On August 13, 2009, the New York State Health Department enacted an emergency regulation mandating influenza vaccines for health care facility personnel. The regulation mandated that as a condition of employment certain health care workers be vaccinated for seasonal influenza, H1N1 and any additional influenza vaccines that are made available. The state’s rationale for the proclamation was that low rates of compliance with the voluntary vaccination program threatened the health of patients treated in New York health care facilities.

The reaction against the regulation was immediate and intense. Health care workers who had not yet been vaccinated, but were considering doing so, balked at the threat by the health department to terminate unvaccinated employees.

AFSCME and other health care unions in New York all agreed that voluntary vaccination programs for health care workers is good policy, but that mandatory vaccination programs are bad policy. The coalition met to strategize on how best to respond. With input from AFSCME District Council 37 health and safety staff, the Public Employees Federation and three nurses filed a lawsuit to prevent the state from implementing its vaccination requirement.

Within weeks, two events resulted in an end to implementation of the program. First, a New York state trial judge issued a temporary restraining order preventing the state from requiring that health care workers get vaccinated. A week later, Gov. David Patterson (D) announced that the State Health Commission had suspended the mandatory influenza immunization requirement “so that limited vaccine supplies can be used for populations most at risk of serious illness and death — especially pregnant women and children and young people between the ages of six months and 24 years.”

AFSCME is collecting workplace vaccination policies and is soliciting opinions from front-line nurses. A copy of your facility’s policy can be sent to Katherine Cox at AFSCME International 1625 L Street NW, Washington DC 20036. And let us know what you think about this controversial issue.

See related story on page 4

Nurse Advisory Committee co-chairs Diane Fajohn, LPN (left) and Kathy Sackman, RN meet with International Pres. Gerald W. McEntee.
On Aug. 25, Sen. Edward Kennedy lost his year-long battle with brain cancer. He was a tireless crusader for working men and women; he never stopped fighting to improve access to quality health care in this country. The following is an excerpt from a statement by Pres. Gerald McEntee following Senator Kennedy’s death:

The 1.6 million members of AFSCME join Americans of all walks of life in mourning the loss of our closest ally and most steadfast friend in the U.S. Senate, Ted Kennedy. During Senator Kennedy’s nearly 47 years as a servant of the entire nation, the labor movement developed an especially close relationship with him, and AFSCME was proud to stand with him in every political effort he made.

Senator Kennedy called health care reform the cause of his life, first advocating for national health care in 1966. He made a surprise return to the Senate last summer to cast the decisive vote for the Democrats on a Medicare bill. In his memory, we must continue to do all we can to realize his goal of health care reform.

Beyond what he achieved on the national stage, Ted Kennedy was an empathetic and caring man. He stayed in contact with families who lost loved ones on 9/11 and remained in touch long after the cameras were gone. The tragedies he experienced made him especially compassionate when others endured their own hardships.

While Senator Kennedy will no longer raise his voice on our behalf, we will forever remember what he gave all of us: his life, his passion and his commitment to a more fair and equitable nation. In remembrance of him, let us all keep fighting for the causes he championed so willingly and so well, and rededicate ourselves to winning national health care reform.

AFSCME Nurses Make House Calls for Health Care

They know nurses are the most trusted professionals in the country, so AFSCME nurses from around the country took to the streets in October and early December to deliver the message that our health care system is ailing and needs to be reformed now. Clad in green scrubs, the AFSCME nurses went door-to-door in the key states of Arkansas, Delaware, Indiana, Louisiana, Maine, Nebraska, North Dakota, and Ohio and pushed for an end to insurance companies coming between patients and health care providers.

AFSCME nurses joined community leaders to canvass neighborhoods as part of AFSCME’s “House Calls for Health Care” initiative. The nurses asked the residents to contact their senators and representatives to demand health care reform that really works, and to support reform that includes a public health insurance option to lower costs, improve care and keep insurance companies honest; an employer mandate and no taxation of benefits.

AFSCME’s campaign for health care reform is now the largest in the union’s history. We have made more than 280,000 contacts with members of Congress. Nurses and other health care providers have been, and will continue to be, crucial to these efforts as we work to pass historic changes that will meet our needs as providers and union members. To take action today, go to afscme.org/healthreform.

Thank you, AFSCME nurses!
California Moves to Protect Health Care Workers from Airborne Diseases

AFSCME nurses in California now have greater protections against airborne diseases than nurses anywhere else in the country. The state has become the first and only state to pass regulations requiring health care employers to protect their employees from diseases transmitted through the air. The Aerosol Transmissible Diseases (ATD) Standard was unanimously approved by the CalOSHA Standards Board on May 21; it is likely to serve as a model for federal legislation in the future.

