

Using Contract Bargaining to Win Health and Safety Protections

Frontline nurses continue to get battered – literally and figuratively – by a host of job hazards that are poorly addressed by healthcare employers. Assault rates continue to rise. Serious back, shoulder and other musculoskeletal injuries continue to plague nurses. And exposure to pathogens, hazardous drugs, cleaning and disinfecting products, radiation and night shift work put nurses at increased risk for infectious diseases, asthma and certain types of cancer.

Why does healthcare continue to be one of the most hazardous professions? Many factors are involved, but one issue stands out: there are actually few federal, state or local regulations addressing these core hazards. The ones that do exist are often poorly enforced.

Federal Occupational Safety and Health Administration (OSHA), which covers private sector healthcare workplaces, has no regulations on three major healthcare hazards: violence, ergonomics and airborne pathogens. While New York State has a standard on safe patient handling (fought for by NYSNA and other NYS unions), it has no enforcement mechanism. NYS Public Employee Safety and Health (PESH) does have a workplace violence prevention regulation covering public sector workplaces. However, it is poorly enforced.

A new NYS Department of Health workplace violence law that covers both public and private general hospitals and nursing homes may help decrease violence rates; however, employers do not have to fully comply until September 2027. It is still unclear how well it will be enforced.

NYSNA nurses know that fighting for and winning better laws and regulations is important. However, other tools, particularly NYSNA collective bargaining agreements, that can be tailored to each facility's specific needs and are often more enforceable, are crucial to making workplaces safer for healthcare professionals.

Many Recent Health & Safety Wins

In recent NYSNA contract bargaining, members at a host of hospitals have won a range of new language to address some key health and safety hazards. These wins took place at both very large hospital systems and at smaller, individual safety net hospitals. Recent gains include:

- Establishment of weapon screening systems at hospitals where they did not exist and expansion of screening to more entrances in facilities where some did exist.
- Deployment of personal duress alarms (wearable “panic buttons”) that can tell security exactly where an incident is taking place in real time.
- Behavioral Health Emergency Response Teams will now be implemented at many hospitals and will respond to behavioral health emergencies on non-behavioral health units (i.e. med-surg, ED, L&D, etc.).
- Pre-construction consultation with frontline nursing staff. For years, NYSNA members at many facilities faced the problem of looking forward to renovation and new construction, only to find significant shortcomings and omissions when the unit or building opens.
- Updated basic health and safety language which allows more health and safety hazards to be subject to the grievance procedure.

For assistance with any workplace health and safety issues, contact the NYSNA Occupational Health and Safety Representatives at healthandsafety@nysna.org.



Health & Safety Assessment and Consultation

NYSNA members who want to fight for safer workplaces in their contract campaign can consult with NYSNA Health and Safety (early in bargaining prep if possible), to assess current language and discuss other needs.

Review of recent grievances or member comments at meetings or during rounding are other methods to determine which health and safety issues might be most important for future bargaining. Member surveys can also be an important tool.

Congratulations and thanks to members at the following facilities for making health and safety gains in recent bargaining, which make hospitals safer for nurses and patients: Flushing, Wyckoff, Brooklyn Hospital, One Brooklyn Health, Maimonides, Shore Medical, RUMC, NY Presbyterian, Mt. Sinai Main, West and Morningside, Montefiore, Samaritan, HAHV and Bronxcare.

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