



University of California nurses continue to be leaders in advocating for racial and gender justice in our workplace and communities. Racial and gender disparities in the health care setting are threats to patient safety and nurses' ability to provide quality care. As patient advocates, we know that racism and gender inequality are serious public health issues.

Please take a few minutes to fill out this survey. The purpose of this survey is to better understand the prevalence of racism and gender bias in the University of California hospital system. It will also help the union determine what our priorities during contract bargaining of our new contract in 2022. Your responses will remain anonymous.

# CNA Survey on Racial & Gender Justice in Our UC Workplace

Take the survey by clicking the link below:

<http://nnu.org/uc-justice-survey>

Or by scanning the QR code with your smartphone camera:





# UC NURSE ALERT

University of California RNs • NPs • CRNAs • Student Health Centers



## CNA LEGISLATIVE PRIORITY: SB 213

### ➔ BACKGROUND

Nurses often have to jump through hoops – while sick or hurt – to receive paid time off for work-related illnesses or injuries. And after all that effort, nurses can be denied coverage. That’s why we are proud to cosponsor a state-based solution in California, SB 213. This bill will ensure that nurses and other health care workers have “presumptive eligibility” for workers’ compensation (meaning they will automatically be eligible for workers’ comp) if they experience issues such as Covid-19 or other infectious disease, respiratory disease, cancer, post-traumatic stress disorder, and musculoskeletal injuries.

### ➔ PROBLEM

California has laws granting many public safety workers – male-dominated professions such as police officers and firefighters – presumptive eligibility for certain conditions, like lower back pain, Methicillin-resistant staphylococcus aureus (MRSA), and PTSD. In other words, these illnesses or injuries are presumed to be job related, and the worker is automatically eligible for workers’ comp benefits. Nurses, on the other hand, still have no presumptive eligibility at all, even though our nearly 90 percent female profession experiences many, many known hazards at work, now including Covid-19. According to the Bureau of Labor Statistics, in 2020, workplace hazards that required at least one day off work totaled 220 for firefighters and 200 for police officers. The total for registered nurses was 78,740. If the disparity in workers’ comp protections sounds sexist, that’s because it is. Our heroic first responders and law enforcement workers deserve all the protections they have. Nurses are simply asking for parity. If we are caring for the same patients, exposed to the same illnesses, and experiencing on-the-job injuries at higher rates, why is our women-dominated profession not protected in the same way?

### ➔ SOLUTION

SB 213 will modernize outdated California laws by making it easier for registered nurses and other health care workers to access the workers’ compensation system, in line with protections male-dominated professions such as police officers and firefighters have already been granted in California. Specifically, this bill creates a workers’ compensation rebuttable presumption for hospital employees who provide direct patient care in an acute hospital setting for issues such as infectious disease, respiratory disease, cancer, post-traumatic stress disorder, and musculoskeletal injuries. This will ensure all frontline health care workers have access to the same workers’ compensation presumptions, and is a vital step in achieving economic and gender equality. When nurses are hurt or sickened on the job, we should all be provided with the security written into SB 213. We signed up to care for our patients, not to weather out a work-related illness or injury with no pay.

## UC WORKPLACE VIOLENCE COMMITTEE UPDATE

Nurses have reported that rates of workplace violence have increased during the COVID-19 pandemic. If you have experienced workplace violence and would like to share your experience or insights with the committee of UC union nurses who work on workplace violence prevention, please join us the first Thursday of every other month from 9am-10am via Zoom.

**Next meeting: April 7<sup>th</sup> at 9:00am. For more information, please contact your nurse representative or CNA labor representative.**

