

Nurses

GUIDE ON
RECOMMENDED
PERSONNEL POLICIES
FOR NURSES

California
Nurses'
Association

FEBRUARY
1968

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This revised guide of recommended personnel policies has been prepared for your use and convenience.

A special chart, giving the latest recommended salary scales and position qualifications for various nursing assignments, is inserted in the pocket of the back cover.

This book is designed to be used as a guide.

The California Nurses' Association has provided this book as a service to anyone interested in its contents. The fifty cent charge is merely to cover the postage and handling.

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INTRODUCTION

This guide is provided for professional registered nurses and for all those who, in their individual and cooperative efforts to improve the quality and quantity of patient care in California, are responsible for the education, supervision and employment of nurses. The members of the California Nurses' Association* endorse the recommendations in this guide and urge their implementation.

The contents of this booklet reflect these beliefs of the membership of the California Nurses' Association:

- . That nurses must work together and with other organizations, including employing agencies, to secure the best possible nursing care and health protection for all people
- . That many nursing functions are independent, although nurses practice within a framework in which the physician provides the necessary medical direction and the employer provides the administrative policies
- . That nurses have a responsibility to promote and maintain the professional and educational advancement and the welfare of nurses and to foster high standards of nursing practice
- . That nurses have a responsibility to belong to their professional association and to work towards the goals of that association at district, state, national and international levels

Beginning with a statement of principles related to personnel programs for nurses, this guide includes CNA recommendations on specific personnel practices and CNA recommendations on appropriate qualifications and salaries for nursing positions. Personnel programs designed to encompass these recommendations will facilitate the recruiting and retaining of qualified nurses in all areas of nursing practice.

* The California Nurses' Association, a constituent of the American Nurses' Association, is the organization of professional registered nurses in California. It speaks officially for the nursing profession in the state, in health matters affecting nursing and the public interest.

PART ONE

PRINCIPLES RELATED TO PERSONNEL PROGRAMS FOR NURSES

The members of the California Nurses' Association endorse the following principles and believe that their implementation will foster improved nursing practice and provide a high quality of patient care for the people of California.

Administrative Authority and Communication

In every agency maintaining a nursing program, it is essential that: (1) channels of communication between management, medicine and nursing are established and utilized for policy making and for program planning, implementation and evaluation; (2) the nursing administrator has authority for decision making related to the nursing program, including the assignment and utilization of registered nurses and other nursing personnel; (3) the scope of nursing administrative decision making is clearly specified; and (4) sufficient competent clerical and stenographic personnel are provided to permit nurses to function effectively in the practice of nursing.

Employee Participation in Determination of Personnel Policies

- The development and administration of an effective personnel program aids in recruiting and retaining qualified nursing personnel.*
- The effectiveness of personnel policies is influenced by employee understanding and by the judgment and skill of those administering the policies.
- Employee understanding of personnel policies is developed when there is a democratic process for regular employee participation in the determination of policies. Such participation results in stimulation of individual and group responsibility for maintaining high standards of performance; development of leadership abilities in individual employees; and increased cooperation and good inter-personal relationships among the total staff.
- Employees can participate in the determination of personnel policies; (1) when there is representation on agency and departmental committees, including personnel policy committees; (2) when there is an employee organization for liaison between the total staff and the employer; and (3) when the registered nurses maintain, under guidance of the CNA, a representative Committee on Professional Performance with responsibility for fostering high standards of nursing practice and for promoting professional and educational advancement and the welfare of nurses.*

**The CNA Board of Directors fully supports the nurses of the State of California in their just demands for conditions of professional practice, salary scales, and related benefits consistent with their education, experience and professional responsibilities.

*Recommendations of the CNA membership on specific personnel policies for registered nurses are in Part two.

**Statement of policy established by unanimous action of the CNA Board of Directors, 8/21/66.

CNA fully recognizes the profession's responsibility to the community to work for conditions that will attract and hold the numbers of nurses necessary to provide nursing service.

CNA as bargaining representative will take all necessary steps, including economic action where necessary, consistent with the law and the nurses' professional responsibilities, to achieve these just demands.

It is essential that personnel policies be in writing with a copy available to each employee. (Written personnel policies appear in agreements between the employer and CNA; in letters of appointment; and in policy statements issued by the employing agency.)

Employment of Personnel

An effective personnel program provides for: (1) a standard procedure for pre-employment interview; (2) employment based upon information pertinent to education, experience, evidence of competency and personal qualifications, irrespective of race, creed, color, national origin, age and sex; (3) determination that registered nurses are qualified for their positions through reviewing the Professional Counseling and Placement Service record of the educational and employment history and references, and through reviewing required certificates and credentials. (California law requires the employer to ascertain that each registered nurse has a current valid license to practice professional nursing in California prior to the date of appointment.) Competitive examinations, if used, should be open to qualified applicants within and out of the employing agency.

Orientation and In-Service Education

An effective personnel program provides for: (1) an organized plan for orienting all new employees to the objectives, purposes and structure of the employing organization, its facilities, programs, policies and procedures; (2) assignment of all newly graduated registered nurses and those without recent nursing experience to work under the direct supervision of a qualified registered nurse; (3) planned regular in-service activities for all nursing personnel designed to help them prepare for new assignments, understand new developments and adjust to changes in agency programs and procedures; and (4) staff participation in the planning of orientation and in-service education programs.

Evaluation, Promotion and Incentives for Improvement

An effective personnel program provides for: (1) performance evaluations made at specified intervals by the nurse's immediate supervisor (while nursing competency cannot comprehensively be evaluated in those situations where the immediate supervisor is not a registered nurse - such as in occupational health nursing and office nursing - other job performance factors can and should be evaluated); (2) performance evaluations (based on anecdotal records) prepared in writing with a copy to the nurse involved and reviewed by administration and then discussed with the nurse relative to job satisfaction, placement and utilization of abilities; and (3) individual promotion based upon performance, degree of preparation and needed experience, and for the application of these same criteria in the event of staff reduction or re-employment.

An effective personnel program provides for: (1) consideration of applicants from within and out of the agency when vacancies occur; and (2) appointment of the best qualified nurses, seniority within the agency being the deciding factor when qualifications are approximately equal to those of other applicants.

An effective personnel program provides incentives for the continued improvement of professional competence, including: (1) opportunity and encouragement to participate in the activities of the professional association and allied health organizations and to attend workshops, institutes, short-term and formal academic courses related to professional practice; (2) promotion to administrative nursing positions based on known, specific qualifications and with advancement to salary ranges commensurate with the responsibilities; and (3) opportunity for registered nurses to remain in non-administrative positions and to receive substantial salary advancements commensurate with their competence in nursing practice.

Termination

An effective personnel program provides for: (1) written notice preceding termination of employment; and (2) a terminal interview with final evaluation report, discussion of the reasons for termination, and, as appropriate, recognition of past services and assistance with future planning.

PART TWO

CNA RECOMMENDATIONS ON SPECIFIC PERSONNEL POLICIES FOR REGISTERED NURSES

HOURS OF WORK

Basic Work Day: no more than eight consecutive hours, excluding mealtime, unless the nurse is subject to call during mealtime. Double shifts and frequent overtime lower the quality and quantity of patient care. No nurse should work longer than eight hours except in extreme emergencies involving patient welfare.

Mealtime: at least one half hour, not included in the eight-hour shift unless the nurse is subject to call. Provision should be made to relieve nurses for mealtime even though subject to call back.

Rest Periods: at least ten minutes every four hours (see Industrial Welfare Commission order). Provision should be made to relieve nurses for rest periods even though subject to call back.

Basic Work Week: five consecutive work days of no more than 40 hours.

Overtime: all work in excess of the basic work day or basic work week should have prior authorization and be recorded. (For compensation, see page 15.)

Time Schedules and Days Off: posted at least two weeks in advance.

HOLIDAYS

Number: at least nine paid holidays granted per year, as follows: New Year's Day, Washington's Birthday, Memorial Day, Fourth of July, Labor Day, Admission Day, Veterans Day, Thanksgiving, and Christmas, plus Good Friday afternoon or alternate religious holidays, and any day declared a State holiday by the Governor of California.

Holidays Worked: reimbursed at the rate of time and one half, in addition to the regular day's pay in cash. (20 hours pay for 8 hours holiday work in cash.)

During Scheduled Time Off: an alternate day off or a day's pay in lieu thereof for a holiday that falls on a scheduled day off or during the nurse's vacation.

VACATIONS

Vacation is time earned for relaxation and new interests and is essential for maintaining good emotional and physical health. Professional employees work under pressure and carry many responsibilities of complex nature. Therefore, adequate vacations are essential for optimal functioning during the remainder of the year. (Nurses who are employed in an educational institution should be employed on an academic year basis.)

Vacation Credits: one month, or four weeks annually, accumulated at a monthly rate; prorated vacation after six months of continuous employment.

Vacation Holidays: an additional day off if a holiday falls during the vacation period.

Sick Leave During Vacation: any incapacitating illness occurring during vacation to be reported as sick leave.

Terminal Vacation: prorated and granted on termination of employment.

LEAVES OF ABSENCE

Except in emergency situations, leaves of absence should be requested in advance in a written statement setting forth the purpose and length of time for which leave is sought. Leaves of absence should be granted in writing, specifying the amount of salary to be continued and other benefits to be accrued. Leaves of absence should not affect previously accumulated sick leave, vacation or tenure. When returning from leave, the employee should be reinstated in the same position or a comparable one.

Sick Leave:

- Accumulated at the rate of one and one-quarter days for each full month of employment following the first month of employment, with no restriction on total accumulation
- Not to be used by the nurse for other than bona fide illness
- Not to be cancelled by the employer nor periodically granted as time off
- To be granted, entirely or in part, as paid time off on termination of employment

Leaves With Salary: for at least the following:

- Sick leave
- Jury Duty - compensation continued in an amount which, when added to juror's pay, will at least equal the nurse's regular rate of pay
- Attendance at professional meetings
- Death or serious illness in the immediate family
- Sabbatical leaves - should be established for professional staff and appropriate compensation determined

Leaves With Or Without Salary: for at least the following:

- Pregnancy (at least six months)
- Military duty

- Illness extended beyond accumulated leave
- Educational advancement
- Personal leave for good cause

Accrual of Tenure: continued at least during sick leave and during leaves granted for those periods that an employee is covered by Workmen's Compensation and/or disability insurance.

HEALTH AND WELFARE

Health Program: should be established to include:

- A complete pre-placement and annual physical examination. This examination should be in accordance with the standards of the California Medical Association and the State Department of Public Health; at the employer's expense; and by a physician approved by the employer
- Encouragement of prompt reporting and treatment of illness
- Employer-paid insurance covering medical-surgical-hospital-registered nurse services

Note: California law requires, with minor exceptions, that all employers carry Workman's Compensation to cover employees.

Unemployment and Disability Insurance Programs: It is recommended that unemployment compensation (employer-paid) and unemployment compensation disability insurance (employee-paid) programs be implemented wherever possible.

Note: Unemployment compensation, disability insurance, and social security are mandatory in profit hospitals, industry and doctor's offices. With the exception of some governmental institutions, all other nurse employers may participate in these programs.

Retirement Plan: All employees should be covered by Federal social security. Employers should establish a retirement plan to supplement social security coverage or in lieu of social security. Employees should participate in the determination of the plan to be adopted and in any changes in the established plan.

Individual Professional Liability Insurance: All nurses should be covered by professional liability insurance, which provides 24-hour coverage for all individual actions as a registered professional nurse.

Note: Since 1948 CNA has offered a group malpractice or group liability insurance plan for members.

Note: Employer Liability Insurance protects the hospital for the action of an employee and may or may not protect the individual nurse. If there is protection of the nurse, such protection applies only to hours of work for which the employee is compensated by the employer.

TERMINATION OF SERVICE

Employee Notice: one month written notice of resignation (at least three months in any educational institution and by the directors of nursing service).

Employer Notice: one month written notice of termination of appointment or one month's salary in lieu thereof (at least three months in any educational institution or for directors of nursing service).

Terminal Interviews: planned according to principles on page 10.

Termination For Just Cause: to occur only when avenues for employee guidance have been exhausted. There should be an organized, impartial procedure for resolving problems when "just cause" is questioned. (See Grievance Procedure and Arbitration, page 20)

CLASSIFICATIONS AND SALARY RANGES

Each agency should establish a classification plan and have a clearly defined salary plan for nursing personnel.

- Classification of registered nurses should include administrative and non-administrative positions
- There should be more than one classification for non-administrative positions to allow promotions, in addition to salary increases, as a reward for those who develop increasing competence in professional practice. Morale of the staff will be improved by promotional possibilities and this will help to develop a stable and efficient work force. Lack of these opportunities and rewards is believed to be one of the major stumbling blocks in hospital employee relations figuring prominently in lack of job satisfaction and frequent turnover of personnel
- Salary ranges for each classification should include at least five steps, with a five per cent increase between the five steps in each range
- In addition, alternate salary ranges are recommended for each classification. For nurses meeting minimum qualifications of an agency, a basic range for the position is recommended. For those possessing preferred qualifications, an alternate and higher range is recommended

There should be provision for employee participation in periodic review of job descriptions and classifications. There should also be provision for employee participation in the annual review of salaries.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

COMPENSATION POLICIES

Pay Intervals and Records: Salaries paid at least twice a month with an itemized stub for the employee's record showing: (1) beginning and ending dates of the pay period; (2) the

gross regular pay; (3) itemized additional compensation for overtime, on call, call back, differentials, relief and other payments; (4) all deductions separately itemized; and (5) net pay.

Automatic Salary Progression: Progression from the first to the second step after six months of employment and subsequent steps after no more than a year in the previous step.

Promotion to Higher Classification: Pay at that step in the salary range for the new position which is higher than the salary received by the employee before promotion.

Assignment of Additional Responsibilities: When additional responsibilities are assigned to a position, the classification of the position should be reviewed and the position assigned to an appropriate salary range commensurate with the added responsibilities.

Temporary Assignment to a Higher Classification: Additional reimbursement whenever work in a higher classification is performed for a major portion of a shift. The reimbursement for relief in a higher classification should reflect the percentage differential between the salary range of the classification relieving and the classification being relieved. For example, if the general differential between the two ranges is roughly ten per cent all relieving nurses should receive ten per cent above their daily salary.

Part-Time: Compensation computed by applying the ratio that the part-time schedule bears to a full-time schedule with tenure (plus proportionate participation in all benefits, such as holidays, sick leave, vacation, etc.); or prorated salary plus 15 to 25 per cent in lieu of tenure or participation in all benefits.

Holiday, Vacation and Sick Leave: Pay at regular rate, including differentials.

Holidays Worked: Reimbursed at the rate of time and one half, in addition to the regular day's pay, in cash. (20 hours pay in cash for 8 hours holiday work.)

Holidays during Scheduled Days off or Vacation: Compensated by an alternate day off or a day's pay in lieu thereof.

Overtime: One and one-half times the regular rate of salary for all work in excess of eight consecutive working hours in one day or in excess of five consecutive working days (40 hours) in one week.

On-Call Service: One-half the straight time rate when on call and one and one-half times the straight time rate when called back (see mealtime provision on page 5). Compensation may be in cash, unless the employer and the nurse, by mutual agreement, arrange for payment in compensatory time off or for a combination of cash and time off.

Call Back on Regular Days Off: One and one-half the straight time salary for all hours of work when called back.

Shift Differential: At least ten per cent more per month than the appropriate salary for comparable day assignments. Shift differentials apply only where the major portion of the shift is worked during the evening or night shift.

Reimbursement of Expenses: In full, by separate check, for all expenses incurred in the conduct of work, including travel and registration fees for meetings where the nurse is officially representing the employer.

Transportation and Related Expenses: (Car ownership should not be a qualification or prerequisite for employment.) If an automobile used in the conduct of work by a nurse is employer-owned or leased, the nurse should be reimbursed for all operating expenses, including parking fees and bridge tolls incurred in on-duty use of car; insurance covering the car and the nurse should be carried by the employer for public liability, medical payment and property damage.

If nurse-owned cars are used in the conduct of work, the nurse should be: (1) provided with an allowance to cover fixed costs and car replacement, in accordance with prevailing practice in business and industry of the geographic area, with consideration being given to type of driving, insurance rates, etc.; (2) allowed a mileage rate for all operating costs, consistent with prevailing practice in business and industry in the geographic area, with consideration being given to cost of gasoline, oil, service, etc.; and (3) reimbursed for all parking fees, bridge tolls, etc.

PROFESSIONAL PERFORMANCE COMMITTEES

This statement is prepared for the creative use of nurses in establishing professional performance committees. It is not intended to be a step-by-step procedure, but should be adapted for use in individual situations.

The PPC is the vehicle by which CNA, the official nursing organization in the state, helps its members carry out their professional responsibilities.

I. ORGANIZATION OF COMMITTEES

A. Committees may be established in any agency where nurses are employed - hospital, health department, school of nursing faculty, clinic, industrial plant, etc.

B. Composition is a group of members of the California Nurses' Association, elected by the staff of an agency. The committee provides an opportunity to consider the professional practice, salaries, employment conditions and general welfare of nurses.

