APRIL 2024

Policies and Procedures Manual

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Affiliations

REFERENCE: LAST UPDATED: ANNUAL GENERAL MEETING - FEBRUARY 2012

Any decision by UNA to affiliate or disaffiliate to a federation, such as Canadian Federation of Nurses Unions (CFNU), Canadian Labour Congress (CLC), Alberta Federation of Labour (AFL), shall be authorized by a ratification vote of the members at each Local, in accordance with Article 11 of the Constitution.

The UNA Executive Board shall authorize affiliation with socially progressive organizations (eg Friends of Medicare, Public Interest Alberta, Council of Canadians, Canadian Health Coalition).

Arbitration

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Compulsory

UNA is opposed to any compulsory arbitration legislation. Regardless of any legislation, UNA members alone, and not the government or any other body, will decide when this Union will strike and when it will not.

Voluntary

A decision to request to enter into voluntary arbitration shall be made at a delegate meeting by the delegates at the meeting. All information pertaining to this request shall be presented to the Executive Board by the Negotiating Committee of the minority bargaining group.

This policy is only applicable to the groups who have a legal right to strike.

Note: *This policy is intended to cover all minority groups to whom compulsory arbitration does not apply*

Child Care

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

1. Child Care is a shared responsibility of both parents.
2. Governments have a responsibility for child care in the same way that governments have a responsibility for children's education.
3. Child Care centres should be provided by the government in the same way that schools are provided by the government, i.e. no cost to the user and meeting government criteria.
4. The centres should be staffed by a sufficient number of personnel qualified through:
   a. Formal education in child care.
   b. Experience and skills in child care.
5. Government funding for these child care centres can be obtained by transferring funding from other government programs, since the adoption of child care centres as proposed should decrease the need for funding in several areas: e.g. Unemployment, Welfare, Child Abuse, etc.
6. Such child care should be available to all parents, whether or not they are employed outside the home. Available and proper child care should be seen not only as a necessary benefit to parents but also as a necessary benefit for children.

Climate Change

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING – APRIL 2014

"Climate Change (also referred to as "Global Warming") is a significant and lasting change in the statistical distribution of weather patterns, including more or fewer extreme weather events. Climate change is caused by a number of factors such as biotic processes, variations in solar radiation received by Earth, plate tectonics, and volcanic eruptions. Many of these are beyond our control, but there is now no doubt that human activities are significant causes of recent climate change.

United Nurses of Alberta believes that as part of nurses' ethical obligation to promote health and well-being, (see: Code of Ethics, Canadian Nurses Association) we need to be involved in educating our members and the public about climate change and we should support mitigation measures.

Recognizing the importance of the oil sands to the Alberta economy, we do not encourage the elimination of oil sands activity, but we urge the Governments to regulate production in a manner that better protects the environment, and creates greater economic diversity and value-added strategies.

We further encourage all UNA members, whenever reasonably practicable, to consider mitigation factors. Members are also encouraged to refer to "The Role of Nurses in Addressing Climate Change" by the Canadian Nurses Association.

Collective Bargaining

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

UNA believes that the right of workers to organize and engage in free collective bargaining is fundamental in any free society. There should be no legal restrictions on the right of Unions and Employers to participate in free collective bargaining.

An essential element of the bargaining process is the right of workers to withdraw their services.

Violence

Where acts of violence occur during the process of collective bargaining, such acts of violence shall be addressed through the Criminal Code as appropriate.

Non-Nursing Duties

UNA members shall not perform any duties which are performed by members of other bargaining units unless ordered directly by the Employer to do so.

