

SUMMARY OF WSNA – SRHD TENTATIVE AGREEMENT

For Vote on December 6, 2016

This document is a summary of the major changes negotiated by your negotiation team. The redline version contains every change made and is available for you to review during voting hours.

HOW TO UNDERSTAND REDLINED DOCUMENTS:

Language that will be to your existing Agreement is.

Language to be deleted from your existing Agreement is struck through

I. ECONOMICS & DURATION

COMPENSATION

Effective January 1, 2017, nurses who are classified as “PHN I” shall receive a market adjustment of 5%. Each step of the wage scale for all such nurses (PHN I) shall be increased by 5%.

Other than the PHN I market adjustment above, there here will be no COLA or wage increases for the year 2017.

IMPROVEMENTS TO VACATION ACCRUAL

16.7 Vacation Accrual Rates:

| <u>Years of Continuous Employment</u> | <u>Hours Per Month</u> |
|--|-------------------------------|
| 0 - 1 | 8.00 |
| 1 - 2 | 9.00 |
| 3 - 4 | 10.00 |
| 5 - 7 | 10.00 |
| 8 - 9 | 11.00 |
| 10 | 12.00 |
| 11 | 12.00 |
| 12 | 12.00 |
| 13 | 13.00 |
| 14 | 14.00 |
| 15 | 14.00 |
| 16 - 20 | 15.00 |
| 21+ | 17.00 |

DURATION

Two year contract expiring on October 31, 2018.

There will be a wage and health insurance re-opener in October, 2017.

II. WORKPLACE CHANGES TO THE EXISTING CONTRACT

Added new sections to the Contract:

Added language is current practice that is now memorialized in your Contract.

12.2.1 Part-time Nurses: The District shall provide medical, dental, vision and life insurance benefits for all regular or project nurses working 30 hours per week (.75 FTE) or more on a regularly scheduled basis at the same level as full time employees. Part-time employees working between 20 and up to 30 hours per week will receive benefits on a pro-rated basis based on their FTE.

12.2 Equality of Coverage for Benefits Provided: The District agrees to provide paid medical, dental, vision, long term disability and life insurance benefits to nurses. With regard to medical benefits, the District's contribution rate shall be based on the lowest cost health insurance plan, excluding Consumer Driven Health Plans or High Deductible Health Plans that the District makes available to any District employee.

District shall contribute the following for these medical plans for 2014:

ALL PEBB Plans*:

| | |
|------------------|-----------|
| Employee Only: | \$ 586.20 |
| Employee/Child: | \$ 817.73 |
| Employee/Spouse: | \$ 861.17 |
| Family: | \$1168.51 |

*CDHP plan contributions shall be paid at the actual premium rate, if they are equal to or lower than the established rates.

Added language is for clarification purposes.

12.5 Effect of Leave: The District shall continue to provide group insurance benefits for any nurse who is unable to return to work because of proven illness or injury for up to three (3) months following the exhaustion of the nurses accrued sick leave and annual leave . Thereafter, the nurse shall be allowed to continue existing insurance coverage at the nurse's own expense in accord with the state or federal law.

13.1 Holidays Defined: Holidays for which Spokane Regional Health District nurses shall be compensated are as follows:

| | |
|------------------------------------|--------------------------|
| New Year's Day | Veteran's Day |
| Martin Luther King, Jr.'s Birthday | Thanksgiving Day |
| President's Day | Day After Thanksgiving |
| Memorial Day | Christmas Day |
| Independence Day | One (1) Personal Holiday |
| Labor Day | Christmas Eve |

Deleted sections in 14.13 were confusing and did not accurately describe PEBB requirements.

Added language is more understandable and reflects current practice.

14.13 Benefits While on Leave: As part of the leave, the nurse shall use any accrued sick leave, compensatory time, annual (vacation) leave, and his/her personal holiday prior to going on leave without pay status.

14.13.1 During the period of Family or Medical Leave, the District will continue to pay the same portion of health and dental insurance, group life insurance, and disability insurance as the District paid prior to the employee going on leave.

