

**2025  
Agreement**

between

Pennsylvania Association of **Staff Nurses & Allied  
Professionals**

and

Armstrong County Memorial Hospital

~~**2022-2025**~~

**July 7, 2025 to July 7, 2028**

09/25/2025

**SETTLEMENT AGREEMENT**

This Settlement Agreement is entered into this 25 day of Sept, 2025 by and between Pennsylvania Association of Staff Nurses and Allied Professionals ("Union") and Armstrong County Memorial Hospital ("Employer"), in settlement of the 2025 Collective Bargaining Agreement.

This Settlement Agreement constitutes a full and complete Collective Bargaining Agreement between the Union and Employer, which shall commence at 12:01 a.m. on upon ratification 2025, and shall remain in full force and effect until 12:00 a.m. on July 7, 2020.

The parties additionally agree that ratification of this Collective Bargaining Agreement by the membership of the Union on Sept. 30, 2025, shall be a condition precedent to its taking effect and that the Settlement Agreement will become effective immediately upon ratification by the Union on that date.

The parties will later execute a re-formatted "clean copy" of this Collective Bargaining Agreement; however, it is agreed that this Settlement Agreement and the provisions incorporated herein constitute the terms of the complete Agreement.

For the Union:

\_\_\_\_\_

Date: \_\_\_\_\_

For the Employer:

Thomas S. Gault  
\_\_\_\_\_

Date: 9/25/25  
\_\_\_\_\_

FOR THE UNION:

\_\_\_\_\_  
Date

FOR THE EMPLOYER:

\_\_\_\_\_  
Date

**Article 4 – Management Rights**

4.02 Except as otherwise restricted by this Agreement, the Hospital reserves the right to establish, revise and administer policies and procedures, training programs and services; to direct the workforce; to hire, promote, evaluate, transfer, furlough and recall Nurses to work; to reprimand, suspend, discharge, or otherwise discipline Nurses for just cause; to determine the number of Nurses, their hours of work and duties to be performed by them; to establish, expand, reduce, or eliminate any job, operation, unit or service provided the Hospital gives reasonable notice to the Association; to designate positions as full-time or part-time; to establish and to post schedules of work and to revise them as reasonably necessary; to determine the location of its service operations; to introduce new equipment and supplies; to control and regulate the use of facilities, supplies, equipment and other property of the Hospital; to subcontract work which has been subcontracted before or which can be performed more economically by a subcontractor than by bargaining unit Nurses; to control the assignment of work, and the size and composition of the workforce; to determine the qualifications of an individual to perform available work; to make or change reasonable Hospital rules, regulations, policies and practices, provided the Hospital gives reasonable advance notice (of at least 30 days where practical) to the Association; to determine the work shifts; to establish or change standards; to establish or change wages in accordance with the provisions of this Agreement; and otherwise to help the Hospital attain and maintain full operating efficiency and effectiveness, and to ensure that the parties promote the highest quality patient care and treatment possible.

FOR THE UNION:

Cassie Wood  
Date 5/30/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 5/30/25

**Article 5 – Association Membership and Check-off**

5.04 During the term of this Agreement, the Hospital shall, on the basis of individually signed voluntary lawful check-off authorization cards, deduct either monthly Association dues or monthly Fair Share Fee amounts from each paycheck covering the first pay period of each month and remit to the union along with a list of dues payers, and amounts paid, in excel format. The amount of Fair Share Fee shall be provided to the Hospital by the Association. If an employee is non-compliant with his/her obligation as specified in this Agreement, the Hospital will formally notify the employee of the consequences of noncompliance within 60 days of receipt of notification from the Association. The Hospital will remit such payments monthly to the Union together with a list of all employees from whom deductions have been made, a listing of the deduction made from each employee, and the employee's gross wages. The report of dues deduction shall be provided electronically in a spreadsheet format.

FOR THE UNION:

Cassie Wood  
Date 5/30/25

FOR THE EMPLOYER:

Thomas S. Gallo  
Date 5/30/25

5/30/2025

5.05 The Association president or designee will be allowed to meet with new employees in the bargaining unit at the conclusion of the hiring or orientation process for thirty minutes for the purpose of informing them about where to find out further information regarding Association membership. If, the Union president or designee is scheduled to work, the Hospital will make best efforts to release them from patient care responsibilities for this time. The Hospital agrees the new employees' names, the names of terminated employees, and the names of current employees leaving for and returning from FMLA leave or other leaves of absence, shall be given to the local Association president and grievance chair each month. Twice per year, in January and July, a full seniority list containing names, contact information, unit and FTE status will be provided to the union officers described above as well as the designated Staff Representative.

FOR THE UNION:

Cassie Wood  
Date 5/30/25

FOR THE EMPLOYER:

Thomas S. Givetto  
Date 5/30/25

**Article 6 – Visitation, Patient Privacy and Bulletin Boards**

6.06 No more than one (1) employee at a time shall be entitled to take up to six (6) months leave of absence in order to work on behalf of the union.

FOR THE UNION:

Cassie Wood  
Date 5/30/25

FOR THE EMPLOYER:

Thomas S. Gentile  
Date 5/30/25

**Article 10 – Hours of Work, Overtime and Payday**

10.04

(g) The Hospital will discuss alternatives with staff (e.g. adding LPNs or aides for additional help, limiting/changing patient transfers in order to minimize patient load in the affected area, having supervisors assist, etc.)

Such steps taken shall be documented, e.g. on the master schedule in the nursing office or on the unit schedule, which documentation will be available for review and validations of the attempts made.

If such a need still exists after taking the above steps, mandatory overtime will be assigned on a rotational basis among the Nurses working the current shift in the unit or work unit beginning with the least senior Nurse. However, a Nurse who volunteers or is mandated to work overtime for four hours or more will be counted as most senior for the purpose of rotational assignment of mandatory overtime and credited with a mandate for the purpose of determining the order of

rotation for the following 14 days, (TA 8/26/25)

MD 9/25      TS9 9/25      . . .

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Fiallo  
Date 9/25/25

09/02/2025

**Article 10 – Hours of Work, Overtime and Payday**

10.06 All employees who work four hours or more per shift shall be entitled to a one-half hour unpaid lunch period during each scheduled shift. On shifts which are staffed with a single employee, with supervisor approval the employee may elect to forego the unpaid lunch, and upon relief, depart from work one-half hour early. An employee who is scheduled to work a double shift may elect to take only one thirty (30) minute unpaid lunch break with supervisory approval.

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Jallo  
Date 9/4/25

**Article 10 – Hours of Work, Overtime and Payday (TA 06-23-2025)**

10.09 Nurses may be required as a condition of employment to be on-call. Nurses must accept their fair and proportionate share of on-call assignments. Those Nurses who are on-call and “engaged to wait” will be paid their regular rate while on duty, on site. Those Nurses who are on-call and "waiting to be engaged" will be paid \$3.75 for each hour that they are required to be on-call and available to respond to a call. If the on-call Nurse responds to a call, he/she will be paid time and one-half the regular rate of pay for all hours worked, with a guarantee of a minimum of two hours of work provided. In the event the Nurse completes the call work assignment in less than two hours, he/she may elect to leave with the permission of the supervisor and be paid a minimum of two hours pay. If a department is not fully staffed (as evidenced by a posted vacancy) requiring Bargaining Unit members to take call above what should normally be required, the member shall be paid \$4.50 for each hour that they are required to be on call for such additional call.

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/25/25

10.10

(d) The hospital will make reasonable efforts to offer excused absences prior to cancellation. For purposes of cancellation of shifts due to low census, all Nurses will be cancelled by Hospital-wide reverse seniority. The Hospital will cancel all temporary Nurses, before a casual Nurse, and all casual Nurses (including Tier II Casuals) before each part-time or full-time Nurse, assuming the remaining Nurses are qualified to perform the work that remains available. After an employee begins their shift, any work load adjustment cannot bring the unit below the staffing guidelines, including projected admissions, through the end of the shift. Pending discharges will continue to count as part of the patient census while they are still on the unit. All part-time Nurses or full-time Nurses with 24 years or less will be cancelled on a rotating basis. ~~Excused absences may be offered prior to cancellation.~~ In the event that a nurse volunteers to be pulled to another unit and takes an assignment in lieu of cancellation, that nurse will be credited with a cancellation for purposes of determining the order of rotation.

FOR THE UNION:

Cassie Wood 9/25/25  
Date

FOR THE EMPLOYER:

Thomas S. Gallo  
Date 9/25/25

**Article 10 – Hours of Work, Overtime and Payday**

10.10 ~~(g)~~ (g)

In the event that an employee is scheduled for a Double -Back, The employee will be eligible for time and one half pay for the first 4 hours of the next shift if they meet the following requirements.

1. The double back cannot be requested by the employee.
2. Not eligible if they have any call off occurrences during that pay period.
3. Not eligible if any greater incentive is in place.
4. The employee working the double back may voluntarily be cancelled the next day, for the first 4 hours, if cancellation is needed.

FOR THE UNION:

Cassie Wood  
Date 9/24/25

FOR THE EMPLOYER:

Thomas S. Galtso  
Date 9/24/25

09/02/2025

**Article 10 – Hours of Work, Overtime and Payday**

10.10 (i)

(1) Open shifts shall be posted at the same time the schedule is posted and all interested employees may express an interest in the open shifts. Distribution of open shifts shall be granted on a rotational basis. Preference for open shift coverage will be given to the nurse who can cover the entire need.

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/4/25

**Article 10 – Hours of Work, Overtime and Payday**

10.10

<sup>n</sup>  
(k) When an error by Management occurs in the cancellation of hours, the Nurse who should have worked the hours will be made whole. The cancelled hours will be treated as hours worked for purposes of calculating benefit costs, etc. In units where staffing decisions are made by staff Nurses, those Nurses are expected to confirm the accuracy of cancellation decisions with a manager or supervisor before making calls to cancel. In the event a manager or supervisor is not available to confirm the accuracy of the cancellation decision, staff will page the manager or supervisor via the Hospital switchboard and the attempt to contact the manager or supervisor will be verified by the Hospital switchboard log. In cases where the cancellation error has been communicated by a staff Nurse without prior confirmation by a manager or supervisor, the manager will offer to reschedule the hours lost, but lost hours will not be paid. In the event a manager or supervisor is unable to be reached, the cancellation error will be treated as an error by management. Once an extra shift that would lead to overtime has been accepted, that employee's schedule shall not be changed to avoid payment of overtime as a result of that shift. This provision does not preclude the Hospital from cancelling employees in accordance with this agreement.