“This standard is one that AFSCME has wanted for a long time,” said Kathy Sackman, RN, and AFSCME International vice president from California. “We couldn’t get it done at the federal level during the last administration, but we now have it in California.”

The standard is modeled after the state’s bloodborne pathogens standard. It includes respiratory protection, fit-testing, disease exposure control plans, medical surveillance and communication procedures.

Key components of the ATD standard require hospitals to:
- develop a written ATD exposure control plan that addresses infection control measures for ATDs and that identifies people responsible for implementing the plan;
- annually review the ATD exposure plan with employees in their work areas;
- implement source control procedures (respiratory hygiene/cough etiquette) for people entering the facility, such as providing masks or tissues and hand hygiene materials;
- reduce exposures by engineering controls, work practices and personal protective equipment;
- establish procedures for the early identification and appropriate placement of patients requiring airborne infection isolation (cases or suspected cases of tuberculosis, measles, SARS, monkey pox, smallpox, chicken pox, and novel or unknown ATDs);
- establish communications procedures within the hospital and with facilities, services and operations that refer ATD patients to the hospital; and
- ensure that airborne infection isolation rooms function correctly and that negative pressure is verified daily when the room is in use for isolation.

Sackman praised CalOSHA for its commitment to protecting health care workers. “Our nurses want to provide the best care possible and they need to know they are not putting their own health on the line to do it.”

The standard became effective August 5, 2009.

Save the Date!

AFSCME’s 39th International Convention will be in Boston June 28 – July 2, 2010.

Stop by the UNA Wellness Booth to have your blood pressure checked or to volunteer to help with the screenings!

We hope to see you there!
Iowa AFSCME Local 12 Fights Mandatory Flu Vaccination, Wins Arbitration

In August 2009, hospital workers from AFSCME Local 12 in Iowa City, Iowa, learned that the University of Iowa Hospital and Clinics (UIHC) planned to implement a universal influenza vaccination policy that would require all staff be vaccinated against seasonal flu and novel H1N1 influenza (as that vaccine becomes available). Noncompliance would result in the employee’s placement on unpaid leave until compliant. Persons with a documented medical condition, allergy to the vaccine or bona fide religious belief were exempt from the requirement. The policy was written without consultation with, nor input from, the union — a violation of the contract. AFSCME Local 12 filed a grievance challenging the policy.

Local 12 represents approximately 2,000 workers.

“We support health care workers getting vaccinated against influenza,” said Council 61 President and AFSCME International vice president Danny Homan, “But this policy was implemented almost overnight without any discussions with the union. We think there are ways to increase voluntary compliance without threatening workers with termination.”

The matter was sent to binding arbitration. The employer argued that this new policy was not a change of work rules because tuberculin skin tests and measles and mumps immunizations were already required, and it was not unreasonable because immunization is in the best interests of the patients. The union argued that this new policy was indeed a change to work rules and that the union had no input into the decision-making process.

The arbitrator ruled that the UIHC’s new mandated influenza vaccination policy was a change in work rules and was unreasonable. In the decision, the arbitrator noted that the employer did not provide notice to nor work with the union concerning its policy, a violation of the contract.

For a copy of the decision, contact the Department of Research and Collective Bargaining Services at 202-429-1000.

Several Nurses Unions Merge

In early December, delegates from three nurses unions approved a merger that combines the California Nurses Association (CNA), the Massachusetts Nurses Association (MNA) and the United American Nurses (UAN). The new union will represent approximately 150,000 registered nurses.

But the road to unity has not been smooth. Members of UAN’s executive council were divided; three of the seven members opposed the move.

Top officers of the UAN filed a lawsuit seeking a temporary restraining order to prevent the merger, but on Dec. 3 a federal judge refused to enjoin the merger from taking place.

The new union, National Nurses United, will be governed by three co-presidents from the three founding organizations. First on their agenda — health care reform.

Useful Websites

New information about 2009 H1N1 influenza is released so frequently it is hard to keep up with the latest facts about surveillance, guidance and vaccine availability. Below are the best websites out there to help keep you current.

