

LOCAL 1000



SEIU
Stronger Together

April 30th, 2021

Honorable Autumn Gonzalez, Chief Counsel
Department of Industrial Relations
Occupational Safety and Health Standards Board
2520 Venture Oaks Way, Suite 350
Sacramento, California 95833

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President

KEVIN MENAGER
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Secretary-Treasurer

ANICA WALLS
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Organizing/Representation

TONY OWENS
Vice President for Bargaining

**Re: OSHSB File No. 19-V-028, DSH Workplace Violence Prevention
Permanent Variance.**

Submission Position: Deny Application

Dear Honorable Autumn Gonzalez,

Service Employees International Union, Local 1000 (SEIU Local 1000) is a labor organization representing approximately 3,400 bargaining unit members employed by the Department of State Hospitals (DSH). SEIU Local 1000 represents 105 classifications within DSH, including Registered Nurses, Licensed Vocational Nurses, Custodians, Food Service Technicians, Beauty Stylists, Pharmacy Technicians, Office Technicians, Information Technology Staff, Office Assistants and Health Records Technicians.

We are responding to the hearing held on March 11th in order to dispute the merits of the arguments made by DSH as to why the application for a permanent variance in workplace reporting should be approved. It is the experience of SEIU Local 1000 members that DSH is lacking in supporting and centering victims of violence. Based on the violence reporting that is captured, SEIU Local 1000 understands DSH is able to meet the 72 Hour CALOSHA reporting requirements. Finally, it is the opinion of SEIU Local 1000 that DSH can be doing more to prevent violence among all of DSH and doing better to partner with the Unions to do so.

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1. *We dispute the claim that DSH needs more time to center the victim and needs more time in reporting to do so.*

When a staff member experiences harm or injury by a patient or coworker, the victim often feels unsupported by their supervisor and DSH generally. There is typically little-to-no follow up from the supervisor after the incident occurs. The process to access resources and care is not transparent to the victim.

DSH is not consistently ensuring victims are aware of and have access to all the resources they may need. Victims rely on word of mouth from other coworkers to get what they need and rely on their Union to explain the process. DSH is not consistently evaluating the needs of the victims.

It is unclear who is supposed to be following up with the victim. Often times the only person the victim does hear from and talks to is the Department of Public Safety (DPS) or Hospital Police Officers (HPO). According to DSH facility-specific policies, such as DSH-Metro's AD 2156: *Occupational Illness Police and Reporting Procedure*, under "Employee Matters and Employee Health & Safety," the supervisor is supposed to follow up with the victim, contact Human Resources, ensure safety and transportation for the injured employee and make a report of all the actions taken. This report is then sent to the Health & Safety Office within 48 hours. It is unclear to the victim if and when any of this is happening. It is often the case that the victim will leave the facility and take leave for injuries and hear from no one once they leave the premises. From the victim's perspective, the policy is not consistently followed and not transparent.

And yet, victims are required to fill out various forms, some within a 24 hour period, which provides the information needed to meet the reporting requirements and deadlines for CALOSHA.

More training and transparency of policies and consistent application of policies is needed to ensure the safety of all members. Ideally, there would be a liaison working with the victim. This liaison could evaluate the victim and help identify all the Employee Assistance Programs (EAP) for which the victim qualifies for, considering their unique circumstances. The liaison could help facilitate the worker's compensation program process.

Currently, the supervisor and the Employee clinic is supposed to share this information with the victim. Unfortunately, this communication does not always happen.

In reality, victims are left to piece together for themselves the resources available to them, advocate for these resources on their own behalf, all while dealing with the emotional and physical trauma of being assaulted.

2. We dispute the claim that DSH needs more time to collect the information to meet the 72 Hour reporting deadline.

As previously stated, victims are required to fill out forms within a 24 hour period that are then entered into the DSH reporting database system, which meets the 72 hour reporting requirements. The classification for a violence report can always be changed in the future, if the analysis of the case changes the classification upon further investigation.

Considering this, it is not clear as to how reporting on a quarterly timeframe ensures safety. Being more proactive to address the situation, where people can make decisions about proper actions to take in a timely manner, seems more appropriately aligned with ensuring safety.

The Department of State Hospitals should not have the option to self-select what is reported and what is not reported. There is concern that this is being done to shield DSH from outside scrutiny and accountability.

