

Thank you to all the CRONA Nurses who attended our webinar on Thursday. More than 1000 nurses attended, wow! With hundreds of questions and comments we were unable to get to them all during the webinar. Many questions were duplicates or similar enough that the answers were combined. Some questions were very specific to an individual so not included here. This is a list of the questions asked, with our answers. It is a long list! If you still have a specific question, email us at crona@crona.org. This Q&A will also be posted on the [COVID-19 page](#) of the crona.org website for reference.

Please note, there are some differences in contract language and policy between LPCH and SHC; we have noted specific hospitals in some of the answers.

Q: How long is the Temporary Workforce Adjustment scheduled to last?

A: The planned end dates are for SHC: 10 weeks, ending 7/4/2020 and LPCH: 12 weeks, ending 7/11/2020.

Q: Are any layoffs planned?

A: Not at this time.

Q: Are CRONA nurses required to take 96 hours of PTO?

A: No. The requirement to take a set number of hours of PTO is for Exempt (i.e. managers, Nurse Coordinators) and non-represented staff.

Q: Why aren't CRONA nurses required to take mandatory PTO?

A: Because we have a contract! The contract language regarding temporary reductions was first negotiated in 1992. It is thanks to the hard work and unified strength of the nurses who came before us that we have the contract language, wages, benefits, and working conditions we have now. That is why our contract negotiations are so important and why CRONA leadership works, in conjunction with our Area Representatives and all CRONA nurses, to enforce our contract language.

Q: If I take voluntary time off, do I have to use PTO?

A: No. You may choose from using PTO, ATO, or unpaid Absent time.

Q: What's this I hear about going into a negative PTO balance?

A: If you want to take PTO for time off and do not have the hours in your PTO back, the hospitals are allowing staff to use PTO up to 120 hours negative PTO balance. Future PTO accrual will go towards replenishing the negative balance. Once the negative PTO is replenished you would resume accruing a positive balance of PTO.

Q: What if it's my turn to be cancelled but I don't have hours in my PTO or A-time bank? Would I have to take no pay?

A: You would have the option to incur a negative PTO balance, or you could take no pay. Remember, if you lose hours during COVID-19, as defined by state and federal law, you may be eligible for unemployment payments. You apply for unemployment through the state. See the [COVID-19 page](#) of the crona.org website to view the hospital's unemployment tip sheet.

Q: If I take voluntary time off, can I use ESL?

A: No. You may still use ESL on the 4th day of illness/injury per existing contract language. You may use up to 80 hours of ESL for child care/school/adult care closures through May 15th, provided you submit proof of closure. See hospital FAQs regarding use of ESL for child care/school/adult care closures.

Q: If a manager asks you if you want to take a pre scheduled day off. Do you have the option to use either PTO, or ATO (paid or unpaid)? Can you use a few days of ATO and then a few days of PTO? Break up using the different banks?

A: Yes, it's your choice. Make sure you communicate clearly about what you would like and make sure to check that your time card is correct.

Q: If I take voluntary time off, can they call me back on short notice?

A: If unit census is projected to increase and more staff are needed, the manager can request staff to return to work. This would be voluntary, though in these uncertain times CRONA strongly recommends nurses consider accepting work if offered.

Q: Are traveler contracts being cancelled?

A: Yes and No. All "crisis travelers" were cancelled. Some traveler contracts have been cancelled; others due to end in May will not be extended. Some travelers will continue to work, particularly in understaffed areas where specialty skills are required and they are needed to meet minimum staffing numbers. All traveler nurses are subject to cancellation in accordance with Absent Day policies at both hospitals.

Q: What is the order of mandatory cancellation?

A: Mandatory cancellation will only be done on a shift-by-shift basis to meet daily staffing needs. Both hospitals will follow language in Absent Day policies. The language in these policies is aligned with our contracts. Cancellation hierarchy is:

- a. Relief staff working over commitment
- b. Regular staff working over commitment
- c. Traveler or Agency Staff
- d. Relief Staff (with the fewest number of cancelled hours during the pay period). If that is equal, the least senior would be cancelled.
- e. Regular staff, based on inverse seniority and by hours of cancellation per the pay period.
- f. Regular staff on Closed Units will be offered the opportunity to float before being given Mandatory Absent Time.