Conflict Of Interest

REFERENCE: LAST AMENDED: ANNUAL GENERAL MEETING - OCTOBER 1992

That UNA elected Representatives shall not use official UNA time and official UNA processes (i.e. meetings of UNA, UNA publications, UNA communication vehicles) for the purpose of providing information to other UNA members regarding any goods or services from any businesses except:

1. Those goods and services that are necessary for official UNA business.
2. Those goods and services that have been approved by the Executive Board and meet the following criteria:

Criteria For Approval of Goods and Services

1. It must be seen as a benefit to our membership.
2. References will be required from any business or service seeking approval, particularly, other Union references.
3. Only goods and services that require a minimum of staff time would be approved.
4. Producing information documents to be sent to Locals or members regarding these goods and services must be low cost or free.
5. Membership lists would not be provided to any business or service.
6. The UNA publications or communication vehicles shall not be used for these businesses to advertise.
7. Information regarding these goods and services will be sent to Locals or members through the regular mailouts.
8. UNA will not agree (verbally or in writing) to any terms and conditions that gives UNA the appearance of promoting a particular product or service.
9. UNA's title and/or logo will not be placed on documents promoting products and/or services.

Contracting Out

REFERENCE: LAST AMENDED: ANNUAL GENERAL MEETING - OCTOBER 1990

UNA is opposed to contracting out of Nursing Services.

When individuals are enlisted to work as nurses within the Institutions, they become members of the UNA bargaining unit, and are thereby entitled to the coverage and benefits of the Collective Agreement, and must pay dues.

Definition

Contracting out occurs when the Employer enlists the services of another agency to provide Employees for the Employer. One example would be the use of nurses from ComCare or the Nursing Registry. These Employees may be paid by either the employment agency itself or the hospital.

Directive

Should a Local be aware of instances where nurses are hired to work in the hospital and are not being covered by the Collective Agreement, the Local should grieve this matter. Such a grievance can be handled as a policy grievance by the Local as a violation of Article 3, Recognition and Article 5, Dues Deductions. As well, a grievance may be filed by the Employee themself as to incorrect wages and other entitlements in the agreement, should this be the case.

Note: *For specific wording of a grievance, please contact your Labour Relations Officer.*

Copyright Restrictions

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

In accordance with existing copyright laws, United Nurses of Alberta does not endorse the use of unlicensed software.

As such, where the United Nurses of Alberta has identified a requirement for a member or staff person to work with specific software, in order to fulfill the requirements of their position, the United Nurses of Alberta shall undertake to provide such member or staff person with a licensed copy of the software. United Nurses of Alberta shall retain ownership of all such software.

Employee Family Assistance Programs (EFAP)

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Any EFAP, shall be a joint UNA/Management Program. UNA shall strive to negotiate an EFAP for each worksite. UNA shall encourage participation by other worksite unions and Employee groups.

In the Joint Labour-Management model of EFAP, management members and their families have access to the program. The underlying premise is that of mutual concern amongst the EFAP participants. Everyone in a workplace benefits when all workers are healthy and productive.

Entry To Practice

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING FEBRUARY 2012

UNA supports access to continuing education and worksite in-services to permit all practitioners to fulfill personal, professional and employment expectations.

"Access" is defined as "unimpeded by geographical location, organizational restrictions or financial barriers".

Entry to Practice initiatives, at the provincial and national level, shall not disadvantage current practitioners nor their advancement within the workforce.

Licensing organizations shall establish mechanisms to facilitate the recognition of a practitioner's experience on an equal level/basis with enhanced educational preparation.

Should professional licensing organizations aspire to raise the required qualifications for entry to the profession, provisions must be enshrined in legislative regulations/guidelines which ensure current practitioners are recognized as having attained the higher entry qualifications and prohibit discrimination within the workforce.

Free Trade

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

UNA is opposed to Free Trade Agreements which undermine Canadian Sovereignty and Canadian Social Programs.

Impaired Driving

REFERENCE: LAST AMENDED: ANNUAL GENERAL MEETING - OCTOBER 1990

UNA shall go on record as supporting educational awareness of impaired driving and stress the need for health promotion and accident prevention.

Incentives

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

All areas of nursing have stressors.

United Nurses of Alberta is a trade union whose aim is to improve the socio-economic status of all members through the free collective bargaining process.