# UC NURSE ALERT

UC SAN DIEGO



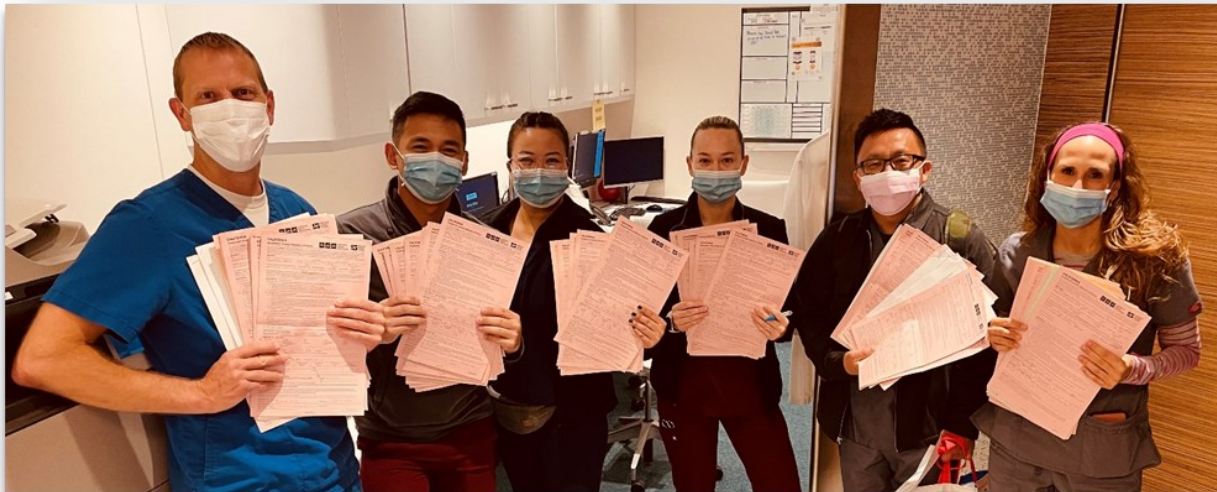
## Management to Provide EPIC Training

Management agreed with CNA's PPC (Professional Practice Committee) that too few nurses at UCSD understand how to use the Epic acuity system, which undermines state requirements to provide nursing care and staffing based on patient acuity. Management conducted trial trainings at the end of January that were deemed woefully inadequate by attendees. Management agreed to accept nominees from CNA's PPC to meet with the Epic acuity team to overhaul the training before rolling it out to nursing staff. Stay tuned for further updates!

## CNA Nurse Leaders Address Staffing & Workflow in Surgical/Procedural Areas

CNA nurse representatives from perioperative and procedural areas will meet with management on Thursday, February 10th to discuss ways to improve and better manage patient volumes in surgical and procedural areas, taking into account current limitations on staffing and space. A particular emphasis will be on reducing reliance on call teams through increased regular staffing and better guidelines for managing elective and non-urgent cases.

## Nurses' Advocacy Leads to Improved Staffing: Daily ADO campaign documented unsafe staffing effects on patient care



After JMC 5FG PCU managers started floating or flexing Resource nurses more frequently, 5GH nurses began documenting the potential hazards to patient care by filling out ADO (Assignment Despite Objection) forms whenever nurses were working with reduced staffing. The ADO form informs management, **"As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability."** Over the course of several months, about 75 ADOs were submitted. Consequently, management has begun retaining Resource nurses on the floor, providing improved conditions on the floor. JMC 5FG nurses will remain vigilant in continuing to demand safe staffing. Contact your CNA nurse representative to learn more about ADOs.



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UC IRVINE



On January 27th, Greg Kendall and I had a meeting with HR to discuss several concerns that our nurses currently face in MICU and CVICU. One of the concerns discussed was the separation of CVICU and MICU. This has caused major confusion with our nurses since both units now have separate management staff. As of now, both units still use MICU and CVICU nurses to staff accordingly. Since the installment of CVICU with the increasing open heart program, the patient acuity is at an all-time high. Most of these patients require 1:1 or even sometimes 2:1 nursing care. This brings a major stress on the PCC to find staff and staff accordingly based on nurse competencies not cost center. We discussed with HR the

importance of an additional PPCs for dayshift and night shift entirely since they have been dealing with this major burden since the beginning of CVICU. HR responded that additional PCCs is fair request but at this time, the decision solely lands on the budget committee, which will take place this July 2022.

With the high demand of high complex patient care, it has put our nurses at a crossroads. Both units do have designated breakers to help break our staff. Most of the time the breakers are able to send nurses in a timely manner. As of lately, nurses are asked to help cover each other for breaks which puts the nurses out of ratio for that time. This is a violation of state law and puts the nurses in uncomfortable situations and a major risk for patient safety. With the increase of this complex patients, we stated the additional PCCs would help alleviate this situation but for the time being we asked for designated break times that pre assigned at the beginning of the shift. Also we suggested adding a 4-hour resource nurse to come during lunch times to help the breakers and nurses when the floor is at a high acuity. As of today management has only met with us to discuss the set up of the meetings and the future dates moving forward.