Q: What is "working over commitment"?

A: Working over scheduled commitment (OSC) is when a nurse is voluntarily scheduled for more shifts than her/his FTE. For example, a 0.6 FTE nurse scheduled as a 0.9 FTE is over commitment by one OSC 12-hour shift per week. For example, a Limited Relief nurse who has already worked 24 shifts in the year is OSC for all remaining shifts in the year.

All OSC shifts should be marked on the schedule by the manager (or designee if schedule is not made by the manager) when the schedule is made. If you are scheduled above your commitment on the current schedule, you will be the first person cancelled – but only on the shifts marked OSC. If your shift is not marked OSC then you would be cancelled based on the cancellation hierarchy after travelers are cancelled.

Q: I'm at Stanford and I heard that travelers can only be cancelled for 24 hours during their entire contract. Is this correct?

A: This is not accurate. If travelers are cancelled at Stanford for more than 24 hours the hospital still has to pay them, but they can be cancelled. A contract the hospital made with a travel company does not take precedence over OUR contract. Our contract says that travelers get cancelled before any CRONA nurse who is working within her/his commitment.

Q: What if the traveler RN was already cancelled 24 hours for their contract. Management usually doesn't want them to be cancelled more since they are being paid anyway. Are we cancelling the CRONA RN in that case?

A: NO! Let us know immediately by emailing crona@crona.org if a CRONA nurse who is not working an OSC (*pre-designated* over scheduled commitment) is cancelled ahead of a traveler. The only caveat to that is if the traveler has a necessary skill that the CRONA nurse does not have (i.e. ECMO, CRRT).

Q: What is the latest we can be cancelled for inpatient units?

A: 6:00 a.m. for day shift, 6:00 p.m. for night shift. This is true at both hospitals. LPCH's Staffing Absent Day policy states that cancellations must be made by 5:30 but the hospital requested an additional half hour to complete cancellations due to the increased complexity of staffing the units – during the TWA period only.

Q: We have two TL (Team Leader at LPCH) when the unit has 21 or more. but we have been asked to not staff for second TL if there is a management on site or management denies the need to staff a TL 2. Can they do that?

A: CRONA needs to hear about it if this is happening. This cannot be done at Stanford, not if you would have to cancel a Regular nurse. Per SHC contract language, a manager must be taken out of the count before a Regular Nurse is cancelled. LPCH contract language is different, but the unit must stay within ratio and the manager cannot be in the count more than 30% of the time. How many units actually have managers fully competent to go into the count?

Q: What do I do if my manager is still telling nurses that we have to sign up for mandatory PTO hours?

A: Please notify crona@crona.org immediately and include the name of the manager, what was said, and the name of your unit. Then we can address the issue with nursing leadership.

Q: We have more travel nurses at Stanford's Clinical Advice Service (Call Center) than CRONA nurses, is there a chance none of us will be cancelled during this time?

A: This is possible. Unless a CRONA nurse is scheduled over commitment, all your travel nurses should be cancelled first, every shift. CRONA is very concerned about the excessive use of travelers at CAS as those positions should be CRONA positions. CRONA has flagged this concern at Stanford and requested additional information.

Q: Does seniority play a role when canceling Regular nurses?

A: Yes. Where skill mix and hours of cancellation are equal, the less senior nurse would be cancelled.

Q: If I was cancelled in the last pay period, will those hours be counted towards hours of cancellation in this pay period?

A: No. All counting of hours of cancellation resets each pay period.

Q: What about the schedules that area already posted, will nurses who are over scheduled commitment (OSC) be removed from the schedule?

A: No, unless they volunteer to cancel shifts. Posted schedules may not be changed unless the nurse agrees. Mandatory cancellations are done on a shift-by-shift basis for units that are open 24/7, or on a daily basis for units that have limited hours of operation.

Q: If I volunteer now to reduce my hours until July and my unit ramps up their volume between now and July, will I be required to go back to my full FTE?

A: Not for any hours on the posted schedule. You may be asked, but not required, to return. But don't sit by the phone holding out for SNC, if you decline to return on your days off there will be other nurses who need hours. Times are uncertain, we advise you to take the work unless you know that coworkers need the work more than you do and you want work to be available to them. We're all in this together.