UNA is opposed to any attempt to covertly undermine our collective agreements through the use of "incentives" such as merit pay and hidden bonuses to staff based on areas of practice, etc.

Should Employers sincerely desire to resolve the concerns of nurses, UNA is prepared to negotiate changes to our Collective Agreements in order to improve salary and working conditions for all our members.

Indigenous Health/Truth and Reconciliation Commission

REFERENCE: EXECUTIVE BOARD MEETING - JUNE 2017

UNA recognizes the historical fact that Canada's colonial mission was predicated upon the cultural genocide of indigenous people as has been incontrovertibly established by the Truth and Reconciliation Commission of Canada.

UNA recognizes the establishment of the Indian residential school and the segregated Indian hospital systems were the preeminent components of that colonial mission and caused deliberate irreparable and ongoing damage to the health and well-being of the indigenous population.

UNA supports the United Nation Declaration on the Rights of Indigenous Peoples.

UNA supports the Truth and Reconciliation Commission of Canada's Calls to Action and particularly those Calls to Action regarding health (Calls to Action 18 – 24).

Addendum – TRC Calls to Action: Health

"Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long- term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:
    i. Increase the number of Aboriginal professionals working in the health-care field.
    ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
    iii. Provide cultural competency training for all health- care professionals.
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. is will require skills-based training in inter-cultural competency, conflict resolution, human rights, and anti-racism. "

URL for the TRC Calls to Action:
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

URL for the UN Declaration on the Rights for Indigenous People:
http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Job Sharing

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

1. Job sharing is the splitting of one full-time position and the benefits of that position between two or more Employees.
2. The Employees are responsible for working during each others absences (e.g. vacations, and sick leave.)
3. UNA is opposed to the principle of job sharing.
4. UNA's position is that all vacancies should be posted, and that Part-time Employees have the same rights to benefits contained in the Collective Agreements as Full-time Employees, on a proportionate basis.

Layoffs & Cutbacks

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - JUNE 2019

UNA is opposed to any legislation or any fiscal policy which results in limiting the quality of health care as well as the delivery and expenses of Community and Preventative health services.

UNA will not consider any contract concessions or alterations to prevent layoffs.

Legal Representation/Assistance

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - JUNE 2019

Representation in the areas of work-related issues such as Employment Insurance (EI), pensions, insurance, professional discipline, fatality inquiries and civil suits arising from their work shall be provided by UNA to a member or duespayer only with the agreement of the member or duespayer.

All access to legal counsel for Union related business by UNA locals, members or duespayers must be authorized by the Director of Labour Relations.

Legal Representation

A member or duespayer of UNA is entitled to legal representation as follows:

Grievances and Arbitrations

Legal assistance in addition to assistance provided by UNA staff shall be provided by UNA on behalf of a grievor where such assistance is deemed necessary by the Director of Labour Relations, taking into account the seriousness and complexity of the grievor's case and the workload of available UNA staff. Where such assistance is provided, the full cost shall be paid by UNA.

Locals, members and duespayers have the right to appeal (to the Legislative Committee) the decision of the Director of Labour Relations to withdraw or proceed with a grievance to arbitration. The right of appeal does not extend to other areas.

Other Work Related Issues

Other work related issues such EI, pension, insurance, professional discipline, fatality inquiries and civil suits arising from their work.

Legal assistance in addition to UNA staff representation shall be provided by UNA where such assistance is deemed necessary by the Director of Labour Relations taking into account the seriousness and complexity of the member's or duespayer's case and the workload of available UNA staff. Where such assistance is provided by UNA, the full costs shall be paid by UNA. Where the member or duespayer chooses to represent themselves in such proceedings, or where a member chooses a lawyer or other representative in such proceedings, no costs shall be paid by UNA.

Local Authorities Pension Plan (LAPP)

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

LAPP Board

UNA shall strive to have permanent representation on the Local Authorities Pension Plan (LAPP) Board.