C. It is important that the agency PPC have representation from all major departments and all shifts. Standing rules should be formulated to include the following (adapted to size of agency):

- a) Aims and objectives.
- b) Composition - including number and areas represented.
- c) Procedure for annual elections and replacement when vacancies occur.
- d) Duties of officers and members.
- e) Establishment of subcommittees as needed, with outline of their functions.
- f) Establishment of definite channels of communication.
- g) Minutes should be kept and approved before distribution or posting.

II. A. FUNCTIONS OF THE PROFESSIONAL PERFORMANCE COMMITTEE UNDER A CONTRACT

1. Hold meetings regularly (at least once a month.)
2. Provide a communications channel to and from each staff nurse.
3. Meet with representatives of nursing administration at least once a month to consider matters related to nursing practice and patient care. An agenda should be prepared and furnished to all participants in advance of the meeting.
4. Plan meetings with representatives of the medical staff organization and other departments when indicated.
5. Attend the professional performance committee area meeting to view resource materials provided by CNA relating to salaries, fringe benefits, other employment practices and nursing care standards.
6. Distribute and interpret the contract and other resource materials from CNA to each member of the agency nursing staff.
7. At the time of the reopening of the contract:
 - a) Collect the authorization-to-represent forms, questionnaires and additional recommendations from the nursing personnel.
 - b) Return the completed authorization-to-represent forms and questionnaires to CNA.
 - c) Participate in negotiations and make authorized decisions and counter-proposals.
 - d) Distribute ballots to nursing personnel for final vote on proposals for settlement.
 - e) Report tally of ballots to CNA in Northern California and to the CNA Los Angeles Office in the Southern California area.
 - f) Return ballots after tally has been reported to the offices indicated above.

II. B. ADDITIONAL INFORMATION

1. The hospital personnel office or the director of nursing should furnish PPC chairman with names of new registered nurses as they are employed. Chair - man should notify committee member who works in same department and/or membership chairman on same shift as the newly-employed nurse.
2. Committee members should welcome new employees in department or on same shift. Find out whether they are transfers from another district or state. If they are not, see that they receive an application form and that it is referred to the District.

3. If prospective new member wishes to take advantage of an existing payroll deduction of dues program, furnish authorization cards, have them properly signed and deliver to chairman.

4. Provide each new nurse with copy of the contract.

5. A nurse who never has worked in a contract situation may not understand one. Go over most important items. Explain the protection it affords and nurse's rights and responsibilities under it. Inform nurse if she has a question or complaint about salary, working conditions, fringe benefits, etc., she should go directly to the PPC member on the unit or shift. Committee member can ask the help of the chairman who can receive clarification from CNA field representative or the director of the economic security program.

In violations of contract matters deadlines must be observed. All staff members should be aware of time limits for filing grievances.

6. The agency professional performance committee should coordinate with the district nurses' association. Each agency should supply a member for the district membership committee. Under the variable membership year, and in contracts with mandatory membership clauses, the PPC must devise some method for checking membership at regular intervals.

7. Representatives should be appointed to meet with the area professional performance committees to coordinate the efforts of all agencies to improve nursing practice.

8. Staff nurses should be encouraged to participate in district, state and national nursing activities. When nurses attend workshops or institutes a report should be given to staff nurses.

9. The PPC should encourage nurses to participate in community activities which relate to areas of nursing concern, i.e. heart, cancer, disaster and the health agencies.

10. Arrangements should be made with the local news media to publicize any special nursing activity which would demonstrate to the public, and other nurses, concern for improvements in Nursing Service.

III. ACTIVITIES OF PROFESSIONAL PERFORMANCE COMMITTEES WHERE NO CONTRACT EXISTS

A. In the absence of a well-functioning staff organization, the professional performance committee is the vehicle by which CNA, the official organization of the profession in the state, helps the members of the profession carry out their responsibilities.

B. Meetings of the committee provide an opportunity for individual members to have a voice in conditions related to patient care in the agency in which they work and to contribute to the efforts to improve the profession.

C. The committee members should meet at regular intervals (see Part I of this statement). The regular meetings should have a two-fold purpose:

1. To consider immediate problems and to suggest means to alleviate them.
2. To take a long-range view and work on some of the issues confronting nursing today.

D. Meetings should be held at least once a month with representatives of nursing administration to consider matters studied by the Committee. An agenda should be prepared and furnished to all participants in advance of the meeting.

E. Meetings should be held with representatives of the medical staff organization and with representatives of other departments when indicated.

F. In the forward of the ANA Standards for Organized Nursing Services, Miss Jo Eleanor Elliott, president of ANA, states ..one of the foremost responsibilities of nurses is to provide standards for the continuous improvement of the profession and...these standards must be provided in the settings where the practice of nursing takes place. In both the ANA Standards and in the Conditions of Participation for Hospitals under the provisions of Section 1861 of the Social Security Act, there are many areas of nursing that should be studied and implemented by those "in the settings where the practice of nursing takes place" without delay.

G. We believe that some of the nursing responsibilities that need immediate study for long-range planning are:

1. Formulation of statements of the beliefs and objectives which give direction to the nursing care program in each agency or institution.
2. Delineation of the responsibilities and duties for each category of the nursing staff. These duties and responsibilities may be described in job descriptions which should be reviewed and updated regularly.
3. Nursing policies and procedures should be written and revised frequently to keep pace with the best practice and new knowledge. A manual should be available on each nursing unit.
4. How nursing care plans are prepared and revised daily for each patient by a registered nurse. How the nursing care plan is coordinated with the plan for medical care.
5. A nursing audit should be carried out as a continuing process. The findings should be reflected in improved charting and more efficient procedures.
6. Team nursing plans should be reviewed, evaluated and improved regularly.
7. Long-range plans should be made for utilization of part-time nursing personnel.
8. Delegation of appropriate tasks to auxiliary nursing personnel should be studied and reviewed regularly.
9. Written personnel policies should be formulated and made available to each employee, particularly where no contract exists.

10. A program of periodic evaluation should be set up and carried out by cooperative effort. The employee receives a copy of each evaluation for his or her employee folder.
11. Nursing should insist on both supervisory and staff nurse levels representation; on all key committees of the agency or institution, (i. e. safety committee, bed utilization committee, purchasing, budget, building, etc.)
12. A study should be made to identify non-nursing functions and to recommend their delegation to more appropriate departments.
13. Regular suggestions should be made for nursing additions to the hospital medical library. Ward libraries should be kept up-to-date and readily available. The nursing area of the library should be available to nurses on all shifts.

IV. COORDINATION WITH THE DISTRICT NURSES' ASSOCIATION

- A. The chairman of the agency professional performance committee should be a member of the district PPC where one has been formed. If none exists, the agency committee should have an established channel of communication with the district officers and board and with CNA. Annual or semi-annual reports should be made in which questions raised and suggestions offered are reported and activities become a part of the general knowledge of the organization.
- B. A nurse from each agency should be a member of the district membership committee, although not necessarily a member of the agency professional performance committee.

GRIEVANCE PROCEDURE AND ARBITRATION

(Recommended Language)

(1.) The Hospital shall allow representatives of the Association to visit the Hospital at all reasonable times to ascertain whether or not the Contract is being observed, and to assist in adjusting grievances. No time shall be lost unnecessarily to the Hospital, and the Association representatives shall advise the Hospital before or at the time of each visit.

(2.) DEFINITION OF GRIEVANCE

A grievance means any request or complaint which involves the interpretation or application of, or compliance with the provisions of this Agreement. A grievance may be initiated by a nurse individually or by the Association on behalf of a nurse or a group of nurses. A grievance filed by the Association shall go automatically to the Second Step provided herein.

(3.) Any grievance involving the termination of a nurse shall be presented within five (5) working days from date of termination. Any other grievance must be presented to the Hospital within thirty (30) calendar days, except that grievances involving clerical errors may be presented within one calendar year from the date of such error.

(4.) GRIEVANCE PROCEDURE

First Step: Any grievance filed by an individual nurse shall

first be discussed by the nurse with her immediate supervisor.

Second Step: If the problem is not resolved in the First Step, the grievance shall be reduced to writing and submitted to the Director of Nursing Service.

Third Step: If the grievance is not withdrawn or settled within five (5) working days after submission to the Director of Nursing Service, it shall be referred automatically and immediately to the Administrator or his representative and a representative of the Association.

Fourth Step: - Adjustment Board - If the grievance is not withdrawn or settled within ten (10) calendar days after submission to the Administrator and the Association, the grievance may be referred at the request of either party to an Adjustment Board. The Adjustment Board shall be composed of two members selected by the Hospital and two members selected by the Association. The Board shall investigate and render written decisions on matters referred to it. Any decision concurred in by three or more of the Board shall be the decision of the Board and binding on the Hospital, the Association, and the grievant. The parties by mutual agreement may waive this fourth step and go to Step five - Arbitration.

Fifth Step: - Arbitration - If the Board does not render a decision within one calendar week, the grievance shall, at the request of the Hospital or the Association, be submitted to arbitration. If the Board is unable to select an arbitrator within three (3) calendar days, an arbitrator shall be selected from a Panel furnished by the California State Conciliation Service. The Conciliation Service shall be requested to nominate five persons and first the Hospital and then the Association shall strike a name from the Panel until only one name remains, who shall be the Arbitrator.

The hearing before the Arbitrator shall be convened as early as practicable after selection of the Arbitrator and in no event more than thirty (30) days thereafter. The Arbitrator's award shall be rendered within thirty (30) days after submission of the issue to him. The jurisdiction of the Arbitrator shall be limited to the interpretation of this Agreement and he may not add to, detract from, or alter any of the provisions of this Agreement. The award of the Arbitrator shall be based on a joint submission agreement of the parties, or in the absence of an agreement, on the issues raised by the party filing the grievance. The award of the Arbitrator shall be final and binding. The expense of the arbitration shall be borne equally by the Hospital and the Association.

PART THREE

POSITION DESCRIPTIONS, RESPONSIBILITIES AND QUALIFICATIONS

Educational Administrators, Consultants and Teachers Section

Containing information on:

**Teacher (I - V)
Consultant (I - IV)
Assistant Administrator, Educational Program in Nursing
Administrator, Educational Program in Nursing**

STATEMENT OF PRINCIPLES EACT

The excellence of the educational program in a school of nursing is dependent upon sound and highly qualified administration, consultation and instruction. Because the quality of administration, consultation and instruction is influenced by certain basic factors, the following principles are endorsed by the members of the EACT Section; namely:

- The teacher-student ratio is such that the planned program of the school can be carried out effectively
- There is a standard procedure for evaluating the credentials of prospective personnel
- Appointment of faculty is based upon information pertinent to education, experience, evidence of competence and personal qualifications, irrespective of race, creed, or color
- There is clear and mutual understanding of the scope of authority and responsibility of each faculty member
- School personnel policies are set forth in writing and such policies include provisions for sick leave, retirement, vacation and leave of absence with or without pay
- There is an organized plan of orientation for faculty members
- There is recognition of the fact that the total responsibilities of a faculty member include instruction, administration, counseling, clinical activities, research and participation in professional and community affairs

- Faculty members are given the opportunity and encouragement to participate in activities of professional and educational associations and committees, to make contributions to professional literature and to participate in research activities for the advancement of nursing
- There is a standard procedure for individual promotion based upon performance, degree of preparation, length of service and increased responsibility
- There is recognition that promotion to a higher position presumes advancement to a higher salary level
- There is sufficient clerical and stenographic personnel provided to permit administrators, consultants and teachers to function with optimum effectiveness
- There is mutual understanding that at least three months notice shall precede termination of faculty appointment and, in order to safeguard the continuity of the educational program and the school, no faculty appointment shall be terminated during the academic instructional period (e.g., semester, quarter, term or year)

TEACHER (I - V)

Definition

A teacher (I - V) is that person whose primary responsibility is instruction. In addition, a teacher's responsibility includes participation in the total operation of the program.

Responsibilities

- Teaches selected courses within the nursing curriculum
- Shares responsibility for improvement of learning experience in all clinical nursing courses
- Shares responsibility for identifying needs of students and for initiating appropriate recommendations
- Evaluates student achievement and records data
- Functions within the administrative structure and policy of the institution
- Participates in and encourages research and writing relative to nursing
- Participates in the planning of the educational policies and objectives of the school
- Contributes to the development and periodic evaluation of the curriculum
- Interprets - to the community and to the people within the institution - the educational philosophies in nursing

Qualifications

- Currently licensed to practice professional nursing in California
- A Master's degree for Teachers I and II; a Doctorate for Teachers III, IV and V; all classifications require preparation and adequate experience in the clinical and functional area to be taught
- Indication of proficiency as a practitioner in the field of nursing to be taught
- Leadership demonstrated in both professional and personal activities
- Progression through the five teacher classifications presumes not only increasing leadership but increasing teaching effectiveness and faculty responsibility
- Membership and active participation in the professional nursing organization
- Membership and participation (when eligible) in other organizations, including civic and allied professional groups

CONSULTANT (I - IV)

Definition:

A consultant (I - IV) is a person whose preparation and experience enables that person to work with individuals and groups in identifying problems, studying solutions and guiding actions.

Responsibilities:

- Interprets the laws, regulations and policies of the agency represented, to individuals and groups for whom these consultant services are provided. This phase of the consultant's work may also include interpretation of the laws, regulations and policies of other agencies
- Acts in a liaison capacity between individuals and groups served and the agency providing the consultant services
- Collects data from various sources relative to solving problems and identifying trends, and makes this information available to the agency providing and the individuals and groups receiving the consultant services
- Works with individuals and groups in an agency for periodic evaluation of services being provided by that agency
- Makes appropriate suggestions to individuals and groups relative to the services the agency is offering

- Works with individuals and groups in planning and working towards achievement of current and long term objectives in the area of nursing consultation

Qualifications

For Consultant I and II:

- Currently licensed to practice professional nursing in California
- Master's degree - should include study in human relations and group work
- Indication of experience and competence based on successful employment in positions requiring leadership, teaching, supervisory and administrative responsibilities
- Membership and active participation in the professional nursing organization
- Membership and participation (when eligible) in other organizations, including civic and allied professional groups

For Consultant III and IV:

- Currently licensed to practice professional nursing in California
- Doctorate degree
- Membership and active participation in the professional nursing organization
- Membership and participation (when eligible) in other organizations, including civic and allied professional groups

ASSISTANT ADMINISTRATOR EDUCATIONAL PROGRAM IN NURSING

Definition

An assistant administrator in an educational program in nursing is a person whose prime responsibility is to assist in the administration of all aspects of that program.

Responsibilities

See the responsibilities of the administrator in an educational program of nursing to understand the nature of the duties of the assistant.

Qualifications

- Currently licensed to practice professional nursing in California

- Master's degree and preparation and adequate experience in the clinical and functional area of nursing to be taught and/or administered
- Experience and indicated ability in teaching and/or administration in schools of nursing
- Leadership ability both in professional and personal relationships
- Membership and active participation in the professional nursing organization
- Membership and participation (when eligible) in other organizations, including civic and allied professional groups

**ADMINISTRATOR
EDUCATIONAL PROGRAM IN NURSING**

Definition

The administrator of an educational program in nursing is the person who is responsible for the organization and administration of all aspects of that program.

Responsibilities

- Determines - in cooperation with faculty - the educational objectives and policies of the school
- Plans for lines of authority, responsibility and communication among all faculty
- Secures cooperation between departments within the various units of the school of nursing and allied institutions
- Interprets policies to all faculty
- Plans for meetings of the advisory committee
- Prepares the budget of the school and administers the financial operation prescribed by that budget
- Participates in the admissions, records and counseling programs
- Stimulates - through faculty committees - interest in curriculum planning, evaluation and revision
- Makes provision for effective faculty organization and functioning
- Makes recommendations to the appropriate administrative officer or controlling body for the appointment and promotion of qualified faculty members
- Makes provision for adequate educational facilities and for the use of community resources to attain the educational objectives of the school

- Makes provision for adequate living facilities for the students, if such are maintained by the school of nursing
- Acts in a liaison capacity to the alumni group and community organizations to foster good public relations, financial aid to students and recruitment programs
- Encourages research and writing among the faculty to improve the quality of teaching and nursing care
- Participates in research and writing
- Arranges the program to allow for the professional and personal growth of faculty
- Provides for the periodic evaluation of faculty

Qualifications

- Currently licensed to practice professional nursing in California
- A Doctorate, with special emphasis on administration in schools of nursing
- At least five years experience in schools of nursing, such experience to include instruction, supervision and/or administration
- Leadership ability in both professional and personal relationships
- Membership and active participation in the professional nursing organization
- Membership and participation (if eligible) in other organizations, including civic and allied professional groups

NURSING SERVICE ADMINISTRATORS SECTION

Containing information on:

Supervisor
 Assistant Director of Nursing Service
 Associate Director of Nursing Service
 Consultant I
 Consultant II
 Director of Nursing Service and Education
 Director of Nursing Service (Groups 7, 8 and 9)
 Assistant to State of California
 Department of Nursing Services Administrator
 State of California
 Departmental Nursing Services Administrator

SUPERVISOR OF NURSING SERVICE

Definition

A supervisor is a professional nurse who is responsible for the nursing service in a clinical area or hospital area of one or more patient units, each of which has a head nurse; or in a specialized area, such as the Operating Room or the Outpatient Department.