**A Word from Our Chief Nurse Rep:** As we settle into 2022, I am grateful for all the hard work that nurses have done and continue to do. Nurses have survived a year full of challenges and proved that we are strong, resilient, and passionate in our profession. With all nurses coming together despite the odds we continue to fight and have made huge strides in our movement for better healthcare. We will continue our fight by demanding the best and safest way to provide quality care for patients and better working conditions for nurses. Nurses fought hard and won Clin 4 positions for our well deserving fellow nurses, holiday vacations for our NICU nurses to name a few. Our union is preparing and working hard to fight for more staff, breaks, vacations, maintaining ratios, safe working environment, health benefits and fighting for parity so UCI can retain nurses. Let us all continue to join forces to face all challenges next year as we bargain for a better contract that we deserve. We will continue to stand together with our fellow nurses at all the UCs throughout the state and all nurses throughout this country.

-Marlene Tucay  
CNA Chief Nurse Rep, UC Irvine

With regard to vacation request and approvals, HR acknowledged that our current system for granting time off has many flaws and are working to fix the current process. We addressed the number of nurses that are allowed to go on vacation at one time. Since we are separate units, we demanded the number of nurses allowed to go on vacation go back to 2 per shift. HR has agreed to follow up with management to discuss this matter and schedule a meeting with the union on any changes. As a new leader I'm committed to represent the nurses to the best of my ability!

-Jovani Rioja  
CNA Nurse Rep, MICU & CVICU



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# UC NURSE ALERT

UC LOS ANGELES



## Fight Against Drug Compounding Continues

After months of fighting back, filing Assignment Despite Objection (ADO) Forms, and numerous meetings with upper management, UCLA has finally implemented a pilot program to end the practice of having registered nurses compound drugs in the operating rooms. Nurses throughout the operating rooms have been forced to compound drugs, which is a violation of the scope of practice for Registered Nurses.

The Board of Registered Nursing (BRN) is clear that registered nurses are not permitted to compound drugs. The California Nurse Practice Act states:

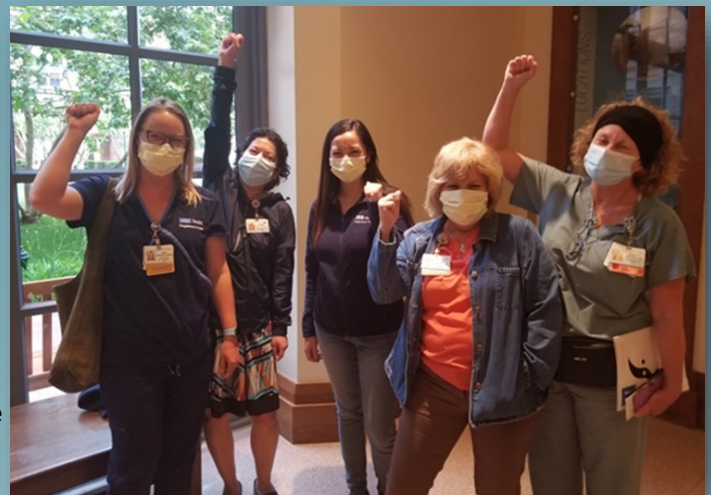
***BUSINESS AND PROFESSIONS CODE – BPC, DIVISION 2. HEALING ARTS, CHAPTER 6. Nursing, ARTICLE 2. Scope of Regulation 2725.1. (b) No registered nurse shall compound drugs.***

We are continuing to fight this issue in the Hematology/Oncology Clinics, but we believe this win paves the way for the issue to be addressed there. Nurses in the Operating Rooms are no longer jeopardizing their license by agreeing to compound drugs and our patients' safety will be protected!

## UCLA Midwives Approve Side Letter to Join CNA

In April 2021, 100% of the Certified Nurse Midwives at UCLA signed authorization cards to join CNA/NNU. After facing threats to the midwifery practice and high turnover rates at UCLA, the Midwives decided to come together to have a stronger voice to advocate for moms and babies. After a long fight to get the University to the bargaining table, the midwives finally have a side letter agreement with the University over their union rights and benefits.

Because the Midwives were significantly underpaid for years and have not received cost-of-living increases in 2021, fighting for better benefits was crucial for supporting the practice and preventing high turnover of Midwives. The agreement includes significant wage increases which are now competitive with comparable facilities in the area, which will make it easier for the department to recruit and retain staff.



The Midwives now have the rights, protections, and benefits of a strong union contract, which will bolster their fight for patient safety, recruitment, and retention!