The Executive Board shall determine who shall be recommended to represent United Nurses of Alberta (UNA) on the LAPP Board.

LAPP

UNA does not support the move to independence without having Employee consent.

NOTE: *Refer to Position Statement "Pensions".*

Mandatory Drug Testing

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2019

The United Nurses of Alberta opposes mandatory pre-employment or random drug screening in the workplace.

Mandatory drug screening violates the principle a person is presumed innocent until proven guilty and furthermore it is a threat to the individual's right to privacy, dignity and freedom.

The United Nurses of Alberta believes that if there is a drug problem in the workplace, mandatory screening will not solve or measure it.

Drug and alcohol addiction are illnesses, which can respond to therapy and treatment. Absence from work, due to addictions, should be considered sick leave. All Employers should be required to accommodate Employees with addictions during treatment and subsequent return to work.

The United Nurses of Alberta supports the development and maintenance of prevention programs and Employee Family Assistance Programs (EFAPs) in the workplace. EFAPs are designed to identify problems earlier and provide a confidential method for Employees to seek assistance.

The United Nurses of Alberta promotes the need to focus more on education, prevention and rehabilitation regarding issues of drug abuse.

Mandatory Blood Borne Infection Testing

The United Nurses of Alberta opposes mandatory testing of health care workers for Blood Borne Infections.

Mandatory Blood Borne Infection testing is a threat to the individual's rights to privacy, dignity and freedom.

The risk of transmission of Blood Borne Infections from the health care workers to clients is minimal with the use of Universal Precautions.

Testing for Blood Borne Infections is indicated for health care workers and client/patient following accidental exposure to blood and body fluids.

Membership Involvement/Rejuvenation

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

UNA supports membership involvement and rejuvenation in all demographics.

Nurse Abuse

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Violence is defined under occupational health and safety legislation as "the threatened , attempted or actual conduct of a person that causes or is likely to cause physical injury" and psychological injury. Abuse may be manifested in various forms of aggression, including verbal, physical, psychological and sexual harassment.

Nurses Right to Know

Nurses have the right to know when potentially abusive situations and or person(s) exist in the workplace. Employers are required to have an effective process in place to ensure information regarding risk of violence and abuse is communicated to all affected nurses throughout the health care system.

Knowledge and Awareness

UNA will take a proactive stance to ensure Employers provide training on policy, procedures and workplace arrangements that effectively eliminate or minimize workplace abuse, the appropriate response to workplace violence and procedures for reporting, investigating and documenting incidents of abuse and violence. It is essential nurses document and report all incidences of abuse. UNA shall advocate for the development of Abuse and Violence and Working Alone policies

Security Measures

It is the responsibility of the Employer to provide a safe and healthy working environment to protect nurses from the adverse effects of violence and abuse. UNA expects the Employer to provide adequate numbers of appropriately trained on-site security personnel and equipment in order to eliminate or reduce the risk of injury and illness as a result of workplace violence and abuse.

Nurses Rights

Nurses have the right not to be victims of violence and abuse. Nurses have the right to compensation through Workers Compensation for physical and psychological injuries sustained from violence and abuse. Nurses have the right to expect the Employer to provide a safe, secure and healthy work environment. Nurses have the right to contact and request police assistance in abusive or potentially abusive situations. Nurses have the right to access and file WCB forms, incident reports and Occupational Health & Safety forms. Nurses have the right to access adequate support and confidential counseling services.

The Employer should be responsible and willing to pay for confidential counseling services and UNA will strive to achieve this in all Locals. Nurses have the right to sick leave as per the current Collective Agreements. Legal assistance will be provided by UNA, if necessary.

Nursing Homes

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Vulnerable populations and their families should be treated with dignity and respect. This includes ensuring the medical care seniors and others receive be provided by professional staff and ensures appropriate staffing levels are maintained. UNA advocates for publicly funded and publicly delivered care across the continuum of care settings.