Responsibilities

1. Participates with the director of nursing in developing and implementing a philosophy for and objectives of nursing service.
2. Assists with the establishment and implementation of a budget which will allow for adequate personnel, supplies, equipment and physical facilities within the area. Evaluates their effectiveness and makes appropriate recommendations for changes.
3. Assists in planning with other departments and provides for coordination of activities and services which contribute to the physical environment.
4. Provides for the nursing care of patients within the units by planning kind and amount of nursing care in relation to the philosophy and objectives of the nursing service; and by analyzing, evaluating and revising nursing care to meet current needs.
5. Assists in providing an adequate physical environment for patients and personnel within the area by analyzing the effectiveness of the existing physical environment; assists the director of nursing service in planning for the allocation and utilization of space and equipment.
6. Provides for the nursing care of patients by organizing the nursing service within her area in conformity with the total nursing service organizational structure; and by assigning responsibilities and delegating authority.
7. Participates in promoting growth and development of personnel; analyzes and evaluates the performance of head nurses; reviews the evaluation of all other personnel.
8. Participates in planning and implementing personnel policies which will allow for job satisfaction and growth of personnel within the area; analyzes the effectiveness of policies and makes recommendations for policy revision.
9. Participates with the director of nursing service in providing means and methods by which the nursing personnel can work with other groups to interpret, implement and evaluate the goals of the hospital and the nursing service to the patient and the community.

10. Assists the director of nursing in providing personnel for nursing care of patients within the area by determining the qualifications of personnel for area staffing and by recommending personnel for appointments and positions.
11. Assists in coordinating nursing service with educational programs that use the agency's clinical facilities.
12. Cooperates with other hospital departments engaged in research activities that require the facilities and nursing service personnel of the area.
13. Promotes and utilizes research in nursing service including methods improvement activities and encourages others to participate.
14. Participates in the activities of professional nursing organization and in educational programs, including workshops, seminars, institutes and educational programs within the institution.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT DIRECTOR OF NURSING SERVICE

Definition

An Assistant Director of Nursing Service is a registered nurse who assists in the organization, administration and control of nursing service on the day, evening or night shift.

In the absence of the Director and/or Associate Director, the day assistant is responsible for the Nursing Service Department.

Responsibilities

1. Assists in development of a written philosophy and objectives for the Nursing Department which are compatible with and complementary to the philosophy of the hospital.
 - a. Provides for the participation of staff members in developing and revising the philosophy and the objectives.
 - b. Develops a plan for communicating the philosophy and the objectives to all members to determine the manner in which the philosophy and objectives will be used to guide the nursing service program.
 - c. Communicates and interprets the philosophy and objectives and their implementation to administration, the medical staff and other departments when appropriate.
2. Assists in establishing and implementing standards which insure safe and therapeutically effective nursing care of patients.

- a. Provides for the participation of staff members in the formulation of the nursing care standards.
 - b. Makes provisions for staff members to know the standards and their personal responsibility in upholding them.
 - c. Establishes a plan by which each patient's nursing care is planned, given or supervised, and evaluated by a professional nurse.
3. Assists in developing nursing service policies which focus on the care of patients; favors the practice of nursing and helps attract and retain qualified nursing service personnel.
 4. Participates in the establishment and promotion of administrative policies and practices which favor the practice of nursing and provide a climate which helps nursing personnel to increase their professional, technical and psychosocial skills.
 5. Participates in reviewing and revising the personnel policies of the hospital and assists in establishing criteria and procedures for the recruitment, selection, promotion and termination of employment of nursing personnel.
 6. Establishes the functions and qualifications for selected nursing positions.
 7. Implements the established staffing plan to accomplish the stated objectives and standards of the nursing service and to promote the maximum utilization of all nursing personnel.
 8. Evaluates nursing care and the climate in which it is practiced to identify achievements and problems and to provide data for forecasting and planning.
 9. Assists in developing and maintaining an effective system of nursing records and reports.
 10. Collaborates with the administrative staff, other department personnel and representatives of allied groups in planning for coordinated services to patients.
 11. Encourages nursing personnel to plan, with the medical staff and other patient care disciplines for the total needs of patients.
 12. Participates in the assessment of community health resources to insure continuity of care for patients within the hospital on discharge and on referral to or from another health care facility.
 13. Participates in and makes recommendations for the department budget to implement stated objectives.
 14. Assists in evaluation and control of the allocated budget to insure adequacy for the present and the future.

15. Assists in planning with representatives of hospitals administration and other appropriate groups for the development of new and the effective use of existing facilities needed to attain service and educational objectives.
16. Participates in the planning and maintenance of quality pre-service educational programs, orientation and in-service programs for all nursing personnel.
17. Recommends, promotes and participates in studies and research designed to assess nursing administrative practices and nursing care.
18. Promotes utilization of the applicable findings of studies and research for the improvement of nursing administrative practices and nursing care.
19. Collaborates in other suitable studies and research:
 - a. Identifies the elements which may pose problems to the researcher, nursing personnel and/or patients.
 - b. Interprets the standards of nursing care and practice which must be maintained for patients and personnel involved in research activities.
20. Participates in activities which promote his/her own professional growth and development.
21. Participates and promotes membership interest and participation in the activities of the professional nursing association, in allied health organizations and supportive community activities.

ASSOCIATE DIRECTOR OF NURSING SERVICE

Definition

An associate director of nursing service is a professional nurse who assists in the organization, administration and control of the nursing service. In the absence of the director of nursing service, the associate director is responsible for the nursing service department.

Responsibilities

Performs any of the responsibilities of the director of nursing service that may be delegated by the director of nursing service (See pages 34-36 for responsibilities of the director of nursing service).

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CONSULTANT I

Definition
and
Responsibilities

The definition of this position and its responsibilities are currently being studied by the Professional Performance Committee of the Nursing Service Administrators Section, CNA.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CONSULTANT II

Definition
and
Responsibilities

The definition of this position and its responsibilities are currently being studied by the Professional Performance Committee of the Nursing Service Administrators Section, CNA.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR OF NURSING SERVICE AND EDUCATION

Definition

A director of nursing service and education is a professional nurse who is responsible for the organization, administration and control of the total nursing service of a hospital or a similar institution and who is responsible for the organization, administration and control of a school of nursing.

Responsibilities

An analysis of the functions of an administrator of a school of nursing in the ANA statement of Functions, Standards and Qualifications (EACT Section) and the responsibilities listed in this Guide for a director of nursing (see page 34) shows that these functions and responsibilities can be correlated to develop the responsibilities for this position.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR OF NURSING SERVICE I, II, III (GROUPS 7, 8 and 9)

An Explanatory Note

The definition and responsibilities of the position of a director of nursing service are essentially the same. They do vary, however, because of types of patient service provided, variety of professional and non-professional staff, and the scope and nature of a hospital's program in research and education. For this reason, the position has been divided into three groups. Further, the position is divided according to qualifications and salary ranges. The Nursing Service Administrators Section of the CNA is available to assist an administrator and/or director of nursing in determining which group is appropriate for the director of nursing position in that agency. The term "groups" refers to the foldout chart in pocket, inside back cover.

DIRECTOR OF NURSING SERVICE

Definition

A registered professional nurse who has the full authority for decision-making related to the nursing programs. She has responsibility for the administration of nursing services to individuals and families in a health care facility or an organized group of health care facilities.

Responsibilities

1. Develops a written philosophy and objectives for the nursing department which are compatible with the purpose of the health care facility.
 - a. Provides for the participation of staff members in developing and revising the philosophy and the objectives.
 - b. Develops a plan for communicating the philosophy and the objectives to all members to determine the manner in which the philosophy and objectives will be used to guide the nursing service program.
 - c. Communicates and interprets the philosophy and objectives and their implementation to administration, the medical staff and other appropriate departments.
2. Establishes and implements standards which insure safe and therapeutically effective nursing care of patients.
 - a. Provides for the participation of staff members in the formulation of the nursing care standards by utilization of a Professional Performance Committee.
 - b. Makes provisions for all members of the nursing service to know the standards and their personal responsibility in upholding them.
 - c. Establishes a plan by which each patient's nursing care is planned, given or supervised, and evaluated by a professional nurse.
3. Develops nursing service policies which focus on the care of patient, favor the the practice of nursing, and help attract and retain qualified nursing service personnel.
4. Participates in the establishment and promotion of administrative policies and practices which favor practice of nursing and provide a climate which helps nursing personnel to increase their professional, technical and psychosocial skills (e.g., through an intra-hospital management team or an intra-hospital management council).
5. Participates in reviewing and revising the personnel policies of the health care facility and establishes criteria and procedures for the recruitment, selection, promotion and termination of employment of nursing personnel.

6. Establishes the functions and qualifications for each nursing position and limits those functions to those pertaining to nursing care.
7. Determines a staffing plan which will accomplish the stated objectives and standards of the nursing services and promotes the maximum utilization of all nursing personnel.
8. Directs, motivates and counsels the nursing personnel in the activities of the nursing department.
9. Organizes by use of an organizational chart to delineate authority, functional responsibility, lines of relationships and communication to provide safe and therapeutically effective nursing care.
10. Evaluates nursing care and the climate in which it is practical to identify achievements and problems and to provide data for forecasting and planning through nursing audits; nursing hours as they relate to quality and quantity; ratio of professional to non-professional workers; ratio of full-time to part-time workers.
11. Develops and maintains an effective system of nursing records and reports (e.g., medical-legal records regarding nursing practice: I.V. policies, blood transfusions; skin testing, cardiac arrest procedures, licensure; minutes of nursing meetings).
12. Collaborates with administrative staff, other department personnel and representatives of allied groups in planning for coordinated services to patients.
13. Provide for nursing personnel to plan with medical staff and other patient care disciplines for the total needs of patients (e.g., Patient Care Committee).
14. Participates herself, or delegates to a specific R.N., the responsibility to participate in the assessment of community health care resources for provision of continuity of care of patients within the agency, on discharge and on referral to another health or nursing care facility (e.g., member of the Medical Staff Utilization Committee).
15. Determines and recommends a departmental budget to implement stated objectives.
 - a. Makes provision for personnel, supplies and equipment necessary to meet nursing needs of patients.
 - b. Provides for orientation and in-service educational needs of nursing personnel.
16. Controls and evaluates the allotted budget for adequacy for the present and the future.

17. Plans with representatives of administration and other appropriate groups for the development of new and effective use of existing facilities needed to attain service and educational objectives.
18. Participates in the planning and maintenance of quality pre-service training programs for nursing personnel. Provides for in-service programs which includes orientation and continuing education programs for all levels of nursing personnel.
19. Develops agreements with educational agencies for the use of the clinical facilities by nursing students.
 - a. Determines the number of students that can be appropriately assigned to a clinical unit.
 - b. Clarifies the responsibility of nursing service for the management of the patient's nursing care and the responsibility of nursing education for the student's learning experience.
20. Initiates, promotes and participates when necessary in studies and research designed to assess nursing administrative practices and nursing care.
21. Promotes utilization of the applicable findings of studies and research for the improvement of nursing administrative practices and nursing care.
22. Collaborates in other suitable studies and research.
 - a. Identifies the elements which may pose problems to the researcher, nursing personnel and/or patients.
 - b. Stipulates the standards of nursing care and practice which must be maintained for patients and personnel involved in research activities.
23. Participates in activities which promote his/her own professional growth and development.
24. Participates in and promotes membership interest and participation in the professional nursing association, in allied health organizations and in supportive community activities.

**ASSISTANT NURSING SERVICES ADMINISTRATOR,
CALIFORNIA DEPARTMENT OF MENTAL HYGIENE**

Definition

The assistant nursing services administrator, California Department of Mental Hygiene, is a professional nurse who assists in the organization, administration and control of the nursing services of the governmental agency.

Responsibilities

The responsibilities involved in this position are currently being studied by the Professional Performance Committee of the Nursing Service Administrators Section, CNA.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

**NURSING SERVICES ADMINISTRATOR,
CALIFORNIA DEPARTMENT OF MENTAL HYGIENE**

Definition

The nursing services administrator, California Department of Mental Hygiene, is a professional nurse who is responsible for the organization, administration and control of the total nursing services of the governmental agency.

Responsibilities

The responsibilities involved in this position are currently being studied by the Professional Performance Committee of the Nursing Service Administrators Section, CNA.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

Recommended Salary Range

Appropriate differential over Assistant Nursing Services Administrator, California Department of Mental Hygiene.

OCCUPATIONAL HEALTH NURSES SECTION

Containing information on:

Occupational Health Nurse
under nursing supervision, multiple-nurse unit
PM and Night Nurse
working alone, multiple-nurse unit with nurse supervision of department
Head Nurse, multiple-nurse unit
Supervisor, multiple-nurse unit
Occupational Health Nurse, one-nurse unit
Rehabilitation Nurse, insurance company
Director, multiple-nurse unit
Consultant, insurance company
Consultant, official agency

**Occupational Health Nursing
A Definition**

Occupational health nursing is the application of nursing principles and procedures for the promotion, restoration and maintenance of optimum health of employees through their places of employment.

**OCCUPATIONAL HEALTH NURSE
under nursing supervision, multiple-nurse unit**

Definition

An occupational health nurse in a multiple-nurse unit of an employee health service is a professional nurse who is responsible for providing, under nursing supervision, the nursing service of the unit.

Responsibilities

- Participates with nursing supervision and the medical director in the formulation and implementation of administrative policies of the employee health service
- Participates in maintaining a system of records and reports
- Assists in training and supervising auxiliary nursing personnel
- Provides nursing service for occupational and non-occupational injuries and illnesses including emergency care within the scope of medical directives
- Assists in health evaluations and maintenance programs
- Counsels employees on health problems with appropriate referral to community agencies
- Actively participates in health and safety programs
- Participates in the activities of professional organizations and in educational programs, including workshops, seminars and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

**PM AND NIGHT NURSE
working alone
multiple-nurse unit, with nurse supervision of department**

Definition

A PM and night nurse working alone in a multiple-nurse unit of an employee health service is a professional nurse who is responsible for providing - under nurse supervision

of the department - the nursing service of the unit and for assisting in the development, interpretation and administration of the nursing service of the unit.

Responsibilities

- Assists nursing supervision and the medical director in the formulation and implementation of administrative policies of the employee health service
- Provides nursing services for occupational and non-occupational injuries and illnesses, including emergency care within the scope of medical directives
- Assists in the selection and supervision of employees serving on the first aid team within the organization
- Assists in maintaining a system of records and reports
- Assists in health evaluations and maintenance programs
- Counsels employees on health problems and effects appropriate referral to community agencies
- Assists nursing supervision and management in promoting and encouraging educational opportunities for staff growth and development
- Plans for her continuing personal, educational and professional development
- Participates in the activities of professional nursing organizations, and in educational programs, including workshops, seminars and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

HEAD NURSE multiple-nurse unit

Definition

A head nurse in a multiple-nurse unit of an employee health service is a professional nurse who is responsible for the nursing service provided for the unit and for the supervision of one or more nurses.

Responsibilities

- Assists nursing supervision and the medical director in the formulation and implementation of administrative policies of the employee health service
- Provides supervision, leadership and guidance for the health unit and nursing staff

- Provides nursing service for occupational and non-occupational injuries and illnesses including emergency care within the scope of medical directives
- Assists in training and supervising auxiliary nursing personnel
- Assists in maintaining a system of records and reports
- Assists in health evaluations and maintenance programs
- Counsels employees on health problems and effects appropriate referral to community agencies
- Participates actively in health and safety programs
- Participates with nursing supervision and management to promote and encourage educational opportunities for staff growth and development
- Plans for her personal, educational and professional development
- Participates in the activities of professional nursing organizations, and in educational programs, including workshops, seminars and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

SUPERVISOR
multiple-nurse unit

Definition

A supervisor of an occupational health nursing service is a professional nurse who is responsible for the interpretation, administration and supervision of the nursing service in an employee health service having one or more registered professional staff nurses.

The supervisory functions may vary if services of a nursing director are available.

The supervisor may work with a staff of nurses in a central or subsidiary employee health service and be responsible for the supervision and implementation of the nursing service under the guidance and administration of the Nursing Director.

