanente facilities in Northern California, and 1,000 RNs at Kaiser Permanente Los Angeles Medical Center (LAMC), set the highest standards in the nation. The Northern California master contract 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 in Wichita vote to join NNOC, making this the second hospital to unionize with NNOC in Kansas, in less than four months.

RNs at Buffalo VA Medical Center (VAMC) in Buffalo, New York, hold a nurses’ forum and press conference criticizing the hospital administration’s grievous failure to prepare for the deadly holiday snowstorm as well as management’s refusal to address the chronic staffing crisis.

NNU brings the fight for safe RN staffing to Congress with introduction of The Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, authored by Sen. Brown (D-OH) in the Senate and Rep. Schakowsky (D-IL-09) in the House. The bill establishes minimum RN-to-patient ratios for every hospital unit and provides whistle-blower protections to ensure that nurses are free to speak out for enforcement of safe staffing standards.

2,000 nurses at three Ascension hospitals — Ascension Via Christi St. Francis and Ascension Via Christi St. Joseph in Wichita, Kan., and Ascension Seton Medical Center in Austin, Texas — 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.” More than 2,600 nurses attend, including 250 nurse leaders from 35 countries, all members of Global Nurses United, a global federation of nurses unions cofounded by NNU.

Registered nurses at Ascension Saint Agnes Hospital in Baltimore, Md. vote to join NNOC, making it the first time in Baltimore history that RNs have unionized a hospital. This is the fourth Ascension-owned hospital to organize with NNOC in the short span of 13 months, bringing the total of NNOC RNs at Ascension hospitals to 2,500.

In a watershed victory for labor organizing in the South, 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.



PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

RN Safe Staffing Ratios

FIRST-IN-THE-NATION SAFE STAFFING RATIO LAW: A MODEL FOR THE NATION

California's ratio law took many years to win and has been in effect since January 2004, despite continued efforts of the hospital industry to have the law overturned or otherwise weakened.

NNOC and NNU are 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 (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 across the country on state-specific legislation.

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 due to staffing ratios, and the number of actively licensed RNs in California has grown.

Research Shows Staffing Ratios Save Lives

The scientific evidence is conclusive. Numerous studies show that the law reduces deaths and assures that nurses spend more time with patients.

A landmark 2010 study led by the nation's most prestigious nurse researcher, Linda Aiken, RN, PhD, at the University of Pennsylvania School of Nursing, examined patient outcomes and surveyed 22,000 RNs in California, Pennsylvania, and New Jersey.

The research concluded that New Jersey hospitals would have 14 percent fewer patient deaths and Pennsylvania 11 percent fewer deaths if they matched California's ratios in postsurgical units; fewer RNs in California miss changes in patient conditions because of their workload; and California RNs are far less likely to report burnout and leave the profession than New Jersey or Pennsylvania nurses.

A 2015 study associated the California RN staffing ratio law with a 31.6 percent reduction in occupational injuries and illnesses among RNs working in the state's hospitals. Researchers M. D. McHugh et al. found in their 2016 study that decreased patient-to-nurse ratios on medical-surgical units are associated with higher odds of patient survival after an in-hospital cardiac arrest.

A 2020 study led by Karen Lasater, RN, PhD, showed that hospitals with better nursing ratios achieved improved outcomes for Medicare patients including those with the highest risk of mortality on admission. The study also showed that these improved outcomes were made with no net increase in costs.

PROPOSED RN RATIOS

(modeled on California law)

Intensive/Critical Care	1:2
Neonatal Intensive Care	1:2
Operating Room <i>plus at least one additional scrub assistant</i>	1:1
Post-anesthesia	1:2
Labor and Delivery	1:2
Antepartum	1:3
Combined Labor & Delivery & Postpartum	1:3
Well Baby Nursery	1:6
Postpartum Couplets	1:3
Intermediate Care Nursery	1:4
Pediatrics	1:3
Emergency Room	1:3
Trauma Patient in ER	1:1
ICU Patient in ER	1:2
Step Down	1:3
Telemetry	1:3
Medical/Surgical	1:4
Coronary Care	1:2
Acute Respiratory Care	1:2
Burn Unit	1:2
Other Specialty Care Units	1:4
Psychiatric	1:4
Rehabilitation	1:5
Skilled Nursing Facility	1:5



NATIONAL RATIOS CAMPAIGN

Safe Staffing Ratio Laws — More Than Just the Numbers

NNOC and NNU are now working to pass comprehensive federal legislation establishing safe RN-to-patient staffing ratios. 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 — ratios establish a minimum.
- » Assures 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-blower protections for caregivers who report unsafe practices.
- » LVNs/LPNs are not in the ratio count and are assistive to the RN.
- » RN workforce initiatives:
 - › Education assistance programs for associate and baccalaureate degree applicants.
 - › Preceptorship and mentorship programs.
- » Federal assistance for the purchase of safe patient handling equipment.
- » Strengthened emergency-preparedness capacity — mandatory paid leave for participation in disaster relief with employment, rights, and benefits.
- » Safe hospital care workplace standards — zero-lift policy to replace current practices of unassisted manual lifting, repositioning, and transferring of patients with the use of patient transfer devices, lifting devices, and lift teams.



PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Collective Advocacy

The Union and Patient Advocacy

RNs have independent ethical and professional obligations, and therefore a right as patient advocates to initiate actions that, in their independent judgment, are necessary to protect patient safety and health — even if these actions might be contrary to their employer's directives. Having a union gives nurses the legal authority and the foundation for engaging in patient advocacy on a collective basis with a unified union voice.

The Right to Bargain on Patient-Care Issues

There are many examples of management decisions to restructure or redesign patient-care delivery methods, including changes in staffing skill mix, abandonment or modification of acuity systems, introduction of new technologies, and imposition of new responsibilities for RN clinical supervision of unlicensed personnel. These decisions can severely burden RNs and pose significant risks of harm to patients.

These same decisions are mandatory subjects of bargaining under the National Labor Relations Act and public employment labor laws. The reason they are mandatory is because they directly affect RN workload and job responsibilities, and may actually jeopardize an RN's license by preventing competent performance of professional responsibilities.

The Tools

Active RN participation gives power to the legally mandated consumer-protection role of licensed registered nurses and creates the opportunity to influence the systemic changes that are at the root of the decline in quality care. RNs can promote patient advocacy on a facility level using the patient care protection tools negotiated into our contracts, which typically include the Professional Practice Committee (PPC), the Assignment Despite Objection (ADO) form, and the following:

Staffing-Ratio Protections — Staffing plans are negotiated into contracts to protect against future attacks. Disputes over staffing are settled by a neutral third-party arbitrator.

Zero-Lift Policies — Contract language to ensure safer lift policies, 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, and no floating allowed unless RN is clinically competent.

Ban on Mandatory Overtime — Prevents nurses working when they are exhausted, which protects patients.

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

PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Collective Advocacy

PATIENT-PROTECTION TOOLBOX

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 a registered nurse can undertake to protect yourself and your patients. Our contracts provide important tools for protecting patients and your license in these situations.

Assignment Despite Objection Form

One of the first steps in the advocacy process is documentation. Fill out an Assignment Despite Objection form every time you and coworkers are given an unsafe assignment. Remember, an unsafe assignment may simply be one where you were unable to provide all the care that each patient needed in a timely manner, while allowing you appropriate rest and meal breaks. A patient does not have to have a sentinel event for an assignment to be unsafe.