Occupational Health And Safety

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Every worksite should have a functioning Occupational Health and Safety Committee.

United Nurses of Alberta shall advocate for recognition that nursing is a hazardous occupation.

Nurses have the right to:

1. Be provided with information regarding the hazards associated with the work they perform and the measures in place to eliminate or control those hazards (Hazard Assessment and Control Reports).
2. Have meaningful involvement in the identification and control of hazards in their workplace.
3. Access safety equipment including engineering controls, approved policy and procedures, adequate training and adequate staffing in order to fulfill safety requirements.
4. First-aid training and medical assistance in the event of a work related injury or illness.
5. Documentation related to the findings of any environmental testing.
6. Investigation reports related to incidents of injury and/or occupational exposure.
7. Refuse work duties where the nurse has reasonable and probable grounds to believe would put them at imminent risk of injury or illness.
8. Compensation for injury or illness or disability through benefit plans, Workers' Compensation, and damages awarded under the Occupational Health & Safety Act.

Organizing Nurses

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Unorganized Workers

Where UNA recognizes that a group of nurses are employed in direct nursing care as defined by the Labour Relations Board*, and are eligible for collective bargaining, or if a group requests to be recognized, and is not currently organized by another trade union, UNA shall provide all reasonable assistance to the nurses to organize.

When organizing a new group (whether a new bargaining unit or a non-union enclave into an existing bargaining unit), an Employee's seniority date shall be the date of hire at their Employer, unless modified through the portability or seniority provisions.

Organized Workers

When UNA is approached by a group of nurses, employed in direct nursing care as defined by the Labour Relations Board*, who are eligible for collective bargaining but who are already organized in another union, the assistance specified in Section 1 above shall be provided only where the application for assistance is approved by the Executive Board of UNA.

** Direct nursing care as defined by the Labour Relations Board includes all those employees for whom nursing training is a prerequisite. It applies to those employed in nursing care or instruction in nursing care. The unit could contain graduate nurses and registered nurses, psychiatric nurses, and nursing instructors when instructing.*

Pensions

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

United Nurses of Alberta takes the position that pensions are deferred wages and therefore belong to Employees. UNA is opposed to any regressive changes to Local Authorities Pension Plans (LAPP).

See Position Statement "LAPP".

Political Affiliation

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING – APRIL 2014

UNA is a non-partisan organization.

UNA as an organization does not affiliate with any political party or make donations to any political party.

UNA is politically active and encourages and facilitates members, Locals and Districts to become politically active.

Portability of Seniority/Job Security

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

United Nurses of Alberta shall strive to maximize portability of seniority and job security for all members. This goal shall be reflected at all collective bargaining tables and all discussion held with Employers and the Alberta Government regarding workforce adjustments.

Public Health Care

REFERENCE: LAST AMENDED: ANNUAL GENERAL MEETING - OCTOBER 1998

UNA supports the five principles of the Canada Health Act which include a publicly funded and publicly administered health care system; and

Access to Medical Services

UNA supports universal accessibility to health care and therefore considers the refusal by medical practitioners to perform medically-insured services on the basis of monetary considerations as unethical.

UNA will continue to inform UNA members and the public of the implications of private for profit initiatives of health and to continue to lobby the Federal and Provincial governments to enhance and safeguard public health care in Canada.

UNA shall network with other Unions and citizen groups to monitor and oppose the privatization and corporatization of health care.

UNA is opposed to privatization of health care.

Respect and Inclusion

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - DECEMBER 2023

UNA is committed to fostering and preserving an environment that is respectful, equitable, inclusive and safe.

Discriminatory words or conduct including but not limited to discrimination on account of age, race, colour, ancestry, place of origin, source of income, political or religious belief, gender, gender identity, gender expression, sexual orientation, family status, marital status, physical disability and mental disability shall not be tolerated.

Right To Work Legislation

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - AUGUST 1992

UNA is opposed to Right to Work Legislation.