Responsibilities

- Plans with management and the medical director the desired scope and objectives of the nursing service in the total employee health program
- Arranges for orientation of nurses to the newly appointed position and to the company
- Plans with the medical director and appropriate persons for: in-service education, participation in professional organizations and attendance at workshops, seminars,

etc.; opportunities for advanced education

- Determines the need for an adequate staff, their duties and responsibilities; advises and assists in their selection
- Prepares and maintains a nursing policy and procedure manual
- Establishes and maintains a system of records and reports and assumes responsibility for the utilization of this system in cooperation with the medical director
- Provides an opportunity for individual conferences with members of the employee health service staff
- Assists in the selection and improvement of physical facilities, equipment and supplies and provides for their maintenance
- Participates in the planning for nursing service in catastrophic emergencies
- Studies and develops methods of effective communications and interpersonal relationships within the health service staff, with related departments, community health and welfare agencies
- Evaluates the nursing service and assists in evaluation of the total health service
- Acts in an advisory capacity in the development and/or the maintenance of plant sanitation and housekeeping
- Works cooperatively with the personnel responsible for the prevention and/or the control of occupational injuries and illnesses
- Assists in determining the nursing functions and follow-up in relation to health examinations and assigns the necessary nursing staff
- Develops a system of follow-up for optimum health maintenance
- Guides the nursing personnel in observation of signs, symptoms and reactions
- Obtains medical directives and establishes nursing procedures for the emergency and follow-up care of occupational and non-occupational injuries and illnesses
- Provides for health counseling and health education on an individual or group basis
- Provides for nursing participation in the procedural control of absence due to illness
- Plans for active participation of the nursing staff in the safety education program
- Represents nursing and interprets nursing functions in relation to interdepartmental planning and coordination of health and welfare benefit programs
- Assists in determining responsibilities of the nursing staff in relation to company's

workmen's compensation insurance, group insurance, sick leave, maternity leave, retirement plans and other health and welfare programs and interprets these to nursing staff

- Encourages company participation in community health programs, surveys and research projects
- Shares with the medical director the responsibility for representing the company in community health projects
- Establishes and promotes working relationships with community health and welfare agencies.
- Cooperates with schools of nursing, health agencies and hospitals in providing observation and experience for faculty, staff and students
- Promotes good health standards for food handlers and is available for consultation regarding food services
- Participates in the activities of professional nursing organizations and in educational programs, including workshops, seminars, and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

OCCUPATIONAL HEALTH NURSE One-Nurse Unit

Definition

An occupational health nurse in a one-nurse service is a professional nurse who is responsible for providing, developing, interpreting and administering the nursing service of the unit.

Responsibilities

- Participates with management and the medical director in the formulation and implementation of administrative policies of the employee health service
- Provides emergency care in occupational and non-occupational injuries and illness in accordance with medical directives
- Maintains and evaluates periodically the total health program
- Prepares and maintains a current nursing policy and procedure manual
- Maintains a system of records and reports
- Establishes an inventory, maintaining basic data for budget justification

- Assists in the selection and supervision of employees serving on the first aid team within the organization
- Participates in the prevention and control of injuries and occupational diseases, makes observations of conditions, symptoms and reactions and records findings
- Participates with the physician in pre-placement, periodic, special, return-to-work and terminal physical examinations of employees and maintains a follow-up system of employee health evaluations
- Plans, in cooperation with other departments, the nursing program for the follow-up of health examinations
- Plans periodic tours to understand plant operation
- Participates in planning for emergency care in catastrophic emergencies and civil defense
- Participates in the interpretation of workmen's compensation, group insurance and other health and welfare plans
- Establishes working relationship with community agencies and encourages company participation in community health programs, surveys and research projects
- Assists in health evaluation and maintenance programs
- Provides health counseling and information on an individual and group basis, including appropriate referral to health and community agencies
- Shares with the medical director the responsibility for representing the company in community health projects
- Shares with the medical director the responsibility for inter-departmental planning and represents him in his absence
- Participates actively in the safety education program
- Makes home visits to injured or ill employees as indicated
- Participates, upon request, with schools of nursing, health agencies and hospitals in providing observation and experience for students, faculty, and staff
- Plans for continued personal, educational and professional development
- Participates in the activities of professional nursing organizations and in educational programs, including workshops, seminars, and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

REHABILITATION NURSE Insurance Company

Definition

A rehabilitation nurse is a professional nurse employed by an insurance company to initiate, coordinate and effect a total rehabilitation program for an injured employee of an organization insured by the company.

Responsibilities

- Serves as a resource person to those departments concerned within the insurance company, the insured company and to community agencies utilized for the re-habilitation process
- Establishes, maintains and coordinates effective communications between the employee and his family, the employer, the medical facility used, the insurance company and other social and welfare community agencies
- Encourages and motivates the injured employee to accept and be a part of the planning for rehabilitation, recognizing that rehabilitation starts at the time of the injury
- Works closely with other members of the rehabilitation team and the employer in assessing realistically the total potentialities of the employee
- Evaluates, coordinates and communicates the progress of the employee to the multiple disciplines in the health field, to the injured employee and his family and to employer
- Evaluates periodically procedures and resources used in the rehabilitation process
- Communicates and coordinates all follow-up activities with the attending physician, the employee and family, employer and rehabilitation services
- Establishes and maintains adequate records
- Participates actively in activities of professional organizations, and educational opportunities, including workshops and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR
Multiple-Nurse Unit

Definition

A director of an occupational health nursing service is a professional nurse who is responsible for the development, interpretation, administration, control and coordination of the nursing service in an employee health program.

Responsibilities

- Plans with management and medical director the desired scope and objectives of the nursing service in the total employee health program
- Determines the nursing staff needed, their qualifications and responsibilities, and recruits, selects and assigns personnel
- Assembles basic data and presents budget justification
- Develops and maintains methods of recording and reporting that provide for service control, evaluation and measurement of program outcome of nursing service
- Provides opportunity for staff development by arranging for time to attend orientation programs, staff meetings, educational programs offered in the community
- Promotes active participation of the nursing staff in planning, implementing, interpreting and evaluating nursing services
- Represents nursing and interprets nursing functions in relation to interdepartmental planning and coordination of health and welfare benefit programs and keeps nursing staff informed
- Encourages management and nursing participation in community health programs, surveys and research projects
- Shares with medical director the responsibility for representing the company in community health projects
- Establishes and promotes working relationships with community health and welfare agencies
- Cooperates with schools of nursing, health agencies and hospitals in providing observation and experience for faculty, staff and students
- Interprets the work of the department through good public relations in all nursing services
- Participates in professional organizations and attends programs related to occupational health and/or nursing

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

**CONSULTANT
Insurance Company**

Definition

An occupational health nurse employed by an insurance company is a professional nurse who provides consultation services and guidance to industrial, commercial and educational organizations insured by the company.

Responsibilities

- Evaluates the environment of the plant, work conditions, health services and facilities, submitting written recommendations and suggestions to management
- Evaluates the need of the organization for nursing services and medical coverage to provide employee health services, considering such criteria as the size, location, type, hazards, loss experience, employee age, salary and job ranges
- Assists management, upon request, in the selection and orientation of nursing personnel
- Assists management in the development and promotion of occupational health and safety programs
- Serves as a resource person on occupational health nursing practice to management, nursing and medical personnel
- Submits to management, when indicated, suggested plans for employee health service facilities, including equipment and supplies
- Assists small industries not employing nurses in planning for the provision of health services for employees
- Develops - with management, nursing and medical personnel - written policies, procedures and manuals related to the employee health service
- Interprets and correlates occupational health nursing and consultation services for staff of other departments within the insurance company
- Assists management with special problems, such as absenteeism and turnover by analyzing and evaluating records and claims; and assists in the implementation of special health programs as requested
- Encourages occupational health nurses to interpret and integrate the resources of community health and social agencies planning with the employee for his care
- Seeks and, whenever feasible, promotes educational opportunities for occupational health nurses, advises management of these opportunities and encourages occupational health nurses to take advantage of them

- Speaks to lay and professional groups on occupational health nursing
- Participates in professional organizations in order to help promote occupational health activities, to exchange ideas, and to alter organizational functions to meet current nursing needs
- Communicates the need for rehabilitation services to the claims department of the insurance company
- Visits insured organizations periodically to evaluate the effectiveness of the employee health services, submitting written recommendations to management as necessary

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

**CONSULTANT
Official Agency**

Definition

An occupational health nursing consultant employed by an official agency is a professional nurse whose responsibility it is to provide consultation services, guidance and leadership to occupational health nurses, employers, employee organizations, official and non-official agencies, educational institutions and others having occupational health interests.

Responsibilities

- Provides consultation to agencies and places of employment in planning, developing and improving occupational health nursing programs
- Consults with occupational health nurses and assists them in correlating services with community health and social agencies
- Assumes responsibility for developing and promoting leadership qualities in occupational health nurses through individual consultation and group activities including those of professional nursing organizations
- Relates occupational health nursing concepts to other programs of the official agency
- Serves as a member of the occupational health team of the agency to provide investigational and epidemiological services
- Develops and interprets the agency's occupational health nursing program to the administrative staff of other departments
- Assists small industries not employing nurses in planning for provision of health services for employees

- Interprets occupational health nursing to lay and professional groups
- Works with schools of nursing in planning for occupational health nursing in the curriculum and serves as a clinical instructor
- Encourages occupational health nurses to plan for continuing educational development
- Prepares manuals, procedures, records systems and educational material on occupational health nursing and serves as a resource person for others
- Participates in special studies, surveys and research
- Participates actively in the activities of professional nursing organizations and in educational programs, including workshops, seminars and institutes
- Promotes and participates in planning for educational programs for nurses in industry

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

OFFICE NURSES SECTION

Containing information on

Office Nurse I - V

Definition

An office nurse is a registered professional nurse, currently licensed to practice in California. Her practice concerns patients receiving care from one or more physicians or dentists in an office or a clinic. She holds the responsibility for the nursing care of those patients and the promotion of their health and welfare in a team relationship with office personnel.

Responsibilities

The office nurse has administrative responsibility for the nursing care performed in an office or a clinic and, as such, may supervise and direct other personnel under the general direction of the physician or the dentist. In providing for the welfare of the patient and the family, she collaborates with other health agencies.

Note: Office nurse V should encourage research and writing to increase professional competence and personal growth.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

PRIVATE NURSING PRACTICE SECTION

Containing information on:

The Private Nurse Practitioner
General Private Nurse Practitioner
Clinical Private Nurse Practitioner
Recommended Policies

The Private Nurse Practitioner A Definition

The private nurse practitioner is a registered professional nurse who is engaged in private practice.*

GENERAL PRIVATE NURSE PRACTITIONER

Definition

A general private nurse practitioner independently contracts to give nursing care on a private basis. This permits the nurse to utilize professional knowledge and skill at optimum levels in giving nursing care to a patient.

Responsibilities

- Functions as a member of the patient care team
- Formulates nursing care plan, consistent with the environment, based on a knowledge of the attending physician's plan for care, and an understanding of the physical, emotional and social needs of the patient
- Supervises the patient and performs all nursing procedures and techniques which contribute to patient comfort, recovery and rehabilitation
- Observes, evaluates and reports symptoms and reactions of the patient
- Keeps adequate and accurate records for the benefit of the patient, doctor, nurses, and hospital
- Maintains good interpersonal relationships and assists all persons concerned with the patient in providing continuity of care

*The private nurse practitioner is also engaged occasionally for the temporary relief of staff in a hospital, plant, agency, or physician's office, and at such times practices as an employed practitioner in the respective areas of nursing - i.e., staff, duty, nursing service administration, occupational health, office, etc.

- Assists nursing school faculty and in-service director, on request, with instruction in the respective educational programs
- Takes an active part in community health programs, including the preparation necessary to meet community emergencies

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

- It is recommended that the qualifications of general private nursing practice members be evaluated periodically by the Registry Committee or the Committee on Private Duty Nursing Service of the District Nurses' Association

CLINICAL PRIVATE NURSE PRACTITIONER

Definition

A clinical private nurse practitioner, in addition to having the knowledge and skills for general private duty nursing practice, is proficient in providing one or more of the specific types of care required for the acutely ill patients of medical specialists in the community (e. g., cardiac and thoracic surgeons, neurosurgeons, psychiatrists, plastic surgeons, and others as determined by local needs.) The clinical private nurse practitioner functions as a general private nurse practitioner when caring for a patient whose condition does not require the specialized skills in the clinical area of the nurse's proficiency.

Responsibilities

- Works with medical specialists and other members of the patient care team in the development of techniques and procedures, and in patient, family and community education and rehabilitation for patients receiving highly specialized care
- Assists, on request, with the education of other nursing personnel in the area of specific proficiency
- Arranges to be available when clinical private nursing practice services are needed
- Takes an active part in community health programs and the continuing education activities of the professional association

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

It is recommended that the professional qualifications of the clinical private practitioner nurse members be evaluated periodically by the Registry Committee on Private Nursing Practice Service of the District Nurses' Association.

PRIVATE NURSE PRACTITIONERS
Recommended Policies

Orientation: That all private nurse practitioners be oriented to hospital policies and procedures, to patient care practices, to the community and to community nursing needs.

In-service and continuing education: That all private nurse practitioners be offered, and avail themselves of, opportunities to attend hospital in-service education programs on nursing care; and have a participating knowledge of developments within the professional association.

Insurance: That private nurse practitioners carry professional liability insurance with twenty-four hours a day coverage; that other insurance, such as hospital and health insurance and income protection, be carried.

Establishing fees: That the standard statewide schedule of fees and hours, established in 1943, continue to be maintained by the private nursing practice members of CNA in order to promote consistent fee practices and public understanding, and to improve distribution of nursing service by encouraging nurses to remain in private nursing practice in all parts of the state. The current schedule is derived from a formula based on salaries of hospital staff nurses with experience and tenure (correlated with the recommended Range A entrance salary Staff Nurse II foldout chart, last page); on a conservative percentage of fringe benefits for employees generally; and on the standard work week, as follows:

Entrance salary of Range A of Group II	- \$676.00
<u>plus</u>	
20% for fringe benefits (See Page 89)	135.00
	<hr/>
	811.00
<u>divided by</u>	
Standard work month of 21.6 days	
<u>equals</u>	
Basic fee per eight hours	- \$ 37.00

Standard statewide schedule of fees and hours
for private nursing practice care:* (See next Page)

*Effective January 1, 1967, subject to change.

-As Contracted For In Advance

Basic Fee (General Private Nurse Practitioner)
 For one patient, 8 consecutive hours or fraction thereof - \$37.00

Clinical Private Nursing Practitioner Fee
 For one patient, 8 consecutive hours or fraction thereof - 41.00

Divisional Nursing Fees

For 8 consecutive hours or fraction thereof for nursing of more than one patient on an emergency basis, such as an epidemic, until an additional private nurse practitioner is available - fee to be divided equally between patients:

<u>Two patients:</u>	<u>Basic Fee</u>	- 55.50
	<u>Clinical Fee</u>	- 61.00

<u>Three patients:</u>	<u>Basic Fee</u>	- 65.00
	<u>Clinical Fee</u>	- 71.00

Overtime:

Basic Fee, for each additional hour or fraction thereof	- 7.50
Clinical Fee, for each additional hour or fraction thereof	- 8.00

The nurse who must remain overtime for anyone who is late in reporting to work may charge overtime -- to be compensated for, either in equal time or cash, by the nurse who is detained in reporting on duty.

Hourly Nursing - not to exceed three hours

First hour or fraction thereof	- 9.50
Each successive hour of fraction thereof	- 6.00

Travel and Transportation Expenses to and from destination while traveling with a patient - in addition to the regular fee for each day involved - may be charged to the patient in accordance with arrangements made prior to engagement of the nurse. In other situations additional charges may be made as follows:

- When the nurse is required to live away from home: cost of transportation, food, and lodging
- For the first ten mile radius from origin of call (registry or hospital): a transportation fee may not be charged to the patient. However, in unusual circumstances and with prior patient consent transportation charges may be made.
- When the point of origin of a call is from a distance which requires unusual expenditure, the additional cost of transportation should be paid for by the patient at the rate of actual fare by public transportation where available or at 8¢ a mile if personally owned car is used
- Between the hours of 12:00 midnight and 6:00 a.m.: taxicab travel.

Meal facilities, dressing room facilities and a suitable place designated for private nurse practitioner change-of-shift reports should be provided.

Basic Work Day - consists of no more than 8 consecutive hours. Shifts should not vary more than one hour from 7 a.m. to 3 p.m.; from 3 p.m. to 11 p.m.; from 11 p.m. to 7 a.m. A nurse called within these periods remains only until the next shift.

Basic Work Week - five consecutive work days of no more than 40 hours. Overtime not charged for 6th and 7th day of week if worked.

Relief for mealtime and rest periods - to be requested from the nurse in charge of the unit and be granted at times mutually convenient.

Relief for Days Off - Arrangements be made with the Director of Nurses through the Registry or answering service, to have another registered private nurse practitioner act as relief for days off; and that if relief is not obtainable through this channel, the Registry or answering service and the hospital nursing office be notified of any other arrangements that can be made.

Termination of Service - The patient, or person responsible for payment of the fee, gives the private nurse practitioner notice that returning the following day is unnecessary or pays the full fee for the eight hour schedule in which services are terminated. If for any reason the nurse terminates during the shift, the patient is responsible only for the payment of the full fee for the relief nurse.

The nurse, except in extreme emergencies, gives notice to the patient if unable to return the following day. A relief nurse may give a prorated amount of the fee to the nurse who terminates during a shift, but this should not be a condition that would prevent obtaining a relief nurse.

When a patient expires a full fee may be charged for the shift, and overtime if a nurse is requested to remain on to complete details. No fee should be charged by nurse reporting on for next shift unless family requests her to assist with completing details.

Payment of Fees - Statements are payable on presentation, or weekly. It is recommended that all private nurse practitioners caring for the same patient submit their bills at the same time.