U.S. Department of Health and Human Services information site: flu.gov/

Centers for Disease Control and Prevention (CDC) influenza web site that contains surveillance data and guidance documents for a variety of high-risk populations and workplaces cdc.gov/h1n1flu/

CDC’s Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel cdc.gov/h1n1flu/guidelines_infection_control.htm

The AFSCME Nurse Advisory Committee

The AFSCME Nurse Advisory Committee (NAC) provides expertise and recommendations to the union on issues and activities of importance to AFSCME nurses. The committee is composed of registered and licensed practical/vocational nurses from around the country and represents a range of practice settings. Based on recommendations from International vice presidents, members are appointed to two-year terms by President McEntee.

Kathy Sackman, RN
Co-Chair, International Vice President
UNAC/UHCP/NUHHCE
San Dimas, Calif.

Diane Fajohn LPN
Co-Chair
Local 2893
Grove City, Pa.

Judith Arroyo, RN
Local 436
Brooklyn, N.Y.

David Bailey, LPN
OCSEA/AFSCME Local 11
Mount Vernon, Ohio

Jeanne Beers, RN
HGEA/AFSCME
Local 152
Hilo, Hawaii

Sue Conard, RN
Local 2484
La Crosse, Wis.

Tom Connelly, RN
Local 2026
Niles, Ohio

Rhonda Cox, LPN
NUHHCE/AFSCME
District 199J
East Orange, N.J.

Sue Davidmeier, RN
Local 370
Petersburg, Ill.

Maxine Davis, LPN
MLPA/AFSCME
Local 105
Mankato, Minn.

Terri Jacobs, RN
Local 4041
Reno, Nev.

Rosemarie Kukys, RN
CSEA/AFSCME
Local 1000
Goshen, N.Y.

Diane Lyons, LPN
Local 44
Baltimore, Md.

Glenn McGarvey, RN
CHCA/NUHHCE
Stratford, Conn.

Angela McRae, LPN
Local 2208
Trenton, N.J.

David Miller, NP
Local 3728
Indianapolis, Ind.

Alan Napier, RN
Local 875
Swartz Creek, Mich.

Lynn Pothast, LPN
Local 2984
Gilman, Iowa

Marcia Schlesinger, NP
UNAC/UHCP/NUHHCE
Valley Village, Calif.

Pam Salter, LVN
Local 3299
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The National Quality Forum Tackles Serious Reportable Events

AFSCME nurses know first hand the terrible consequences of medical errors and adverse events that occur in hospitals across the country. In response to the need for a unified approach to these incidents, the National Quality Forum (NQF) has launched a new project, “Patient Safety: Serious Reportable Events and Healthcare-Acquired Conditions” that will help update a list of serious reportable events (SREs), develop a consensus definition of health care-acquired conditions and extend these topics for application to health care settings beyond hospitals. AFSCME staff will co-chair the project.

NQF first released a list of SREs in 2002. There has been significant uptake of the reporting of these events as a way to both measure and improve health care quality. SREs are defined as preventable, serious and unambiguous events in health care settings that should never occur. They are of concern to both health care professionals and consumers. Because they generally are indicative of problems in a health care facility’s safety system, they have a potential impact on the way nurses will do their jobs.

Currently 27 states require licensed health care facilities to report SREs, and the United Kingdom’s National Safety Agency has just begun using the measure. Also, the Centers for Medicare and Medicaid Services first began in 2008 to reimburse providers at a reduced rate for incidence of certain complications that are deemed preventable through quality care and appear on the SRE list.

As AFSCME and other project participants collect data and review research, we will want to hear from AFSCME’s front-line nurses about their experiences and any recommendations they have that could improve quality at the bedside. We are particularly interested in hearing about any successful protocols that have been implemented in AFSCME facilities. If you want to weigh in, e-mail the Department of Research and Collective Bargaining Services at kcox@afscme.org.

The project will span through 2010 with a final report due in 2011. AFSCME will circulate draft recommendations to the Nurse Advisory Committee for member comment. For more information about the project, go to qualityforum.org.
YES!

I’d like to get a free subscription to the UNA Action newsletter.

Please return to:
AFSCME Department of Research and Collective Bargaining Services
1625 L Street, NW
Washington, DC 20036-5687

The United Nurses of America-AFSCME includes 60,000 nurses working in unity to advance quality and accountability in the health care setting through organizing, political action and nursing practice. Across the country, we are reaching out to other nurses who want to join UNA-AFSCME. As our numbers grow, so does our power to improve our jobs, the care we deliver and the quality of our lives.

To learn more about United Nurses of America, visit the AFSCME website at afscme.org/una or contact the AFSCME Department of Research and Collective Bargaining Services at (202) 429-1215 or by e-mail at una@afscme.org.

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