Q: Does the Relief nurse's extra shift (above commitment) get cancelled before cancelling a traveler?

A: Yes, but the shift must be one of the nurse's designated over scheduled commitment (OSC) shifts. Not all shifts for Relief nurses are OSC. Relief A, B, C, and D all have a minimum commitment every pay period. The Limited Relief nurse has a commitment of 24 shifts per year. FYI, there are approximately 50 Limited Relief nurses at LPCH and 75 at SHC.

Q: If I am the next nurse due to be cancelled but I am the only Resource Nurse scheduled, will I still be cancelled?

A: No. All needed skill roles (i.e. Resource, TL, CRRT, ECMO) must still be filled.

Q: Are mandatory cancellations based on inverse seniority? I'm a new nurse and I have already been called off before COVID-19. I'm afraid it will happen on consecutive shifts if there are nurses more senior than me.

A: It is by numbers of hours cancelled within the pay period and inverse seniority. If you are cancelled on one shift in the pay period, the next day the nurse with the fewest hours of cancellation is next. Seniority is the tie-breaker if nurses have the same number of hours of cancellation.

Q: If I am cancelled on one of my shifts during the week and there is a Relief nurse scheduled later in the week, can I bump that nurse?

A: No. You cannot bump any nurse on a posted schedule. We don't want to hear about any nurse trying to do this, it is not contractual and it is unkind. Most of us will be hurting because of the TWA, let's remember to support each other and be kind.

Q: I am precepting a new grad. If I am the only qualified preceptor scheduled, would I be cancelled and the new grad assigned to work with an unqualified preceptor?

A: No; you would be cancelled, and so would the new grad. If the new grad's primary and secondary preceptor are both working, the new grad would work with the preceptor who was not cancelled.

Q: Can nurses on orientation have their hours cut?

A: LPCH nursing administration plan is to cancel nurses on orientation if their preceptor primary and secondary preceptors are cancelled. The orientation of the nurse would be extended to ensure s/he receives a complete orientation. Stanford has not offered a specific plan, but CRONA's position is that nurses on orientation should get as much training time as possible unless there is no qualified preceptor working. If a nurse on orientation wishes to take voluntary time off s/he should have a conversation with her/his manager.

Q: Is Labor Pool still going to be around during the Temporary Workforce Adjustment?

A: Yes, though the staffing will be limited to filling needed roles only. At Packard this will be only 11 nurses per shift. At Stanford this will be approximately 150 staff (including nurses and other staff) per shift. The numbers at Stanford are higher because the building is larger and has more entrances, more PPE runners, and staffs Occupational Health.

Q: I am a Packard nurse; can I go to the Stanford Labor Pool?

A: No, that will not be allowed.

Q: How will nurses be assigned to the Labor Pool?

A: Nurses will be assigned to Labor Pool once all needed roles on the nurse's home unit are filled. Any nurses due to float, in accordance with hospital floating policies, will be assigned to the Labor Pool. The exception at Stanford is for certain roles in Occupational Health where additional training is required and longer-term commitments are needed.

Q: What if I am the next nurse due to float and the only unit available to float to is the Labor Pool but I do not want to go to the Labor Pool?

A: If there are other nurses in the hospital subject to mandatory cancellation, one of those nurses could be floated to the Labor Pool instead and you would be cancelled. Declining to work in the Labor Pool is equivalent to agreeing to take a voluntary Absent day. If there is no other nurse who can be floated to the Labor Pool then you will have to go.

Q: Is it true that OSC staff need to be cancelled first before voluntary A-days are given?

A: No. Volunteers always go first. If there are enough nurses wanting voluntary time off, cancellations may not be needed.

Q: LPCH's next schedule is due to be posted April 25, you mentioned Stanford will not have a change to scheduled hours until the next schedule to be posted. Will we be affected this schedule?

A: Yes, the next LPCH schedule has not posted yet so managers have time to not schedule any OSC and to grant additional time off requests for the 5/17 – 6/13 schedule. Please note that the schedule will not be posted on April 25, it will instead be posted by May 2. This is still the LPCH contractually required 14 days ahead of the start of the schedule, but a week later than expected.

Q: Can a Relief nurse still pick up a shift for a Regular nurse if the nurse wants the day off?