3. We dispute the claim that DSH is partnering with the members in the most collaborative and effective ways to best address workplace violence.

As stated, there are many inconsistencies between the DSH facilities as to how workplace violence prevention policy is administered and the reporting there of. Often safety measures are implemented and then dropped weeks later, not to be discussed again. There are also policies implemented at certain DSH facilities that hinder the ability for staff to maintain safety.

An example of a policy that was designed for safety that has been dropped from implementation at some DSH facilities is the Buddy System. Custodians and nurses were to always move about the hospitals in pairs. Currently, at some of the DSH facilities, custodians and nurses no longer operate under the Buddy System because buddies are not assigned by management.

Inconsistencies between DSH facilities also exist in the number of staff required to escort patients at any given time from the unit to another clinic. Some DSH facilities require two staff to escort one or more patients at a time. Other DSH facilities require only one staff to escort up to six or more patients to a clinic. Because standardized processes across DSH are lacking, members are placed in an environment that is unsafe.

Training is inconsistent among DSH. Not all staff are receiving training on how to address emergencies and safety issues. It is also not apparent that there are active Health & Safety Committees at each DSH facility.

DSH is claiming to be working with the Unions and this is not consistently the experience. Members actively attempt to work on addressing safety with management and are often denied. For example, at DSH-Patton members requested to address workplace violence reporting during the Health & Safety committee meetings, as opposed to the worksite JLMC, and were told no by management. The members made this suggestion based on not having enough time to address the workplace violence issues through the JLMC meetings. The Workplace Violence Committee itself is often made up of only management throughout DSH. Overall, there are many inconsistencies among DSH in addressing violence prevention and a lack of partnership with the Unions.

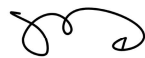
SEIU Local 1000 believes that the Department of State Hospitals should not be granted a permanent variance on workplace violence reporting at this time. Before a permanent variance is granted, proper processes need to be implemented and there needs to be a system of accountability to ensure this is

happening. There are still many basic safety measures that need to be addressed. Workplace violence reporting and violence prevention issues should be discussed, along with the Unions, through the Health & Safety Committees, per the parties' Memorandum of Understanding, Section 10.2 [See Attachment A at end of this letter].

SEIU Local 1000 recommends that DSH improves its efforts to center the victims by creating more consistency in ensuring workplace violence prevention is adhered to at all DSH facilities. We recommend that DSH be more proactive in addressing the victim's experiences and addressing safety concerns as they arise.

Sincerely,

Susan Rodriguez, SEIU Local 1000 Unit 1 Chair



Karen Jefferies, SEIU Local 1000 Unit 4 Chair



Maria Patterson, SEIU Local 1000 Unit 15 Chair



[Maria L Patterson \(Apr 28, 2021 11:23 PDT\)](#)

Vanessa Seastrong, SEIU Local 1000 Unit 17 Vice-Chair



Luisa Leuma, SEIU Local 1000 Unit 20 Chair



Attachment A: SEIU Local 1000 Memorandum of Understanding, Section 10.2

10.2 Health and Safety Committees

- A. The parties agree that Joint Union Management Health and Safety Committees are appropriate. At the Union's request, each department shall establish at least one Joint Union Management Health and Safety Committee.
- B. At the Union's request, the State may establish local work site Joint Union Management Health and Safety Committees consisting of an equal number of Union and management representatives to address specific areas of concern. These committees shall meet, at least, quarterly unless there is a mutual agreement between a department and the Union to meet on a different schedule. These committees shall meet for the purpose of discussing health and safety problems, recommending appropriate actions on health and safety issues such as, but not limited to, indoor air quality, safety promotion, cumulative trauma disorders, employees safety training, preventing neck and back injuries, record keeping, and how to encourage employees to be more conscious of safety. The twenty-four (24) hour institutions agree to continue local worksite health and safety committees.
- C. Employees appointed to serve on the committee shall serve without loss of compensation.
- D. To the extent permitted by law, and upon request, copies of employee occupation injury reports will be furnished to the appropriate Joint Union Management Health and Safety Committee and shall remain confidential.
- E. The parties agree that training on domestic violence, workplace security, rape prevention, and assaultive behavior are appropriate subjects for high priority consideration by the Joint Union Management Health and Safety Committee.