

Encino 121RN



Clinical Ladder Update

SEIU 121RN met with hospital representatives including the new CEO, Jim Sherman on October 2, 2009.

Management made small movement in their proposal, including: expanding the definition of a health related field in regard to a Bachelor's degrees to include such fields as biology, micro biology and psychology (for Mental Health Unit) and deleting references to peer evaluations.

Even with this movement, the Hospital proposal has made climbing the clinical ladder so challenging that the average bedside nurse will have no incentive to participate. **If you are concerned, speak to Vilma Dinham and Jim Sherman and let them know.**

The hospital is still requiring that a RN progress from a RN I, to a II, to a III, to a IV, regardless of qualifications.

Requirements:

Clinical Nurse I: 40 hours of documented volunteer work in the community.

Clinical Nurse II Requirements: Bachelor's Degree, National Certification, participation in a professional association, 20 units of CEU that educate on the unit she/he works, qualified by job description to perform relief charge, preceptor and rapid response, conducts one in-service a year and fulfills the Clinical Nurse 1 volunteer work in the community.

Clinical Nurse III: Works as a Charge RN, Preceptor and Rapid Response RN and has a Master's Degree (in addition to fulfilling the Clinical Ladder 1 and II requirements)

Clinical Nurse IV: Has obtained or is actively working towards a PhD. In Nursing or a health related field. (In addition to fulfilling the Clinical Ladder I, II and III requirements.)

AT LAST WEEK'S SEIU 121RN ARBITRATION HEARING, THE HOSPITAL AGREED TO REIMBURSE ANY EMPLOYEE WHO PAID THE 20% CO-PAY FOR SERVICE RENDERED AT A PRIME FACILITY. THIS MEANS THOUSANDS OF DOLLARS FOR THOSE AFFECTED.

IF YOU HAVE GONE TO A PRIME FACILITY AND HAD TO PAY THE CO PAY, YOU MUST CALL JUDITH SERLIN, SEIU 121RN AND LET HER KNOW. 213 247-4584. Deadline: Nov. 5, 2009

Do your patients have the flu or flu like symptoms?

The Cal/OSHA Aerosol Transmissible Disease (ATD) Standard went into effect on August 5.

Patients defined as confirmed or suspected pandemic influenza case must be managed in accordance with the ATD standard.

In all health care settings when providing care to a patient identified as a confirmed or suspected pandemic H1N1 2009 influenza case, respiratory protection that is an N95 filtering face piece respirator or better must be used. (www.dir.gov/oshsb/atd0.html)

Differences between Facemasks and Respirators

Facemasks help stop droplets from being spread *by the person wearing them*. **Facemasks are not designed to protect you against airborne transmissible diseases (ATD).**

Respirators: N95 respirator protects caregivers from viruses. Unless otherwise specified, "respirator" refers to an N95 or higher filtering face piece respirator certified by the CDC/National Institute for Occupational Safety and Health (NIOSH). **A respirator is designed to protect the person wearing the respirator against inhaling ATDs.** Most respirators (e.g. N95) are designed to seal tightly to the wearer's face and you have to be fit tested to wear it safely.

When respiratory protection is required in a hospital setting, respirators must be used in the context of a comprehensive respiratory protection program as required under OSHA's Respiratory Protection standard (29 CFR 1910.134). This includes fit testing, medical evaluation and training of the worker.

For additional information on facemasks and respirators, see the [CDC/NIOSH website](http://www.cdc.gov/niosh), the [Food and Drug Administration website](http://www.fda.gov/oc/foodanddrugadministration), and the [Occupational Safety and Health Administration website](http://www.osha-slc.gov)