A: According to our contract language, a Relief nurse may pick up a shift for a Regular nurse. The Regular nurse must use PTO and the Relief nurse would be designated OSC for the shift and subject to cancellation if mandatory cancellation is required.

Q: Can a nurse from the outpatient region volunteer to work in the hospital if needed?

A: Yes, if the nurse has the required skills. Any nurse may volunteer to work in another unit if s/he has the required skills and there is a need. This information should be communicated to your manager.

Q: If I take time off will I lose my benefits?

A: If a Regular Nurse is cancelled or chooses to take PTO/ATO/Unpaid time during this TWA time frame, they will not lose their benefit coverage (even if the hours worked is less than 20). Eligibility for benefits is dependent on FTE. Even if a nurse takes a temporary reduced commitment it does not change her/his FTE but is only a reduction in hours. Thus, benefit coverage is not lost.

Q: I'm a Relief nurse at Packard and the May – June schedule has not been posted yet. Will I get any shifts on this schedule?

A: Limited Relief who have already worked 24 shifts this year will not be scheduled for any hours unless needed to meet minimum staffing numbers on their units. Other Relief will be scheduled up to their minimum commitments as needed and based on our contract language.

Q: I'm a Relief B nurse and the schedule that just posted has me working over my commitment, can they take shifts away from me on this newly posted schedule? The Relief B status is 24-32 hours a pay period; how do I know if my commitment is 24 or 32 hours?

A: It depends on how you were hired; your manager has this information if you don't recall it. Relief B are hired as 0.3 (24 hours) or 0.4 (32 hours). FYI, at LPCH there are only three 0.4 Relief B and they are all in clinics. Stanford Relief B is more varied. CRONA also has this information.

Q: I am a 0.6 FTE Regular nurse who normally works a 0.9 FTE schedule, will I still be able to do that?

A: On the schedule already posted, yes, but the manager should have designated which of those shifts are OSC and you will be first to be cancelled if cancellations are needed on any day you are scheduled for a designated OSC shift. On the next schedule you will only be allowed to be scheduled for your 0.6 FTE.

Q: What about part-time nurses? Are they next on the hierarchy for cancellations?

A: Part-time nurses are still Regular nurses and are counted with all Regular nurses in the hierarchy for mandatory Absent time (cancellation).

Q: How do areas like Vascular Access, Wound Care, etc. make sense of this? Do we need to take PTO hours? Do we need to stop all of our non-patient care work like staff education, policy work, prevention, quality improvements etc.? These departments don't have a typical census.

A: Your managers should have been directed to calculate daily staffing needs, which may be less than normal. Your managers should also report numbers of excess staff to the Labor Pool so staff may be assigned to any open Labor Pool slots.

Q: Starting next week, will the Labor Pool be staffed with CRONA nurses only or does that include all other employees (hospital tech/sleep tech/anesthesia tech etc.)?

A: The LPCH Labor Pool only has 11 slots and they will all be CRONA nurses. The SHC Labor Pool has approximately 150 slots per shift and there will be a mix of CRONA nurses and other staff. We do not know the ratio, although some roles are specific. For example, checking in patients for COVID-19 testing will most likely be Patient Access Services, while RNs will do the actual testing.

Q: Are we still staffing by acuity? If we have very busy patients and need to go above our staffing grid, are we allowed?

A: YES! There is no change to staffing according to state-mandated ratios and patient care needs. Your unit's Resource Nurse has a right, guaranteed by our contract, to use her/his judgement in determining staffing needs and is able to go up if needed. If you believe your assignment/unit is not appropriately staffed, discuss the issue with your Resource Nurse and escalate to the on-call manager if needed. You still have the right to file an ADO (Assignment Despite Objection) form. The form is available on the [crona.org](https://www.crona.org) website.

Q: What if management changes the grid requiring less nurses. We can staff up based on acuity?

A: Yes!

Q: If a Relief B who purchases benefits through the hospital is cancelled due to the TWA program, do his/her benefits will remain intact? How does the relief Nurse pay for his/her premium if they do not get a paycheck for any given pay period?

A: If an RN doesn't earn pay for a pay period, then the benefit deduction for that pay period will occur when the RN is next paid.

Q: As a Relief C, if I work less than my commitment due to cancellation will I be billed for medical?

A: No.

