

## WE REMAIN COMMITTED TO REAL SAFETY SOLUTIONS

Because we have experienced increasingly dangerous safety incidents at Cascade, we know what we need — dedicated security staff.

This week, our bargaining team presented a modified safety proposal that will ensure safety for staff and patients:

A new bargaining unit position, Security Tech, will be created and filled with staff that have training in verbal and physical de-escalation. The Employer and the Union will work together to develop the job description for the new position. Four Security Techs will be on site at all times. The employees will not have a regular patient assignment and will participate in codes.

“The security techs will come and lend a hand whenever we have a call. They are outside of the grid. We will manage the units and take the lead with any code. This will prevent a lot of injuries, not just to staff members but to the patients we are caring for.”

– Meskerem Ereso, RN



“I can see as a handle with instructor, that we do need a specialized security team. Staff can augment with their training to supplement these security teams efforts.”

– Diane Joyce, RN



### Management's “safety” proposal will not bring safety

- A management restructure that includes a “milieu manager” who will perform varied management tasks including crisis intervention
- A Code Grey team utilizes the existing staff
  - o No change to staff numbers
  - o Our proposal to have evidence-based California ratios has been rejected
  - o More responsibilities and duties to an already strained team
  - o Threat of termination
- More training

“This proposed milieu manager would be divided among six units and is supposed to address all the safety needs we’ve laid out. Its unfortunate that management continues to not believe our experiences which are potentially life threatening. Instead, they are just adding more assignments and not meeting the need. They even threatened us with termination if we don’t follow the training correctly but how are we supposed to do it correctly if we don’t have enough staff?”

– Azeb Girma, RN



### Subcontracting Housekeeping is bad for patients

“I’ve worked at Cascade for three years. I am good at my job. Not anyone can come and do what I do. You need to know how to communicate with patients. You can’t bring people who don’t know about our mental health patients into the hospitals and have it go well.”

– Elizabeth Mokamba, Housekeeping



“Management isn’t telling us anything about why they might want to subcontract housekeeping. They aren’t even ready to answer important questions. This affects not only housekeeping but the whole hospital. Our housekeepers have acquired skills regarding infection control and communicating with patients.”

– Biniam Berhe, RN