Self-Scheduling

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - DECEMBER 1990

United Nurses of Alberta is opposed to self-scheduling.

What Is Self-Scheduling?

Self-scheduling is a process by which nurses and other nursing staff on a ward or unit collectively develop and implement the monthly work schedule. Staff nurses are expected to develop the schedules on their own time.

Why?

The development of contractually accurate schedules is a management responsibility.

Nurses are not permitted to make autonomous decisions, despite the implied suggestion of autonomy.

The restrictions and requirements (eg. for notice and the ability to exchange shifts as desired) protect the Employee and provides the Employee with the necessary control to alter the schedule.

Staff nurses do not control budget allocations or determine the staff resources to be utilized. Requiring staff nurses to develop schedules which are based on inadequate resources is an inappropriate transfer of responsibility.

Some of the literature suggests that self-scheduling reduces sick time utilization, as staff are encouraged to re-arrange the schedule to accommodate illness.

Articles Violated/Affected In the Provincial Collective Agreement:

Article 3 - Recognition

Article 4 - Management Rights

Article 7 - Hours of Work

Article 9 - On-Call Duty

Article 19 - Sick Leave

Article 30 - Part-time, Temporary and Casual Employees

Article 36 - Professional Responsibility

Who You Should Contact

If your Employer suggests that the Local or a specific ward or unit consider “self-scheduling” contact the Labour Relations Officer assigned to your Local.

Sexual Orientation and Gender

REFERENCE: EXECUTIVE BOARD MEETING – JUNE 2023

1. UNA reaffirms that sexual orientation, gender, and gender expression implies no inherent impairment or disorder.
2. UNA supports the use of gender-affirming health treatments for all ages as directed by health care professionals.
3. UNA condemns any practice intended to change gender expression or sexual orientation expressed by an individual that involves conversion therapy, or any similar type of therapy, as such practices represent a significant risk of harm.
4. UNA opposes discrimination and harassment against those with diverse sexual orientations and gender identities.
5. UNA supports diverse and inclusive workplaces and communities.

Strike/Strike Vote

REFERENCE: LAST AMENDED: ANNUAL GENERAL MEETING - NOVEMBER 2000

The assembled membership of the United Nurses of Alberta hereby asserts and declares that only the members decide whether to conduct a strike or a strike vote; and further that the Executive Officers, Executive Board, and Negotiating Committee are obligated by the democratically-expressed will of the membership to co-ordinate the collective action of the membership in the event of a strike or a strike vote.

See Negotiations Section of the Policy and Procedures Manual.

Supervised Injection Site

REFERENCE: EXECUTIVE BOARD MEETING - FEBRUARY 2019

The rise in Fentanyl use has created an epidemic scenario of deaths in Alberta cumulating in 117 deaths in 2014, 257 deaths in 2015, 349 deaths in 2016 and in the first quarter of 2017 51 deaths. This has led to the wide spread distribution of naloxone kits to the general public. Naloxone has been effective in temporarily reversing the overdose but symptoms can return should medical attention not be accessed. This increase in fatalities has created an urgency with the public and advocacy groups for Governments to open supervised injection sites in order to prevent opioid-related deaths in the future.

Patient

1. UNA believes Nurses advocate in ensuring harm reduction in patients who have substance abuse issues.
2. UNA acknowledges many people who are substance abuse users have complex social issues that have been marginalized
3. UNA acknowledges people with substance abuse issues are members of society which are entitled to medical supports to ensure their well-being.
4. UNA advocates a social support system needs to be in place for patients such as drug rehabilitation programs, counselling, basic medical needs, and housing.
5. UNA advocates for safe, compassionate, judgement free supervised injection sites which supports patients in making their choices.
6. UNA acknowledges studies that support supervised injection sites have reduced the practice of sharing drug equipment.
7. UNA acknowledges studies that show a reduction in Blood Borne Infections such as HIV and Hepatitis C.
8. UNA acknowledges studies which show a cost reduction in medical services when Supervised Injection Sites are opened.

Community

Many communities suffer from the “Not in My Backyard” Syndrome. The communities where supervised injection sites are located have the population that either live in or frequent the community.

This has created a friction in the community whereby drug equipment is left scattered in public and private areas creating an unsafe environment.

Communities that have supervised injection sites have an acceptance after time as there is reduced public consumption which in turn reduces drug equipment being shared and left behind.

Residents believe the supervised injection sites will cause more harm in their neighborhoods, they are already coping with transient populations that suffer from serious addiction issues, adding in locations essentially creates a beacon for people to settle into the area. But evidence from advocates show that these sites cut down on overdose deaths and decrease the amount of off-site disruption in the neighbouring communities.

Staff

Nurses that work with the public who inject drugs must be compassionate, judgement free educators. Nurses advocate for safe, clean consumption sites whereby users are monitored to ensure deaths by overdose are reduced. Nurses also advocate for referrals to additional support services.

Concerns that need to be addressed by Unions representing Employees have been noticed in British Columbia:

1. Vancouver Costal Health (VCH) and Portland Hotel Society (PHS) run 'Insite' - a medically supervised injection site. VCH is unionized and PHS is non-unionized. There is a conflict in the policies and procedures that each stakeholder's employees follow. This has led to grievances being filed through VCH. There needs to be a method to resolve concerns in policies and procedures.
2. Insite has a policy of banning patients who display aggressive behaviors. This policy of banning patients is not followed constantly. The policy needs to have clear boundaries which are enforced by all stakeholders.
3. RNs are employed as Registered Nurses have assessment skills. The two supervised injection sites in British Columbia employ RNs.
4. There needs to a Base Line Staffing number of two staff to every user.
5. There needs to be an assessment done on when the supervised injection site is most used. At Insite Wednesdays, Thursdays and Friday's are staffed up to accommodate the patient flow.
6. A Risk Assessment needs to be done and implemented.
7. There is no violence alert system in place for example a purple dot program. Patients have to register to use the facility but patients do not provide their real names, patients use code names or aliases.
8. At Insite there is no security. There is a police presence around the facility. Should an incident arise, police are expected to be on site within 30 seconds to one minute at most. Should a policing presence not be readily available, security should be on site in plain clothes. To have security on a medically supervised safe injection site would discourage patients from attending.
9. Proper education to staff on the effects of administering Naloxone, the effects after administration is required and the care of the patient after the administration of Naloxone.

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Transfer Of Services Between Bargaining Agents

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - DECEMBER 1993

Statement of principles for the transfer of services between United Nurses of Alberta and other Bargaining Agents

United Nurses of Alberta believes that if any transfers occur between groups of Employees represented by United Nurses of Alberta and any other bargaining agents, the following principles should apply and that the Union will attempt to negotiate the following:

1. Any down-sizing in staffing numbers for the service will be done prior to the transfer of the service, and the Employees should have the right to exercise their rights under layoff according to their Collective Agreement.
2. The remaining Employees should have the right to choose to transfer with the service, or to stay with the present employer and exercise their rights under layoff according to their Collective Agreement.
3. The Employees who choose to transfer with the service should have the right to bring their full seniority with them and to have it merged with the seniority of the receiving Local. (The parties recognize that the differences in the Collective Agreement provisions will need to be worked out.)
4. In order to ensure that an Employee is not disadvantaged by a transfer of services, the parties recognize that there may be a requirement for the “grandfathering” and/or “red-circling” of certain provisions.

Union Goods & Services

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING – JUNE 2008

Where reasonable, UNA obtain supplies and services from unionized vendors and/or made in Canada or the US.

Worksite Committees

REFERENCE: LAST AMENDED: EXECUTIVE BOARD MEETING - FEBRUARY 2012

Participation on any worksite committee not defined by the Collective Agreements shall not be construed as official representation by the United Nurses of Alberta.

Only individuals authorized by UNA shall be identified as official representatives of the UNA.