A responsibility statement, signed by the person responsible for the patient, establishes an understanding about the fees and responsibility for payment. Some hospitals in California have developed and use such a form. Some other hospitals are working with private nurse practitioners to have the CNA forms signed. In both cases, results have been excellent in terms of public understanding for those who are concerned with providing private nursing practice services. Pads of responsibility statements, billhead books, and pads of fee policies are available to private nurse practitioner members of CNA through their District Nurses' Association.

Families who do not have private nursing practice services included in individual or group hospital and health insurance policies should be encouraged to obtain such protection.

PUBLIC HEALTH NURSES SECTION

Containing information on:

Registered Nurse I
Registered Nurse II
Public Health Nurse I
Public Health Nurse II
Supervisor Public Health Nursing (Medium Agency -11-50 RN's)
Assistant Supervisor Public Health Nursing (Large Agency -51 or more RN's)
Director Public Health Nursing (Small Agency-1-10 RN's)
Supervisor Public Health Nursing (Large Agency)
Assistant Director Public Health Nursing (Medium Agency)
Assistant Director Public Health Nursing (Large Agency)
Educational Director Public Health Nursing
Consultant I
Director Public Health Nursing (Medium Agency)
Consultant II
Director Public Health Nursing (Large Agency)
Assistant Chief, State Bureau of Nursing and Supervisor Public Health
Nursing State Contract Services
Chief, State Bureau of Nursing, Department of Public Health

Public Health Nursing A Definition

Public health nursing is a field of specialization within both professional nursing and the broad area of organized public health practice. It utilizes the philosophy, content, and methods of public health, and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family-centered basis for individuals and groups - in homes, at work, in schools, in health centers, outpatient clinics and hospitals. Public health nursing service is interwoven with allied health services and is necessary in the planning and implementation of community health programs.

The following position classifications include definitions of titles, summaries of responsibilities and listings of qualifications based on the ANA statement of "Functions, Standards and Qualifications for the Practice of Public Health Nursing."

REGISTERED NURSE I

Definition

Registered Nurse I is a registered nurse who is qualified by licensure to carry out, under public health nursing supervision, specified nursing functions in a public health agency.

Responsibilities

Gives nursing services in clinics, conferences, schools, and homes. Gives nursing care, demonstrates nursing procedures, and assists in patient instruction, as a part of a health team and under the supervision of a public health nurse.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

REGISTERED NURSE II

Definition

Registered nurse II is a registered nurse who is qualified by licensure and recent supervised experience to carry out designated nursing functions in a public health agency, under public health nursing supervision.

Responsibilities

- Gives nursing services in clinics, conferences, schools and homes
- Gives nursing care, demonstrates nursing procedures and assists in patient instruction, doing so as part of a health team and under the supervision of a public health nurse, but doing so with some opportunity for independence in making professional judgments

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

PUBLIC HEALTH NURSE I

Definition

Is a registered nurse with less than one year's experience or one who has not been actively engaged in nursing practice with a Baccalaureate degree that qualifies her as a professional worker, to perform public health nursing service. She performs under direct public health nursing supervision in clinics, conferences, homes, schools, and community.

Responsibilities

- (1) Furthers agency program goals by giving nursing service in her assigned area to families, groups and individuals - in homes, clinics, schools, industries and public health agencies, methods used may include personal care, teaching, demonstrations, counseling, case finding, referral and follow-up.
- (2) Correlates nursing services with the services of other social and health workers.
- (3) Becomes acquainted with community organizations and citizens groups.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

PUBLIC HEALTH NURSE II

Definition

Is a registered nurse who with preparation and experience in public health nursing and under general public health nursing supervision assumes broad responsibilities requiring considerable independence and professional judgment.

Responsibilities

In addition to the duties of the public health nurse: participates in selected instances, in orientation, instruction and supervision of new or inexperienced staff nurses or students; carries administrative and supervisory responsibilities, as required in each local situation; assumes leadership responsibility in helping community groups to plan and develop community health and welfare services.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

PUBLIC HEALTH NURSE III

Definition

Is registered nurse who has completed graduate program of study in public health or nursing and has had several years of experience in public health nursing, who is capable of being a clinical specialist in a designated area or acts as liaison with other staff as clinical generalists.

Responsibilities

Carries administrative and supervisory responsibilities, as required in each situation, is well rounded in all clinical areas, participates in research projects, etc.

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

SUPERVISOR, PUBLIC HEALTH NURSING Medium Agency

Definition

A supervisor of public health nursing is a registered nurse who, under the administrative direction of a director of public health nursing, administers the nursing services of an assigned unit and implements the professional development of the staff.

Responsibilities

- Supervises and guides nursing personnel
- Plans and assists in the professional growth and development of the individual nurse
- Acts as a liaison between staff and administration in continuous evaluation of the public health nursing program in relation to current and anticipated nursing and health needs
- Promotes desirable community health action by developing lay leadership
- Collaborates with other professions and citizen groups in studying, planning and stimulating action in community health and welfare programs

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT SUPERVISOR, PUBLIC HEALTH NURSING
Large Agency

Definition

An assistant supervisor of public health nursing assists in the supervision of public health nursing activities in an assigned public health district or in a special program, or provides specialized public health nursing services in a liaison capacity with patients, institutions or communities.

Responsibilities

- Assists in the supervision of public health nursing activities in a public health district by providing supervision over a sub-center or assisting with the supervision of a large health center
- Supervises or assists in the supervision of public health nursing personnel in field and clinic work and caseload management
- Consults with Public Health Nurses in regard to interpretation of, and conformance to instructions and rules, home visits, clinic chartings and other reports or records or special assignments
- Assists in the assignment of staff nurses and balances caseloads
- Discusses procedural changes, problem cases, and staff performance with supervisor
- Plans and implements special programs such as the school immunization, student program and Citizens' Advisory Committee
- Supervises the maintenance of nursing records and preparation of reports and outlines
- Assists in the coordination of public health nursing services of the District with other departmental activities and private agencies
- Participates in public or public health nursing research
- Assumes responsibility for supervision of public health nursing activities in the District in the absence of the Supervising Public Health Nurse

Liaison Assignments

- Coordinates the activities of institutions, community agencies, the Health Department and district health centers in connection with patient care
- Interviews patients and their families to supplement medical instructions and information, to help them understand and accept the illness and care regimen, and to work with them toward the solution of physical and emotional problems

- Plans and helps to coordinate continued care for patients on discharge
- Serves as a liaison to expedite interchange of information between the hospitals, the Health Department and other institutions or home
- Coordinates programs with the districts, private agencies, private physicians, other health agencies and the State Department of Public Health
- Performs special assignments in a liaison, advisory or supervisory capacity in the Central Office, other departments or specialized fields of public health nursing
- Participates in public health or public health nursing research
- Keeps patients records and prepares reports

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR, PUBLIC HEALTH NURSING Small Agency

Definition

The director of public health nursing is a registered nurse who, under the administrative direction of the agency director or the board of directors, plans, organizes and directs the total nursing service.

Responsibilities

- Serves as chief advisor to the health officer, administrative officials or board of directors
- Participates in general policy and program formulation and interprets the nursing implications of continuing and anticipated programs and special projects
- Assembles basic data and presents budget justification
- Confers with administrator or board of directors in the development of personnel policies
- Participates in recruitment and selection of nursing personnel
- Assigns personnel and plans and evaluates all nursing services
- Develops and maintains methods of reporting that provide for service control and evaluation of programs
- Plans for the professional guidance and development of nurse employees

- Interprets public health nursing and the work of the agency to personnel in other health and welfare services and to the general public
- Collaborates with other community health and welfare services to develop and maintain effective and coordinated health services to meet the needs of the community

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

SUPERVISOR, PUBLIC HEALTH NURSING
Large Agency

Definition

The supervisor of public health nursing is a registered nurse who works under the administrative direction of a director of public health nursing.

Responsibilities

- Supervises and guides nursing personnel in a health agency
- Is responsible to the director or the assistant director of public health nursing for all nursing services; may also be responsible to the district health officer for certain delegated administrative duties
- Maintains standards of public health nursing and assures that services are rendered according to agency policies and programs
- Participates in the continuing evaluation of the nursing services
- Orients new nursing staff members
- Carries out an inservice education program for assigned nursing personnel
- Represents the agency in working with community organizations
- Interprets district nursing needs to the nursing administration, and assists with the planning, development, and evaluation of the agency's nursing service

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT DIRECTOR, PUBLIC HEALTH NURSING
Medium Agency

Definition

The assistant director of public health nursing is a registered nurse who, under the general direction of the director of public health nursing, acts in her behalf and assumes

such administrative responsibilities as may be delegated by the director. The assistant director - when the agency does not employ an educational director - plans, develops and participates in the education program for nursing service personnel.

Responsibilities

- Assists in the interpretation of agency policies to the nurses of the staff, to other personnel and to the community
- Participates in the general policy and program formulation and assists in program development
- Assists in studying and developing methods of effective program implementation and improvement of services, such as methods of effective communication, staff coordination, and recording and reporting systems
- Assists consultants, supervisors, and staff nurses in the implementation and conduct of special nursing projects
- Participates in planning and implementing programs for inservice education

When the agency does not employ an educational director:

- Plans, develops, coordinates and participates in educational programs
- Develops manuals, guides and other teaching resource materials
- Advises nurses who conduct group teaching programs
- Assists in planning for field instruction of students and orientees
- Conducts educational projects and assists in the educational aspects of other special projects
- Stimulates and assists in the development of community resources for educational purposes
- Correlates the educational resources of the agency and the community

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT DIRECTOR, PUBLIC HEALTH NURSING Large Agency

Definition

The assistant director of public health nursing is a registered nurse who, under the general direction of the director of public health nursing, acts in her behalf and assumes such administrative responsibilities as may be delegated by the director.

Responsibilities

Assists in the interpretation of agency policies to the nurses on the staff, to other personnel and to the community

Participates in the general policy and program formulation and assists in program development

Assists in studying and developing methods of effective program implementation and improvement of services, such as methods of effective communication, staff coordination and recording and reporting systems

Assists the educational director, consultants, supervisors and staff nurses in the implementation and conduct of special nursing projects

Participates in planning and implementing programs for inservice education

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

EDUCATIONAL DIRECTOR, PUBLIC HEALTH NURSING

Definition

An educational director of public health nursing is a registered nurse who, under the guidance of the director of public health nursing, plans, coordinates and develops an educational program for all levels of public health nurses within the agency. She correlates and assists in planning for field instruction of students.

Responsibilities

- Plans, develops, coordinates and participates in the educational program
- Develops manuals, guides and other teaching resource materials
- Serves in an advisory capacity and/or as a resource person to nursing consultants in matters pertaining to the educational program
- Advises nurses who conduct group teaching programs
- Assists in planning for field instruction of students and orientees
- Conducts educational projects and assists in the educational aspects of other special projects
- Stimulates and assists in the development of community resources for educational purposes
- Correlates the educational resources of the agency and the community

CONSULTANT I

Definition

A public health nursing consultant I is a registered nurse who, under the direction and guidance of the director of public health nursing and the program director of the employing agency, gives public health nursing consultation in a specific program area.

Responsibilities

- Assists, on request, in planning, developing, coordinating and evaluating services in the specialty
- Assists in planning for nursing in relation to the specialty
- Maintains liaison between the director of the specialized health program and the nursing unit and other units of the agency
- Assists in the analyses and evaluations of the specific service
- Assists in planning and conducting inservice nursing educational programs
- Suggests and assists in the design and conduct of special research projects, investigations, and studies
- Works with public and private agencies and organizations on matters pertaining to the specialty
- Stimulates, assists and participates in the development of community resources for educational purposes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR, PUBLIC HEALTH NURSING Medium Agency

Definition

The director of public health nursing is a registered nurse who, under the administrative direction of the agency administrator or the board of directors, plans, organizes and directs the nursing services of the agency, assists in program planning for the agency and performs other work related to public health nursing.

Responsibilities

- Participates with the administrator or the administrative body and other members of the administrative staff in planning and implementing the local health program

- Holds responsibility for the administration of nursing service, and for the direction and guidance of nursing personnel
- Develops plans for the nursing service; assembles basic data and makes budget justification and estimates for submission to the administrator or the administrative body
- Advises and/or confers with administration on personnel policies
- Holds responsibility for recruitment, selection and assignment of nursing personnel
- Maintains standards of public health nursing, secures medical approval for nursing practice and assures that services are provided according to agency policy and program
- Evaluates the nursing program in relation to current and anticipated nursing and health needs and arranges for and participates in the evaluation of the agency nursing program
- Develops and implements plans for professional guidance and growth of all nurses employed
- Promotes desirable community health action based on agency objectives and provides technical advice and consultation to committees, school personnel and community groups
- Participates in correlating available community nursing services for hospitals, clinics, schools, industries and homes
- Plans with other agencies in developing methods of inter-agency communication
- Collaborates with other professions and citizen groups in studying, planning and putting into action community health programs
- Conducts and participates in research in public health nursing and public health

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CONSULTANT II

Definition

A public health nursing consultant II is a registered nurse who, on request, provides counseling, guidance and interpretation to public health and community agencies.

Responsibilities

- Assists in planning, developing, evaluating and improving the overall programs of the agency by giving consultation to public health nursing administration

- Assists in the analyses and evaluations of a specific service
- Assists in planning and conducting inservice nursing educational programs and develops educational material for such programs
- Coordinates activities with those of consultants with other state agencies
- Interprets nursing needs of specific programs to the Bureau of Nursing
- Interprets Bureau of Nursing activities and resources to program administrators
- Works with program administrators to strengthen nursing services
- Represents the department as assigned
- Addresses interested groups and prepares reports

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

DIRECTOR, PUBLIC HEALTH NURSING
Large Agency

Definition

The director of public health nursing is a registered nurse who, under the administrative direction of the administrator of the agency or the board of directors, plans, organizes and directs the nursing services of the agency, assists in program planning for the agency and performs other work related to public health nursing.

Responsibilities

- Participates with the administrator or the administrative body and other members of the administrative staff in planning and implementing the local health program
- Holds responsibility for the administration of nursing service, and for the direction and guidance of nursing personnel
- Develops plans for the nursing service, assembles basic data and makes budget justification and estimates for submission to the administrator or the administrative body
- Advises and/or confers with administration on personnel policies
- Holds responsibility for the recruitment, selection and assignment of nursing personnel
- Maintains standards of public health nursing, secures medical approval for nursing practice and assures that services are provided according to agency policies and program

- Evaluates the nursing program in relation to current and anticipated nursing and health needs and arranges for and participates in evaluation of the agency nursing program
- Develops and implements plans for professional guidance and growth of all nurses employed
- Promotes desirable community health action based on agency objectives and provides technical advice and consultation to committees, school personnel and community groups
- Participates in correlating available community nursing services for hospitals, clinics, schools, industries and homes
- Plans with other agencies in developing methods of inter-agency communication
- Collaborates with other professions and citizen groups in studying, planning and putting into action community health programs
- Conducts and participates in research in public health nursing and public health

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT CHIEF, STATE BUREAU OF NURSING
and
SUPERVISOR, PUBLIC HEALTH NURSING, STATE CONTRACT SERVICES

These two positions are single public health nursing positions within the State Department of Public Health.

Specifications for these classes are set by the California State Personnel Board in cooperation with the medical director of the State Health Department and the State Bureau of Nursing. Current information may be obtained by writing to the Chief, Bureau of Nursing, Department of Public Health, Berkeley, California.

CHIEF, STATE BUREAU OF NURSING

This position is the only one of its kind in the State of California Public Health Department.

Specifications for this class are set by the California State Personnel Board in cooperation with the medical director of State Health Department and the State Bureau of Nursing. Current information may be obtained by writing to the Chief, Bureau of Nursing, Department of Public Health, Berkeley, California.

SCHOOL NURSES SECTION

SCHOOL NURSE -(Staff)

Definition

A school nurse is a nurse registered in California who possesses an appropriate school nurse credential issued by the California State Department of Education to perform school nursing services. She assumes broad responsibilities requiring independence and professional judgment.

Responsibilities

- . Gives leadership and guidance in the development and maintenance of a total school health program. Accepts a major role in the orientation, in-service education, and guidance for school personnel regarding the policies, standards, and objectives of this program.

- . Serves as a faculty member in the total school program under the administrative direction of the principal of the school to which she is assigned.

- . Assumes a leadership role in the identification of those pupils with health needs that interfere with effective learning. Teaches others to recognize and report health deviations.

- . Provides counseling and guidance to pupils, parents, and school personnel to plan action for eliminating or minimizing the health problems of pupils that interfere with effective learning. Lends support in promoting and maintaining their optimum growth and development. Recognizes attitudes and cultural patterns that affect health.

- . Contributes to the total health education program of the school and community.

SUPERVISOR I - LARGE DISTRICT

Definition

A supervisor of school nurses is a nurse registered in California who possesses an appropriate school nurse credential issued by the California State Department of Education and who works under the direction of the Supervisor or Director of School Nursing. She supervises the school nurses' routine nursing program of school health services and health education in an assigned area and assists in the evaluation of the effectiveness of the program. She performs other duties related to school nursing.