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# UC NURSE ALERT

## UC SAN FRANCISCO



### ML PACU Nurses Fight Back Against Elimination of Start Times

In late December Parnassus PACU management announced to staff they would be eliminating 3 start times, going from 8 to 5 options. Parnassus PACU management claimed they were eliminating the shift start times as part of the move to 'fixed shifts' and the shift preference forms. The new nurse Representatives Monica Laurent, and Ryan Scruggs along with other PACU nurses jumped into action and demanded that management reinstate the elimination of start times. The nurses in the unit mobilized quickly and voiced their opposition to the proposed changes. Nurses and labor reps quickly drafted a Cease and Desist as the first step to push back, luckily this was not needed as management rescinded the elimination to the start times, this victory came as the result of the continued pressure from nurses and on January 13<sup>th</sup> PACU management agreed to reinstate all of the start times. Great work by PACU nurses in demonstrating how collective voices leads to wins.

**“PACU Nurses feel victorious after coming together fighting back and reinstating all the start times.”**

**-Monica Laurent  
CNA Nurse Rep, PACU**



# UC NURSES DEMAND

# SAFE STAFFING



### UCSF Extra Shift Differential (ESD) Extended

CNA nurse leadership is pleased to announce the extension of the extra shift differential agreement between CNA and UCSF that was originally signed back on January 10<sup>th</sup>, 2021. The union was able to push the university to include additional units to this side letter. The ESD Agreement will be in effect from January 9<sup>th</sup>, 2021, through February 19<sup>th</sup>, 2022. A nurse working an ESD Shift will receive their regular rate of pay for all extra shifts worked in excess of full time, including premium overtime, consecutive shift payment (if applicable), shift differential, weekend differential, holiday pay (if applicable), premium after 8, 10, or 12-hour shift, charge nurse differential, premium upon call-back status. We know that safe staffing and safe working conditions for nurses is critical to providing the highest standards of patient care, especially during the surging COVID-19/Omicron variant pandemic.

UCSF nurses and our Union, CNA, will continue to push management to address the challenges we face to provide the highest standards of patient care. We will continue to stand united with our fellow nurses, frontline workers, and our patients to provide the care our communities deserve.

**[Click Here to See the Side Letter](#)**



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# UC NURSE ALERT

UC DAVIS



## CNA PPC SENDS A STRONG LETTER TO THE CNO TOBY MARSH DEMANDING A STOP TO UNSAFE STAFFING PRACTICES

On January 18, 2022, our voices were heard as our Professional Practice Committee (PPC) sent a letter to the CNO Toby Marsh demanding a stop to unsafe return to work policies. Many of our nurses were directed to come to work COVID-19 positive at the beginning of January. When the dept. of Public Health gave new guidance and authorize for nurses to come to work COVID-19 positive as the last resort; UCD management seek this opportunity to force nurses to come to work with COVID even though they know this could put the health of our patients at risk. As Nurses, we know that this is not good for our patients, many of our patients are immunocompromised and if exposed to COVID-19 could be fatal for their health. Our PPC took this very seriously and wrote a letter to the CNO Toby Marsh with the following demands:

- Address this staffing crisis immediately and take our concerns seriously
- Never implement the California Department of Public Health order to send COVID-positive health care workers back to work
- Extend an extra shift incentive to our staff, like every other UC hospital and every other major hospital in the area has done



Unfortunately, Although UCDH retracted their return-to-work policy, and nurses are no longer expected to come to work with COVID, our fight is not over. We will not stop until our UCDMC understand that we need safe staffing. As Nurses, we will continue to advocate for the highest standards of care for our patients.

[Click here](#) for a fully copy of the demand letter

Along with drafting and sending a demand letter to CNO Toby Marsh, UC Davis nurse leaders held a virtual press conference to shine a light on the dangerous staffing practices being implemented by UC Davis Medical Center executive leadership. CNA nurses from across the hospital spoke to our community through local press to demand an immediate end to management's continued prioritization of profits over the safety of our patients and fellow workers.

[Click here](#) for a link to a recording the virtual press conference



California Nurses Association



National Nurses United

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## CNA UC Division Statewide Committees

- ◆ Student Health
- ◆ Advanced Practice
- ◆ Workplace Violence
- ◆ Racial Justice
- ◆ Environmental Justice
- ◆ Medicare for All

Statewide committees meet virtually on a regular basis. Please contact your CNA labor rep or nurse rep for more information on how to get involved.

**Join your fellow UC nurses from all over the state at our monthly CNA RN virtual townhall every third Tuesday of the month at 5:00 pm!**

To join, use the following zoom link:

<https://zoom.us/j/98535225309>

Or by scanning the QR code with your smartphone camera:

