



City of Cambridge

18.

IN CITY COUNCIL
March 28, 1994

COUNCILLOR TOOMEY
COUNCILLOR SULLIVAN
COUNCILLOR TRIANTAFILLOU
VICE MAYOR RUSSELL
MAYOR REEVES

ORDERED: That the City Manager be and hereby is requested to confer with the Hospital Administrator and the Personnel Director with the view in mind of issuing a report on the lay-offs of nursing staff and employees of Local 195 at Cambridge Hospital.

In City Council March 28, 1994.
Adopted by the affirmative vote of eight members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

A handwritten signature in cursive script that reads "D. Margaret Drury".

D. Margaret Drury
City Clerk

#18

Jim Toomey -
 Order - Report on
 the layoffs of
 Nursing staff
 & employees of
 local 195 at
 Camb. Hospital
 M.

P.S. Have a good
 trip.

OUT-STATE
DISP.
31-32 AUTOP.
33 MED EXAM
34 MANNER
WORK INJ
35 PLACE
36-37 CERT
40A RN PRO

CERTIFIER

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

PENDING TOXICOLOGY

a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____

b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____

c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____

d. _____

PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

30	WAS AUTOPSY PERFORMED? (Yes or No) YES	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO
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33 YES	34 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION	DATE OF INJURY (Mo., Day, Yr.) 35a	TIME OF INJURY 35b M	INJURY AT WORK (Yes or No) 35c
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35d DESCRIBE HOW INJURY OCCURRED	35e PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:	35f LOCATION (No. & St., City/Town, State)
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To Be Completed by CERTIFYING PHYSICIAN Only	36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)	To Be Completed by MEDICAL EXAMINER Only	37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)
	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)
	36b		37b
	36c		37c
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		PRONOUNCED DEAD (Mo., Day, Yr.)	
36d		37d	
36d		37e	
36d		37f	

38 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)
 William Zane, M.D. Medical Examiner
 784 Massachusetts Avenue, Boston, MA 02118

39 LICENSE NO. OF CERTIFIER
58585

40a WAS THERE AN R.N. PRONOUNCEMENT? (Yes or No) No	40b IF YES, DATE PRONOUNCED	40c IF YES, TIME PRONOUNCED	40d NAME OF PRONOUNCING REGISTERED NURSE
		M	

DATE BURIAL PERMIT ISSUED 306 APR 21 1992	RECEIVED IN THE CITY/TOWN OF BOSTON	DATE OF RECORD MAY 26 1992
SIGNATURE - BO OF HEALTH AGENT 41	CLERK'S SIGNATURE 42	43

BLACK INK ONLY



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Sullivan, Trian to follow
Consent Order #18
Russell, Rees as CM 90
Councillor Toomey re: Lay-Offs of
Nursing staff and employees of
Local 195 at Cambridge Hospital.

Order adopted

In City Council,

March 28, 1994