Q: How will I meet the requirement to have 1250 hours for FMLA eligibility if I am cancelled? If I don't have 1250 hours can the hospital still approve FMLA?

A: FMLA is a law, the hospital cannot go against the law. If you are cancelled and do not have 1250 hours worked within the last year, you will not be eligible for FMLA. You may still take medical leave, and you may still apply for personal leave. This will unfortunately impact some nurses planning maternity leave or other LOAs.

Q: Is the FMLA hour calculation based on a rolling calendar or is it January through December?

A: It is based on a rolling year.

Q: Will my 403(b) contributions continue if I take time off?

A: Yes. Contributions are based on pay, so if your total paycheck is lower your contributions will be lower by dollar amount but the same by percentage. If you want to increase/decrease the percentage of your contribution, log on to the Fidelity.com website.

Q: I read that there are some special provisions in the CARES Act passed by Congress that will allow me to make hardship withdrawals with fewer penalties, but that the employer has to give Fidelity permission in order for me to make these withdrawals. Have the hospitals provided Fidelity with that authorization?

A: As of the day of this webinar, 4/23/2020, the hospitals decided to provide that authorization but had not yet done so. Please note, due to fluctuations in the stock market many of our 403(b) accounts have decreased in value and we advise extreme caution in considering making a withdrawal from your 403(b) at this time. It is a decision that should be made with professional advice, which we do not provide.

Q: I am a trial period nurse in my first six months of employment, am I covered by the CRONA contract?

A: You are still a CRONA nurse and covered by our contract for purposes of benefits, wages, hours, cancellations. There are certain disciplinary provisions that do not apply but this is not relevant to the TWA and will not be discussed in this Q and A.

Q: What's the maximum age for our kids to get qualified for child care?

A: For Bright Horizons child care, you would need to call and ask what their maximum age is. For use of ESL we are not aware of any set maximum. A nurse may care for a disabled child who is adult age but requires day care and that should still qualify for ESL use if the regular day care is not available.

Q: Are they extending ESL for nurses with children home from school? We were told we only have till next week to use it.

A: Use of ESL for child care/school closure/adult care was extended through May 15th.

Q: If I have a non-COVID-19 illness or non-work injury, am I still able to use my ESL on the 4th day of illness or injury?

A: Yes. That is our contract language. Let us know if you have any issues using ESL for normal circumstances.

Q: If I use my PTO now, and later on I have to call in for a Kin Care/CESLA absence, will I get attendance points if I don't have the PTO to cover my shift?

A: We have asked the hospitals how they will consider assigning points for attendance if the nurse has insufficient PTO to qualify for Kin Care/CESLA but would have otherwise if s/he had not use PTO for COVID-19/TWA. We are still waiting on the answer to that question. Please let CRONA know if you are asked by your manager to discuss your attendance – before you have the conversation. “If this has the potential to lead to discipline I would like to have a CRONA Representative.”

Q: When will elective procedures restart? Has the administration set a timeline for full reopening of the hospital?

A: Starting elective procedures is based on guidance from the government (Governor Newsom, CDPH – California Department of Public Health, CDC). As of now, some elective procedures may start on May 3rd, with additional procedures starting mid-May. This is a fluid process and subject to change based on changing conditions. Surgery departments are currently making plans to restart surgeries and we expect this will be a gradual process.

Q: Can we use our education funds and hours during this time?

A: Packard is not allowing nurses to use education hours during this time. You may still use your funds, including renewal of professional memberships and paying for certification exams and study materials. If you request to use your education hours and are denied, then 16 of your hours may be rolled over to next year. Make sure you keep written documentation of any denials.

A: Stanford is allowing nurses to use education hours at this time. You must still submit CEUs for the hours. You may also use your funds. If you request to use your education hours and are denied, all denied hours may be rolled over to next year. Make sure you keep written documentation of any denials.

Q: I have a pre-approved education day on the schedule, will this be taken away?

A: No changes to posted schedules.

Q: I was due to receive the \$2000 certification payment; will this still happen?

A: Yes. Payment will be made in May.

Q: My certification test was cancelled in March due to COVID-19 and I am eligible for the 60-day testing extension. When will I receive the \$2000 bonus?

