

We are Island Hospital Caregivers; we are on the front line of public health

Now, more than ever, as we face the COVID-19 public health crisis in Washington State, we need to be able to work together to keep our community healthy.

Island Hospital has a strong track record of providing excellent patient care to our community and we are proud to be the people delivering that care. Our patients and our co-workers keep us here.

But as the cost of living rises it's harder to stay and provide that excellent care. In 2019 alone, 30% of our bargaining unit co-workers left Island Hospital for other jobs—and recruiting qualified people to fill those positions has been a struggle.

We've been asking to meet with our new CEO, Charles Hall, for months but he has refused to meet with our Union Bargaining Team. We need him to understand our proposals and offer a compensation package that brings us in line with the rest of the market in our area.



Tale of Two Island Hospital Employees – CEO Charles Hall and CNA/HUC Mary O'Brien



Charles Hall is Island Hospital's new CEO. He lives in Anacortes with his family. His base hourly pay rate is **\$161 per hour**, or about **\$335,000 per year**. Charles works full time and does not provide direct patient care, yet he makes

more than 8½ times the Anacortes median per capita income of \$38,968. If Charles were to insure his family on Island Hospital's Health Care Benefits plan, premiums for his whole family would cost him only 4% of his salary.



Mary O'Brien is a part-time night shift CNA/HUC in Island Hospital's Emergency Department and has worked at Island for almost ten years. She lives in Anacortes with her family and works a second job waitressing in Mount Vernon. Mary does important work in the Island

Hospital Emergency Department—providing direct patient care to everyone who comes to the ED. Mary's base rate of pay is **\$16.59 per hour** and she'd make **\$39,187 per year** if she worked the night shift full-time. In between working two jobs and raising a family, Mary is also going to school to finish her Bachelor's degree. If Mary was working the same job at PeaceHealth St. Joseph Medical Center, her pay rate would be \$18.90 per hour; and at Skagit Regional Health her pay rate would be \$18.16. Unfortunately, Mary and her partner are unable to insure their children on Island Hospital's Health Care Benefits plan, as premiums would cost her more than 35% of her annual full-time income.

On Friday, March 6, we tried, again, to speak with Charles Hall, and again, he refused. It's time for Charles Hall to meet with union members and listen to those of us doing direct patient care. It's time for our new CEO to hear our important message: Let's make Island Hospital the best place to work and receive care.

Our unity and our power has moved management significantly

For a full 10 months of bargaining (March to December) management offered us 0.5% per year for three years. Now they are offering 5% in across the board wage increases over three years. This is good movement, but it's still not enough when we're still the lowest-paid hospital in our area!

Our proposals uplift caregivers and ensure quality care

Our Proposals	Management's Proposals
Workplace Bullying: Establishing a shared definition of bullying so no one has to feel isolated if they are bullied or treated poorly	NO
8% across-the-board wage increase over two years. Retroactivity back to March 1, 2019	5% increase over three years No retroactivity
Market adjustments between 2% and 20% for 37 out of 49 job classifications	Market adjustments between 1.5% and 3% for 17 out of 49 job classifications
Affordable healthcare for families by reducing premiums for dependents	NO
Increase standby pay to \$4	NO
Increase certification premium to \$1	NO
Paid time for Bargaining Team members	NO
Island hospital wants to limit our power, our voice and our organization	
	Management's Proposals
	Employees disciplined for talking about their rights and concerns on work time
	Limit arbitrator authority to request important information relevant to grievances

Coronavirus (COVID-19) Update

From Our Union:

At a time where public health is a concern, it is important to have the most accurate information. Our priority is to ensure the health and safety of our patients and co-workers. Visit seiu1199nw.org/coronavirus to access updates, resources, a fact sheet for healthcare workers about COVID-19, and to learn about the steps we are urging employers to take.

2019 Novel Coronavirus: A Fact Sheet for Healthcare Workers

A new coronavirus, COVID-19, has been identified as the cause of a cluster of severe pneumonia cases that emerged in Wuhan, Hubei Province, China, in Dec. 2019.

In a matter of a few weeks, hundreds of cases have been confirmed and thousands of contacts are under observation in Wuhan. Additional cases have been identified outside of Wuhan — so far, in Japan, South Korea, Thailand and the United States.