14.13.2 If the nurse has additional insurance premiums that he/she regularly pays (as a deduction from his/her paycheck), the nurse will be responsible for continuing monthly payments for those costs.

14.13.3 When Human Resources authorizes personal leave, Human Resources will notify the nurse in writing of any additional insurance premiums that may be due while on leave, including applicable due dates. Additional premiums must be received by Human Resources or post marked by the 15th of the month prior to the start of the continued coverage (i.e. September premiums would be due on August 15). Premiums should be paid by check or money order, written out to "Spokane Regional Health District." If additional premiums are not received, the nurse's medical and/or dental benefits will terminate on the last day of the month for which the District has received premium payment, and the nurse will receive COBRA notification for continuation of District medical/dental benefits on a self-pay basis for coverage beginning the first day of the following month.

Added to your Bereavement Leave Section.

15.19 Inclement Weather Leave: When the Health District Offices close due to inclement weather, nurses will receive paid leave equal to the hours of normally scheduled work missed due to office closure. The Health Officer will notify the Directors that the office is closed. Each Director in turn will notify their supervisors who will then notify their staff that the District is closed. Nurses working in the field who cannot be reached by phone will be made whole for all hours worked after the District Office was closed. If inclement weather does not result in an office closure, but does result in a nurse being unable to travel to work, the nurse may take paid leave from any of his/her available leave accounts, or may flex his/her schedule with supervisor approval.

Added language is current practice that is now memorialized in your Contract.

16.6 Terminal Vacation Pay: Any nurse who is terminated by the District or voluntarily resigns their position shall be paid his/her straight time rate for all credited hours of unused vacation time upon his/her termination. A nurse whose service terminated before six (6) months of continuous employment is not eligible for payment for any accumulated vacation credit.

No substantive change; language change necessary to comply with PEBB regulations.

17.5 Benefit Maintenance: The District will provide one additional month of medical/dental insurance coverage for all nurse's whose positions are eliminated.

II. POLICY ADDITIONS & CHANGES TO THE EXISTING CONTRACT

(1) There are some minor changes to your Travel Policy:

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-
-

(2) The Staff Immunization or Proof of Immunity Policy was first negotiated in 2012 and approved by the bargaining unit. However, it was never implemented by the District. Your team re-negotiated the policy and drafted a declination form. You may decline immunizations on three bases: medical, religious, or philosophical. The Policy is attached to this Vote Summary, pages 5-9.(3) The Tobacco Policy now includes a prohibition against “vaping” as required by the County Ordinance.

TOBACCO AND FREE WORKPLACE

“It is the philosophy of SRHD to provide employees with a work environment that supports optimization of his/her personal health and well-being. In accordance with this philosophy, all areas of the SRHD workplace including buildings, grounds, County “H” parking lots (with the exception of employees’ private vehicles that are parked outside), and agency vehicles are considered tobacco environments. In addition, SRHD employees shall not use tobacco during paid work time (excluding breaks), or while wearing agency identification (i.e. clothing and/or badges).”

STAFF IMMUNIZATION OR PROOF OF IMMUNITY POLICY

Purpose

To establish requirements and recommendations for vaccinations/immunity for designated personnel within Spokane Regional Health District (SRHD). It is an expectation of SRHD that staff be properly immunized (unless they have signed a statement of declination) against vaccine preventable diseases, which they may be exposed to in the course of their duties or for which they may potentially expose clients. Additional vaccinations may be added to this list based on recommendations by the CDC (Centers for Disease Control).

Applicability

Designated SRHD staff

Employee/ risk categories for Immunization and Vaccination

Risk categories are based on employee classifications that may, as a result of their duties associated with SRHD, require direct contact with patients or clients and potential exposure to blood or other potentially infectious materials exposing them to infectious diseases. New programs at SRHD will be evaluated and placed into the appropriate category based on the criteria listed below .

Category A: Employees who provide direct patient or client care, including those who perform procedures that put them at risk of respiratory and blood/fluids exposure to communicable diseases.