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.

Encourage your coworkers to fill out ADO forms when appropriate. Try to have everyone on the shift in question sign the form. There is strength in numbers.

The Professional Practice Committee at Your Facility

The Professional Practice Committee 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 utilizing ADOs.

The PPC discusses practice and staffing problems on various units by analyzing the ADOs for trends and recurrent issues. Information requests are submitted as needed, to ensure that the committee has all the facts that might be useful in crafting a solution.

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



CASE STUDIES IN COLLECTIVE ACTION

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.

Below are a few examples of how RNs in our facilities have used the tools in their toolbox to win improvements in patient care. These tools include the PPC, the ADOs, and the collective action of nurses in your facility.

Winning Safe Precepting Policies That Protect Patients and RNs

“Shortly after we voted to affiliate with NNOC/NNU, management unilaterally put forth the dangerous policy that any RN in the NICU with two years’ experience would be required to precept new grads, aka ‘orientees.’ The manager responsible for education policy had not worked at the bedside for 10 years and was completely out of touch with the needs of our patients and our new grads. We quickly organized a protest petition and delivered it with a march on the boss, demanding that the policy be rescinded and that nurses not be asked to precept in areas outside their competency. We also launched an ADO campaign documenting unsafe patient assignments in the NICU, and in the face of this pressure, management dropped the arbitrary precepting requirement. Through this work, we organized a five-member committee of NICU RNs to propose further improvements, including in-person instruction to support RNs and build their skills for teaching before they take on precepting duties.

Prior to voting to unionize, we lived at the whim of management’s decisions, so it is very empowering to see how our advocacy efforts are leading to improvements in the hospital. It is exciting to see what we’ve been able to accomplish before reaching our first contract, and we’re optimistic about winning more workplace democracy at Ascension Seton Medical Center in the days to come.”

— Lindsay Spinney, RN

NICU Ascension Seton Medical Center, Austin, Texas

Using Our Collective Power to Fight the Spread of Covid-19 with Safe PPE

“Covid hit the state of Arizona very hard at the beginning of the pandemic. As nurses we were overwhelmed. We had a huge patient load, and we didn’t know how to take care of them with guidelines changing on a shift-by-shift basis. Early on we nurses insisted on participating in management’s ‘Command Center’ calls where the latest information on how to treat Covid patients was shared by the hospital’s top epidemiologist and infectious disease experts.

We consistently pushed back on unsafe policies starting with the rule that we use the same N95 mask for a week. Management responded with a scheme to decontaminate our used masks with the entirely unproven, and possibly toxic, Battelle system. They told us to write our names inside our masks and put them in bins in each unit for collection and ‘reprocessing.’ We shared pamphlets and flyers with nurses throughout the hospital on optimal personal protective equipment (PPE) and the Battelle system risks prepared by the union’s Nursing Practice division. Unit by unit, nurses signed on to a petition rejecting the hospital’s unsafe PPE recycling scheme and demanding single-use PPE. We threw our masks away at the end of each shift, ignoring the ‘reprocessing’ bins, or using them as trash receptacles. Our pressure got results! The bins quickly disappeared from the units, and the hospital began to supply fresh N95s at the start of every shift. Next, we rejected management’s plan to use flimsy rain ponchos as a substitute for real PPE. We also insisted they provide us with fresh scrubs every day that we could remove at the end of our shifts, so we could return home to our families in clothing that was not contaminated.

It was a very scary time, but I knew that I wasn’t alone. I was resisting with nurses in my unit and throughout the hospital, and at the same time, we were part of the ocean of union nurses across the country fighting these short-sighted and dangerous practices. It was very rewarding to see that when nurses speak up together, we can make a positive change for our patients, our families, and ourselves.”

— Catherine Byars, RN, ICU

Carondelet St. Mary’s Hospital, Tucson, Ariz.

Mid-contract Victory at Mission Hospital in Asheville, N.C.

From the moment we started organizing to join NNOC, till today, Mission nurses have been advocating for better conditions. Even before our election was held, we won improvements in PPE and staffing. After we unionized, in September 2020, we kept the pressure on — filing ADO forms to document unsafe conditions and publicly holding HCA accountable for failing to address them.

In July 2021, we won our historic first contract establishing pay transparency, the hospital's first-ever wage grid for RNs, and a 17 percent wage increase over the three-year contract.

After winning our first contract, we ramped up our agitation by joining with 10,000 NNOC members at other HCA hospitals to launch the "Platform for Change," demanding that HCA focus on recruitment and retention of RNs. We used multiple tactics at Mission during this campaign, including: a petition drive, a march on the boss, sticker ups, and outdoor protests nearly every month, all of which got press coverage. At one rally, we performed a skit about nurses confronting management, played by a nurse wearing a greedy pig's mask!

We also held an HCA division-wide protest at the Frist Art Museum's Frist Gala in Nashville, Tenn. The Frists are the founders of HCA and its biggest shareholders. Wearing red scrubs, we greeted gala guests with flyers exposing how HCA prioritizes profits over patient care, a message we also flashed to attendees via a mobile billboard.

Our campaign yielded great results! Just a little more than a year after our first contract, we won mid-contract wage adjustments that included a new improved wage grid with comprehensively higher wages at every step for all the RNs, especially for our seasoned RNs who had been paid less than newer hires.

My colleagues were so excited with this victory. The nurses understood that, despite management's propaganda, this victory was won by our collective advocacy as union nurses. They knew this because we made this campaign highly visible throughout the hospital. The win absolutely motivated more nurses to join the union, which is very important in a "right-to-work" state.

At Mission, we've learned that a strong union is an active and visible union. Whether you are just starting your union, fighting for a first contract, or you've been unionized for a long time, you've got to always be organizing. We at Mission have seen that, wherever you are in the fight, you can hold management's feet to the fire and get what you need for your patients and your community.

— *Hannah Drummond, RN*
Emergency Department, Chief Nurse Representative,
Mission Hospital, Asheville, N.C.

PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Collective Advocacy

MUCH ADO ABOUT STAFFING

Q: What are ADOs, and what do they have to do with me?

A: These forms are documentation tools that provide a means for you to object to an unsafe, or potentially unsafe, patient-care assignment.

Q: Why should I fill one out?

A: If, in your professional judgment, you believe a patient-care assignment is unsafe, or potentially unsafe, you have a legal and professional obligation to notify your employer, so the problem can be corrected and injury or harm to a patient can be averted. If your employer decides not to correct the situation, that response needs to be documented in order to protect yourself in the event of adverse outcomes for the patients or other staff.

Q: What if the supervisors disagree with my assessment, or state they are unable to correct the problem?

A: You should advise them that an ADO form will be completed.

Q: Does each RN working on the floor need to fill out a separate ADO in this situation?

A: No. In fact, it's more effective for all the affected nursing staff to sign the form as a show of consensus about the unsafe situation.

Q: What if we're too busy to fill out an ADO form?

A: Make sure that you fill out the "Action" section at the very bottom of the form. The remaining information on the form can be filled in later, or after your shift.

Q: Where do the ADO forms go after we fill them out?

A: The top page goes to your supervisor, the second page goes to your PPC, the third page goes to your labor rep, and the fourth page is yours to keep.

Q: Can I be disciplined or harassed for filling out an ADO?