A: Payment will not be made until after you pass the test and provide documentation. Upload documentation to Healthstream and notify CEPD (SHC) or CPEI (LPCH) when documentation is uploaded.

Q: My certification test was cancelled in March due to COVID-19 and I am eligible for the 60-day testing extension, but I was informed that I will not be allowed to test until after the 60-day extension. What do I do?

A: If the only test date you are offered is after the 60-day extension, please provide proof of this by sending an email to both crona@crona.org and CEPD (SHC) or CPEI so we can raise the issue with the hospitals.

Q: Will the 1% retention bonus still be paid in May?

A: Yes. That bonus is in our contract.

Q: I have a prescheduled vacation week mid-May. Can I be forced to take those PTO hours? I no longer want to take this vacation week.

A: You may ask to give up your vacation but this may or may not be approved by your manager.

Q: I am in the Transitional Return To Work (TRTW) program, will I get work for my full commitment?

A: Work in TRTW is based on what is available, you may or may not be offered work up to your full commitment.

Q: The PNDP for June 1 is postponed until August — are the subsequent dates moved up 60 days also?

A: No. The October cycle is scheduled to continue as normal. Only the June cycle is affected.

Q: Can we volunteer to take more time off than they are asking?

A: Yes. If there are more requests for time off than can be accommodated to meet minimum staffing numbers, requests will be granted based on seniority and skill mix.

Q: Can we still ask for A-days like usual?

A: Yes, and the process for granting them will be as per usual after all needed staffing roles are filled.

Q: If we are willing to float, can they float us every shift or is it a rotating schedule?

A: The order for floating is always to take volunteers first, as long as all needed skills are filled on your home unit. If you are the next person due to be cancelled you may still be cancelled.

Q: What happens if you don't have PTO/ATO when unit needs to be cancelled and/or can't afford to do no pay when cancelled?!

A: If you lose hours of work due to COVID-19, you may be eligible for unemployment payments from the state. You will need to apply for unemployment, then the state will decide if you are eligible and what your payment amount would be. The hospital put out a tip sheet as part of one of its larger documents, and CRONA summarized the unemployment insurance tip sheet on one page, available on the [COVID-19](#) page on our website. CRONA has heard anecdotally that there are weekly income limits for eligibility for unemployment benefits, but we do not have confirmation on that from the state.

Q: Are we going to be antibody tested for COVID-19?

A: There is currently free testing available for all staff, even if asymptomatic, available through Occupational Health. You must agree to both the swab for COVID-19 as well as antibody testing in order to receive antibody testing.

Q: If I get the free COVID-19 and antibody testing because I am interested, not because I am symptomatic and directed by Occupational Health to get testing, do I get paid administrative leave?

A: If you get this testing and are asymptomatic, you are not eligible for paid administrative leave while results are pending and would report to work as usual. You will be called if results are positive, otherwise results will be available online.

Q: I prefer not to work for family reasons, and want to take voluntary time off, do I have to use PTO?

A: No, you may use ATO or you may take unpaid time. Please request the time off ASAP so your manager can plan.

Q: Can I still use my Transformational Scholarship?

A: We have not been informed of any changes to this program.

Q: Will they be decreasing numbers of housekeepers (that's already short on nights?)

A: It seems likely. We still need to maintain cleanliness and patient safety. If lack of housekeeping causes a safety issue, please complete a SAFE/P-CARES and inform your manager. Saving money doesn't mean compromising care!

Q: I work in a unit where nurses start at different times like 0530, 0645, 0800, 0930, 1000, 1100 or 1300 (all 12hrs) and nights nurses start at 1845. If no one from days/afternoon shifts would like to take A day and it's over staff, can they mandatorily cancel nights nurses for the total of 12 hours and have the 1300-0130 nurses cover their entire shift?

A: The 1300 – 0130 can't cover your shift until 0715. Also, cancellations are supposed to be rotated based on hours cancelled. If you find yourself routinely cancelled, please email us at crona@crona.org to have a more detailed discussion.

Q: If we are scheduled for a 12-hour shift & the census is low on my unit & they have to mandatory cancel me, do they cancel for 4 hours at a time or for the entire 12 hours?

A: As stated in the SHC Staffing Absent Day policy, you may be cancelled for either 4, 8, or 12 hours. It will depend on the number of staff cancelled; some may be cancelled for 4 hours and others for longer.

Q: What happens when you get cancelled improperly? That they have missed a traveler or a less senior person working?

A: Please let us know, including details about who was cancelled, hours of cancellation, and skill mix requirements, by sending an email to crona@crona.org. If there is a mistake, we want to bring this to the hospital's attention ASAP.

Q: My unit has been closed and we have merged with another unit. Wanted to clarify if mandatory A-days will be given to the closed unit nurses first or will base on seniority among BOTH units merged on one floor?

A: If units are merged, mandatory A-days should be given based on combined staff from both units.

Q: Can you please clarify this language from the Staffing Absent Day policy: "e. Regular staff, based on inverse seniority and by hours of cancellation per the pay period." If the higher seniority of two nurses hasn't been cancelled and the lower seniority nurse has been cancelled already in the pay period, it defaults to the senior nurse just because they haven't been cancelled yet?

A: That is correct.

Q: Are any of the LPCH Labor Pool slots reserved for nurses from the PEC at El Camino?

A: No, the hospital did not make the decision to reserve any Labor Pool slots for PEC nurses.

Q: If I volunteer to work at a lower commitment through the TWA, but change my mind later, could I go back to my original commitment or would have to wait until TWA ends?

A: This should be done on a schedule-by-schedule basis as the needs during one schedule period may change by the next schedule. Let your manager know, in writing, as soon as possible. If you wait until after the schedule request period is closed it may be too late.

Q: Is this an opportunity to change our commitment if want...currently 0.9, change to 0.75 permanently?

A: No.

Q: I understand this is not in contract currently, but maybe in the future we can remember this. I feel this should go through the WHOLE staff on a rotating basis. not bi-weekly.

A: We are seeing clear proof of why our contract is so important. Your CRONA Negotiation Team pursues your agenda, based in large part on the survey that is sent out before negotiations start. We rely on the support of the entire membership to pursue that agenda. The stronger and more unified we are, the better the Negotiation Team is able to represent all of us. #CRONAstrong!

Q: Some units like SHC J5 never really saw a low census (only for a week)- you AAU nurses are free to float to us!

A: Make sure to let your manager know if you have other clinical skills and are willing to work in those areas!

Q: If we come in during a day we weren't scheduled, but available, then do we get SNC during this time?

A: If you were called to come in within 6 hours prior to the start of the shift, that is the standard Short Notice Call language. If your unit is short-staffed and no other appropriately skilled nurses are available in-house, there may still be calls for SNC. This is most likely for units that have not experienced low census during this

crisis, such as LPCH Labor & Delivery, Neonatal Intensive Care Unit, Intermediate Care Nursery, SHC J2 Cardiothoracic Surgery.

Q: If you are an LPCH RN with experience with Adult ED/ICU and Peds ED experience, can you float to those areas if they have a need? If you have previously worked in those areas at SHC?

A: No. Cross-hospital floating is not permitted by the hospitals at this time.

Q: I have a pre-approved vacation in early June. Right now, I do not have enough PTO to take my two days off. I work in the Neonatal ICU. I hope to accrue enough hours. Otherwise, will I be put back on the schedule, but still be at risk for a mandatory A Day?

A: You will still be able to take the vacation. Both hospitals agreed that nurses whose PTO is affected by this COVID-19/TWA crisis will not be penalized for their pre-approved vacations. You're in the NICU and your unit's census is high, you may see very few cancellation hours.

Q: Before this TWA, no A-days were granted unless all staff is done with Healthstream. Is this still the case starting 4/27?

A: We have not had that discussion with the hospital but we suspect they care more about reducing hours right now than about Healthstream.

Q: Will paid administrative leave still be given to those with COVID-19 symptoms or positive test results? Is process still the same?

A: As of the time of the webinar, the process is unchanged. You are on paid administrative leave if told to self-isolate by Occupational Health. If positive for COVID-19, you apply for either 1) workers compensation if known work exposure, or 2) disability if no known work exposure. There is currently no waiting period for workers compensation or disability. You will not have to use your own PTO/ESL/ATO to "top off" your pay – the hospital will pay the difference between your workers compensation/disability pay and your regular salary.