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/4/25

10.10(k)

If a Bargaining Unit Member is to be cancelled prior the start of his/her shift, the Hospital will attempt to give the Bargaining Unit Member as much notice as possible, and will notify said Bargaining Unit Member a minimum of two (2) hours before the start of his/her shift.

If a Bargaining Unit Member is cancelled with less than ninety minutes' notice prior to the start of his/her shift, or if the Bargaining Unit Member reports to work and is cancelled in the first two (2) hours of his/her shift, he/she will be paid for two (2) hours of work and said hours will be treated as hours worked for all intents and purposes.

FOR THE UNION:

Cassie Wood  
Date 9/26/25

FOR THE EMPLOYER:

Thomas S. Gualto  
Date 9/25/25

**10.14 CRNA Scheduling**

Currently, there is a CRNA schedule that is one 24 hour shift and two 8 hour shifts per week. On occasion a CRNA that has the 24 and 2 eights schedule may be asked to work extra or different shifts to help cover vacations, etc. If the Hospital decides to change such schedule, it will provide notice to the union and CRNAs of the change and meet and discuss the change (TA 9/24/25)

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Jullo  
Date 9/25/25

**Article 11 - Wages**

11.01

c. Shift Differential. There will be a shift differential of \$.75 per hour for all hours worked from 2:00 p.m. to 7:00 a.m. on any shift where the majority of the scheduled hours fall between 2:00 p.m. and 7:00 a.m. For example, in the case of an 8-hour shift which is scheduled to start at noon, the employee is paid shift differential for all hours worked after 2:00 p.m. but before 7:00 a.m. On Saturdays and Sundays, the shift differential shall be \$1.00 per hour. Nurses who have consistently worked steady second and third shifts will have shift differential included in their vacation pay. Employees who bid into a second or third shift position following ratification of the 2025 Agreement will also receive shift differential in their vacation pay.

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Jatto  
Date 9/4/25

**Article 11 - Wages**

11.01

d. Charge Pay. There will be an added \$2.25 per hour when working in a charge nurse capacity (charge hours are illustrated on the Staffing Grids). ~~\$15.00 per day when working in a charge Nurse capacity for a scheduled eight hour shift, and an added \$25.00 per day when working in a Charge Nurse capacity for a scheduled twelve hour shift.~~

FOR THE UNION:

Cassie Wood  
Date 9/22/25

FOR THE EMPLOYER:

Thomas S. Gentry  
Date 9/22/25

ACMH  
09/05/25  
3:10pm

**Article 11 - Wages**

11.01

e. Preceptor. Nurses assigned or scheduled by department manager to precept a new employee or orient an existing employee shall receive preceptor pay of \$0.75 <sup>per hour TSG 9/25 MD 9/25</sup> for the time spent precepting. The identified preceptor(s) will be required to take an initial internal precept class and maintain training annually. Nurses who are temporally assigned to precept will be paid preceptor pay even if they have not completed the initial or annual training.

FOR THE UNION:

Cassie Wood  
Date 9/5/25

FOR THE EMPLOYER:

Thomas S. Quatto  
Date 9/5/25

09/02/2025

11 MD 759  
9/28/25

11 ~~02~~ Payroll Accuracy. The Hospital will provide written guarantee that if an employee experiences a payroll error of \$50.00 or more in a single pay, then the Hospital will create a manual check for the amount of the error within two business days of a request, provided the Payroll Administrator is working. The employee will have the option of picking up the check or having it mailed to a residence. Payroll errors made by the employee will be corrected in the next pay period.

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/4/25

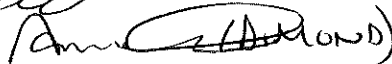
09/23/2025

**Remove Appendix F - CRNA Seniority List**

**13.02**

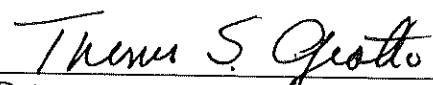
~~Seniority of CRNAs employed on the effective date of this agreement shall be pursuant to Appendix F.~~

FOR THE UNION:



FOR THE EMPLOYER:

9/24/25



Date

Date

Cassie Wood  
9/24/25

9/24/25

09/02/2025

**Article 14 – Grievance/Arbitration Procedure (TA 8/29/2025)**

14.11 The parties have agreed to utilize the following arbitrators:

- 1) Christopher Miles
- 2) Matthew Franckiewicz
- 3) Michael McDowell
- 4) **Michelle Miller-Kotula**
- 5) Jane Disimone

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/4/25

**article 16 – Temporary Assignments**

16.02 All nursing staff will become oriented, trained, and competent to provide quality nursing care within their service line. The following service lines are recognized based upon the units existing at the effective date of this Agreement. In accordance with the Hospital's responsibility to promote and improve patient care, the Nurses recognize the Hospital's right during the term of this Agreement to create new unit/service lines and eliminate or change existing unit/service lines. Before such changes are made, the Hospital will provide the Union with notice of the changes and opportunity to discuss such changes. Opportunities for additional training for which it is not necessary that all members of the service line be trained will be offered first to volunteers among all bargaining unit members of that service line. If more bargaining unit members from within that service line than are needed volunteer for said training, the training will be provided to the most senior bargaining unit member. When newly hired into the bargaining unit or when hired to a new unit from within the bargaining unit, every nurse shall enjoy the right to a full orientation period during which she/he will not be pulled without consent. A nurse may request a longer orientation period for good cause.

~~If any OR Nurse who is not trained to scrub wishes to learn, they may request such training and must be given the opportunity to complete it.~~

Behavioral Health

OB

Emergency

Medical/Surgical Service (~~2D~~, 3C, 3B/ telemetry)

Critical Care Services (ICU, CCU)

IV Team

Recovery Room (PACU)

OR Nursing Services

Surgical Procedures Center ( ENDO)

Ambulatory Surgery Center (ASC)

Skilled Nursing (~~which includes SNU, ARU~~)

Case Management

Anesthesia

Cath Lab/Interventional Radiology/ Treadmills

Pain Clinic Med Onc Rad Onc

Cardiac Rehab

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/25/25

RNAC

Clinical Assessment Coordinators

On 3B, the Hospital will make every effort to maintain a ratio of 50% plus one on each shift of RNs who are both monitor and ACLS certified to RNs who are not monitor trained and ACLS certified.

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gallo  
Date 9/25/25

09/02/2025

**Article 16 - Temporary Assignments**

16.03 Cross-training to other service lines, including relevant certifications, must be completed before a Nurse is eligible to be pulled (as defined in Section 16.06 b) to that service line. Nurses volunteering to cross-train to another service line will be available to be pulled once cross-training has been completed as long as competency is maintained. All cross-training is voluntary. ~~except that new hires in SNU and ARU may be required to cross-train to the other unit.~~

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gratto  
Date 9/4/25

09/24/2025

**Article 16 - Temporary Assignments**

**16.06 Definitions of temporary reassignments:**

\* \* \*

~~g. No Nurse from SNU will be required to take an assignment in ARU without being FIM trained, or without a FIM trained staff member present working on the unit. Nurses from ARU will not be pulled to SNU without being cross trained~~

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/25/25

**Article 18 – Holidays**

18.01 Following completion of the probationary period, full-time Nurses are entitled to the following holidays:

New Year's Day Memorial Day

Independence Day

Labor Day Thanksgiving

Christmas Day ~~Employee Birthday~~

~~Two~~ **Three** Personal Days

Subject to scheduling requirements and available staffing, Nurses will be allowed to use their personal days at any time prior to December 15-~~31~~ of each year, **except that nurses may reserve one personal day to be used between December 15th and 31st each year in the event of cancellation or excused absence. This reserved personal day cannot be used as a scheduled day off or emergency day. If not used by December 31, the remaining hours will be forfeited.** Two personal days may also be taken in cases of emergency and will not be treated as an absentee occurrence.

**18.02 Any part-time nurse who worked 1,000 hours or more in the preceding calendar year will be entitled to two personal days.**

18.03 Holiday pay for full-time Nurses will be eight hours pay at the rate of pay for the Nurse's designated position. Regular part-time Nurses who work the holidays listed above will receive holiday pay, except that a Nurse scheduled to work a 12-hour holiday and who works the scheduled hours will receive 12 hours holiday pay. ~~An employee will not be required to use benefit time or work a scheduled shift in order to be made whole for that week, but could opt to take paid or unpaid leave to make their hours whole at the employees discretion.~~

18.04 Nurses who are scheduled and who work on a holiday, ~~with the exception of a birthday,~~ will be paid ~~time~~ **time** and one-half for all hours worked and will receive holiday pay as well. ~~Birthdays shall be taken off on the nurse's birthday, if mutually agreed, or within the month in which the birthday falls with approval of the supervisor and dependent upon staffing needs.~~

FOR THE UNION:

Cassie Wood

Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gatto

Date

9/25/25

19.11 Tuition Reimbursement. All regular full-time, part-time, and Tier II Casual Nurses as defined in Section 9.04 who have worked over 500 hours in the previous calendar year will qualify for a tuition reimbursement benefit of 50% of the cost of tuition, fees and labs up to \$2,000 per calendar year, with the requirement of grade "C", and reimbursement of 100% of tuition, fees and labs for a grade "B" or better in order to receive reimbursement, up to \$2,000 per calendar year. One time during the term of the Agreement, a Nurse may use up to ~~\$150~~ \$250 of his/her tuition reimbursement money for nursing certification or re-certification purposes. **The employee must submit a completed tuition reimbursement form for approval prior to obtaining certification or recertification. They must also submit proof of payment along with a copy of the certification to the HR office for reimbursement. (TA 9/5/25)**

Annually, the Hospital will continue to provide a CRNA reimbursement for membership in a professional work-related organization, AANA dues, and Current Review membership which will be deducted from the tuition reimbursement monies. In addition, \$1,500 may be used for continuing education. (TA 9/24/25)

FOR THE UNION:

Cassie Wood  
Date 9/28/25

FOR THE EMPLOYER:

Thomas S. Galt  
Date 9/28/25

**ARTICLE 19 - HEALTH AND WELFARE (TA 8/29/2025)**

~~19.12 Pension Plan. The Hospital will maintain for participation by Bargaining Unit Members the existing Armstrong County memorial Hospital Retirement Income Plan ("Pension Plan"), as amended, consistent with this Section:~~

~~a. The multiplier applicable to Bargaining Unit Members shall remain at \$22 through April 9, 2005.~~

~~b. The Multipliers for years of credited service prior to the effective date of this Agreement shall be the existing multipliers utilized by the Pension Plan as of the effective date of this Agreement.~~

~~c. The Hospital has frozen all benefit accruals for Bargaining Unit Members participating under the Pension Plan effective as of April 9, 2005.~~

~~d. Effective April 9, 2005, all participants with accrued benefits under the Pension Plan will become fully vested in their benefits that have accrued through April 9, 2005.~~

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Quatto  
Date 9/4/25

**ARTICLE 19 - HEALTH AND WELFARE (TA 06-26-2025)**

19.13 403(b) Plan. The Hospital will continue to maintain the Armstrong County Memorial Hospital 403(b) Retirement Plan ("403(b) Plan") as an investment option for bargaining unit members and will provide fixed contributions under the 403(b) Plan in accordance with the Retirement Benefit Contribution Percentages table listed in Appendix C.

a. All current employees with three (3) or more years of service with the Hospital will automatically vest in all Hospital Gross Wage Contributions made to the 403(b) Plan on their behalf.

b. All current employees with less than three (3) years of service with the Hospital and employees hired after the effective date of this Agreement will fully vest in all Hospital Gross Contributions made to the 403(b) Plan on their behalf upon completion of three (3) Years of service with the Hospital.

c. All participants shall immediately ~~best~~ vest in all salary reduction elections made under the 403(b) Plan.

~~d. All employees hired after the effective date of this Agreement and any employees who have less than one year of service with the Hospital as of April 9, 2005 will only be eligible for retirement benefits under the 403(b) Plan.~~

FOR THE UNION:

Cassie Wood  
Date 9/4/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/4/25

**ARTICLE 20 – LEAVES OF ABSENCE**

20.1<sup>(20.1)</sup> Scheduled full-time and scheduled part-time employees who have completed their probationary period are eligible to take up to three (3) paid days or a total of twenty-four (24) hours upon the death of a:

- Husband, Wife, Father, Mother
- Father-in-law, Mother-in-law
- Foster Father, Foster Mother
- Step Mother, Step Father
- Brother, Sister, Step brother, Step sister
- Son, Daughter, Step Son, Step Daughter
- Grandson, Granddaughter, Step Grandson, Step Granddaughter
- Domestic partner (demonstrated by sharing a common residence, or cohabitating as a married couple, or hold themselves out to the public as being married
- Grandparent of the employee

20.2 Bereavement<sup>(leave)</sup> must be taken within three (3) weeks of the death unless a memorial service is scheduled for a later date. The employee must inform his/her manager of the scheduled date as soon as the arrangements are completed. The employee may use up to twelve (12) of the total twenty-four (24) hours as a bereavement day if they are scheduled to work on the day of the memorial service with management approval.

20.3 Employees will only receive bereavement leave for days that they are scheduled to work.

FOR THE UNION:

Cassie Wood  
Date 9/22/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/22/25

09/22/2025

20.4 In addition to the twenty-four (24) hours of bereavement time, the employee may be granted up to two (2) excused absence days with or without pay, if requested, and such request does not interfere with the orderly operation of the Hospital or adversely affect patient care.

~~If taking a total of 24 hours, the must be consecutive and you must be scheduled to work on those days.~~

~~If a memorial service is scheduled for a later date, the employee must inform his/her manager of the scheduled date as soon as the arrangements are completed. The employee may use twelve (12) of the total 24 hours as a bereavement day if they are scheduled to work on the day of the memorial service with management approval.~~

~~In addition to the three bereavement days, the employee may be granted up to two (2) excused absence days with or without pay, if requested, and such request does not interfere with the orderly operation of the Hospital or adversely affect patient care.~~

20.5 A single day of paid leave will be granted to scheduled full-time and scheduled part-time bargaining-unit members for bereavement purposes for a brother-in-law, sister-in-law, son-in-law, daughter-in-law.

FOR THE UNION:

Cassie Wood  
Date 9/22/25

FOR THE EMPLOYER:

Thomas S. Pulte  
Date 9/22/25

09/05/25

**Article 21 – Certification, Licensure and In-service Education**

21.03 In the event that a Nurse is required to attend an in-service training/education session during or outside regular working hours, the Nurse shall be paid <sup>T59 9/25 MD 9/25</sup> ~~pursuant to~~ the applicable rate. Such attendance shall be considered time worked for overtime computation.

FOR THE UNION:

Cassie Wood  
Date 9/5/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/5/25

**ARTICLE 24 SAFETY**

24.1 The Hospital will make every effort to maintain its facilities and equipment in such physical condition so as to provide a safe and healthy work environment and to maintain high standards of workplace sanitation, ventilation, cleanliness, and light and noise levels. The Hospital shall agree to maintain a program of infection and communicable disease control consistent with state and federal laws. Bargaining Unit Members will strive to maintain the facility in such a manner which will continue safe conditions. In the event any Bargaining Unit Member has reason to believe an unsafe or hazardous condition exists, it is the Bargaining Unit Member's responsibility to notify his/her supervisor or department head without delay.

24.2 The Hospital will maintain and enforce policies prohibiting verbal and/or physical abuse, sexual harassment, and threatening or intimidating behavior engaged in or exhibited by any person. "Person" is defined to include Hospital employees, volunteers, medical staff, visitors, patients, tenants, and others working at the Hospital facilities.

24.3 The Hospital will allow the Association to name a Bargaining Unit Member as a continuing member of the Hospital-wide Safety Committee. Said Bargaining Unit Member shall be **notified of meetings at least one week in advance** and relieved to participate in the activities of the committee if scheduled. **In the event that the Union wishes to add agenda items to the committee agenda, it will notify the hospital at least one week in advance.**

**Committee meetings shall be held at least quarterly on a set schedule as determined by the committee. Members who cannot attend personally may send a designee or participate remotely. Either party can request a meeting no more than monthly.**

24.4 In accordance with Hospital policy, The Hospital will follow up on every reported hazardous incidents by debriefing with the staff involved in the incident, along with staff on the shift when the incident occurred, and will provide results to the entire department/unit. Debriefs will include time for staff to provide suggested improvements to management, which may ~~must~~ be then-passed along to the Safety Committee for their next meeting agenda.

24.5 In accordance with Hospital policy, the employer will offer appropriate personal protective equipment during a pandemic emergency related to an airborne or droplet spread pathogen. If fit testing fails alternative respiratory protection will be made available to those staff who have direct patient care responsibilities.

FOR THE UNION:

Cassio Wood  
Date 9/26/25

FOR THE EMPLOYER:

Thomas S. Jocolto  
Date 9/26/25

## 24.6 Workplace Violence Prevention

The Hospital will continue to develop and implement programs to prevent violence against staff in accordance with current and future hospital policies which can be found on the ACMH Intranet Policy Stat.

1. ~~Within 90-180 days of ratification of this Agreement, the hospital will implement the following safety measures:~~
  - a. ~~Establish personal alarm system for employees working alone, to be worn on the employee's person.~~
  - b. ~~Amb Surg will be locked beginning at 5pm.~~
  - c. ~~Add a sign prohibiting patients and visitors from accessing 2C and 2D.~~

The Hospital is exploring the following safety measures:

1. Establishing alarm systems for employees working alone
2. The use of metal detectors where appropriate
3. Continued use of cameras
4. Code/badge access where appropriate
5. Securing identified vulnerable areas
6. Signage prohibiting patients and visitors from accessing where appropriate
7. Additional security staff, as determined by the Hospital
8. Continuing to provide educational opportunities, including but not limited to CPI training and Active Shooter Training.

Items #1-8 will be standing agenda items that may be discussed at every scheduled safety committee meeting until resolved.

24.7 The Hospital will continue to provide support and assistance to any employee who wishes to file complaints against patients or visitors who engage in assaults or other criminal behavior against them. EAP information will be made available to employees electronically and through posting.

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Jacob  
Date 9/25/25

**Article 29 – Professional Issues**

29.01 The Hospital and the Union recognize the importance of adequate staffing in providing quality patient care and in ensuring that the standards of patient satisfaction are upheld. During negotiations the Hospital and the Union evaluated staffing levels and reached an agreement on staffing guidelines which the Hospital will strive to enforce. It is understood the Charge Nurses (in accordance with the staffing grids) and Resource Nurses and Float Pool Nurses shall not routinely have patient assignments. The Hospital agrees in good faith to maintain these staffing guidelines unless mutually agreed to by the parties. The parties recognize the ability to meet these guidelines can be impacted by natural fluctuations in patient census, acuity, availability of staff and unexpected events.

Resource Nurses. ~~Two~~ **One** Resource Nurses will be scheduled within the Nursing Department with a Monday through Friday schedule. The Resource Nurse’s duties may include, but are not limited to: assisting with admissions, discharges, and procedures, as well as any other patient care needs. However, they will not routinely take an assignment, and will only do so to avoid mandation. Resource Nurses will float to the area of greatest need as determined by the Nursing Supervisor in consultation with the Resource Nurse. Resource Nurses will be assigned to a home unit. Resource Nurses shall not be included in any unit-based staffing grids. The Resource Nurse position shall be posted in accordance with Article 15. ~~One additional resource nurse will be scheduled in accordance with operational needs, or at the Hospital’s discretion, and~~ **One resource nurse FTE may be converted to a float pool FTE.**

FOR THE UNION:

Carrie Wood  
Date 9/23/25

FOR THE EMPLOYER:

Thomas S. Giallo  
Date 9/25/25

09/22/2025

**Article 30 - Duration and Changes**

- 30.01 This Agreement may be amended only by written agreement, signed by both parties.
- 30.02 The terms and conditions of this Agreement shall become effective the first Monday following ratification (~~August 29, 2022~~ July ~~7~~, 2025) and shall continue in full force and effect up to and including the ~~7th day of July, 2025~~ 7 day of July 2025, and thereafter from year to year unless and until either party shall give notice by registered mail or email at least 120 days prior to the expiration date and any expiration date thereafter, of an intention to terminate, cancel or modify the Agreement.

Signed and executed this 25 day of SEPTEMBER, 2025.

ARMSTRONG COUNTY  
MEMORIAL HOSPITAL

PENNSYLVANIA ASSOCIATION  
OF STAFF NURSES & ALLIED  
PROFESSIONALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cassie Wood RN

Jana Meneely RN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR THE UNION:

Cassie Wood RN

Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Gortto

Date 9/25/25

## APPENDIX I – STAFFING GUIDELINES

### RECOMMENDED EMERGENCY DEPARTMENT STAFFING

SHIFT	CHARGE	TRIAGE	REGISTERED NURSES	UNIT CLERK	NURSING ASSISTANTS
DAYS 6:45AM/11:00AM	1 RN		3-4 RN'S @ 6:45AM	1UC	1 NA
DAYS 11:00AM/3:00PM	1 RN	1 RN	5 RN'S @ 11:00AM	1 UC	2 NA'S
EVENINGS 3:00PM/11:00PM	1 RN	1 RN	5 RN'S	1 UC	2 NA'S
NIGHTS 11:00PM/7:00AM			4 RN'S @ 11:00PM REDUCE TO 3RN'S @ 3:00AM		1 NA (PREFERRED TRAINED AS UC)

**TOTAL STAFF FOR THE 6:45am to 3:00PM SHIFT**

- 7 REGISTERED NURSES (MAY ADJUST TO ONE LPN IF VACANCIES ARISE)
- 1 UNIT CLERK
- 3 NURSING ASSISTANTS (PREFERABLY 2 NA'S FOR THE ACUTE CARE AND 1 NA FOR THE LEAN TRACK, BUT MAY ADJUST TO AN 11AM NA IF VACANCIES ARISE)

**TOTAL STAFF FOR THE 3:00PM TO 11:00PM SHIFT**

- 7 REGISTERED NURSES (MAY ADJUST TO ONE LPN IF VACANCIES ARISE)
- 1 UNIT CLERK
- 3 NURSING ASSISTANTS (PREFERABLY 2 NA'S FOR THE ACUTE CARE AND 1 NA FOR THE LEAN TRACK, BUT MAY ADJUST TO A 3PM TO 7PM NA IF VACANCIES ARISE)

**TOTAL STAFF FOR THE 11:00PM TO 7:00AM SHIFT**

- 4 REGISTERED NURSES UNTIL 3:00AM (MAY ADJUST TO ONE LPN IF VACANCIES ARISE).  
1 RN WILL BE DESIGNATED AS THE WORKING CHARGE FROM 11PM TO 3AM. THEN 3 REGISTERED NURSES 3:00AM -7:00AM.
- 1 NURSING ASSISTANT WHO HAS BEEN TRAINED AS A UNIT CLERK

**\*\* WHEN SCHEDULED THE BEHAVIORAL HEALTH ASSESSMENT LIAISON WILL NOT BE PULLED FROM THE ASSESSMENT/RESOURCE ROLE.**

**\*\* WHEN THE ER IS HOLDING MORE THAN 3 PATIENTS, AND A FLOAT RN IS AVAILABLE, THE FLOAT RN WILL BE ASSIGNED TO THE ER.**

Created: 11/2017  
Revised: 7/2018  
Revised: 7/2025

FOR THE UNION:

Cassie Wood 9/24/25  
Date  
[Signature] RN

FOR THE EMPLOYER:

Thomas S. Gault  
Date  
9/24/25

Staffing Guidelines - 3A - floor

# of Patients	7:00 - 3:00					3:00 - 11:00			11:00 - 7:00			Direct HPPD* Target:	Total HPPD** Target: 9.0	
	Nurse Manager	Charge Nurse	RN	NA	US	Total 7-3 Direct Care Hours			Total 3-11 Direct Care Hours					Total 11-7 Direct Care Hours
15	2.0	8.0	32.0	16.0	8.0	56.0	16.0	16.0	32.0	16.0	8.0	24.0	6.93	8.13
14	2.0	8.0	32.0	16.0	8.0	56.0	16.0	16.0	32.0	16.0	8.0	24.0	7.43	8.71
13	2.0	8.0	32.0	16.0	8.0	56.0	16.0	16.0	32.0	16.0	8.0	24.0	8.00	9.38
12	2.0	8.0	16.0	16.0	8.0	40.0	16.0	16.0	32.0	16.0	8.0	24.0	7.33	8.83
11	2.0	8.0	16.0	8.0	8.0	32.0	16.0	8.0	24.0	16.0	8.0	24.0	6.55	8.18
10	2.0	8.0	16.0	8.0	8.0	32.0	16.0	8.0	24.0	16.0	8.0	24.0	7.20	9.00
9	2.0	8.0	16.0	8.0	8.0	32.0	12.0	8.0	20.0	16.0	8.0	24.0	7.56	9.56
8	2.0	8.0	16.0	8.0	8.0	32.0	12.0	8.0	20.0	16.0	8.0	24.0	8.50	10.75
7	2.0	8.0	16.0	8.0	8.0	32.0	12.0	8.0	20.0	8.0	8.0	16.0	8.57	11.14
6	2.0	8.0	16.0	8.0	8.0	32.0	12.0	8.0	20.0	8.0	8.0	16.0	10.00	13.00
5	2.0	8.0	8.0	8.0	8.0	24.0	8.0	8.0	16.0	8.0	8.0	16.0	9.60	13.20
4	2.0	8.0	8.0	0.0	8.0	16.0	8.0	8.0	16.0	8.0	8.0	16.0	10.00	14.50
3	2.0	8.0	8.0	0.0	8.0	16.0	8.0	8.0	16.0	8.0	0.0	8.0	10.67	16.67
2	2.0	8.0	8.0	0.0	8.0	16.0	8.0	8.0	16.0	8.0	0.0	8.0	16.00	25.00
1	2.0	8.0	8.0	0.0	8.0	16.0	8.0	8.0	16.0	8.0	0.0	8.0	32.00	50.00
0	2.0	0.0	8.0	0.0	0.0	8.0	8.0	0.0	8.0	8.0	0.0	8.0	#DIV/0!	#DIV/0!

*Handwritten notes:*  
 Customized minimum 9/24/25  
 Lower Staff 9/24/25  
 Chadie Wood 9/24/25  
 self/b

Revised: 12/22/05  
 Reviewed: 12/06  
 Reviewed: 12/07  
 Reviewed: 12/08  
 Revised: 5/09  
 Reviewed: 5/11  
 Reviewed: 5/2013  
 Revised: 3/2014

Reviewed: 6/2015  
 Reviewed: 7/2016  
 Reviewed: 11/2017

Revised: 7/2018  
 Revised: 9/2022  
 Revised: 5/2025  
 Revised: 7/2025  
 Revised: 9/2025

At a census of zero staff may be asked to perform other duties without taking an assignment, including but not limited to: outdates, creating charts, charges, filling, annual education, other assigned duties within the unit, starting IV's outside the unit (with no infection control risk), assisting with OB issues outside the unit (listening to heart tones, assisting with infants and delivering mothers).

\*\* The hospital will follow the AWHONN, ACOG, and NRP guidelines. The ratios may be amended from time to time.

\* Direct HPPD = RN,NA hours divided by census.

\*\* Total HPPD = Nurse Manager, Charge, RN, NA and US hours divided by census.

\*\*The Charge RN will work as staff if census is low.

The staffing on Saturday differs - there is a na/us on daylight only scheduled unless census/activity dictates.

The staffing on Sunday differs - there is no na/us scheduled unless census/activity dictates, then a na/us who worked on Saturday will come in to work. Scheduling will be flexed daily.

\*Depending on census/acuity in L&D and Nursery - the na/us hours will be interchangeable with census of 2,3, or 4 patients on the floor.

\*\* For further clarification refer to Polycystat: Staffing for the Obstetrical Unit

Staffing Guidelines - 3A - nursery

# of Patients	7:00 - 3:00			3:00 - 11:00			11:00 - 7:00			Direct HPPD Target	Total HPPD** Target: 6.0	
	Nurse Manager	RN	NA	Total 7-3 Direct Care Hours	RN	NA	Total 3-11 Direct Care Hours	RN	NA			Total 11-7 Direct Care Hours
14	2.0	16.0		16.0	16.0		16.0	16.0		16.0	3.43	3.57
13	2.0	16.0		16.0	16.0		16.0	16.0		16.0	3.69	3.85
12	2.0	16.0		16.0	16.0		16.0	16.0		16.0	4.00	4.17
11	2.0	16.0		16.0	16.0		16.0	16.0		16.0	4.36	4.55
10	2.0	16.0		16.0	16.0		16.0	16.0		16.0	4.80	5.00
9	2.0	16.0		16.0	16.0		16.0	16.0		16.0	5.33	5.56
8	2.0	16.0		16.0	16.0		16.0	16.0		16.0	6.00	6.25
7	2.0	16.0		16.0	16.0		16.0	16.0		16.0	6.86	7.14
6	2.0	16.0		16.0	16.0		16.0	16.0		16.0	8.00	8.33
5	2.0	8.0		8.0	8.0		8.0	8.0		8.0	4.80	5.20
4	2.0	8.0		8.0	8.0		8.0	8.0		8.0	6.00	6.50
3	2.0	8.0		8.0	8.0		8.0	8.0		8.0	8.00	8.67
2	2.0	8.0		8.0	8.0		8.0	8.0		8.0	12.00	13.00
1	2.0	8.0		8.0	8.0		8.0	8.0		8.0	24.00	26.00
0	2.0	8.0		8.0	8.0		8.0	8.0		8.0	#DIV/0!	#DIV/0!

Butterfield, Valwood, Miller, Selby  
 Turner S. G. 9/24/25  
 Cassie Wood 9/24/25

Revised: 12/22/05  
 Reviewed: 12/06  
 Reviewed: 12/07  
 Reviewed: 12/08  
 Revised: 5/09  
 Reviewed: 5/11  
 Reviewed: 5/2013  
 Revised: 3/2014  
 Reviewed: 6/2015  
 Reviewed: 7/2016  
 Reviewed: 11/2017

Revised: 7/2018  
 Revised: 9/2022  
 Reviewed: 7/2025  
 Reviewed: 9/2025

\* Direct HPPD = RN hours divided by census.  
 \*\* Total HPPD = Nurse Manager and RN hours divided by census.

An infant in the nursery requiring continuing care may require an extra RN.

\*\* For further clarification refer to Polycystat: Staffing for the Obstetrical Unit.

Staffing Guidelines - 3A - lab. & del.

# of Patients	7:00 - 3:00			3:00 - 11:00		11:00 - 7:00		Direct HPPD* Target:	Total HPPD** Target: 19.0	
	Nurse Manager		RN	Total 7-3 Direct Care Hours	RN	Total 3-11 Direct Care Hours	RN			Total 11-7 Direct Care Hours
8	2.0		32.0	32.0	32.0	32.0	32.0	32.0	12.00	12.25
7	2.0		32.0	32.0	32.0	32.0	32.0	32.0	13.71	14.00
6	2.0		32.0	32.0	32.0	32.0	32.0	32.0	16.00	16.33
5	2.0		24.0	24.0	24.0	24.0	24.0	24.0	14.40	14.80
4	2.0		24.0	24.0	24.0	24.0	24.0	24.0	18.00	18.50
3	2.0		16.0	16.0	16.0	16.0	16.0	16.0	16.00	16.67
2	2.0		16.0	16.0	16.0	16.0	16.0	16.0	24.00	25.00
1	2.0		8.0	8.0	8.0	8.0	8.0	8.0	24.00	26.00
0	2.0		8.0	8.0	8.0	8.0	8.0	8.0	#DIV/0!	#DIV/0!

Revised: 12/22/05  
 Reviewed: 12/06  
 Reviewed: 12/07  
 Reviewed: 12/08  
 Revised: 5/09  
 Reviewed: 5/11  
 Reviewed: 5/2013  
 Revised: 3/2014  
 Reviewed: 6/2015  
 Reviewed: 7/2016  
 Reviewed: 11/2017

Revised: 7/2018  
 Reviewed: 9/2022  
 Reviewed: 7/2025  
 Reviewed: 9/2025

\* Direct HPPD = RN hours divided by census.  
 \*\* Total HPPD = Nurse Manager, RN hours divided by census.

The number of NST's that are scheduled also play a factor in staffing.

\*\* For further clarification refer to Polycystat: Staffing for the Obstetrical Unit.

*Handwritten notes:*  
 Buttman 1/1/11  
 Thomas S. Phillips 9/24/25  
 Cassie Wood 9/24/25  
 Alameda Admin (KRL) 09/24/25

Staffing Guidelines - 3C

# of Patients	7:00 - 3:00					3:00 - 11:30				11:00P - 7:00A			Direct HPPD* Target:	Total HPPD** Target: 8.5	
	Nurse Manager	Charge Nurse	RN	NA	US	Total 7-3 Direct Care Hours	RN	NA	US	Total 3-11 Direct Care Hours	RN	NA			Total 11-7 Direct Care Hours
29	0.0	8.0	48.0	24.0	8.0	72.0	48.0	24.0	8.0	72.0	40.0	16.0	56.0	6.90	7.83
28	3.0	8.0	48.0	24.0	8.0	72.0	48.0	24.0	8.0	72.0	32.0	16.0	48.0	6.86	7.82
27	3.0	8.0	48.0	24.0	8.0	72.0	48.0	24.0	8.0	72.0	32.0	16.0	48.0	7.11	8.11
26	3.0	8.0	40.0	24.0	8.0	64.0	40.0	24.0	8.0	64.0	32.0	16.0	48.0	6.77	7.81
25	3.0	8.0	40.0	24.0	8.0	64.0	40.0	24.0	8.0	64.0	32.0	16.0	48.0	7.04	8.12
24	3.0	8.0	40.0	24.0	8.0	64.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.00	8.13
23	3.0	8.0	40.0	24.0	8.0	64.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.30	8.48
22	3.0	8.0	40.0	24.0	8.0	64.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.64	8.86
21	3.0	8.0	32.0	24.0	8.0	56.0	32.0	16.0	8.0	48.0	24.0	16.0	40.0	6.86	8.14
20	3.0	8.0	32.0	24.0	8.0	56.0	32.0	16.0	8.0	48.0	24.0	16.0	40.0	7.20	8.55
19	3.0	8.0	32.0	24.0	8.0	56.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	7.16	8.58
18	3.0	8.0	32.0	24.0	8.0	56.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	7.56	9.06
17	3.0	8.0	32.0	16.0	8.0	48.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	7.53	9.12
16	3.0	8.0	24.0	16.0	8.0	40.0	24.0	16.0	8.0	40.0	24.0	8.0	32.0	7.00	8.69
15	3.0	8.0	24.0	16.0	8.0	40.0	24.0	16.0	8.0	40.0	24.0	8.0	32.0	7.47	9.27
14	3.0	8.0	16.0	16.0	8.0	32.0	24.0	16.0	8.0	40.0	24.0	8.0	32.0	7.43	9.36
13	3.0	8.0	16.0	16.0	8.0	32.0	24.0	16.0	8.0	40.0	16.0	8.0	24.0	7.38	9.46
12	3.0	8.0	16.0	16.0	8.0	32.0	24.0	16.0	8.0	40.0	16.0	8.0	24.0	8.00	10.25
11	3.0	8.0	16.0	16.0	8.0	32.0	16.0	16.0	8.0	32.0	16.0	8.0	24.0	8.00	9.36
10	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	24.0	7.20	8.70
9	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	24.0	7.11	8.78
8	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	0.0	16.0	8.00	9.88
7	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	0.0	16.0	9.14	11.29
6	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	0.0	16.0	10.67	13.17
5	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	16.0	9.60	12.60
4	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	16.0	12.00	15.75
3	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	16.0	16.00	21.00
2	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	16.0	24.00	31.50
1	3.0	8.0	16.0	8.0	8.0	24.0	16.0	8.0	8.0	24.0	16.0	8.0	16.0	48.00	63.00
0	3.0	8.0	16.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	#DIV/0!	#DIV/0!

- Revised: 10/17/05
- Revised: 8/7/06
- Revised: 9/2/06
- Revised: 1/11/07
- Revised: 1/08, 1/09
- Revised: 5/28/09
- Revised: 10/28/09
- Revised: 10/2010
- Revised: 3/2011
- Revised: 5/2013
- Revised: 7/30/14
- Reviewed: 6/2015
- Reformatted to include float RN on grid - 1/20
- Reviewed: 7/2016
- Reviewed: 11/201
- Reviewed: 7/2018
- Reviewed: 9/2022
- Reviewed: 7/2025

JA  
 Thomas S. Gratto  
 9/24/25

Zi' Medley (RN) 9/24/25  
 Cassie Wood 9/24/25

\* Direct HPPD = NURSE, and NA hours divided by census.  
 \*\* Total HPPD = Nurse Manager, CHARGE NURSE, NURSE, NA AND US hours divided by census.  
 \*\*\* ASSIGNMENTS WILL BE ADJUSTED BY THE 3C NURSE MANAGER TO ACCOMMODATE PATIENTS WITH CHEMOTHERAPY INFUSING!  
 I\*\*\*\* If a UC is not available on Tuesday and Wednesday a Charge RN will be provided.  
 \*\*\*\*\*MAY ADJUST TO ONE LPN IF VACANCIES ARISE.

Staffing Guidelines - 3b

# of Patients	Nurse Manager	7:00 - 3:00					3:00 - 11:00					11:00 - 7:00			Direct HPPD* Target:	Total HPPD** Target: 9.50
		Charge	RN	NA	US	Total 7-3 Direct Care Hours	Charge	RN	NA	US	Total 3-11 Direct Care Hours	RN	NA	Total 11-7 Direct Care Hours		
24	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.00	8.46
23	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.30	8.83
22	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	7.64	9.23
21	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	8.00	9.67
20	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	16.0	48.0	8.40	10.15
19	3.0	8.0	40.0	24.0	8.0	64.0	8.0	40.0	16.0	8.0	56.0	32.0	8.0	40.0	8.42	10.26
18	3.0	8.0	32.0	24.0	8.0	56.0	8.0	32.0	16.0	8.0	48.0	32.0	8.0	40.0	8.00	9.94
17	3.0	8.0	32.0	16.0	8.0	48.0	8.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	7.53	9.59
16	3.0	8.0	32.0	16.0	8.0	48.0	8.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	8.00	10.19
15	3.0	8.0	32.0	16.0	8.0	48.0	8.0	32.0	16.0	8.0	48.0	24.0	8.0	32.0	8.53	10.87
14	3.0	8.0	24.0	16.0	8.0	40.0	8.0	24.0	16.0	8.0	40.0	24.0	8.0	32.0	8.00	10.50
13	3.0	8.0	24.0	16.0	8.0	40.0	8.0	24.0	16.0	8.0	40.0	24.0	8.0	32.0	8.62	11.31
12	3.0	8.0	24.0	16.0	8.0	40.0	8.0	24.0	16.0	8.0	40.0	24.0	0.0	16.0	8.67	11.58
11	3.0	8.0	24.0	16.0	8.0	40.0	8.0	24.0	16.0	8.0	40.0	16.0	0.0	16.0	8.73	11.91
10	3.0	8.0	24.0	8.0	8.0	32.0	8.0	24.0	8.0	8.0	32.0	16.0	0.0	16.0	8.00	11.50
9	3.0	8.0	16.0	8.0	8.0	24.0	8.0	16.0	8.0	4.0	24.0	16.0	0.0	16.0	7.11	10.56
8	3.0	8.0	16.0	8.0	8.0	24.0	8.0	16.0	8.0	4.0	24.0	16.0	0.0	16.0	8.00	11.88
7	3.0	8.0	16.0	8.0	0.0	24.0	8.0	16.0	8.0	0.0	24.0	16.0	0.0	16.0	9.14	11.86
6	3.0	8.0	16.0	8.0	0.0	24.0	8.0	16.0	8.0	0.0	24.0	16.0	0.0	16.0	10.67	13.83
5	3.0	8.0	8.0	8.0	0.0	16.0	8.0	8.0	8.0	0.0	16.0	16.0	0.0	16.0	12.80	16.60
4	3.0	8.0	8.0	8.0	0.0	16.0	8.0	8.0	8.0	0.0	16.0	16.0	0.0	16.0	12.00	16.75
3	3.0	8.0	8.0	8.0	0.0	16.0	8.0	8.0	8.0	0.0	16.0	16.0	0.0	16.0	16.00	22.33
2	3.0	8.0	8.0	8.0	0.0	16.0	8.0	8.0	8.0	0.0	16.0	16.0	0.0	16.0	24.00	33.50
1	3.0	8.0	8.0	8.0	0.0	16.0	8.0	8.0	8.0	0.0	16.0	16.0	0.0	16.0	48.00	67.00
0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	#DIV/0!	#DIV/0!

*Handwritten notes:*  
 1 Nurse S. Griffith 9/24/25  
 [Signature]  
 CT 177-6

- Revised: 10/17/05
- Reviewed: 10/06
- Reviewed: 10/07
- Reviewed: 10/08
- Revised: 8/10
- Revised: 5/2011
- Revised: 3/3/2013
- Revised: 3/2014
- Reviewed: 6/2015
- Reviewed: 7/2016
- Revised: 3/2017
- Reviewed: 11/2017

Revised: 7/2025

CENSUS BETWEEN 7 - 10 - NA/UC - HOURS ARE INTERCHANGEABLE

- \* Direct HPPD = RN and NA hours divided by census.
- \*\* Total HPPD=Nurse Manager, Charge,RN, NA and US hours divided by census.
- \*\*\*MAY ADJUST TO ONE LPN IF VACANCIES ARISE.
- \*\*\*\* 11p - 7a RN WILL BE ASSIGNED CHARGE WITH AN ASSIGNMENT. WITH CHARGE PAY
- \*\*\*\*\* WHEN CENSUS IS 18 AND ABOVE A UNIT FLOAT WILL BE ASSIGNED IF AVAILABLE.
- \*\*\*\*\* On 11p-7a the hospital will make its best effort to add a second NA at 18 & 19 patients.

*Handwritten notes:*  
 T89 9/24/25  
 ND 9/24

Staffing Guidelines - snu

# of Residents	7:00 - 3:00						3:00 - 11:00					11:00 - 7:00				Direct HPPD* Target: 5.5	Total HPPD** Target: 7.0
	D. O. N./RNAC	CHARGE RN		Total 7-3 Direct Care Hours			Total 3-11 Direct Care Hours					Total 11-7 Direct Care Hours					
	LPN	NA	US	RN	LPN	NA	US	RN	LPN	NA	US						
17	8.0	8.0	16.0	16.0	8.0	40.0	8.0	16.0	16.0	4.0	40.0	8.0	8.0	16.0	32.0	6.59	7.76
16	8.0	8.0	16.0	16.0	8.0	40.0	8.0	16.0	16.0	4.0	40.0	8.0	8.0	16.0	32.0	7.00	8.25
15	8.0	8.0	16.0	16.0	8.0	40.0	8.0	16.0	16.0	4.0	40.0	8.0	8.0	16.0	32.0	7.47	8.80
14	8.0	8.0	16.0	16.0	8.0	40.0	8.0	16.0	16.0	4.0	40.0	8.0	8.0	8.0	24.0	7.43	8.86
13	8.0	8.0	16.0	16.0	8.0	32.0	8.0	12.0	16.0	4.0	36.0	8.0	8.0	8.0	24.0	7.69	9.23
12	8.0	8.0	8.0	16.0	8.0	32.0	8.0	12.0	16.0	4.0	36.0	8.0	8.0	8.0	24.0	7.67	9.33
11	8.0	8.0	8.0	16.0	8.0	32.0	8.0	8.0	8.0	4.0	24.0	8.0	8.0	8.0	24.0	7.27	9.09
10	8.0	8.0	8.0	8.0	8.0	24.0	8.0	8.0	8.0	4.0	24.0	8.0	8.0	8.0	24.0	7.20	9.20
9	8.0	8.0	8.0	8.0	8.0	24.0	8.0	8.0	8.0	4.0	24.0	8.0	8.0	8.0	24.0	8.00	10.22
8	8.0	8.0	8.0	8.0	8.0	24.0	8.0	8.0	8.0	4.0	24.0	8.0	8.0	8.0	24.0	9.00	11.50
7	8.0	8.0	8.0	8.0	8.0	24.0	8.0	8.0	8.0	4.0	24.0	8.0	8.0	0.0	16.0	9.14	12.00
6	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	16.0	10.67	12.00
5	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	16.0	12.80	14.40
4	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	16.0	16.00	18.00
3	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	16.0	21.33	24.00
2	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	24.0	32.00	36.00
1	8.0	8.0	8.0	8.0		24.0	8.0	8.0	8.0		24.0	8.0	8.0	0.0	16.0	64.00	72.00
0																#VALUE!	#VALUE!

*Jana Elliott, RN 9/24/25*  
*Cassie Wood 9/24/25*  
*Theresa S. Gault 9/24/25*

Revised 09/2005, 03/2014

Reviewed 09/2006, 09/2007, 09/2008, 05/2013

Reviewed: 6/2015

Reviewed: 7/2016

Reviewed: 11/2017

Revised: 7/2018

Revised: 7/2019

Reviewed: 9/2022

Revised: 5/2025

Revised: 8/2025

Revised: 9/2025

\* Direct HPPD = RN, LPN, and NA hours divided by census.

\*\* Total HPPD = D. O. N./RNAC, RN, LPN, NA and US hours divided by census.

\*\*\* On 11p-7a shift, for a census of 5 or below, may use 1 RN & 1 C N A instead of 1 RN & LPN. Due to an unforeseen circumstance.

\*\*\*\* RN or LPN may be used in place of a C N A on any shift.

Staffing Guidelines - 2A

# of Patients	Nurse Manager	Charge RN	7:00 - 3:00					Total 7-3 Direct Care Hours	3:00 - 11:00				Total 3-11 Direct Care Hours	11:00 - 7:00		Total 11-7 Direct Care Hours	Direct HPPD* Target:	Total HPPD** Target: 9.0
			RN	LPN	NA	US	SW		RN	LPN	NA	US		RN	NA			
17	4.0	8.0	24.0	8.0	16.0	8.0	16.0	56.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	7.53	9.18
16	4.0	8.0	24.0	8.0	16.0	8.0	16.0	56.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	8.00	9.75
15	4.0	8.0	16.0	8.0	16.0	8.0	16.0	56.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	8.53	10.40
14	4.0	8.0	16.0	8.0	16.0	8.0	16.0	48.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	8.57	10.57
13	4.0	8.0	16.0	8.0	16.0	8.0	16.0	48.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	9.23	11.38
12	4.0	8.0	16.0	8.0	16.0	8.0	16.0	48.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	10.00	12.33
11	4.0	8.0	8.0	8.0	16.0	8.0	16.0	40.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	10.18	12.73
10	4.0	8.0	8.0	8.0	16.0	8.0	16.0	40.0	16.0	8.0	16.0	8.0	40.0	16.0	16.0	32.0	11.20	14.00
9	4.0	8.0	8.0	0.0	8.0	8.0	12.0	24.0	16.0	0.0	8.0	8.0	24.0	16.0	8.0	24.0	8.00	11.11
8	4.0	8.0	8.0	0.0	8.0	8.0	12.0	24.0	16.0	0.0	8.0	8.0	24.0	16.0	8.0	24.0	9.00	12.50
7	4.0	8.0	8.0	0.0	8.0	8.0	12.0	24.0	16.0	0.0	8.0	8.0	24.0	16.0	8.0	24.0	10.29	14.29
6	4.0	8.0	8.0	0.0	0.0	0.0	12.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	8.00	10.00
5	4.0	8.0	8.0	0.0	0.0	0.0	8.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	9.60	12.00
4	4.0	8.0	8.0	0.0	0.0	0.0	8.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	12.00	15.00
3	4.0	8.0	8.0	0.0	0.0	0.0	8.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	16.00	20.00
2	4.0	8.0	8.0	0.0	0.0	0.0	8.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	24.00	30.00
1	4.0	8.0	8.0	0.0	0.0	0.0	8.0	16.0	16.0	0.0	0.0	0.0	16.0	16.0	0.0	16.0	48.00	60.00
0	4.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	#####	#DIV/0!

- Revised: 11/2/05
- Revised: 12/11/06
- Reviewed: 12/07
- Reviewed: 12/08
- Revised: 4/5/10
- Revised: 7/14/10
- Revised: 8/18/10
- Revised 5/2013
- Revised 7/2013
- Revised 10/2013
- Revised 11/2013
- Revised 3/2014
- Revised: 3/26/2014
- Revised 1/20/2015
- Reviewed: 6/2015
- Reviewed: 7/2016
- Reviewed: 11/2017
- Revised: 7/2018
- Reviewed: 9/2022
- Revised: 5/2025
- Revised: 9/2025

\*Direct HPPD = CHARGE RN, RN, LPN, and NA hours divided by census  
 \*\* Total HPPD = Nurse Manager, Charge RN, RN, LPN, NA and US hours divided by census.

\*\*\*Leave an extra aide anytime there is one or more varied observation patients.

*DETERMINES THAT THE NEED IS IMMEDIATE, SHE WILL ESCALATE TO THE SUPERVISOR OR PROGRAM DIRECTOR.*

7-3 LPN will take a patient assignment of 2 when census is 10 - 12. WILL NOT TAKE DISCHARGES OR ADMISSIONS.

*Cassie Wood WHO WILL KEEP A RECORD OF ATTEMPTS TO CONTACT ALL TRAINED STAFF. This record will be kept on the schedule.*

*Dany Ellen Luthui*

*Thomas S. Quatto 9/25/25*

*159 9/25/25*

*MD 9/25*

# of Patients	7:00 - 3:00					Total 7-3 Direct Care Hours	3:00 - 11:00				Total 3-11 Direct Care Hours	11:00 - 7:00		Total 11-7 Direct Care Hours	Direct HPPD* Target:	Total HPPD** Target: 19.00
	Nurse Manager	Charge Nurse	RN	NA	US		Charge Nurse	RN	NA	US		RN	NA			
12	4.0	8.0	48.0	8.0	8.0	72.0	8.0	48.0	8.0	8.0	72.0	48.0	8.0	56.0	16.67	17.00
11	4.0	8.0	48.0	8.0	8.0	64.0	8.0	48.0	8.0	8.0	72.0	48.0	8.0	56.0	18.18	18.55
10	4.0	8.0	48.0	8.0	8.0	64.0	8.0	48.0	8.0	8.0	72.0	48.0	8.0	56.0	20.00	20.40
9	4.0	8.0	40.0	8.0	8.0	56.0	8.0	40.0	8.0	8.0	64.0	40.0	8.0	48.0	19.56	20.00
8	4.0	8.0	32.0		8.0	40.0	8.0	32.0		8.0	48.0	40.0	8.0	48.0	18.00	18.50
7	4.0	8.0	24.0		8.0	40.0		32.0		8.0	40.0	32.0	8.0	40.0	17.14	17.71
6	4.0	8.0	24.0		8.0	40.0		32.0		8.0	40.0	32.0	8.0	40.0	20.00	20.67
5	4.0	8.0	16.0		8.0	32.0		24.0		8.0	32.0	24.0	8.0	32.0	19.20	20.00
4	4.0	8.0	16.0		8.0	32.0		24.0		8.0	32.0	24.0	8.0	32.0	24.00	25.00
3	4.0	8.0	8.0		4.0	20.0		16.0		4.0	20.0	16.0	8.0	24.0	21.33	22.67
2	4.0	8.0	8.0		4.0	20.0		16.0		4.0	20.0	16.0	0.0	16.0	28.00	30.00
1	4.0	8.0	8.0		0.0	16.0		16.0		0.0	16.0	16.0	0.0	16.0	48.00	52.00
0	4.0		16.0		0.0	16.0		16.0		0.0	16.0	16.0	0.0	16.0	#DIV/0!	#DIV/0!

Revised: 11/3/05  
 Reviewed: 11/06  
 Reviewed: 11/07  
 Reviewed: 11/08  
 Reviewed: 5/09  
 Reviewed: 5/10  
 Reviewed: 5/11  
 Reviewed 3/2013  
 Revised: 3/2014  
 Reviewed: 6/2015  
 Reviewed: 8/2016  
 Reviewed: 11/2017

Reviewed: 7/2018  
 Reviewed: 9/2022  
 Revised: 5/2025  
 Revised: 9/2025

*Cassie Wood*  
*Thomas S. Quatto*  
 9/25/25

\* Direct HPPD = Charge Nurse, RN, US and NA hours divided by census.

\*\* Total HPPD = Nurse Manager, Charge Nurse, RN, NA, and US hours divided by census.

\*\* If an ICU patient goes to Interventional Radiology the ICU nurse only needs to transport the patient to Radiology. The nurse does not need to stay in the department as long as the patient is receiving conscious sedation.

\*\* If the procedure only requires local anesthesia or if the patient is unstable on drips the ICU nurse will need to stay.

2 TELE PATIENTS (MED SURG/or MIX) = 1 ICU patient  
 4 TELE PATIENTS (MED SURG/or MIX) = 2 ICU patients

\*\* The hospital will make best efforts to provide staff for a code bed.

Amb Surg

Revised 9/22/25

1 RN for every 5 patients\*

\*In addition to the above, one charge nurse who also takes an assignment

TA

Thomas S. Potts  
9/29/25

Cassie Wood  
9/24/25

TK

Therese S. Peatts  
9/27/55

Cassie Wood  
9/24/55

ES 55	Probs	Procedures/scopes
1 room/scope	3 RNs	3 staff (1-3 RNs and 1-2 techs)
2 rooms/scopes	4 RNs	5 staff (2-4 RNs and 2-3 techs)

Critical Care Resource RN			
7:00am - 3:00pm	3:00pm - 11:00pm	11:00pm - 7:00am	
8.0	8.0	8.0	

TA

Thomas S. Jentle  
9/24/85

Cassie Wood  
9/24/85

Cardiac Rehab

2.5 RNs and 1 NA

One of the RNs will be in charge

TA

Current  
Practice in  
Nurses in  
CSTs

Thomas S. Grillo  
9/24/85

Cassie Wood  
9/24/85

9/23/25	PACU				
	RN	Aide	Total Staff		
6am-7am	1	0	1		
7:30 AM	1	0	2		
8:00 AM	1*	0	3*		
9:00 AM	1	0	3/4		
11:00 AM	1	1**	4/5		

\*6am start on Ortho days (Tuesday/Thursday). M/W/F 7am start unless there is a need to adjust the start time  
 \*\*Aide may start at 11am or 2pm based on volume. Adding a staff at 8:00am is also based on volume (TA 9/22/25)

TA  
 Thomas S. Peatle  
 9/24/25

Cassio wood  
 9/24/25

9/24/25 OR			
	Charge Nurse	Per Room	PRN Float
Daylight	1*	1 RN & 1 tech	1 RN & 1 tech

Call	Monday-Thursday 6:30pm-6:30am 1 RN and 1 tech	Friday 6:30pm-7:00am 1 RN and 1 tech	Saturday 7am-7:00am 1 RN and 1 tech	Sunday 7am-6:30am 1 RN and 1 tech
------	--	---	--	--------------------------------------

\*with the possibility to be the PRN nurse if needed

\*call times may be adjusted in the event of a holiday or observed holiday

TA  
Thomas S. Quattro  
9/24/25

Cassie Wood  
9/24/25

1 CRNA per room

1 float

TH  
Thomas S. Grates 9/24/15

\*In accordance with the departmental practice, the CRNAs will be scheduled for 24 and 2 8-hour shifts, or 4 10 hour shifts. Employees may trade shifts.

Cassie Wood 9/24/15  
LaSalle  
Andrew Diamond

Pain Clinic

Dr. Barret	2 RNs
Midlevels	1 RN or MA per midlevel**
In addition:	1 phone nurse*
	1 FT MA
	1 staff in front
	1 auth/MA

\*The clinic may always have one phone nurse. If there are no patients in the clinic, there is always a phone nurse to answer phones and do triage

\*\*At times when the RN is not available, an MA can fill this role with a midlevel

Cassie Wood 9/25/25

Therese S. Gatto  
9/25/25

**Appendix J - Weekend Program**

To support staffing needs and enhance recruitment efforts, ACMH will create weekend program RN positions in departments with current full-time RN vacancies. At this time, these areas include:

- Emergency Department
- Intensive Care Unit/CCU
- 3B
- 3C

At least one position in each of the above departments will be posted internally only. ACMH may post one additional vacancy in each department externally. For each vacancy posted externally, ACMH will post one position internally. (TA 9/24/25)

Other departments, including SNU, 3A, and 2A, will be considered for weekend positions as vacancies arise and operational needs are assessed. (TA 9/23/25)

Staff with any discipline within the last 12 months will not be eligible to bid to these postings.

**Requirements and Eligibility:**

RNs in the weekend program will work three twelve-hour shifts, 5 out of every 6 weekends. This includes Friday, Saturday, and Sunday sequential or Saturday, Sunday, and Monday sequential. (TA 9/23/25)

Weekend program RNs will not be required to work weekdays without mutual agreement. (TA 9/23/25)

When scheduling vacation, the RN must take 36 hours for a full week off (Sunday through Saturday). Individual vacation days are not allowed on Saturdays and Sundays. ~~may only be scheduled on Fridays and Mondays.~~ (TA 9/23/25)

The vacation week will be Sunday-Saturday. An RN who is scheduled to work Friday-Saturday, and Sunday would use 36 hours of vacation and would receive Sunday and the following Friday and Saturday off, but would be expected to work the Sunday following her/his vacation unless she/he arranged for a trade or was able to use an EA. An RN who is scheduled to work Saturday, Sunday, and Monday would use 36 hours of vacation and would receive Sunday, Monday, and the following Saturday off, but would be expected to work the Sunday following his/her vacation unless she/he arranged for a trade or was able to use an EA.

RNs who accept a weekend position will be restricted from bidding into other positions for a period of one year unless mutually agreed by the parties. (TA 9/24/25)

FOR THE UNION:

Cassie Wood  
Date 9/24/25

FOR THE EMPLOYER:

Thomas S. Gualto  
Date 9/24/25

RNs in the weekend program must remain in good standing. If an RN receives formal disciplinary action of a written warning or above while in the weekend program, their eligibility to continue in the weekend program will be evaluated and may be discontinued.

Each Saturday and Sunday shift missed counts as an occurrence. If a weekend employee fails to work or calls off more than three ~~four~~ scheduled Saturday or Sunday shifts in one rolling calendar year, they may be removed from the weekend program. (TA 9/24/25)

In the event that an RN is found to be ineligible to continue in the weekend program under this Section, the employee will be permitted to bid into an open position, or may be returned to a regular position in their department.