A: No. Most supervisors and nursing managers understand that this is an activity protected by law. If you believe your manager is trying to interfere with or discourage you and your coworkers from using the form, notify your nurse representative/shop steward immediately.

Helpful Hints on Using the ADO

- » Designate someone on your unit/floor as the official "ADO monitor" — they will be the one to make sure the supplies are adequate and will take responsibility for forwarding all completed forms from your floor to the PPC.
- » Make a call to the supervisor before filling out an ADO. Document the time you spoke with them and their response to your staffing concerns (see "Action" section).
- » You can fill out the remaining sections later in the shift or at the end of your shift. Those sections describe the reasons for your assessment that an unsafe situation existed.
- » When filling out an ADO, remember to press firmly so that your copy will be legible.
- » Instructions and corresponding regulations are contained on the back of the ADO forms.

ADOs Used Properly

- » Eliminate administration deniability.
- » Create a historical record.
- » Establish a database.
- » Track trends.
- » Can be used as evidence in court, state agencies, and state legislatures.

Please use ball point pen and press firmly.

ILLINOIS

ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

SECTION I

I/We _____

Registered nurse(s) employed at _____ Facility _____ Unit/Dept _____ Shift _____

Hereby protest my/our assignment as: ☐ Primary Nurse ☐ Charge Nurse ☐ Relief Charge ☐ Team Leader

given to me/us by _____ Name/Title _____ Date _____ Time _____

As a patient advocate, in accordance with the Illinois Nursing Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

SECTION II Action:

Supervisor notified: _____ Date/Time: _____

Supervisory response: _____ Date/Time: _____

Other person notified: _____

Other person's response: _____

SECTION IIIa See Title 77 regulations on back.

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

☐ I was given an assignment where I did not receive or complete:

- ☐ orientation to the unit.
- ☐ training to competently perform my assigned duties and responsibilities.
- ☐ training to competently perform my assigned duties and responsibilities of my patients (explain in Section VI).

☐ I was given an assignment which posed a potential threat to the health and safety of my patients.

☐ I was given an assignment which was insufficient to:

- ☐ meet the individual patient care needs/requirements of my patients.
- ☐ perform effective assessments of patients identified by my patient's condition.
- ☐ meet the teaching/discharge needs identified by the patients and the capabilities of the staff.
- ☐ staff the unit consistent with the types of nursing care needed by the patients and the capabilities of the staff.
- ☐ staff the unit consistent with the types of nursing care needed by the patients and the capabilities of the staff.
- ☐ direct-care RN to prevent fatigue, accidents, and/or errors.

PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Collective Advocacy

TECHNOLOGY AND PROFESSIONAL RN JUDGMENT

Over the past decade, U.S. health care corporations have invested upward of \$700 billion on information technology systems. Computer experts, hospital management, and investors cheer the advance of new hospital technologies, which is a multibillion-dollar market. They claim these systems save time and money, improve patient care, and combat the liability of medical errors by keeping more accurate and comprehensive records.

RNs who use these systems day in and day out have found that the kind of care they can provide with this new technology is limited. The programs and machines are often counterintuitive, cumbersome to use, and sometimes they simply malfunction, prompting many RNs to worry whether they are also still making errors, just new kinds. Nurses are finding that the machines take time away from patients. Perhaps worst of all, they say that the introduction of these technologies is fundamentally changing the nature of nursing: Instead of using our full attention to observe and assess the patient, our eyes are constantly on a monitor and our hands are clicking a computer mouse.

NNOC CONTRACTS

Patient-Care Technology Review Procedures

In anticipation of these kinds of troubles at hospitals across the country, our union has for several years more aggressively pushed for RNs to play a greater role in reviewing and approving new technologies before they are introduced.

A CASE STUDY

RNs Stop Prime Healthcare's "Virtual Dialysis" Scheme at Shasta Regional Medical Center

One day, without warning, registered nurses at Shasta Regional Medical Center (SRMC) received an email from management announcing that the hospital was abruptly changing the way hemodialysis patients were to receive care. Patients would no longer receive 1:1 care by a trained dialysis RN working for an outside company. From now on, a new company would bring in hemodialysis equipment accompanied only by a tech. Staff RNs were expected to connect patients to the equipment and administer the medications required throughout the process, while simultaneously caring for their regular patient load, often on a different floor. Only the tech would remain with the patient with back-up from a virtual iPad RN in another state handling remote support for multiple patients.

To prepare, RNs were instructed to take a one-hour online module and a one-hour in-person training. At the first training, which was taught just four days before the new program would begin by an educator with no hemodialysis experience, RNs inquired if there were any written policies and procedures on the new set-up. Management admitted that, no, there weren't any.

"I thought patients may be harmed by this new practice," said Jon Longo, an RN at SRMC with years of experience as a dialysis nurse. "These patients require constant monitoring. Delays in administering meds or adjusting the equipment can be life-threatening. A trained dialysis RN should be at the bedside throughout the procedure."

"We quickly organized to challenge this 'virtual dialysis' scheme," said Michelle Gaffney, RN. "We sent management a cease-and-desist letter, held an emergency meeting on Zoom for all staff RNs, and encouraged nurses to file ADOs documenting any assignment in which the patient requires acute hemodialysis and a trained dialysis RN would not be present at the bedside. We shared a QR code that made it easy for nurses to file complaints with the California Department of Public Health (CDPH)."

"We were able to stop this dangerous program in a matter of weeks because, as union RNs, we know our rights," said Heather MacNamara, RN. "When we take collective action, we have the strength to push back on policies that will harm our patients. We are proud that we stopped this pilot program in its tracks."



PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Social Advocacy

DEFENDING THE PUBLIC'S HEALTH

Often, it is necessary to take our advocacy beyond the walls of the facilities in which we work.

Our members have fought to preserve vital health care services in our communities, fighting hospital closures and cutbacks in care. We have rallied to keep our rights as union members and the protections that allow us to advocate for our patients, and we have campaigned for safe staffing and health care reform in the halls of our legislatures.

Defending Public Health Care in Cook County, Illinois

Over the years, RNs have waged vigorous fights to protect patients against budget cuts that would have decimated one of the nation's premier, comprehensive public health care systems. The cuts threatened many of the Cook County Health and Hospitals System's clinics, cutting off services for many pregnant women, children, and the elderly. With the support of fellow medical workers, religious leaders, and the community, RNs braved 15-degree weather to protest, leading mass demonstrations and packing public hearings. As a result, RNs managed to mitigate the clinic cutbacks and, in some cases, even reopen or expand sites. Most recently, when the system proposed closing the pediatrics unit at its main hospital, Stroger, nurses allied with the community — effectively keeping the only safety net pediatrics unit serving many of Cook County's low-income and immigrant children of color.

Standing Up for Workers' Rights and Unity

Nurses know that their power to advocate for patients comes from having a strong union to protect them when they speak up and challenge management. When the U.S. Supreme Court in 2018 struck a huge blow to labor unions and worker solidarity by ruling in *Janus v. AFSCME* that public-sector workers could shirk their union obligations by refusing to be members and pay dues, NNOC nurses across the country staged major public protests. Most importantly, nurses educated coworkers and organized themselves to maintain high membership numbers and the unity needed to continue bargaining for strong contracts and advocating for patients.

Fighting Hospital Closures

Over the past decade, hospital corporations have continued to consolidate facilities and services in their pursuit of maximizing profits, resulting in either hospital closures or major service cuts in some communities where that hospital is the only one for miles around. Closures have hit rural areas particularly hard but are happening in major urban centers as well. NNOC nurses have been instrumental in fighting these closures and trying to preserve critical services for their communities. In Maine, nurses protested the closure of a labor and delivery unit at Calais Regional Hospital and were successful in forcing out a hospital management company, Quorum, that was mismanaging their facility. In Ohio at Affinity Medical Center and in Washington, D.C. at Providence Hospital, nurses teamed up with their communities to protest and delay the closures of those facilities.

In California, nurses, through organizing with local health care and community activists as well as elected officials, were able to help save St. Luke's Hospital and San Leandro Hospital in Northern California from closure and, most recently in Southern California, push decision makers to find new operators for Community Medical Center Long Beach to keep that critical facility open. In Berkeley, Sutter Health nurses have been waging a years-long campaign to keep Alta Bates Hospital open. This advocacy by CNA/NNOC nurses is key to providing health care access for patients in communities across the country.

Standing Up for RN and Patient Rights — the Kentucky River Decision

A misguided 2006 National Labor Relations Board ruling — the "Kentucky River" decision — that employers could exploit to try to group registered nurses, particularly charge nurses, into the category of supervisor mobilized tens of thousands of CNA/NNOC nurses, labor activists, and community members to protest and take all necessary action, up to and including striking, to protect their rights to a union. Nurses at many facilities were successful in negotiating, as part of their contracts, commitments by employers to not invoke the decision — with the Kaiser Permanente master contract covering 21,000 RNs among the most significant of these.

PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Social Advocacy

UNIVERSAL HEALTH CARE BASED ON A SINGLE STANDARD OF QUALITY CARE FOR ALL

Nurses are acutely aware, from our work at the bedside, that today's health care system fails to provide quality health care as a right to all people living in the United States. That's why RNs from NNOC are helping to build a powerful grassroots movement to transform the current system by winning expanded, improved Medicare for All.

The Affordable Care Act (ACA), passed in 2010, made history by expanding health insurance to millions of people for the first time, but by 2019 nearly 30 million of us remained uninsured, and at least 40 million more could not afford the costs of their copays and deductibles. Since the Covid-19 pandemic began, at least 15 million more people in this country have lost their employer-based health care.

The quality of our health care lags shockingly behind care in other industrialized countries in such critical health outcomes as life expectancy, infant and maternal mortality, and preventable suffering and deaths from diseases. Yet the United States spends more money per capita on health care than any other industrialized nation. We waste hundreds of billions of dollars every year on unnecessary administrative costs, while health care industry executives measure success in profits, instead of patient care.

As patient advocates, nurses know it is time to remove the profit motive in health care, to resolve the inefficiencies, and to guarantee quality, therapeutic health care to every person living in the United States. We are organizing with our neighbors in communities across the nation to urge our representatives in Congress to support Medicare for All legislation. We've held hundreds of Medicare for All barnstorms and town halls, knocked on doors, and canvassed farmers' markets and other public events from coast to coast. This grassroots work has resulted in an ever-growing list of elected officials who support Medicare for All, including a majority of the legislators chairing committees that are key to the legislation's success.

How Medicare for All Legislation Works

- » Eliminates health insurance premiums and high deductibles.
- » It's universal. Everybody is covered, even when changing or losing a job.
- » Provides comprehensive benefits including prescription drugs, dental, vision, hospitalization, and doctor visits.
- » Provides long-term services and supports for seniors and people with disabilities through home and community-based services unless the individual chooses otherwise.
- » Allows complete freedom to choose your own doctor and other health care providers.
- » Preserves the ability of veterans to receive their medical benefits and services through the Veterans Health Administration, and of Native Americans to receive their medical benefits and services through the Indian Health Service.
- » The Medicare for All program would provide global budgets to all institutional providers to help contain the exorbitant costs present in the system today.

Why Improved and Expanded Medicare for All is the Best System for Working People

- » Eliminates "cost-shifting" from employers to employees.
- » Maintains health benefits for working people who strike or suffer on-the-job injuries or long-term illness.
- » With health insurance no longer tied to employment, unions can focus on improving wages, pensions, and working conditions.
- » Ends the competitive disadvantage U.S. businesses face competing in a global market with countries that have national health care systems.
- » The legislation provides funding for a just transition to help commercial insurance industry workers transition to other employment.

Join with nurses from around the nation to win Medicare for All by visiting: www.Medicare4all.org.

PATIENT ADVOCACY— OUR GUIDING PRINCIPLE

Social Advocacy

A RECORD OF LEGISLATIVE ACHIEVEMENT

Every year, NNOC and our national union, National Nurses United, 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.

As NNU continues to fight for the gold standard for RN and patient safety, hospital-wide mandatory minimum RN staffing ratios in federal and statewide legislation, we energetically advocate on other fronts including labor rights and occupational health and safety.

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 retribution. 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 was reintroduced in the House in March 2023.

NNU represents more than 12,000 nurses at 23 VA hospitals in the United States and is a leader in fighting for passage of the VA Employee Fairness Act. This bill was passed on Dec. 15, 2022, by the U.S. House of Representatives and would give Dept. of Veterans Affairs nurses and other clinicians full collective bargaining rights. We plan to reintroduce this bill and work to pass through both houses of Congress.

OCCUPATIONAL HEALTH AND SAFETY

Protection from Infectious Disease

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 Covid-19 pandemic. The standard requires mandatory practices governing the provision of PPE and safety protocols for all health care workplaces during the pandemic. We continue to advocate for a permanent standard.

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.

Holding Employers Accountable for Workplace Violence Prevention

NNOC and NNU have also been prominent national leaders in demanding protections for nurses and other health care workers against 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. The bill was reintroduced in the Senate and the U.S. House of Representatives in April 2023.



N95

PROTECT
NURSES
PATIENTS
PUBLIC HEALTH



California
Nurses
Association



National Nurses
Organizing
Committee

#COVID19



National
Nurses
United

GET INVOLVED

Make a Difference in Your Facility

FACILITY LEADERSHIP

NNOC emphasizes building collective power in our facilities over individual representational methods.

The Chief Nurse Representative/ Chief Shop Steward

The chief nurse representative/chief shop steward is a designated nurse representative/shop steward elected at each facility whose responsibilities include providing leadership for facility-wide issues, recruiting and training nurse representatives/shop stewards, coordinating the nurse representatives'/shop stewards' activities with the NNOC labor representative, assisting members in processing grievances by serving as a representative, conducting grievance meetings, and attending Nurse Representative/Shop Steward Council meetings.

The Nurse Representative/Shop Steward

Your nurse representatives are the backbone of the union at your facility. The role of the nurse representative is to involve the members in your facility in the ongoing endeavor to protect the provisions of the contract and improve the conditions under which nurses work to provide quality care.

Optimally, every shift and every unit should be covered by a nurse representative. The nurse representative acts on behalf of the interests of the RN members and the union. They can assist in your understanding of the contract. They also serve as an organizer and communication link between RNs in the facility, accompany the nurse in any meeting that the nurse has reason to believe will result in discipline, and investigate and present grievances to management.

The Nurse Representative/Shop Steward Council

Every facility should have a Nurse Representative/Shop Steward Council that comprises all the nurse representatives/shop stewards in the facility. The council meets on a regular basis in meetings chaired by the chief nurse representative/chief shop steward or their designee.

The primary purposes of the council are to »

- » Support the nurse representatives/shop stewards in their roles as organizers, educators, and advocates.
- » Share information about NNOC, the facility, grievances, and other matters relevant to advancing the interests of our members.

- » Develop organizing plans around grievances, bargaining, and NNOC and NNU programs.
- » Help mentor newly elected nurse representatives/shop stewards.

The Professional Practice Committee

For more information on the Professional Practice Committee (PPC), and its role in your facility, please see page 20.

Facility Bargaining Council

The Facility Bargaining Council (FBC) is the crucial link between the contract negotiating team and all nurses in the bargaining unit, with representatives from every shift and unit.

The FBC communicates with the nurses on their unit, making sure all nurses are informed about progress in negotiations. They also keep members engaged in the process, which is the key to securing a good contract.

Negotiating Team

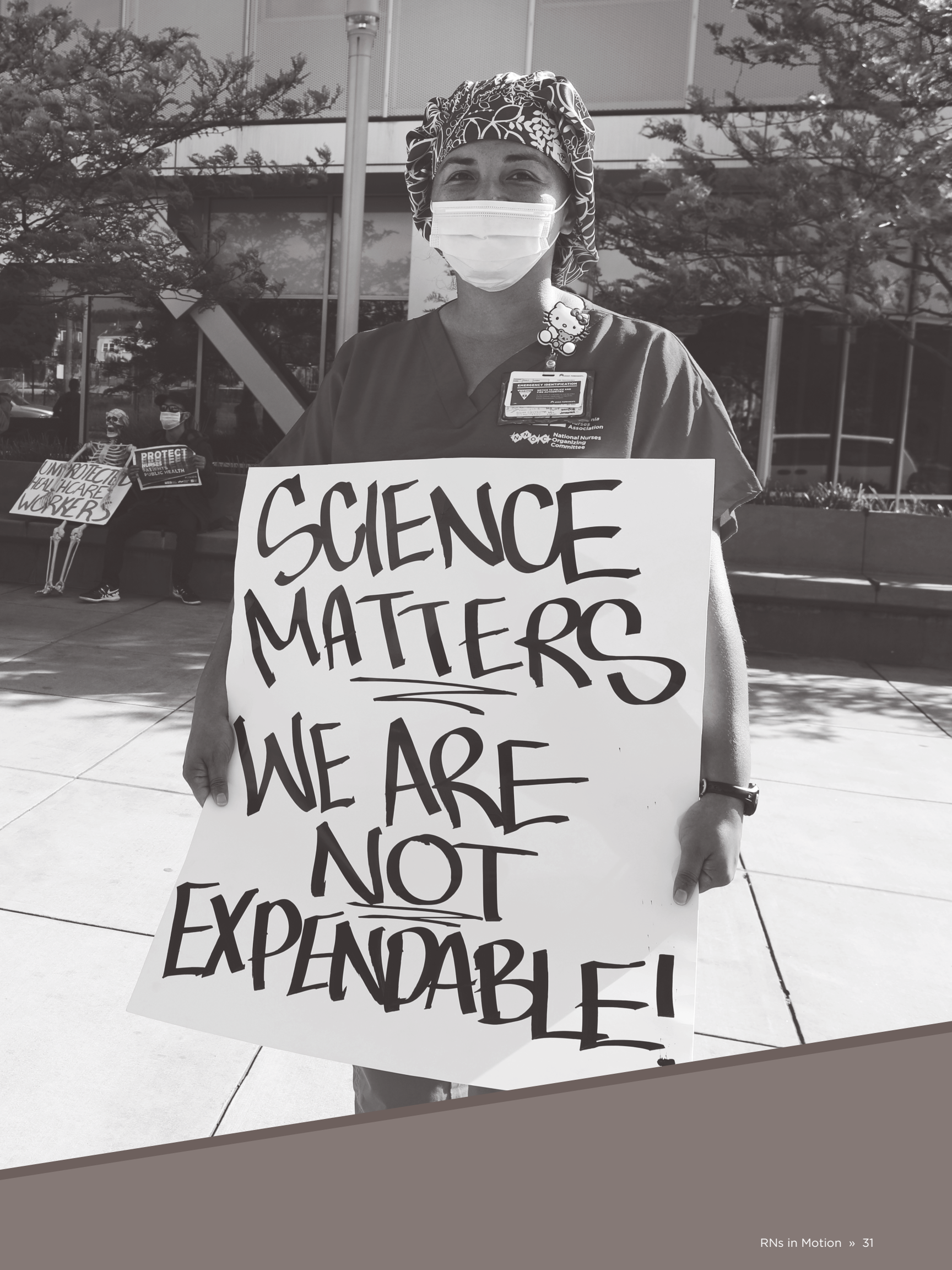
The FBC elects the nurse negotiating team. The size of the team is based on the number of RNs in the bargaining unit at your facility. The elected nurse negotiating team and an NNOC labor representative sit across the table from management. NNOC provides orientation and training. The negotiating team keeps nurses informed through the distribution of regular bargaining updates.

Hospital System Joint Bargaining

NNOC has been successful at arranging for nurses within the same hospital chain to bargain together as a joint bargaining council for maximum collective power across the system. Additionally, joint bargaining allows us to standardize our best contract provisions for safe patient care.

Current Joint Bargaining Councils »

- » Dignity/CommonSpirit Health
- » HCA
- » Kaiser Permanente
- » Prime Healthcare
- » Providence St. Joseph Health
- » Sutter Health
- » Tenet Healthcare
- » University of California
- » Veterans Affairs





GET INVOLVED

Make a Difference in Your Community

RNs IN MOTION

As a member of NNOC, there are many opportunities for involvement — on the facility level as a nurse representative/shop steward, or in your community. You can volunteer for our disaster relief efforts and participate in campaigns for legislation that protects patients and nurses, including universal health care through improved and expanded Medicare for All.

Stay Informed — Email Alerts

Get involved and stay informed by signing up for email alerts. Alerts will also provide information on the latest developments affecting RN practices and patient care, and how and when to respond.

Sign up online at: www.nationalnursesunited.org.

Volunteer by Joining Registered Nurse Response Network (RNRN)

RNRN has a national roster of more than 28,500 nurses ready to volunteer when disaster strikes around the country or around the world.

Sign up to volunteer or donate to RNRN online at: www.rnresponsenetwork.org.

Participate in Your Local Metro Council

Metro Councils (MCs) provide a home for nurse activists outside the workplace in our local communities, where there are multiple facilities represented by NNOC/NNU. Through the Metro Council, nurses can make connections among members at unionized facilities in our regions about larger collective bargaining issues that have a cross-facility impact, such as contract campaigns and strikes. The Metro Council is also a venue for building working relationships of solidarity with nurses in non-union facilities with the goal of expanding organizing in the region and building the ranks of unionized nurses.

Contact your labor representative to find out if there is a Metro Council in your area.

Enroll in CE Courses

Attend one of NNOC'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

Workplace Violence — Prevention and advocacy for nurses

RN Staffing Ratios — The necessity of regulated nurse staffing ratios to ensure patient safety and improved outcomes for hospitalized patients

INFLUENCE PUBLIC OPINION IN YOUR COMMUNITY

Send a Letter to Your Editor

For 21 years, nurses have headed the Gallup annual poll as the most honest and ethical profession. When you speak up on health care and other issues, people listen.

