

# Urgent: DSHS needs to stop the workplace violence

Urgent action is needed to ensure our safety. We continue to face violence and injury due to insufficient staffing and inadequate basic protections. As the frontline care providers, we directly experience the impact of the hospital's failure to provide a safe worker environment. Two months ago, a patient viciously attacked a nurse. Another assault occurred within days. And yet again last weekend, a nurse faced violence. The continuing assaults upon our co-workers require immediate action.

- No RN should work a ward alone. Not on night, not on weekends, not ever.
- Create a secure unit for placement of highly assaultive patients
- The nurses' stations need to be enclosed ASAP.
- Processes and policies need to be implemented immediately for transferring dangerous patients out of a setting where others are at risk.
- RN2s and RN3s need to be members of transfer teams for determining ward placement.
- Every RN needs to get ACET and CPI training at least every two years.

## Winning through unity on RN2 visibility of scheduler

When management took away scheduler visibility from the RN2s, we objected to this decision by taking action, and we won. We got management to reverse its stance and scheduler is now fully visible to RN2s.



"It was wrong for management to take away scheduler visibility from the RN2s. If you were on call or OT or pulled, or anywhere besides on your own ward and own shift, it was like going in blindfolded. But we won. We won because we were unified. We were able to force management to reinstate scheduler visibility. We called, we emailed, and we signed petitions. People sent in their stories. We stood together. That's how we did it."

**Nancy Phelps, RN2, F1 Night**

## Our staffing issues are not going to fix themselves

### Roles of RNs

As we take a deep look with DSHS at the roles of the RNs, there may be proposed changes. We expect management to honor our contract and our frontline input about our roles and experiences. If management tries to implement anything without us, or misrepresents that we are on board when we are not, we will stand together to see that they reverse themselves until a plan is made that is acceptable to us.



"Management needs to know they cannot just run us over. We are a union and we have the power to make sure management bargains with us. They can't do anything without us."

**Paula Manalo, RN3, Nights**

### No to leveling

When management brought up leveling during staffing committee, we said "No!" very clearly. It's not acceptable for the hospital administration to turn peoples' lives upside down when there are other things they could have tried first, such as fully staffing the hospital.

## Staffing office protocols must be fixed immediately

Not a joke: What do you get when you cross misguided and outdated staffing protocols with a centralized staffing office? Answer: short staffing. Western needs staffing to be responsive to the needs on the ward. We need people to do the staffing who have an understanding of the milieu, who know the skills and abilities of the floor staff, and who are able to make decisions that will set us all up for success. We have sent a strong, unified message that the wheel is broken. Now we must replace it.

## Float pools for better staffing and safety

RNs who float will have the same duties and responsibilities of the regular ward RN. We need to stand together to make sure float staff are not hired in a way that shorts the wards of regular staff.

## Innovative schedules

It is no wonder Western has trouble getting fully staffed when management won't look at alternatives to the eight hour work day. Some RNs want to work part time, some want 10 hour shifts, and some want 12 hour shifts. Other hospitals can do it, what will it take for management to make this happen?