Compensation:

RNs in the weekend program will receive 20% over their base rate on Saturday and Sunday only with no additional shift differential. The 20% differential will be paid on their Saturday and Sunday vacation hours. Charge pay will be honored if eligible. (TA 9/24/25)

If a staff member in the weekend program picks up a shift on a weekday or on the 6th weekend, they will be paid their base rate with OT, shift differential, and charge if appropriate. The 20% over base will not apply. The additional contractual money over the 9th weekend will not apply.

Weekend program RNs will receive benefits on the same basis as a .9 FTE. (TA 9/24/25)

Holiday Pay

Weekend RNs will be responsible for working holidays that fall during their scheduled weekend. If the holiday falls on the RN's scheduled weekend, he/she must work the holiday or alternatively may find his/her own coverage for the holiday. Weekend RNs will receive holiday pay in accordance with this Agreement on the same basis as full-time employees. (TA 9/24/25)

FOR THE UNION:

Cassie Wood  
Date 9/24/25

FOR THE EMPLOYER:

Thomas S. Guatto  
Date 9/24/25

### Float Pool

A critical care and med/surg float pool will be created to increase workforce resources to adequately staff and care for the patients of ACMH. Float pool nurses will be assigned to cover patient needs within their service line. They will be the first nurse pulled when staffing needs have changed (example: nurse needed on 3B from 7-11a, then pulled to ICU assignment at 11am). There is not a limit on the number of times a float RN can be pulled each shift, but the hospital agrees not to pull a float nurse more frequently than every four hours. (TA 9/23/25)

At least one position in each service line will be posted internally only. For each vacancy posted externally, ACMH will post one position internally.

Staff with any discipline in the past 12 months will not be eligible to bid into these positions.

The current Critical Care Float team will be renamed as the Critical Care Resource team and their terms will not be modified by this Article. Resource nurses are not considered float pool nurses. (TA 9/5/25)

Service lines will be as follows:

#### Critical Care

- MS/Telemetry
- ICU/CCU
- ED

#### Medical/Surgical\*\*

- MS/Telemetry
- SNU
- 2A
- 3A, post-partum, and surgical patients

\*\*Medical Surgical float pool nurses may be pulled to the ED or ICU to care for med-surg/tele patients but will never be expected to manage the care of an ED or ICU assignment. (TA 9/24/25)

Float pool RNs will be scheduled in accordance with the needs of their service lines and will be required to work weekends under the same terms as other full time RNs in their service lines. (TA 9/24/25)

#### Compensation

Float pool nurses will be paid a premium of 15% over their base pay, including vacation hours. Float pool nurses will be pulled from a unit before any nurse is involuntarily canceled or pulled from that unit. Float pool nurses may be involuntarily canceled if there is not a need in any unit in their service line. (TA 9/4/25)

FOR THE UNION:

Cassie Wood  
Date 9/24/25

FOR THE EMPLOYER:

Thomas S. Gratto  
Date 9/24/25

**Requirements & Eligibility**

Float pool staff will be included in the staffing guidelines and will manage a patient assignment each shift. Given the cross-training requirements, float pool nurses will be restricted from bidding to other positions for a period of one year unless mutually agreed by the Hospital. (TA 9/24/25)

Float Pool Staff may be scheduled to work on a unit for a determined period of time before being oriented to the next different unit specialty. Examples of reasons a float nurse would be assigned to a specific unit for a period of time: (a) a specific unit is experiencing a high vacancy rate, a float pool nurse may be assigned to that unit for a determined period of time; (b) a critical care float nurse has recently trained to a specialty unit, for example the ICU, and needs consistent experience to develop a foundational skill set, that nurse may be assigned to the ICU for a period of time to gain experience. (TA 9/4/25)

For the purpose of scheduling vacation, float pool nurses will schedule vacation within their own vacation request book; critical care float pool and medica/surgical float pool will have separate sign ups. (TA 9/5/24)

For the purpose of overtime, float pool nurses may sign up for needs on any unit that they are trained to work within their service line; however, float pool nurses are not guaranteed to remain on that unit for the duration of the shift they signed up for. (TA 9/4/25)

FOR THE UNION:

Cassie Wood  
Date 9/24/25

FOR THE EMPLOYER:

Thomas S. Gatto  
Date 9/24/25

T59 9/25

**Side Letter: Safety in Imaging**

The hospital is exploring alarm systems for employees working alone. Until such alarm system is active, employees in CT may request for a member of staff from the emergency department to accompany and remain with any patient who is identified as presenting a risk. In the event that no staff from the emergency department is available to accompany the patient, the nursing supervisor will be alerted and may either accompany the patient or relieve staff in the emergency department so that they may accompany the patient.

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FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Grotto  
Date 9/25/25

**Side Letter: Arbitration Scheduling**

Within thirty days of ratification of this Agreement, the parties agree to hold a conference to discuss arbitration scheduling and possible resolution of outstanding grievances and arbitrations. (TA

9/25/25)

FOR THE UNION:

Cassie Wood  
Date 9/25/25

FOR THE EMPLOYER:

Thomas S. Jett  
Date 9/25/25

	Years entry	0.5	1	2	3	4	5	8	10	12	15	17	20	25	30	
	Hours	1040	2080	4160	6240	8320	10400	16640	20800	24960	31200		41600	52000	62400	
	Step	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	<b>RNs &amp; Tier 1 Casuals</b>															
	<b>July 2024</b>	\$32.52	\$32.79	\$33.23	\$34.32	\$35.53	\$36.35	\$37.98	\$38.53	\$39.62	\$40.17	\$40.99	\$41.55	\$42.36	\$43.18	\$44.54
3%	July 2025	\$33.49	\$33.78	\$34.23	\$35.35	\$36.59	\$37.44	\$39.12	\$39.69	\$40.81	\$41.38	\$42.22	\$42.80	\$43.63	\$44.47	\$45.88
3%	July 2026	\$34.50	\$34.79	\$35.25	\$36.41	\$37.69	\$38.56	\$40.30	\$40.88	\$42.04	\$42.62	\$43.49	\$44.08	\$44.94	\$45.81	\$47.26
3%	July 2027	\$35.53	\$35.83	\$36.31	\$37.51	\$38.82	\$39.72	\$41.51	\$42.10	\$43.30	\$43.90	\$44.79	\$45.40	\$46.28	\$47.18	\$48.67
	<b>Tier 2 Casuals</b>															
	<b>July 2024</b>	\$35.77	\$36.07	\$36.55	\$37.76	\$39.08	\$39.98	\$41.78	\$42.38	\$43.59	\$44.19	\$45.09	\$45.80	\$46.59	\$47.49	\$49.00
3%	July 2025	\$36.84	\$37.15	\$37.65	\$38.89	\$40.25	\$41.18	\$43.03	\$43.65	\$44.90	\$45.52	\$46.44	\$47.17	\$47.99	\$48.92	\$50.47
3%	July 2026	\$37.95	\$38.27	\$38.78	\$40.05	\$41.46	\$42.42	\$44.32	\$44.96	\$46.25	\$46.88	\$47.84	\$48.59	\$49.43	\$50.39	\$51.99
3%	July 2027	\$39.09	\$39.42	\$39.94	\$41.26	\$42.70	\$43.69	\$45.65	\$46.31	\$47.63	\$48.29	\$49.27	\$50.05	\$50.91	\$51.90	\$53.55
	<b>CCFT &amp; MSFT &amp; Tier 1 Casuals</b>															
	<b>July 2024</b>	\$35.77	\$36.07	\$36.55	\$37.76	\$39.08	\$39.98	\$41.78	\$42.38	\$43.59	\$44.19	\$45.09	\$45.80	\$46.59	\$47.49	\$49.00
3%	July 2025	\$36.84	\$37.15	\$37.65	\$38.89	\$40.25	\$41.18	\$43.03	\$43.65	\$44.90	\$45.52	\$46.44	\$47.17	\$47.99	\$48.92	\$50.47
3%	July 2026	\$37.95	\$38.27	\$38.78	\$40.05	\$41.46	\$42.42	\$44.32	\$44.96	\$46.25	\$46.88	\$47.84	\$48.59	\$49.43	\$50.39	\$51.99
3%	July 2027	\$39.09	\$39.42	\$39.94	\$41.26	\$42.70	\$43.69	\$45.65	\$46.31	\$47.63	\$48.29	\$49.27	\$50.05	\$50.91	\$51.90	\$53.55
	<b>CCFT &amp; MSFT Tier 2 Casuals</b>															
	<b>July 2024</b>	\$39.35	\$39.68	\$40.21	\$41.53	\$42.99	\$43.98	\$45.96	\$46.62	\$47.95	\$48.61	\$49.60	\$50.38	\$51.25	\$52.24	\$53.90
3%	July 2025	\$40.53	\$40.87	\$41.42	\$42.78	\$44.28	\$45.30	\$47.34	\$48.02	\$49.39	\$50.07	\$51.09	\$51.89	\$52.79	\$53.81	\$55.52
3%	July 2026	\$41.75	\$42.10	\$42.66	\$44.06	\$45.61	\$46.66	\$48.76	\$49.46	\$50.87	\$51.57	\$52.62	\$53.45	\$54.37	\$55.42	\$57.18
3%	July 2027	\$43.00	\$43.36	\$43.94	\$45.38	\$46.98	\$48.06	\$50.22	\$50.94	\$52.40	\$53.12	\$54.20	\$55.05	\$56.00	\$57.08	\$58.90
	<b>CRNA &amp; Tier 1 Casual</b>															
	<b>Current</b>	\$118.05														
	July 2025	\$130.00														
3%	July 2026	\$133.90														
3%	July 2027	\$137.92														
	<b>2nd tier casual</b>															
	<b>Current</b>	\$129.86														
	July 2025	\$133.75														

Cassie Wood 9/15/25

Thomas S Gatto 9/15/25