Responsibilities

- .
 - . Supervises and guides school nursing personnel.
 - . Supervises the school nurses' routine nursing program of school health services and health education at all educational levels, and assists in the evaluation of the effectiveness of the program.
 - . Supervises the special programs of the school nurses, such as immunizations, vaccinations, tuberculosis testing program and other necessary programs on either a local, state or national level.
 - . Consults with principals, supervisors, and nurses regarding problems of personnel, equipment, supplies, school sanitation, and general public health.
 - . Confers with parents, teachers, and representatives of community and public health agencies concerning the health and welfare of school children.
 - . Correlates assigned activities with those of other administrative and supervisory personnel serving within the same geographical area in order to promote an integrated, coordinated school nursing program within the educational program of the school district.
 - . Assists in the assignment and in-service training of school nurses.
 - . Performs other related duties as required.

SUPERVISOR II - SMALL / MEDIUM DISTRICT

SUPERVISOR OF SCHOOL NURSING

Definition

The Supervisor of School Nursing is a nurse registered in California who possesses an appropriate school nurse credential issued by the California State Department of Education, and who, under the direction of the Department Administrator or the Board of Education, plans, organizes and directs the total school nursing service. She performs related duties as required.

Responsibilities

- . Participates with the administrator or the administrative body and other members of the administrative staff in planning and implementing the district health program.

Holds responsibility for the administration of nursing service, and for the direction and guidance of nursing personnel.

- . Develops plans for the nursing service, assembles basic data and makes budget justification and estimates for submission to the Administrator or the Board of Education.
- . Advises and/or confers with Administration on personnel policies.
- . Holds responsibility for the recruitment, selection and assignment of nursing personnel.
- . Evaluates the school nursing program in relation to current and anticipated school nursing and health needs. Arranges for and participates in evaluation of the school nursing program.
- . Conducts and participates in research in school nursing and school health.

DIRECTOR OF SCHOOL NURSING - LARGE DISTRICT

Definition

A Director of School Nursing is a nurse registered in California who possesses an appropriate school nurse credential issued by the California State Department of Education and works under the direction of the Administrator of the Health Services Department or the Board of Education. The director plans, organizes and directs the nursing services of the District. She assists in program planning for the department and performs other duties related to school nursing.

Responsibilities

- . Participates with the administrator or the administrative body and other members of the administrative staff in planning and implementing the district health program.
- . Holds responsibility for the administration of nursing services and for the direction and guidance of nursing personnel.
- . Develops plans for the nursing service, assembles basic data and makes budget justifications and estimates for submission to the Administrator or the Board of Education.
- . Advises and/or confers with Administration on personnel policies.

- . Holds responsibility for the recruitment, selection and assists assignment of nursing personnel.
- . Evaluates the school nursing program in relation to current and anticipated school nursing and health needs. Arranges for and participates in evaluation of the school nursing program.
- . Conducts and participates in research in school nursing and school health.

STAFF NURSES SECTION

Containing information on:

Staff Nurse I
 Staff Nurse II
 Clinical Staff Nurse I, II and III
 Team Leader
 Assistant Head Nurse
 Head Nurse

STAFF NURSE I

Definition

A staff nurse I, working under the supervision of a head nurse, is a registered professional nurse who is responsible for the direct or indirect nursing care of patients within an organized agency; for instance, in an organized unit of clinical or a specialized unit, such as the Operating Room or the Outpatient Clinic.

Responsibilities

- . Plans for, provides and evaluates direct nursing care of assigned ambulatory or bed patients
- . Assists in direction and supervision of auxiliary nurse personnel
- . Cooperates in training of auxiliary nurse personnel

STAFF NURSE II

Definition

A staff nurse II, working under the supervision of a head nurse, is a registered professional nurse who is responsible for the direct or indirect nursing care of patients within an organized agency; for instance, in an organized unit of a clinical area or a specialized unit, such as the Operating Room or the Outpatient Clinic.

Responsibilities

- . Plans for, provides and evaluates direct nursing care of assigned ambulatory or bed patients.
- . Assists in direction and supervision of auxiliary personnel.
- . Assists in planning for **and** cooperates in teaching and evaluating of auxiliary nurse personnel
- . Cooperates in teaching RN personnel

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CLINICAL STAFF NURSE I, II AND III An Explanatory Note

The clinical staff nurse I, II and III positions are new and evolving positions, which relate to direct patient care. In relation to comprehensive patient care, there is a need and a growing demand for such positions.

Inherent in these positions is the concept that the professional practitioner who chooses to devote herself, or himself, to giving direct patient care must be given the same recognition and opportunity for professional growth and advancement as the professional practitioner who chooses administration (See footnotes 2 and 5 on chart of Recommended Qualifications and Salary Ranges).

The clinical staff nurse positions do not indicate specialization. Rather, they indicate that the nurse practitioner, through continuing education, may develop increased competency and proficiency and acquire additional knowledge and a high degree of judgment based on the ability to apply scientific principles. Specialization, as such, is at the Master's level.

CLINICAL STAFF NURSE I

Definition

A clinical staff nurse I*, working under the supervision of a head nurse, is a registered professional nurse who is responsible for planning, providing and evaluating direct patient care. The clinical staff nurse I must give evidence of a degree of clinical judgment and technical competence, which is based on the application of scientific principles and which is greater than that which general staff nurses I and II have had the opportunity to develop.

Responsibilities

- . Directs, supervises and participates in evaluation of auxiliary nurse personnel
- . Plans for and participates in teaching of nurse personnel

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CLINICAL STAFF NURSE II

Definition

A clinical staff nurse II*, working under the supervision of a head nurse, is a registered professional nurse who is responsible for planning, providing and evaluating direct patient care. The clinical staff nurse II must give evidence of a degree of clinical judgment and technical competence, which is based on the application of scientific principles and which is greater than that which the clinical staff nurse I has had the opportunity to develop.

Responsibilities

- Applies advanced clinical education, experience, and scientific knowledge in making nursing judgments
- Plans for, provides and evaluates direct nursing care for selected patients
- Consults with nursing and medical colleagues and other health personnel
- Cooperates in planning for and participates in teaching of nursing personnel

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

CLINICAL STAFF NURSE III

Definition

A clinical staff nurse III*, working under the supervision of a head nurse, is a registered professional nurse who is responsible for planning, directing and evaluating direct patient care, but without responsibility for the administration of the unit or the unit personnel. The clinical staff nurse III must give evidence of a degree of clinical judgment and technical competence, which is based on the application of scientific principles and which is greater than that which the clinical staff nurse II has had the opportunity to develop.

Responsibilities

- Applies advanced clinical education, experience and scientific knowledge in making nursing judgments
- Plans for, provides and evaluates direct nursing care for selected patients
- Consults with medical and nursing colleagues and other health personnel

In the area of particular clinical proficiency:

- Advises in regard to planning the overall educational program for nursing per-

* See Footnote 2, Page 90

sonnel, medical and other health personnel

- Participates in the education program for personnel
- Serves as consultant to nursing colleagues in planning, providing, and evaluating direct nursing care
- Consults with medical colleagues in developing medical and nursing care plans
- Cooperates with nursing, medical, and other health colleagues in clinical research

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

TEAM LEADER

Definition

A team leader, working under the supervision of a head nurse, is a registered professional nurse who works with members of the nursing team - registered nurse, practical nurse, nurses' aide, patient and family - in planning for and evaluating direct nursing care of an assigned group of patients.

Responsibilities

- Participates in providing direct care to the group of patients
- Directs and supervises nursing team personnel
- Assists in planning for and cooperates in teaching and evaluating nursing personnel

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

ASSISTANT HEAD NURSE

Definition

An assistant head nurse is a registered professional nurse who, under the direction and guidance of a head nurse, is responsible for the direct and indirect nursing care of patients within an organized unit of a clinical area or a specialized unit, such as the Operating Room or the Outpatient Clinic.

Responsibilities

- With the head nurse, plans, evaluates, and administers a plan for the total nursing care of patients

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

HEAD NURSE

Definition

A head nurse is a professional nurse who is responsible for the direct and indirect nursing care of patients within an organized unit of a clinical area or a specialized unit, such as the Operating Room or the Outpatient Department.

Responsibilities

- Participates with the administration in establishing the standards of patient care, policies and objectives; participates in formulating and implementing hospital and nursing service objectives and policies and in interpreting them to staff, patients, family and community
- Participates with supervisors and nursing service administrators in planning the unit budget; plans and allocates the type and amount of care within the established budget
- Supervises all nursing activities related directly and indirectly to patient care
- Accepts responsibility for the carrying out of the physician's orders and for the accurate reporting and recording of the patient's symptoms, reactions, and progress
- Plans for the physical, spiritual, and emotional well being of patients and plans an environment conducive to the total needs of patients
- Coordinates the service of the nursing personnel in the unit with other hospital departments and professional and educational groups for the most effective patient care
- Plans and participates in continuous learning experiences for nursing personnel
- Evaluates the effectiveness of patient care by evaluating the work performance and attributes of nursing personnel
- Fosters and utilizes the contribution of family and visitors in patient care
- Promotes and participates in patient education and rehabilitation

- Interprets community resources available for continuity of patient care
- Cooperates in over-all educational and research programs
- Participates in the activities of professional nursing organizations and in educational programs, including workshops, seminars and institutes

Qualifications: See foldout Chart of Recommended Qualifications and Salary Ranges in pocket inside back cover.

BRANCHES

Directors of Nursing Service - for definition and responsibilities of the position of Director see page 34, NSA Section.

Head Nurses' Branch - for definition and responsibilities of the position of Head Nurse see page 74, Staff Nurses' Section.

CONFERENCE GROUPS

Executive Secretaries-Registrars

Extended Care

In-Service

The above Conference Groups each have a Professional Performance Committee developing the definitions, responsibilities and qualifications of the positions within their specific area.

Operating Room Nurses - see appropriate Section for definition and responsibilities of the position.

Psychiatric Nursing Practice - The American Nurses' Association STATEMENT ON PSYCHIATRIC NURSING PRACTICE (Code No. S-85) defines psychiatric nursing and describes aspects of practice based on developing trends. This publication may be obtained for \$1.00 by writing to the American Nurses' Association, 10 Columbus Circle, New York, N. Y. 10019.

MISCELLANEOUS

Containing information on:

Clinical Nurse Specialist
Coordinator Extended Health Care
Daily Consultant

CLINICAL NURSE SPECIALIST

The position specifications set forth below are related to a role which is only now evolving in nursing. There are questions about the role which cannot now be answered; thus the position specifications are necessarily loose and perhaps ambiguous in some respects. Moreover, they are future oriented and changes within organized nursing services, health agencies, and health services in industries, schools, etc. will be requisite to the complete incorporation of this position. The intent of the specifications is clear. The position will incorporate provision for direct service to patients by expert nurse practitioners, and to convey the sense of authority to be carried by these practitioners in nursing care management.

The special quality of nursing care provided by such a practitioner will derive primarily from the high level of knowledge and skill she brings to patient situations, and from her direction and control of all aspects of the nursing care provided. Many of the activities she will engage in will be similar to those of other nursing practitioners, but the process and the outcomes will differ. She will teach, supervise and consult in the course of meeting her responsibilities to patients, but in this position she is a practitioner, not a teacher, a supervisor, or a consultant as these roles and positions are known in nursing.

The practitioner qualified to hold this position title may be employed by private contract, but probably she will be employed more often by agencies or institutions which offer a variety of health services. In her work with patients, she will of course be guided by the objectives and resources of the particular agency which employs her. Even as a private practitioner, she will frequently not work alone but with and through other nursing personnel.

The specifications are quite detailed to illustrate insofar as possible the full scope of the position responsibilities. Much of this detail can and will be deleted as understanding grows and expectations become firmly established.

Definition

A clinical nurse specialist is a registered nurse who demonstrates a high degree of professional competence in a specialized field of nursing. She plans, provides for, and controls the nursing care of a selected and specific group of patients who comprise her case load. Within an institutional or agency framework, she reports on administrative matters to the designated member of the administrative staff. Her professional performance is subject to review by that nursing group in the institution or agency charged with maintaining standards of nursing practice.

Responsibilities

The major responsibility of the specialist is the management of the nursing care of a selected group of patients (families). To fulfill this responsibility, she would be expected to:

Determine the requirements for nursing care of the patients (families) admitted to her caseload through: 1) systematic assessing of the patient (family), 2) establishing a nursing

Responsibilities (con't)

diagnosis, 3) considering the findings and therapeutic plans of the physician and others in the health team, and 4) delineating the short term and long range goals of nursing care.

Make available in a written record the findings of her assessment, the nursing goals to be achieved, and the nursing regime to be undertaken.

Execute those aspects of the regime requiring her knowledge and skill and organize and direct the activities of all other nursing personnel who participate in providing care to her patients.

Revise the planned nursing regime as needed, based on observations of the patient recorded by herself and by other personnel.

Devise, and evaluate the effectiveness of, new modes or methods of practice when accepted practices are unavailable or ineffective.

Be available at all times, except when appropriate relief is provided for, for consultation with nursing staff or direct service to her patients.

Seek consultation from nursing colleagues and others in problematic situations or when a presenting problem calls for knowledge and skill outside the range of her competence.

Insure that continued nursing care is made available when necessary after patients are discharged from her care.

Continuously examine and evaluate her practice and its outcome in patient welfare to increase her competence and to advance the service provided to patients.

Be informed about scientific progress in her field and to find appropriate and sound means for incorporating new findings into her practice whenever this is feasible.

Be alert to institutional or other limitations or restraints on nursing practice and to work toward their modification or removal.

Other responsibilities include:

Collaboration with other members of the health team in developing and implementing a comprehensive plan of patient care for each patient in her case load.

Development of the competence of nursing personnel who work with her in providing nursing care to her patients to the extent that her responsibility in the management of nursing care of these patients demands and allows.

Service to the institution, the profession, and the public including:

Consultation to her colleagues in the area of her specialized knowledge and skill.

Sharing her knowledge and clinical experiences by discussion and reports in educational programs and in professional meetings and by publication.

Responsibilities include (cont'd)

Promoting and assisting advances in the profession and in the services it provides by active participation in the work of the professional organizations and of allied organizations. Promoting and assisting advances in health programs and services and social progress in general by utilizing any means appropriate to her as an informed and concerned citizen and a member of the profession.

The refinement and extension of the scientific bases of nursing practice to the extent made possible by:

Gathering and analyzing data in her own practice.
Generating questions for systematic investigation.
Assisting with nursing (and other relevant) clinical research whenever this is appropriate and feasible.

COORDINATOR EXTENDED HEALTH CARE

Definition

A coordinator of extended health care is a registered nurse employed by a community health agency, hospital or group of hospitals who coordinates a system which provides for continuity of patient care from hospital to community - or community to hospital.

Responsibilities

1. Establishes and/or implements an organized system of referrals.
2. Coordinates the activities of institutions and community agencies in promoting continuity of patient care.
3. Confers and plans with physicians, hospitals and agency personnel relative to patient and family needs on discharge.

DAILY CONSULTANT

Definition and Responsibilities of a Consultant

A consultant is a professional nurse who gives advice or service to individuals or groups in methods of improving effective patient care; this may be in one or any combination of the following: identifying problems, selecting solutions, programming action and assessing results.

Daily Consultant(cont'd)

General Knowledge Required

1. Knowledge of the area under study and pertinent resources available.
2. Skills in the analytical and creative approach to problem solving.
3. Skills in human relations, group dynamics and communications.

Full-Time Consultant Positions

Consultation may be on a full time or daily fee basis. For full time positions see Part II and foldout chart of Recommended Qualifications and Salary Ranges in pocket inside back cover - Hospital Nursing Service; Nursing Education; Public Health and Occupational Health.

PART FOUR

Recommended Qualifications and Salary Ranges for Registered
Nurse Positions (foldout chart, inside pocket back cover.)

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PLATFORM OF THE CALIFORNIA NURSES' ASSOCIATION

March, 1967

1. To conduct and promote research, studies, and programs designed to advance nursing knowledge and to improve nursing practice and nursing service.
2. To continue the study, definition, and implementation of functions, standards, and qualifications for practice in each area of nursing.
3. To promote the recruitment and effective utilization of competent nursing personnel.
4. To continue to elevate the standards of nursing education by formulating and promoting the use of basic principles of the education essential for effective nursing practice.
5. To protect and improve the state laws that provide for licensure or certification in the field of nursing.
6. To promote legislation that will provide public funds for scholarships, research, and programs for continued improvement in nursing.
7. To continue to promote desirable social and health legislation and governmental regulations which will benefit nurses, nursing and the public health.
8. To assist nurses to improve their working conditions and patient care through strengthening economic security programs, using group techniques such as collective bargaining and professional performance committees.
9. To promote the inclusion of nursing service as a benefit in prepaid health insurance plans.
10. To continue the development of group and individual insurance plans to provide protection for nurses.
11. To encourage the membership, unrestricted by consideration of nationality, race, creed, color, age, sex or position to participate fully in association activities and to work for full access to employment and educational opportunities for nurses.
12. Provide professional credentials and personnel service for members and associates.
13. To promote the effective operation of nurses' professional registries.
14. To work with appropriate private and public groups to meet the health needs of the state, including the recruitment of students for nursing and provision for health service in time of emergency.
15. Further the development of the nursing profession by improving the structure and functioning of the CNA and by cooperating with state allied organizations.
16. To promote international good will and mutual aid among nurses by cooperating with public and private agencies in California responsible for international programs for professional personnel.
17. To work toward the implementation of the ANA Code of Ethics.
18. To coordinate activities and insure communications between national, state, district and members.