- Community and Family Services – Nurse Family Partnership program manager, all public health nurses
- HIV/STD Program – program manager and all staff
- Maintenance – program manager and all staff
- Needle Exchange - any primary or secondary staff, including volunteers, serving clients
- Opioid Treatment Program – medical director, program manager, and all staff, except administration assistants
- Tuberculosis Program – all staff

Category B: Employees who provide direct client interactions (face-to-face), including those who are at risk for exposure to respiratory diseases, but do not perform procedures that put them at risk for exposure to blood or bodily fluids.

- Environmental Public Health –program managers, field staff, and front desk staff
- Immunization Outreach – all staff supporting community clinics
- Infant Toddler Network - program manager and family resource coordinators
- Neighborhoods Matter - program manager and all staff
- Opioid Treatment Program - administrative assistants
- Vital Records/Financial Services – program manager and all staff
- WIC - program managers and all staff

Volunteers, interns, and staff during emergency response events or assigned duties: Each incident and risk varies, so during a public health incident the health officer will make the decision on what vaccinations are required to fill assigned roles. Documentation will need to be on file in Human Resources.

Immunization and proof of immunity

Employees within designated risk categories who do not sign a declination form will obtain vaccinations or provide written medical verification of vaccinations and/or immune status as listed in Table A. If an employee was born before 1957, they will not need to show documentation for measles, mumps, or rubella; if born before 1980, no documentation is needed for varicella. Laboratory evidence of immunity or medical health record evidence of disease history and vaccines administered serve as documented proof of disease immunity. No other documentation will be accepted, including self-reports of disease.

| Table A - Diseases: Vaccinations or Proof of Immunity | | |
|---|--|---------------------------|
| .1.1.1 Disease or Vaccine | Category A | Category B |
| MMR | X | X |
| Tdap | X | X |
| Varicella | X | X |
| Hep B | X | Recommended, not required |
| Influenza | X | X |
| | | |
| | Recommended Vaccinations | |
| Influenza | The vaccine will be offered to employees by SRHD at a reduced fee or no cost or can be obtained through their healthcare provider. | |
| Tetanus | It is recommended that those employees at risk of injury and exposure to contaminated soil be vaccinated against tetanus every 10 years. | |
| Hep B | It is recommended that those employees serving as First Aid Responders for the agency be vaccinated against Hepatitis B. | |

MMR=measles, mumps, rubella Tdap= Tetanus, diphtheria, pertussis Hep B=hepatitis B virus

Condition of Employment requirements

As a condition of employment, new hires must show proof of immunity or vaccination for the following diseases at the time of hire per a signed pre-employment agreement. New employees may sign a declination of immunizations based only on medical, religious, or philosophical objections¹. New employees are responsible for all costs associated with obtaining immunizations from their physician.

1. Measles
2. Mumps
3. Rubella
4. Tetanus
5. Diphtheria
6. Pertussis
7. Varicella (Chicken Pox)
8. Hepatitis B (except when required by law, in which case SRHD will be responsible for paying for staff vaccinations)

Once condition of employment requirements are met, employees will be subject to requirements as outlined in the remainder of this document.

CURRENT EMPLOYMENT REQUIREMENTS

For all vaccinations, employees in categories A or B shall provide written documentation from a medical provider with verification of vaccination dates and/or immunity to the specified communicable diseases (unless previously

provided) or sign declination forms. Employees who do not have documentation of immunity will either receive vaccinations and/or titer testing (as appropriate), which will be paid for by agency programs, or will sign declination forms. All other non-designated employees will be exempt, except in the event of a declared outbreak in the community. In this instance, the Health Officer will decide if employees previously considered non-designated will be required to show proof of immunity, vaccination, or signed declination for the relevant disease.

EMPLOYEE DECLINATION OF IMMUNIZATIONS

All employees have the right to refuse immunizations for medical reasons, religious beliefs, or philosophical beliefs. Employees who decline to have a titer drawn and/or who are unable/unwilling to be vaccinated will complete a declination form. Employees will not be discriminated against or disciplined for signing a declination form.