Q: I went into negative PTO for my vacation last week. I'm a nightshift nurse. There was no nightshift differential. I assume that's correct, but want to check: no nightshift differential on PTO hours that go in to negative PTO? Thanks

A: That doesn't sound correct. It is likely a special payroll process that allows you to go into negative PTO that was not correctly set up to account for shift differential. Please put in a ticket through HR to ask for this to be corrected and let us know at crona@crona.org if you have issues.

Q: Will we still be able to apply for PNDP?

A: Yes. The June cycle has been delayed until August, so you have a little extra time to get your activities completed.

Q: How does it get decided who goes to labor pool at LPCH?

A: Labor Pool slots are allocated to units, the person from each unit who will be sent to the Labor Pool is the person due to float. This is per the Floating Guidelines.

Q: I have medical issues that make the occasional sick call necessary. But I have only a few hours of PTO. Will I be counseled for "excess sick time" because I can't use Kin Care/CESLA? If I use ESL, will I be counseled?

A: If you meet the criteria to qualify for FMLA, you should consider applying for intermittent FMLA. Even if you do not have PTO to cover an intermittent FMLA absence you will not be assigned attendance points for calling out under FMLA protections. If you do not have intermittent FMLA, we do not know how the hospital will handle attendance points; they have stated that nurses will not be disciplined during the COVID-19 crisis, but

have not confirmed if they will count a nurse's use of PTO during TWA against her/him later in the year after the crisis has (hopefully) passed.

Q: What is the difference between “temporary reduction in work commitment” and “additional time off (PTO/ATO/unpaid absent time)” in the survey?

A: “Temporary reduction in work commitment” is a set amount of time off per pay period. “Additional time off” may be single or multiple days at different time; it is more irregular. Different nurses will have different preferences for time off and a variety of options is a way to accommodate at many requests as possible.

Q: Thank you, CRONA! 🙌🙌🙌🙌🙌🙌

A: You're welcome! We are all in this together and doing our best to support one another! As your CRONA Executive Board, it is a pleasure to represent such an amazing group of nurses!

Q: I am a Relief Nurse. If I volunteer to give up a week of my currently scheduled shifts will that be counted as an “off call” week?

A: We did not specifically address this with the hospital, but it is our position that Relief nurses should not be penalized in their off call weeks any more than Regular nurses should be penalized for their pre-approved vacations. Please let us know if you have issues.

Q: RN from LPCH. If I have already done educational hours this week, can I request to be paid for those hours since they were done prior to the TWA?

A: Yes. Better hurry though.

Q: How many days/dollars of crisis care can we be reimbursed for with Bright Horizons?

A: As of the day of the webinar, the limit was 240 hour of crisis care.

Q: In the email from management, “there is an opportunity for Clinical Nurses to express interest in voluntarily taking time off or reducing commitment (e.g. a 0.9 Clinical Nurse can request to temporarily go down to a 0.6 commitment)”. I understand if I voluntarily take time off, my benefits are not affected. But if I volunteer to reduce commitment, will my benefits be affected?

A: No. It is a temporary and the coding of your FTE with HR does not change.

Q: Our management said that due to the Temporary Workforce Adjustment we are being asked to cancel all non-urgent meetings. Therefore, Nursing Shared Leadership will be cancelled for the month of May. Is that correct?

A: At Stanford, Dale Beatty stated to CRONA, “We are very committed to Nursing Shared Leadership”. The hospital is looking at the feasibility of having remote or small groups for NSL but Dale Beatty did not know if NSL would be cancelled – as of the day of the webinar. Dale Beatty overrules your manager. We do not know if it will be cancelled for LPCH.

Q: How do we respectfully ask managers to make sure they add the overcommitment symbol to the schedule?

A: “Many of us are scheduled over commitment but I see no indication in API/KRONOS about which of are shifts are designated OSC. Do you know when you will have those shifts coded so everyone knows which of their shifts are OSC?”

Please let us know if your manager declines to do this. All managers were supposed to receive this instruction.

Q: My manager reached out to us on my procedural unit and made us all give up a shift for next week. When will the manager come back and say that they have to go back on that? I was pulled off the schedule for next week and worry my manager won't automatically go back on it.

A: Email crona@crona.org if it is not fixed by Monday. Make sure to include your unit and manager's name when writing to us.

#CRONAStrong!