THE CODE FOR PROFESSIONAL NURSES

The Code for Professional Nurses was adopted by the American Nurses' Association in 1950 and revised in 1960. It reads:

Professional status in nursing is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, co-workers, and the profession of nursing.

The following statements constitute a guide for each individual nurse in fulfilling these obligations.

- The fundamental responsibility of the nurse is to conserve life, to alleviate suffering, and to promote health.
- The nurse provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color or status.
- The nurse does not use professional knowledge and skill in any enterprise detrimental to the public good.
- The nurse respects and holds in confidence all information of a confidential nature obtained in the course of nursing work unless required by law to divulge it.
- The nurse as a citizen understands and upholds the laws and performs the duties of citizenship; as a professional person the nurse has a particular responsibility to work with other citizens and health professions in promoting efforts to meet health needs of the public.
- The nurse has a responsibility for membership and participation in the nurses' professional organization.
- The nurse participates responsibly in defining and upholding standards of professional practice and education.
- The nurse maintains professional competence and demonstrates concern for the competence of other members of the nursing profession.
- The nurse assumes responsibility for individual professional actions and judgment, both in dependent and independent nursing functions, and knows and upholds the laws which affect the practice of nursing.
- The nurse, acting through the professional organization, participates responsibly in establishing terms and conditions of employment.
- The nurse has the responsibility to participate in study of and action on matters of legislation affecting nurses and nursing service to the public.
- The nurse adheres to standards of personal ethics which reflect credit upon the profession.
- The nurse may contribute research in relation to a commercial product or service, but does not lend professional status to advertising, promotion, or sales.
- Nurses, or groups of nurses, who advertise professional services, do so in conformity with the dignity of the nursing profession.
- The nurse has an obligation to protect the public by not delegating to a person less qualified any service which requires the professional competence of a nurse.
- The nurse works harmoniously with, and sustains confidence in nursing associates, the physician, and other members of the health team.
- The nurse refuses to participate in unethical procedures and assumes the responsibility to expose incompetence or unethical conduct in others to the appropriate authority.

A GUIDE FOR PREPARING JOB DESCRIPTIONS

Why Such A Guide ?

The broad field of personnel relations is coming to be recognized as a distinct and increasingly important area of management. Trained and experienced personnel analysts are employed or retained by many forward-looking organizations, and a result of this has been the widespread development of classification plans and formalized schedules of compensation.

Such classification and compensation studies are initiated from time to time in many areas and are subject to review in many others.

Frequently, nurses are called upon to assist directly or indirectly in these studies and surveys by answering questionnaires, or describing functions and responsibilities of nursing positions either in written statements or oral interviews.

The importance of complete and well-prepared job descriptions cannot be overemphasized. This is so because the way in which the position and its responsibilities are described has a very important bearing upon its relative recognition within the organization and upon the salary that will be established for it. To the extent that the position is underrated the recognition and compensation will be commensurately reduced. To the extent that the full magnitude and importance of the position are emphasized the recognition and compensation will more nearly be appropriate to the position.

Describing a job one has been doing or observing for several years would seem like a simple task, but very definitely it is not. It should be kept in mind that it is difficult to take an objective bird's eye view of a job with which one is closely associated. Especially in describing one's own position, natural modesty and humility unfortunately play an important part and may prevent one from turning in a description that does justice to the importance of the position and the full extent of its responsibilities.

Noting this, the CNA staff has prepared the "Guide for Preparing Job Descriptions", which should prove helpful to any nurses in an institution or agency who are called upon to participate in the preparation of job descriptions.

The Guide

I. WHAT A JOB DESCRIPTION IS:

A Job Description is a statement of the functions and responsibilities that attach to a specific position or classification.

II. WHAT A JOB DESCRIPTION DOES:

- a) It provides the employee in the position with an understanding of duties and responsibilities expected of him (her), and the potentialities of growth and advancement in the position.
- b) It provides justification for a rate of compensation appropriate to its performance.
- c) It provides a basis for the evaluation of an individual's performance in the position.
- d) It indicates the personal and technical qualifications and preparation necessary for the job's successful performance.

III. WHAT A JOB DESCRIPTION INCLUDES:

- a) A statement of duties performed and the responsibilities assumed both regularly and occasionally.
- b) A statement of the nature and scope of judgments and decisions made in the performance of the job.
- c) An indication of the source, type and extent of supervision, training and guidance received from others in higher positions.
- d) An indication of the type and extent of supervision, training and guidance given to others, and to whom such guidance or supervision is given.
- e) An explanation of how the position relates to others in the same program and/or associated programs, and the type and extent of coordinating and liaison activities required for the integrated functioning of the institution or agency.
- f) An outline of the personal and technical aptitudes, education, training and other qualifications necessary to the job's proper performance.

IV. POINTS TO KEEP IN MIND

- a) In most jobs there are wide areas of overlap with lower-paid jobs of lesser responsibility. To the extent that these functions are emphasized they tend to identify the position being described with the less responsible, lower-paid job. Therefore it is important to emphasize those functions which distinguish the position being described from other positions by pointing out those duties performed, responsibilities assumed, and decisions made that cannot be done by others less qualified.

- b) Remember that most RNs, particularly in institutional nursing, orient, teach and supervise other RNs and/or auxiliary nursing personnel such as attendants, nurses aides or LVNs. This is a very important feature of any job and should be emphasized in a job description.
- c) Many nurses, regardless of their title or classification, spend a certain part of their time relieving their supervisors on days off or vacation. This too is important and should be brought out in a description of the position. This is of particular significance in hospital nursing, where a great deal of relief in a higher classification is performed on a regular basis.

V. CHECK LIST FOR EVALUATING THE JOB DESCRIPTION:

- a) Does it present a clear, concise and understandable picture of the job to a person who is generally informed but is unacquainted with the specific field concerned? Does it avoid technical language as much as possible and explain technical terms where they are used?
- b) Does it enable an administrator, a personnel officer or an analyst to properly relate the position to comparable positions in other fields (i.e. librarians, teachers, social service workers, etc.) in terms of preparation, technical knowledge, degree of responsibility, importance of decisions, etc.?
- c) Does it enable an administrator, a personnel officer or an analyst to properly distinguish the position from others in the same field (i.e. general duty nurses, head nurses, public health nurses, LVNs, etc.) in terms of preparation, supervision, responsibility, degree of independent judgment, etc.?

EMPLOYMENT GUIDE FOR DIRECTORS OF NURSING

An Employment Guide for Directors of Nursing is available from the American Nurses' Association. Prepared by the Nursing Service Administrators Section Committee on Employment Practices, the publication, pamphlet N-13, can be obtained without charge from ANA. The guide "has been prepared to assist directors of nursing seeking a new position to a) ascertain whether an institution or agency provides conditions under which they can take responsibility for providing good nursing care to patients; and b) ascertain if they are qualified to accept the responsibility the position offers."

It is designed to be used with the State Association Recommended Personnel Policies and the American Nurses' Association Statement of Functions, Standards and Qualifications for Practice for Nursing Administrators. The guide suggests requesting an interview with the hospital administrator; chief of medical staff; nursing supervisors and assistants and/or associates. Numerous points of guidance on essential factors to be determined are outlined under: scope of the position; nature of the nursing budget; evaluating the value of your professional services; evaluating the satisfactions the work will provide; and consideration of a written agreement or contract.

SAMPLE LETTER OF APPOINTMENT

Dear _____:

This is to inform you that you have been appointed to the position of (title of position) with salary at the rate of \$ _____ per month, with the following understanding:

Such compensation is for a basic work week of 40 hours. When it is necessary for you to work more than 40 hours, adjustment will be made as follows: (Spell out whether there will be compensatory time off or additional salary.)

Four weeks' paid vacation will be given annually.

Sick leave with pay will be granted on the basis of 1-1/4 working days per month, cumulative to at least 60 days.

The following holidays are observed without loss of compensation: New Year's Day, Washington's Birthday, Memorial Day, Fourth of July, Labor Day, Admission Day, Veterans Day, Thanksgiving and Christmas, a religious holiday, and declared State holidays.

Leave of absence for any of the purposes listed in the California Nurses' Association Guide on Recommended Personnel Policies will be granted whenever possible.

At least one month's (three months' in the case of the director) written notice shall precede a resignation. A comparable amount of notice or salary in lieu of notice will be given by the institution if it wishes to terminate this appointment.

Before this appointment can become effective, it will be necessary for you to sign this letter of appointment in the space provided below, and to return it to this office. The enclosed copy of the letter is for your files.

(Signature of Director of Nursing Service or Hospital Administrator)

(Signature of appointee)

AGREEMENT FOR EMPLOYMENT OF PROFESSIONAL REGISTERED OFFICE NURSE

Date _____ Place _____
(City and State)

The undersigned agree to the following conditions of employment:

1. SALARY AND AUTOMATIC PROGRESSION PLAN:

Steps:	(Starting)	(2nd)	(3rd)	(4th)	(5th)
Dates:	_____	_____	_____	_____	_____
Amounts per week/month:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. HOURS OF WORK:

_____ hours per day, from _____ A.M. to _____ P.M.; and _____ hours/days per week. Compensation for all work in excess of _____ hours per day and _____ hours per week shall be at the rate of _____ times the hourly rate of salary, payable in _____.

3. COMPENSABLE HOLIDAYS:

4. PAID VACATION – ANNUAL, TERMINAL:

After _____ month(s) employment vacation will be earned at a monthly rate. Earned vacation days shall accumulate to _____ weeks at the end of the 1st year; _____ weeks at the end of the _____ year; _____ weeks at the end of the _____ year. Earned vacation days shall be granted in the event of termination.

5. SICK LEAVE WITH PAY FOR BONA FIDE ILLNESS:

_____ working days per year, cumulative to _____ working days and earned at a monthly rate of _____ days.

6. LEAVE OF ABSENCE:

At least _____ days per year to attend meetings of professional interest, including those of professional organizations, without affecting compensation or tenure.

At least _____ days per year for personal leave with good cause.

7. NOTICE OF TERMINATION:

At least _____ weeks notice of termination of employment by either party to this agreement.

The physician may pay the regular salary in lieu of notice.

8. The office nurse will assist the physician according to his business and professional requirements in promoting the health and welfare of those under his care; create and maintain the optimum physical, social and psychological patient-care environment in the office; be aware of the ethical and legal implications of nursing practice as related to the practice of allied professions; keep abreast of current changes in medical procedures and nursing care; know and use community resources, and understand and assume professional and civic responsibilities to the community.

The terms set forth in this agreement become effective _____ (date) and shall continue until _____

(date). The agreement shall automatically be renewed and extended from year to year unless either party notifies the other in writing, not less than thirty days before the end of the term then in existence, of a desire to amend the agreement.

Physician or Employing Agent M.D. _____ Office Nurse R.N.

Office Address _____ Home Address

Office Telephone _____ Home Telephone

FRINGE PAYMENTS BY NON-MANUFACTURING COMPANIES, 1965

The following chart, which was assembled from the 1966 research study[¶] by the Economic Research Department of the Chamber of Commerce of the United States, shows the percentage of payroll allotted the fringe payments by American non-manufacturing firms.

TYPE OF PAYMENT	PERCENT	TOTALS
Total fringe payments as percent of payroll		26.9%
1. Legally required payments (employer's share only)		4.4%
a. Old Age, Survivors and Disability insurance	2.6*	
b. Unemployment Compensation	1.0*	
c. Workmen's compensation (including estimated cost of self-insured)	0.5*	
d. Railroad Retirement Tax, Railroad Unemployment Insurance, state sickness benefits insurance, etc. +	0.3*	
2. Pension and other agreed-upon payments (employer's share only)		9.2%
a. Pension plan premiums and pension payments not covered by insurance-type plan (net)	5.5*	
b. Life insurance premiums, death benefits, sickness, accident and medical care insurance premiums, hospitalization insurance, etc. (net)	2.4*	
c. Contributions to privately financed unemployment benefit funds	#	
d. Separation or termination pay allowances	0.1	
e. Discounts on goods and services purchased from company by employees	0.3	
f. Employee meals furnished by company	0.5	
g. Miscellaneous payments (compensation payments in excess of legal requirements, payments to needy employee, etc.)	0.4	
3. Paid rest periods, lunch periods, wash-up time, travel time, clothes-change time, get-ready time, etc.		2.2%
4. Payments for time not worked		8.7%
a. Paid vacations and bonuses in lieu of vacation	4.1*	
b. Payment for holidays not worked	2.7*	
c. Paid sick leave	1.4*	
d. Payments for State or National Guard duty, jury witness and voting pay allowances, payments for time lost due to death in family or other personal reasons, etc.	0.4	
5. Other items		2.4%
a. Profit-sharing payments	1.3	
b. Contributions to employee thrift plans.	0.2	
c. Christmas and other special bonuses, service awards, suggestion awards, etc.	0.6	
d. Employee education expenditures (tuition refunds, etc.)	0.1	
e. Special wage payments ordered by courts, payments to union stewards, etc.	0.2	
Total fringe payments as cents per payroll hour		79.0 [‡]
Total fringe payments as dollars per year per employee		\$1618.
Number of companies		406

* Applicable to computation of CNA Private Duty Nurse fee.

Less than 0.05%

+ Figure shown is considerably less than legal rate, as most reporting companies had only a small proportion of employees covered by tax.

¶ Fringe Benefits 1965. Chamber of Commerce of the U.S., Washington 6, D.C. 1966

Notes and Chart

RECOMMENDED QUALIFICATIONS and SALARY RANGES for REGISTERED NURSE POSITIONS

NOTES:

- All positions on this chart require nurses who are currently licensed to practice professional nursing in California
- Nurses employed in the positions listed on this chart should support their professional nursing organization and should participate in its activities
- Nurses employed in the positions listed on this chart are urged to hold membership in and to participate (when eligible) in other organizations, including civic and allied professional groups
- All footnotes for the chart are listed below

FOOTNOTES

1. Alternate salary ranges are recommended for RN's to aid recruitment of qualified personnel within and from outside the employing agency: Range A applying to minimum qualifications required by the agency and Range B applying to the preferred qualifications of the agency.
2. Clinical staff nurse: new evolving positions in direct patient care.
3. Preparation includes continuing education such as workshops or institutes, short-term or formal academic courses.
4. Area of practice: clinical field, such as medical, surgical, maternal-child health, etc.
5. Functional area: administration, supervision, teaching, research, consultation.
6. To accommodate varying qualifications and responsibilities for the position of Director of Nursing Service, see Groups 7, 8, and 9 in the "Hospital Nursing Service" category.
7. Defined as: dual position.
8. Programs to include business and personnel administration and public health nursing. Salary Range B to apply.
9. Salary Range A to apply