On Jan. 21, 2020, China announced that healthcare workers have been infected — at least fourteen by recent counts.

ABOUT COVID-19

While much has been learned about COVID-19 in a few weeks, there is still a lot we don't know.

What is known: It is a coronavirus, which is a large family of viruses that can infect animals and/or humans. COVID-19 is similar to the viruses that cause SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome).

SYMPTOMS

What is known: Symptoms of COVID-19 include fever and/or symptoms of lower respiratory illness such as coughing or difficulty breathing.

What is unknown: With some viruses, the infectious period precedes symptoms and with other viruses it coincides with symptoms — we don't know yet know about COVID-19.

TRANSMISSION

What is known: Human-to-human transmission is confirmed.

What is unknown: Whether the disease is transmitted via contact, droplet, or aerosol. It is also unknown whether asymptomatic cases — if they are occurring — are infectious.

The CDC recommends that healthcare providers screen patients for infection from the coronavirus.

If a patient has:

Fever and symptoms of lower respiratory illness and history of travel from Wuhan, or close contact with a person under investigation within 14 days

Fever or symptoms of lower respiratory illness and close contact with a person with confirmed coronavirus illness within 14 days

Providers should immediately notify hospital infection control and the local/state public health department. The CDC will help public health departments to safely collect, store and ship specimens. Currently, diagnostic testing can only be done at the CDC. Local labs should not attempt testing.

*Fever may not be present in some patients, such as the very young, elderly, immunosuppressed, or those taking fever-reducing medication. Clinical judgment should be used to guide testing in these cases.

Coronavirus fact sheet seiu IU 022720



PROTECTIONS FOR HEALTHCARE WORKERS

We do not yet know exactly how the virus is transmitted, but the CDC recommends infection control and personal protective equipment (PPE) for airborne, droplet and contact transmission — large and small infectious material can be inhaled or absorbed through mucous membranes.

Patients with suspected coronavirus illness should immediately be given a surgical mask and placed in isolation, preferably in a negative pressure room.

Personnel working with patients with suspected or confirmed coronavirus illness should use standard precautions, contact precautions and airborne precautions — use of an N95 or stronger respirator, nitrile gloves, gown and facial shield to protect the eyes, nose and mouth from splashes.

Handwashing protocols are critical to prevent the spread of infection.

Workers must be medically cleared and fit-tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use. Workers should receive refresher training on donning and doffing PPE. The Occupational Safety and Health Administration rule on respirators gives you the right to demand training and fit testing.

WHAT EMPLOYERS SHOULD DO TO PREPARE

- Provide training and education about the virus and how to recognize potential cases.
- Implement screening protocols to promptly identify patients with symptoms and travel history or exposure history that mean the patient may have a COVID-19 infection.
- Ensure prompt isolation of patients with possible or suspected cases of COVID-19. These patients should be placed in airborne infection isolation rooms whenever possible until COVID-19 has been ruled out or the patient has recovered.
- Maintain airborne infection isolation rooms so that they provide protection to staff and patients (e.g., ensuring that the rooms maintain negative pressure, ensuring the door is always kept closed).
- Provide personal protective equipment (PPE) to healthcare workers providing care to patients with possible COVID-19 infections. PPE should include N95 respirators plus covering of the eyes or powered air-purifying respirators (PAPRS) as well as gloves, gowns, and other PPE for droplet and aerosol precautions.
- Place sufficient staff to provide care to patients safely.

FOR THE MOST UP-TO-DATE INFORMATION

The situation is evolving rapidly. Please see the links below for the most up-to-date information.

- World Health Organization (WHO) Situation Reports:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- U.S. Centers for Disease Control and Prevention (CDC) on Novel Coronavirus:
<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- U.S. Centers for Disease Control and Prevention (CDC) Interim Guidance for Healthcare Workers:
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- European Centre for Disease Prevention and Control COVID-19 cases geographical distribution:
<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

As a union of healthcare workers, we respect and care for people of all nationalities and ethnicities and realize that screening for the coronavirus must be based upon an individual's likely exposure to the virus — not their language or skin color. We will support and encourage respectful treatment of all patients and team members during this challenging period. SEIU will continue to monitor the outbreak and provide additional materials to help members protect themselves and their communities.