Letters to the editor are among the best-read sections of any newspaper. Letters are a short, effective way for you to directly reach the public. The voices of nurses are especially important, and we provide you with all the tools you need.

Take Action on Legislation That Affects Our Profession and Our Patients

Tell your legislator to support national and state bills dealing with issues of concern for our profession and our patients, such as legislation mandating national nurse-to-patient ratios and workplace violence prevention bills. It's easy — make sure you're signed up for email alerts that will direct you on how to take action.

The Nurse Advocacy Network

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. NAN is a great way for friends, family, and nurse friends or colleagues not yet unionized to also get involved and provides nurses and activists with resources and training to be successful advocates.

Sign up online at: www.nnu.org/joinNAN.

KNOW YOUR RIGHTS

Your Right to Representation

WEINGARTEN RIGHTS

If you believe that any meeting or interview with your employer may result in disciplinary action against you, you are entitled to union representation.

Under a decision by the U.S. Supreme Court in 1975 (*NLRB v. Weingarten, No. 73-1363*), nurses employed in hospitals covered by the National Labor Relations Act have the right to representation at any meeting with management that they reasonably believe may result in disciplinary action or termination. RNs in the public sector have the same rights.

To exercise these rights »

- » You must request that an NNOC nurse representative/shop steward be called into the meeting.
- » You must have a reasonable belief that discipline will result from the meeting.
- » You have the right to know the subject of the meeting and the right to consult your nurse representative prior to the meeting to get advice.

- » Do not refuse to attend a meeting if an NNOC advocate is requested but denied. Attend the meeting and insist upon your right to have a nurse or labor representative present. If this fails, take complete notes and decline to answer questions.

JUST CAUSE FOR DISCIPLINE

Just cause is a basic principle underlying most disciplinary procedures. Although the definition of just cause necessarily varies from case to case, the following questions are examples of those commonly used by arbitrators in deciding whether there was just cause for a disciplinary action.

Factors determining just cause for discipline »

- » Was the nurse adequately warned?
- » Was the policy legitimately established? Was the rule or order reasonable?
- » Was the investigation fair and objective?
- » Did the investigation produce substantial evidence of proof?
- » Were the rules, orders, and penalties applied evenhandedly and without discrimination to all involved parties?
- » Is there evidence of disparate discipline vis-à-vis other similar incidents?
- » Was the penalty reasonable in relation to the seriousness of the offense and the past record?



KNOW YOUR RIGHTS

Claim Your Overtime

YOUR TIME IS VALUABLE

Federal law and your contract all require your employer to pay you for all hours worked, including overtime.

It's Professional to Claim Your Overtime

Sometimes nurses feel that it reflects poorly on them as professionals if they cannot complete their work in their regular shift. It is because you are responsible for the care of your patients that you often cannot simply walk out at the end of your shift.

When a patient's condition deteriorates late in your shift, as a professional, you prioritize that patient. If that means other work is not completed during your shift, you stay to complete it. Charting is part of your professional and legal responsibility. If you have to stay past the end of your shift in order to complete your work, claim your time.

Not claiming overtime undermines your colleagues and your patients by legitimizing unsafe staffing.

Don't Be Intimidated

Sometimes nurses feel intimidated by managers who discourage overtime and blame the nurse, suggesting that she/he is not well organized. Increased patient acuity and cuts in ancillary staff are the primary reasons nurses work overtime. You are a patient advocate.

Advocate for quality care and advocate for your rights too.

MISSED-BREAK TIPS

- » Sign no waivers of your rights. Mark all missed breaks and meal penalties on your time card and keep careful records: date, time, shift, and witnesses.
- » File ADOs for short staffing that causes missed breaks or meals.
- » Do not let your manager influence you to falsify your time record by failing to record missed meals and breaks. Your employer is liable for this practice, especially managers who knowingly permit this practice or who intimidate RNs/NPs into time falsification.
- » Your license is in jeopardy if you are working while you are off the clock.

Asso

La Seguridad al Paciente Antes de Ganancias



**National
Nurses
United**

AFL-CIO



WORKPLACE ISSUES

The Organizing Model in Your Facility

A SHORT QUIZ

There's a problem in your hospital. Perhaps it's a chronic short-staffing issue affecting your entire unit or a written warning you have received from your manager.

What do you do first?

- a) Organize a delegation of nurses to your CNO
- b) Start a petition
- c) File a grievance
- d) Contact your nurse rep/steward

Correct answer:

d) Contact your nurse rep/steward

While you may end up doing any number of the above actions, the first step is to talk to your nurse representative/shop steward. The nurse representative/shop steward is part of a network of NNOC RN leaders in your facility called the Nurse Representative/Shop Steward Council. They have the overview and knowledge of facility-wide issues and concerns that will determine the best approach to solving the problem.

WITH A UNION, YOU'LL NEVER GO IT ALONE

When there's a problem, you can solve it together as a group. Because you speak with one voice, you have a say in decisions that affect you and your patients. Working together, you can make your hospital a better place to work and receive care.

With an NNOC contract in place, members have new avenues for solving problems and making improvements every day. We emphasize using the collective power of RNs in our facilities over individual representational methods. This includes creating strong effective Nurse Representative/Shop Steward Councils and Professional Practice Committees (PPCs). This is an important shift away from a legalistic grievance-filing model and toward an organizing model that gets problems resolved early and through group action of nurses.

When we organize over issues in the workplace, usually we are fighting to enforce the contract, and other times we fight for things which may not be explicitly covered in the contract but are issues RNs care about. As you become more organized and more accustomed to these sorts of activities, you may find that more and more problems can be resolved without resorting to formal grievances.

Your Contract

The contract is a kind of historical record of the achievements of the RNs in your facility. It institutionalizes the victories of the past and establishes the minimum that you can expect from your employer. It is a mistake, however, to view the contract as a lifeless document. In the hands of a good nurse representative/shop steward, it is interpreted creatively in the interests of the members. The contract itself is only so many words unless RNs are willing to stand up for their rights.

Whom Should You Call?

Often there is confusion regarding the difference between the role of the nurse representative/shop steward and that of the Professional Practice Committee. This is not surprising because often the issues they address overlap.

- » The nurse representative/shop steward primarily deals with contractual problems.
- » The PPC primarily deals with nursing practice issues.

It is important for the nurse representative/shop steward to maintain frequent contact with the PPC. Problems that are not clearly grievable may be subjects for the PPC. Problems such as excess floating, overtime, stand-by and call-back time, or frequently changed schedules are often indicative of staffing problems. The PPC should be aware of these so that the broader issues can be investigated. Conversely, practice issues such as safety hazards may be contractual or legal problems.

WORKPLACE ISSUES

Grievance Policy and Organizing

WHY GRIEVANCES ARE NOT ENOUGH

Grievance and arbitration, negotiated into every NNOC contract, is a formal, time-limited procedure used to resolve individual and group issues with management. A grievance is a claim by a member or by the organization that there has been a violation of the contract or a law. Management knows whether you are alone or whether your colleagues are supporting the grievance as well. Resolving issues is less about individual skill and more about the balance of power in your unit and in your facility.

Simply filing a grievance and waiting for the process does little to alter that balance of power in the nurse's favor. It is usually not a collective activity, but it is carried out by one individual, the nurse representative/shop steward. It takes the issue off the unit and out of your hands. While the grievance slowly winds its way through the process, you have nothing to do but wait.

The NNOC Philosophy in Handling Grievances

- » Grievances are best settled based on the support we have among our colleagues, not by pure reason.
- » An NNOC agreement merely lays down some of the rules for the ongoing struggle with our employers to maintain and improve our conditions. A union agreement does not settle things for all time.
- » There is rarely an undisputed interpretation of contract language.
- » Grievances must sometimes be filed, but they should also be fought for by:
 - › Making them visible and public, so that everyone is aware of what is taking place.
 - › Making them collective, group grievances involving as many members as possible.
 - › Making them active, involving numbers of RNs in various actions.
- » Being mobilized to face the hospital management that is causing the problem and that has the power to resolve them.

YOUR ORGANIZING TOOLBOX

- » Informational flyers (just remember that management is reading your flyers too)
- » Open letters or petitions to management signed by most of the unit
- » Organized calls and emails to the administration
- » Department staff meeting (lead discussion concerning the issue)
- » Staffing surveys, issue surveys
- » Assignment Despite Objection (ADO) forms
- » Patient Care Report that documents specific patient-care issues from the staffing survey and ADOs
- » Verbally confronting management at the beginning of shift concerning assignments and the need for more staff
- » Delegation visit to the CEO or CNO
- » Invite the CNO to a PPC meeting to discuss the issue after you have an initial plan
- » Next steps: informational picket, candlelight vigil at hospital, media coverage, etc.

partial list



IDENTIFYING THE KIND OF PROBLEM

Contract Violation

A violation of the contract may take the form of a specific provision of the contract or an agreed-to interpretation of a provision of the contract.

Violation of Federal, State, or Regulatory Law by the Employer

If the action of the employer being challenged is in violation of a law, such as federal or state antidiscrimination laws, occupational health and safety laws, or the state nursing practice act, we may notify the appropriate government regulatory agency, in addition to documentation through a coordinated Assignment Despite Objection campaign, use of the grievance procedure to correct the violation, or all of the above.

Violation of a Well-Established Past Practice, Procedure, or Policy by the Employer

If an action by the employer is in violation of a well-established practice or procedure, there is a basis for grievance, even though the practice or procedure has not been formalized. If neither party has questioned the practice or procedure in the past, there may be an implied joint acceptance of it.

Violation of an RN's Rights Through Unjust Discipline or Discharge

One of the most important functions of the union is to provide justice on the job. It is a basic way of providing job security and the dignity and peace of mind that result from being protected against arbitrary and unjust discipline or discharge and other punishment that exceeds the infraction.

Violation of a Nurse's Professional Responsibility to Patients

As licensed professionals, we are legally responsible for our actions. Even though the contract may be silent on a particular issue or condition of employment, there may be a circumstance for which the employer is responsible that adversely affects your ability to meet your professional and legal obligations to the patient. And, of course, always fill out an ADO.

As Nurse Representatives/Shop Stewards and PPC Members »»

- » You are on equal footing with management when advocating for your members.
- » It is against the law to retaliate against you because of the way you advocate on behalf of your patients.
- » Management cannot hold you to higher workplace standards than other members.



NURSES SAY »
BLACK LIVES MATTER

BLACK LIVES MATTER!!
@CalNurses

NURSES SAY »
BLACK LIVES MATTER
National Nurses United

YOUR MEMBERSHIP

What You Need to Know

MEMBERSHIP

As a member of the bargaining unit, you are protected by a collective-bargaining agreement (CBA) between your hospital and NNOC. This collective-bargaining agreement, or contract, specifies your wages, hours, benefits, rights, professional procedures, and many other matters. You should obtain a copy of the agreement from your nurse representative/shop steward.

What Does NNOC Membership Offer Me?

Representation at Work

Every year, nurses represented by NNOC have won impressive gains through collective bargaining. Large wage hikes, weekend and shift differentials, and increased pay (tenure steps) for long-term nurses have become the norm.

Advocacy in the Halls of Our State Legislatures and Congress

NNOC and NNU fight to protect your working conditions and professional practice standards in the legislative and regulatory process. For example, NNU is supporting a federal RN-to-patient staffing ratios bill, modeled on the bill won in California by CNA/NNOC.

Professional Leadership

NNOC and NNU's nursing practice programs promote the highest standards of patient care and RN practice, ensuring that patient care and practice standards are incorporated in collective-bargaining agreements and enforced in your workplace.

As an NNOC Member, You Have the Right to »

- » Vote on the terms of your contract.
- » Participate in the development of contract proposals.
- » Participate in strike votes.
- » Nominate, vote for, or serve as an officer or representative of an NNOC Facility Bargaining Council, Professional Practice Committee, Board of Directors, etc.
- » Attend and participate in NNOC facility, regional, state, or national meetings.

More Member Benefits

Members enjoy many additional benefits, including a free subscription to *National Nurse* magazine, as well as substantial discounts on NNOC and NNU publications, products, and continuing education courses. Special discounts on insurance, loans, and financial services are also available through exclusive programs for members.

Retiree Membership

NNOC's Retiree Division is a vehicle for retired members to remain active and connected to colleagues through local NNOC retiree chapters. Retiree membership benefits include free access to CE classes, discounts on goods and services through the AFL-CIO Union Plus program, a special-edition Retiree Division scrub, and a subscription to *National Nurse* magazine.

Visit online at:

www.nationalnursesunited.org/retiree-division.

Termination/Change of Status

Please send verification to the membership department upon separation from your employer, or if you are taking a position outside of the bargaining unit. This will ensure that you are no longer billed for that facility.

HOW WE ARE ORGANIZED

Professional Organization and RN Union

National Nurses Organizing Committee (NNOC) is a professional organization and a labor union that brings together the best attributes of both. For most RNs, their first exposure to NNOC is with our more traditional union work, when nurses vote to join and then negotiate a first contract, working with our top-notch organizing and collective-bargaining staff.

As a multipurpose organization, our strength lies in our ability to coordinate our collective bargaining, legislative work, nursing practice, research, and education on behalf of our patient advocacy in our facilities and in the greater society.

DEPARTMENTS

Collective Bargaining: Organize, Represent, and Negotiate

Collective bargaining provides the legal authority and power to engage in patient advocacy actions on a collective basis with a unified RN voice. Labor representatives assist nurses represented by CNA under collectively bargained contracts, working closely with nurse representatives/shop stewards and union committees in the facility on contract negotiations and compliance. Nurse Representative/Shop Steward Councils that exist in each facility are essential for building and maintaining the highest standards of RN practice and workplace conditions.

Organizing

Record numbers of RNs across the nation are organizing due to the attacks on patient care standards and lack of voice in decisions affecting their practice and their patients. The more RNs NNU represents, the more effectively we can fight to improve patient care standards.

Our organizing staff brings the diversity and skill of their years of experience from other labor unions, community, and consumer action campaigns, resulting in the most successful organizing program in the country.

Legislative Advocacy/Government Relations

Government relations oversees legislative and regulatory issues affecting RN licensure, practice, staffing, and the health care delivery system. The Legislative/Regulatory Committee, composed of RN members, guides the work of the department, which consists of legislative specialists and RN lobbyists in our state capitals and in Washington, D.C.

A political action committee, consisting of members and staff, screens and endorses candidates running for office, based on their positions on patient advocacy, workplace safety, and women's and workers' rights.

Health and Safety

As the country's largest and most powerful union of registered nurses, NNOC and NNU are committed to protecting nurses from workplace injuries and illnesses. Our Health and Safety department plays a leadership role in safeguarding the health and safety of RNs by sponsoring state and federal legislation, participating in the rulemaking process, and negotiating strong contract protections in areas such as:

Workplace Violence — In 2018, California nurses celebrated the strongest state workplace violence protections to take effect in the country — thanks to legislation won by California Nurses Association (CNA). This legislation serves as a model for workplace violence prevention legislation that NNU sponsors at the federal level.

Safe Staffing — For 13 years, CNA fought for safe RN-to-patient ratios, eventually winning first-in-the-nation legislation in California. NNU continues to fight for a federal staffing law that would require safe nurse-to-patient ratios and other safety measures in hospitals nationally, such as zero-lift policies.

Infectious Diseases — Successes include countless improvements in our facilities, from safer personal protective equipment (PPE) standards to paid leave following an exposure. From the onset of the Covid-19 pandemic, NNOC and NNU have been active at the national level, advocating that OSHA and the CDC promulgate strong protections. At the facility level, NNOC members continue to win collective bargaining agreements across the country with strong infectious disease protections.

Nursing Practice and Patient Advocacy

Nursing practice provides continuing education programs and monitors professional practice issues and trends affecting bedside RNs. The department is a resource for the contract-mandated Professional Practice Committees (PPCs) in each facility to ensure that nursing practice laws and patient advocacy regulations are observed. The RN-member Joint Nursing Practice Commission makes policy recommendations to the Board of Directors on nursing practice issues.

Education, Social Justice and Equity, and Research

The Education division develops and provides continuing education courses to complement the courses offered by the Nursing Practice program. Our 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 NNOC and NNU as a whole, the Research division helps develop and articulate strategic approaches, in addition to creating reports that illustrate the current health care crisis in this country.

Communications

Communications ensures that the voice of direct-care RNs is prominently heard throughout electronic, print, and social media on a wide range of nursing, patient protection, and health care policy issues.

The department also produces National Nurse magazine and other materials to inform RNs about critical developments affecting members, fellow RNs, and patients. The department also develops and maintains the organization's online and social media presence.

Executive Office

The executive office works closely with the Board of Directors to implement the policies and programs of the organization, including the development of state and national policy on health care issues, worker protection, and patient advocacy legislation. The executive office provides oversight and ensures integration of all departments and programs.

PROGRAMS

Registered Nurse Response Network

The seeds of the Registered Nurse Response Network (RNRN) were first planted when, in the days following the 2004 South Asian tsunami, the union's offices were flooded by calls from RNs across the nation frustrated by the scarcity of volunteer opportunities for direct-care nurses. When Hurricane Katrina hit the following year, no time was wasted.

By the time the floodwaters were receding, more than 300 RNs were placed in understaffed public hospitals, triage clinics, and other facilities throughout the Gulf Region. RNRN was officially launched the following year.

When the devastating 7.0 earthquake struck Haiti in 2010, RNRN's roster of RN volunteers grew to more than 14,000. RNs were dispatched to relieve exhausted nurses aboard the USNS Comfort, which treated the most severely injured. Teams of RNs worked alongside local Haitian doctors and nurses at Sacré Coeur Hospital, located 80 miles north of Port-au-Prince, in the months following the quake.

Other major RNRN deployments include Hurricane Sandy (2012), the Philippines' Super Typhoon Haiyan/Yolanda (2013), missions aboard the USNS Comfort hospital ship, Standing Rock Sioux reservation in North Dakota (2016), Puerto Rico after Hurricane Maria and Houston, Texas after Hurricane Harvey (2017), Florida after Hurricane Michael (2018), Guatemala for basic medical care after a volcanic eruption (2018), aid to refugee families at a Tucson border shelter (2019), and Florida in the wake of Hurricane Ian (2022). The RNRN roster of volunteers has grown to more than 28,850 RNs.

Sign up to volunteer and/or donate at:
www.rnresponsenetwork.org.



HOW WE ARE ORGANIZED

The Online World of NNOC and NNU

Our Websites

Our websites offer a variety of state and national content, including our national RN magazine, *National Nurse*, as well as news, press releases, and blogs.

- » Visit National Nurses Organizing Committee to locate your state's page:
www.nationalnursesunited.org/nnoc.
- » Visit National Nurses United and affiliates:
www.nationalnursesunited.org.

RN Resources

Be sure to check out the "RN Resources" link for continuing education classes, scholarships, member benefits, renewal applications, research reports, nursing practice updates, and our online store featuring branded merchandise union-made in the USA.

Multimedia

NNOC and NNU members are not waiting around for mainstream news organizations to tell our stories. Instead, we're creating our own outlets for informing, educating, and entertaining. Click the rotating features along the top of the website to see what's new or scroll over the "Media" menu for a list of news, blogs, press, videos, and photos. You'll also find links to *National Nurse*, NNU's premier RN magazine, and more.

Volunteer

Check out the Registered Nurse Response Network to volunteer, donate, or read about our impressive list of more than 28,500 RN volunteers, standing by to provide medical care to victims of natural disasters such as Hurricane Maria and the devastating Haiti earthquake.

Become a volunteer hero today at:
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.

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



NationalNurses
NNUBonnie



National Nurses
NNUBonnie



NationalNurses
NNUBonnie



NationalNurses



NationalNursesUnited



NationalNursesUnited



About Affiliates Campaigns Organize Resources Media RNRN Q

Organize

Organize with National Nurses United to improve workplace standards through collective bargaining, reform national health care legislation, and make a difference for you and your patients.

Organize with NNU

Learn more

Videos



Hundreds of NNU nurses marched in solidarity with WGA and SAG workers on the Netflix picket line



NNU President Zenel Triunfo-Cortez speaks at the 60th Anniversary of the March on Washington

See all videos



SUGGESTIONS FOR SMART SOCIAL MEDIA USE

Social Media General Rule

Think twice before you post anything, and then think again. The rule of thumb is: Would you want this statement, comment, picture, or video about yourself to appear on a public bulletin board? Today, taking a screenshot of any image or post and forwarding to coworkers, the employer, or the public takes only a few seconds.

The National Labor Relations Board settled a lawsuit against a Connecticut ambulance company that fired an employee after she used Facebook while on her home computer, on her own time, to criticize her boss. The employer's policies interfered with long-standing legal protections that allow workers to discuss wages, hours, and working conditions with coworkers, the NLRB said.

Though this case reinforces the rule that employees have a right to discuss wages, hours, and working conditions with coworkers, even on social media sites, it does not necessarily mean that there is free rein to discuss anything work related. For example, patient confidentiality must still be protected no matter what the forum.

Social Media Guidelines

- » Explore all the privacy and security settings in Facebook, Instagram, TikTok, Twitter, Flickr, and other sites. Use "customize settings" in Facebook to set restrictions to the tightest available, usually "friends only" or "only me."
- » Conduct a monthly "spring cleaning" of your friends or followers.
- » Log out of Facebook and search your own name to see what appears as your public profile or what results pop up in search engines such as Google.
- » Don't friend managers or supervisors on Facebook.
- » Don't Facebook, tweet, or text on paid work time.
- » Don't post or tweet anything about a patient, no matter how seemingly innocuous.

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