THE CALIFORNIA NURSES' ASSOCIATION—RECOMMENDED QUALIFICATIONS AND SALARY RANGES FOR REGISTERED NURSE POSITIONS

EFFECTIVE JULY 1, 1967	EFFECTIVE JULY 1, 1968	HOSPITAL NURSING SERVICE	NURSING EDUCATION	PUBLIC HEALTH	OFFICE OR CLINIC	OCCUPATIONAL HEALTH	PRIVATE NURSE PRACTITIONER	SCHOOL NURSE	CLINICAL NURSE SPECIALIST	COORDINATOR EXTENDED HEALTH CARE
GROUP 1 Monthly \$ 644 Annually \$ 7,728	GROUP 1 Monthly \$ 710 Annually \$ 8,520	Staff Nurse I A registered nurse, currently licensed to practice professional nursing in California, without recent experience			Office Nurse I Registered nurse; membership and participation in the CNA					
GROUP 2' Monthly Entrance After After After After Range A \$ 676 710 745 782 821 Range B 710 745 782 821 862 Annually Range A \$ 8,112 \$ 8,520 \$ 8,940 \$ 9,384 \$ 9,852 Range B 8,520 8,940 9,384 9,852 10,344 PNP Fee \$37.00	GROUP 2' Monthly Entrance After After After After Range A \$ 745 782 821 862 905 Range B 782 821 862 905 950 Annually Range A \$ 8,940 \$ 9,384 \$ 9,852 \$ 10,344 \$ 10,860 Range B 9,384 9,852 10,344 10,860 11,400 PNP Fee: \$41.00	Staff Nurse II One year supervised experience or baccalaureate degree in nursing and six months supervised experience		Registered Nurse I Registered nurse with one year supervised experience	Office Nurse II One year general nursing experience, or baccalaureate degree in nursing with six months experience; membership and participation in the CNA; leadership abilities.		General Private Nurse Practitioner Recent private duty experience substantiated by satisfactory records, or one year of recent supervised nursing experience, or baccalaureate degree in nursing and six months supervised nursing experience			
GROUP 3' Monthly Range A \$ 745 782 821 862 905 Range B 782 821 862 905 950 Annually Range A \$ 8,940 \$ 9,384 \$ 9,852 \$ 10,344 \$ 10,860 Range B 9,384 9,852 10,344 10,860 11,400 Clinical PNP Fee: \$41.00	GROUP 3' Monthly Range A \$ 821 862 905 950 998 Range B 862 905 950 998 1,048 Annually Range A \$ 9,852 \$ 10,344 \$ 10,860 \$ 11,400 \$ 11,976 Range B 10,344 10,860 11,400 11,976 12,576 Clinical PNP Fee: \$45.00	Clinical Staff Nurse I²; Assistant Head Nurse; Team Leader Two years experience with experience or preparation ³ in area of practice ⁴ ; or baccalaureate degree with one year experience or preparation in area of practice ⁴			Office Nurse III Two years preparation or experience in office nursing, or a baccalaureate degree with one year experience or preparation in office nursing; membership and participation in the CNA; leadership abilities and potential executive ability ⁵	Occupational Health Nurse, Under Nursing Supervision, Multiple-Nurse Unit Baccalaureate degree ⁶ or evidence of working towards degree ⁶ , and three years experience in generalized nursing	Clinical Private Nurse Practitioner Qualification of the general private duty nurse plus proficiency in specialized clinical areas as substantiated by satisfactory records and/or participation in the continuing education program of the PDN Section.			
GROUP 4' Monthly Range A \$ 821 862 905 950 998 Range B 862 905 950 998 1,048 Annually Range A \$ 9,852 \$ 10,344 \$ 10,860 \$ 11,400 \$ 11,976 Range B 10,344 10,860 11,400 11,976 12,576	GROUP 4' Monthly Range A \$ 905 950 998 1,048 1,100 Range B 950 998 1,048 1,100 1,155 Annually Range A \$ 10,860 \$ 11,400 \$ 11,976 \$ 12,576 \$ 13,200 Range B 11,400 11,976 12,576 13,200 13,860	Clinical Staff Nurse I²; Head Nurse Baccalaureate degree (or evidence of continuing education towards degree) with at least three years experience in nursing, including at least one year of experience in area of practice ⁴		Public Health Nurse I Bachelor's degree, including or supplemented by a program accredited for public health nursing by the National League for Nursing; a California State Public Health Nursing Certificate; a required credential from the State Department of Education if the nurse participates in a school health program	Office Nurse IV Baccalaureate degree or evidence of continuing education towards degree, such program to be supplemented by courses in office business procedures; and at least three years nursing experience, two years of which shall be in office nursing; membership and participation in the CNA; proven leadership and executive abilities	Head Nurse, Multiple-Nurse Unit; PM & Night Nurse; Working Alone, Multiple-Nurse Unit; With Nurse Supervision of Department Baccalaureate degree ⁶ or evidence of working towards degree ⁶ , with preparation ² in occupational health nursing and four years nursing experience, with one year in occupational health nursing		Staff Bachelor's degree, including or supplemented by a program accredited for public health nursing by the National League for Nursing; a California State Public Health Nursing Certificate; a credential issued by the State Department of Education, (because the school nurse participates in the school health program); two years of nursing experience.		
GROUP 5' Monthly Range A \$ 905 950 998 1,048 1,100 Range B 950 998 1,048 1,100 1,155 Annually Range A \$ 10,860 \$ 11,400 \$ 11,976 \$ 12,576 \$ 13,200 Range B 11,400 11,976 12,576 13,200 13,860	GROUP 5' Monthly Range A \$ 998 1,048 1,100 1,155 1,213 Range B 1,048 1,100 1,155 1,213 1,274 Annually Range A \$ 11,976 \$ 12,576 \$ 13,200 \$ 13,860 \$ 14,556 Range B 12,576 13,200 13,860 14,556 15,285	Clinical Staff Nurse III²; Supervisor, Beginning Researcher Baccalaureate degree and at least four years experience in nursing; experience to include at least one year in area of practice ⁴ ; plus, for supervisor, preparation in functional area ⁴ ; and experience to include at least one year as head nurse; for beginning researcher, preparation in functional area ⁴ ; and experience to include at least one year in area of practice ⁴		Public Health Nurse II (Range A) Bachelor's degree, including or supplemented by a program accredited for public health nursing by the National League for Nursing; a California State Public Health Nursing Certificate; a required credential from the State Department of Education if the nurse participates in a school health program; three years satisfactory experience in public health nursing, one of which was under public health nursing supervision in an agency in which family health was emphasized Supervisor, PHN, Medium Agency; Assistant Supervisor, PHN, Large Agency (Range B) Master's degree with a major in nursing administration and/or supervision from a university program approved by the National League for Nursing, or a Master's degree in public health from a university program approved by the American Public Health Association; a California State Public Health Nursing Certificate; a required credential from the State Department of Education if the nurse participates in a school health program; four years experience, two of which shall be supervised public health experience in an agency in which family health was emphasized; For Supervisor—four years supervised experience, two years of which shall be progressively responsible public health nursing experience in an agency providing family health service; For Assistant Director—Bachelor's degree and completion of a program accredited for public health nursing by the National League for Nursing; For Assistant Director—four years supervised and progressively responsible public health nursing experience in an agency providing family health service, including at least two years in a supervisory capacity. (It is essential that teaching experience be included as a part of the qualifications for the Assistant Director, who has an educational responsibility.)	Office Nurse V Baccalaureate degree, which is supplemented by courses in office business procedures and preparation in functional area of administration; and at least four years experience in office nursing; membership and participation in the CNA; proven leadership and executive abilities	Supervisor, Multiple-Nurse Unit; Occupational Health Nurse, One-Nurse Unit Baccalaureate degree ⁶ or evidence of working towards degree ⁶ , with preparation ² in occupational health nursing and functional area, and five years experience, at least two in occupational health nursing, with progressively responsible experience in leadership roles		Supervisor Master's degree in School Nursing or Health Education, and other postgraduate work required in the Standard Supervisory Credential issued by the State Department of Education. Five years responsible school nurse experience under Board of Education and evidenced professional leadership.	Coordinator I (Nurse employed by one Hospital or Agency) Bachelor's degree in nursing minimum (Master's degree preferred) including or supplemented by a program accredited for public health nursing by the National League for Nursing, and a California State Public Health Nursing Certificate. Five years recent nursing experience including at least three years of progressive responsibility in leadership roles in a hospital, educational, industrial facility, and/or community setting	
GROUP 6' Monthly Range A \$ 998 1,048 1,100 1,155 1,213 Range B 1,048 1,100 1,155 1,213 1,274 Annually Range A \$ 11,976 \$ 12,576 \$ 13,200 \$ 13,860 \$ 14,556 Range B 12,576 13,200 13,860 14,556 15,285	GROUP 6' Monthly Range A \$ 1,100 1,155 1,213 1,274 1,338 Range B 1,155 1,213 1,274 1,338 1,405 Annually Range A \$ 13,200 \$ 13,860 \$ 14,556 \$ 15,285 \$ 16,056 Range B 13,860 14,556 15,285 16,056 16,860	Assistant Director of Nursing Service Baccalaureate degree or evidence of continuing education towards degree (Master's degree preferred) with preparation in functional area and at least six years experience in nursing, including at least three years of progressively responsible experience in leadership roles	Teacher I Master's degree with preparation ² and adequate experience in the clinical and functional area ⁴ of nursing to be taught. Leadership ability in both professional and personal relationships	Director, PHN, Small Agency; Supervisor, PHN, Large Agency; Assistant Director, PHN, Medium Agency For all three positions—Master's degree with a major in nursing administration and/or supervision (and/or teaching, for Assistant Director) from a university program approved by the National League for Nursing, or a Master's degree in public health from a university program approved by the American Public Health Association; a California State Public Health Nursing Certificate; For Director—a required credential from the State Department of Education if the nurse participates in a school health program; four years experience, two of which shall be supervised public health experience in an agency in which family health was emphasized; For Supervisor—four years supervised experience, two years of which shall be progressively responsible public health nursing experience in an agency providing family health service; For Assistant Director—Bachelor's degree and completion of a program accredited for public health nursing by the National League for Nursing; For Assistant Director—four years supervised and progressively responsible public health nursing experience in an agency providing family health service, including at least two years in a supervisory capacity. (It is essential that teaching experience be included as a part of the qualifications for the Assistant Director, who has an educational responsibility.)		Rehabilitation Nurse, Insurance Company Baccalaureate degree ⁶ with special preparation ² or one year experience in occupational health nursing, and five years experience in nursing, including orthopedic and mental health and at least two years in public health nursing		Supervisor of School Nursing Master's degree in School Nursing or Health Education or Education, and other postgraduate work required in the Standard Supervisory Credential issued by the State Department of Education. Five years under nursing supervision under Board of Education having evidenced professional leadership of which part was spent in supervision.	Coordinator II (Nurse serving group of Hospitals or Agencies) Bachelor's degree in nursing minimum (Master's degree preferred) including or supplemented by a program accredited for public health nursing by the National League for Nursing, and a California State Public Health Nursing Certificate. Five years recent nursing experience including at least three years of progressive responsibility in leadership roles in a hospital, educational, industrial facility and/or community setting	
GROUP 7' Monthly Range A \$ 1,100 1,155 1,213 1,274 1,338 Range B 1,155 1,213 1,274 1,338 1,405 Annually Range A \$ 13,200 \$ 13,860 \$ 14,556 \$ 15,285 \$ 16,056 Range B 13,860 14,556 15,285 16,056 16,860 Daily Consultant Fee: \$85.00 and upward	GROUP 7' Monthly Range A \$ 1,213 1,274 1,338 1,405 1,475 Range B 1,274 1,338 1,405 1,475 1,549 Annually Range A \$ 14,556 \$ 15,285 \$ 16,056 \$ 16,860 \$ 17,700 Range B 15,285 16,056 16,860 17,700 18,588 Daily Consultant Fee: \$85.00 and upward	Director of Nursing Service I²; Associate Director of Nursing Service; Consultant I Master's degree, with preparation in respective functional area and at least eight years experience in nursing, including at least five years of progressively responsible experience in leadership roles ³	Teacher II; Consultant I Master's degree with preparation and adequate experience in the clinical and functional area to be taught. Leadership ability in both professional and personal relationships	Assistant Director, PHN, Large Agency; Educational Director, PHN, Consultant I; Director, PHN, Medium Agency Master's degree with a major in nursing administration and/or supervision (and/or teaching, for Educational Director; in an appropriate clinical area for Consultant I) from a university program approved by the National League for Nursing, or a Master's degree in public health from a university program approved by the American Public Health Association; a California State Public Health Nursing Certificate; For Director—a required credential from the State Department of Education if the nurse participates in a school health program; four years experience, two of which shall be supervised public health experience in an agency in which family health was emphasized; For Supervisor—four years supervised experience, two years of which shall be progressively responsible public health nursing experience in an agency providing family health service, including at least two years in a supervisory capacity. (It is essential that teaching experience be included as a part of the qualifications for the Assistant Director, who has an educational responsibility.)		Director, Multiple-Nurse Unit Master's degree ⁶ preferred or evidence of working towards degree ⁶ with special preparation ² in occupational health nursing and functional area, and at least five years nursing experience, with at least three years in occupational health nursing supervision, with progressively responsible experience in leadership roles	Daily Consultant I Master's degree preferred. Preparation and experience in pertinent clinical and functional areas. Leadership ability in both professional and personal relationships.	Director Master's degree in School Nursing or Health Education or Education, and other postgraduate work required in the Standard Supervisory Credential issued by the State Department of Education. Five years responsible school nurse experience under nursing supervision under Board of Education having evidenced professional leadership of which half was spent in supervision.	Coordinator III (Nurse serving Hospitals or Agencies and having Administrative Ability) Bachelor's degree in nursing minimum (Master's degree preferred) including or supplemented by a program accredited for public health nursing by the National League for Nursing, and a California State Public Health Nursing Certificate. Five years recent nursing experience including at least three years of progressive responsibility in leadership roles in a hospital, educational, industrial facility and/or community setting	
GROUP 8' Monthly Range A \$ 1,213 1,274 1,338 1,405 1,475 Range B 1,274 1,338 1,405 1,475 1,549 Annually Range A \$ 14,556 \$ 15,285 \$ 16,056 \$ 16,860 \$ 17,700 Range B 15,285 16,056 16,860 17,700 18,588 Daily Consultant Fee: \$95.00 and upward	GROUP 8' Monthly Range A \$ 1,338 1,405 1,475 1,549 1,626 Range B 1,405 1,475 1,549 1,626 1,707 Annually Range A \$ 16,056 \$ 16,860 \$ 17,700 \$ 18,588 \$ 19,512 Range B 16,860 17,700 18,588 19,512 20,484 Daily Consultant Fee: \$95.00 and upward	Director of Nursing Service I²; Director of Nursing Service and Education⁷; Consultant II; Researcher Master's degree with preparation in respective functional area and at least ten years experience in nursing, including at least seven years of progressively responsible experience in leadership roles ³	Teacher III; Assistant Administrator, Education Program in Nursing; Consultant II Master's degree (doctorate preferred) with preparation and adequate experience in clinical and functional area of nursing to be taught and/or administered, and/or consulted, and/or researched. Leadership ability in both professional and personal relationships	Consultant I, Insurance Company Bachelor's degree and completion of a program approved for public health nursing by the National League for Nursing; Master's degree with a major in nursing administration and/or supervision from a university program approved by the National League for Nursing, or a Master's degree in public health from a university program approved by the American Public Health Association; a California State Public Health Nursing Certificate six years supervised and progressively responsible public health nursing experience in an agency providing family health service including or supplemented by at least four years in a supervisory, teaching or responsible consultative capacity in the appropriate area of practice		Consultant, Insurance Company Master's degree or doctorate ⁶ or working towards degree ⁶ , with preparation in occupational health nursing and in functional area; for Consultant, Insurance Company, seven years experience in nursing, with three to five years in occupational health nursing and with at least one year public health nursing experience	Daily Consultant II Master's degree. Preparation and experience in pertinent clinical and functional areas. Leadership ability in both professional and personal relationships.			
GROUP 9' Monthly Range A \$ 1,338 1,405 1,475 1,549 1,626 Range B 1,405 1,475 1,549 1,626 1,707 Annually Range A \$ 16,056 \$ 16,860 \$ 17,700 \$ 18,588 \$ 19,512 Range B 16,860 17,700 18,588 19,512 20,484 Daily Consultant Fee: \$110 and upward	GROUP 9' Monthly Range A \$ 1,549 1,626 1,707 1,792 1,882 Range B 1,626 1,707 1,792 1,882 1,976 Annually Range A \$ 18,588 \$ 19,512 \$ 20,484 \$ 21,504 \$ 22,584 Range B 19,512 20,484 21,504 22,584 23,712 Daily Consultant Fee: \$110 and upward	Director of Nursing Service III²; Assistant to State of California Departmental Nursing Services Administrator; Director of Nursing Service and Education Post-Master's study (doctorate preferred), with preparation in respective functional area and at least ten years experience in nursing, including at least seven years of progressively responsible experience in leadership roles ³	Teacher IV; Consultant III; Researcher; Administrator, Education Program in Nursing; Assistant Dean, School of Nursing Post-Master's study (doctorate preferred), with preparation and adequate experience in clinical and functional area of nursing to be taught, and/or administered, and/or consulted, and/or researched. Leadership ability in both professional and personal relationships. (For program administrator, experience to include at least five years in teaching, supervision and/or administration in a nursing program)	Director, PHN, Large Agency; Assistant Chief, State Bureau of Nursing; Supervisor, PHN, State Contract Services For Director—Post-Master's study (doctorate preferred) and, at least three years in nursing administration and/or supervision from a university program approved by the National League for Nursing, or a Master's degree in public health from a university program approved by the American Public Health Association; a California State Public Health Nursing Certificate; six years or more of supervised and progressively responsible public health nursing experience in an agency providing family health service, including or supplemented by at least four years in a supervisory, consultative or comparable capacity; For Assistant Chief and Supervisor Contract Services—available from Bureau of Nursing, California Department of Public Health		Consultant, Official Agency Master's degree or doctorate ⁶ or working towards degree ⁶ , with preparation in occupational health nursing and in functional area; for Consultant, official agency, seven years nursing experience, including five years in occupational health nursing and at least two years in public health nursing, with progressively responsible leadership roles, including at least three years in occupational health nursing or public health nursing supervision.	Daily Consultant III Post-Master's study (doctorate preferred). Preparation and experience in pertinent clinical and functional areas. Leadership ability in both professional and personal relationships.			
GROUP 10 Appropriate differential over Group 9	GROUP 10 Appropriate differential over Group 9	State of California Departmental Nursing Services Administrator Post-Master's study (doctorate preferred), with preparation in functional area and at least ten years experience in nursing, including at least seven years of progressively responsible experience in leadership roles ³	Dean, School of Nursing; Consultant IV; Researcher II; Teacher V Post-Master's study (doctorate preferred), with preparation and adequate experience in clinical and functional area of nursing to be taught, and/or administered, and/or consulted, and/or researched. Leadership ability in both professional and personal relationships	Chief, State Bureau of Nursing Available from Bureau of Nursing, California Department of Public Health						