The local Health Officer shall have the authority granted pursuant to RCW 70.05.070, to “control and prevent the spread of any dangerous and contagious diseases that may occur in his or her jurisdiction.” This may include excluding those employees who have not obtained vaccination(s) or are not otherwise immune from regular duties or from work during a declared outbreak. In this case, employees who signed declination forms may (1) be assigned to responsibilities that do not include direct contact with the public; or (2) perform normal duties that do not require direct contact with the public; or, (3) when the District has no work available, the employee may use any accrued leave, or take leave without pay, at his/her discretion.

RESPONSIBILITIES

Spokane Regional Health District will:

Provide vaccination(s) and/or titer testing to designated current employees at no cost. Employees should receive vaccinations and/or medical screenings (titers) directly from their personal medical provider. In these cases, SRHD will allow employees to use work time to receive the vaccinations and/or screenings and will reimburse employees for associated costs.

HUMAN RESOURCES WILL:

1. Obtain authorization to disclose information from employees specifically regarding employees' immunization/immunity status or declination only to program managers, division directors, the health officer, and Washington State Immunization Information System (IIS) program staff.
2. Maintain immunization documentation and/or signed declinations in respective employee confidential files.
3. Send immunization records to the Immunization Outreach staff to enter information into the IIS.
4. Maintain records for all terminated employees pursuant to OSHA regulations.
5. Notify the appropriate program manager of employees who remain out of compliance after two requests to update the employee's status.
6. Provide vaccination documentation to third parties such as L&I and state auditors.
7. Review agency programs annually to adjust staff who may fall under or no longer fall under categories A and B. Monitor staff who change programs within the agency and adjust accordingly.

PROGRAM MANAGERS WILL:

1. Determine employee's risk assessment category for new or transferred employees.
2. Advise human resources of new employee risk assessment category for immunity and vaccination records.
3. Ensure that employees comply with this immunity/vaccination policy.

IMMUNIZATION OUTREACH STAFF WILL:

1. Assist staff in finding their records in the Washington State Immunization Information System, if needed.
2. Enter staff records into the IIS.

1.2 Employees WILL:

1. Comply with this policy.
2. Consider obtaining any recommended vaccinations.
3. Provide declination or verification of immune/vaccination status from healthcare provider, if applicable.
4. Utilize the IIS to find immunization records by contacting Immunization Outreach staff.
5. Sign the release of information form to allow their immunization records to be entered into the IIS and shared with management.

SPOKANE REGIONAL HEALTH DISTRICT DECLINATION FORM

I have read and am familiar with the District's Staff Immunization or Proof of Immunity policy effective October, 2016. I understand this policy is based upon the need for the District to respond quickly and effectively during a declared outbreak.

I understand that the District is making the following recommendations with regard to immunizations pursuant to the District's policy entitled "Staff Immunization or Proof of Immunity Policy." I decline the following recommendations signified by my initials signed in the box.

| | |
|--|---|
| Tetanus/Diphtheria <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer | Rubella <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer |
| Tetanus/Diphtheria/Pertussis <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer | Influenza <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer |
| Varicella <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer | Mumps <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer |
| Measles/Mumps/Rubella <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titer | Hepatitis B <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Antigen |
| Measles <input type="checkbox"/> Medical Reason <input type="checkbox"/> Philosophical or Religious Reason <input type="checkbox"/> Antibody or Titers | |

"Note: If an employee was born before 1957, they will not need to show documentation for measles, mumps or rubella; if born before 1980, no documentation is needed for varicella."

Print Name: _____

Signature: _____ Date: _____

HEPATITIS B DECLINATION STATEMENT (WAC 296-823-13005)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine, at no charge to myself. However, I decline HBV vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with HBV vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ Date: _____

ⁱ Regarding exemptions: Religious exemptions are valid if you belong to a church or religion that objects to the use of medical treatment. If a person has a religious objection to vaccinations, but the teachings of your church or religion allow their followers to be treated by medical professionals, such as doctors and nurses, then this is considered an objection that falls under “philosophical” exemption. Employees who fall under categories A and B declining vaccinations must have the form signed by their healthcare professional for a medical or philosophical exemption, or a member of their clergy, if religion applies. Washington State does not allow for any exemptions for licensed healthcare workers.