

Memorandum of Understanding Updated 1/18/2018

The purpose of this Memorandum of Understanding between the Washington State Nurses Association (“WSNA”) and the Snohomish Health District (the “District”) is to update an agreement reached between the parties regarding the manner in which on-call duties are scheduled and compensated for nurses assigned these duties.

Recitals

The District is required to maintain after-hours emergency phone contacts to receive reports of certain notifiable conditions that are reported outside of regular business hours. To ensure adequate coverage for this role, in or about March 2012, the District incorporated WSNA-represented nurses from its Communicable Disease program into the rotation of persons responsible for maintaining on-call during off-duty hours to respond to immediately notifiable reports. The parties have reached this Memorandum to memorialize agreements about the assignment of on-call responsibilities in addition to those codified in the parties’ collective bargaining agreement (the “Agreement”).

Agreement

Now, therefore, the parties agree as follows:

1. The District assigns on-call responsibilities on a weekly basis, but permits nurses to trade those responsibilities for one or more days provided that they adequately notify responsible managers of the trade. The weekly assignment of on-call responsibilities is from 5:00 p.m. Wednesday to 8:00 a.m. Wednesday. (As provided by the Agreement, nurses receive a daily stipend of \$25 for days they are assigned on-call responsibilities.)
2. Communicable Disease management staff will be assigned on-call responsibilities, in rotation with the three Communicable Disease Public Health nurses.
3. Should a vacancy or extended leave of absence occur among on-call staff (either management or PHNs), the on-call rotation responsibilities will be scheduled among the remaining staff.

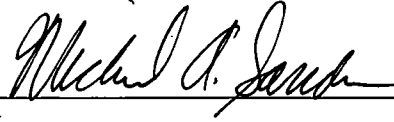
Signed and Dated this 26th day of Feb, 2018.

Snohomish Health District



By _____
Its Administrator

Washington State Nurses Association



By _____
Its Council Council

EXHIBIT 1

Communicable Disease (CD) 24/7 On-Call Protocol

Overview

WAC 246-101 requires that healthcare providers and laboratories report specific disease conditions to their local public health jurisdiction. These disease conditions call for an immediate response from public health and thus necessitate the ability of the CD program to respond to calls 24 hours a day, 7 days a week. Although the CD staff can respond to these calls during normal business hours of 8:00 a.m. – 5:00 p.m., Monday – Friday, an on-call program has been established to provide adequate staffing in the event of a phone call during non-business hours. Public Health Nurses and Epidemiologists who have successfully completed the Trial Service Period in the CD Program and are deemed qualified by the CD program supervisor or manager will participate in the on-call rotation along with program management.

On Call Rotation and Scheduling

1. The duration of the on-call rotation is one week, set to start Wednesday at 5:00 p.m. through the following Wednesday at 8:00 a.m. On-call weeks are subject to change based on programmatic needs or when the on-call staff collectively desire to initiate a change for the on call week. The on-call staff will respond to calls after normal business hours (5:00 p.m. – 8:00 a.m., Monday – Friday, weekends, and holidays). Disease reports coming in during normal business hours (8:00 a.m. – 5:00 p.m.) will be responded to by the CD investigators currently in the office.

2. The on-call schedule will be posted on the Outlook calendar titled CD_24_7_Response. All on call staff have access to read the calendar.

3. The CD supervisor will develop the on-call schedule 3 months in advance. When vacations are requested in advance of the schedule posting, the manager will modify the rotation of staff in order to accommodate vacation requests, as possible. Thus, the frequency of call responsibilities over the short-term may be increased due to staff vacation requests. Once schedules are posted, the supervisor will not be responsible for accommodating further requests; however, staff may "trade" scheduled on-call days at their discretion. If staff trade days, the staff shall inform the CD supervisor so the Outlook 24_7_Response calendar can be updated. The Administration Executive Assistant will submit monthly calendars to the Answering Service at the end of each month for the following month. Once calendars are submitted, further changes should be kept to minimum; however, when a change to the schedule needs to occur, staff should contact the Answering Service directly and initiate the change.

Responsibilities

1. The staff member assigned to on-call is expected to respond to all calls within 15 minutes. The Answering Service calls the on-call person twice. If the on-call person does not respond, the Answering Service calls the back-up, who is usually the Health Officer. If

this situation occurs, the staff member assigned to on-call must contact the answering service immediately after having noticed the missed call in order to ensure the call has been picked up. If the Health Officer or other designated back up person has already responded to the call, the staff member will contact the back up to see if additional assistance is necessary.

2. The staff member assigned to on-call is responsible to receive, triage and respond to notifications of all incoming reports as appropriate. These notifications may come from sources including SHD's answering service (Washington Poison Center), other public health agencies, or healthcare providers.

a. **Disease response**

i. Some disease reports can be noted and then transferred to the CD investigators scheduled for the next working day as in the case of 24-hour notifiable conditions and 3-day notifiable conditions. However, when a weekend or holiday intervenes, an assessment will need to be done for a 24-hour notifiable condition to determine the extent of follow-up required prior to the next working day. For example, if a shigellosis case is reported, the employee assigned to on-call should attempt to determine the occupation of the ill person so that any necessary work or child care exclusions are put into effect at the time. Another example is a pertussis case where an investigation should be initiated upon receipt so that high risk contacts are notified and prophylaxis can be recommended promptly. Decisions shall be made on a case-by-case basis according to the judgment of the staff member.

ii. For immediately notifiable conditions, investigations begin upon receipt of the report. The employee assigned to on-call will attempt to gather demographic details and pertinent clinical information as soon as possible and then initiate contact with the case to begin the investigation. On-call staff are responsible for determining how best to proceed with the investigation. Although the on-call person is responsible for ensuring the investigation is conducted, on-call staff may request additional support and assistance from other CDSR investigative staff. All CDSR staff are made aware of the potential to be called after hours to assist with investigations at time of hire. On-call staff can contact management, directors, or the Health Officer for guidance when responding to calls.

b. **On-call phone use**

While on-call, staff will be accessible via designated cell phone. For most staff this will be their SHD owned cell phones. When possible, it is recommended that the staff member on-call provide one additional phone number to use as secondary contact for the answering service. The CD supervisor will be notified if phone numbers change to ensure numbers on file with the answering service are current.