United Nurses of Alberta

NewsBulletin

Is mask fit-testing enough?

Pandemic: what nurses need to know

Nurse charges assault after being spat on

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UNA NEGS 2007

Inside: Your negotiations survey

Natalia Tash, RN at the NE Health Centre in Edmonton, is mask fit-tested by Richardson Mah.

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Message from the President

Heather Smith

Attention all members who will be participating in 2007 bargaining, your 2007 Negotiations Survey is included in this NewsBulletin! Please take a few minutes to complete the survey, so that your opinions and expectations are reflected in your Local proposals. The next step will be a Local meeting to determine what changes you will be recommending. Don't miss this opportunity to have your say.

A special postcard is also inserted in this NewsBulletin. It represents a call for action on issues faced by seniors and their families. This campaign is part of our efforts to improve patient/resident/client care. Fill in the postcard and mail it, or see if your Local has a "drop off" for them. We are encouraging Locals to set up "drop offs" to make it easy and to save postage costs.

Laurie Hawn, MP for Edmonton Centre was just one of the people that Pauline Worsfold, Heather Smith and other nurses met with during the lobby.

On May 9 and 10 the Canadian Federation of Nurses Union (CFNU) hit the hill - Parliament Hill that is. I joined with CFNU President Linda Silas and Secretary-Treasurer Pauline Worsfold and other provincial presidents in the two-day lobby of Members of Parliament. To start, CFNU hosted a breakfast for MPs. Dr. Michael Rachlis, author of several books on health care and Dr. Cy Frank of the Alberta Bone and Joint Institute provided examples of public innovations that cut wait times. Over the two days we had a total of twenty-three separate meetings with representatives of all parties. It ended with a meeting with Health Minister Tony Clements. Throughout, we concentrated on three key messages:

1. It is time to implement a national pharmacare program. The Federal Government should contribute 25% of the costs. Uncontrolled drug costs contribute to the perception that health care is not sustainable.
2. Fiscal sustainability will not be achieved with private delivery and private insurance; in fact they will drive costs higher. The Federal Government must demand spending accountability for public dollars. Although the Canada Health Act requires the provinces to report private delivery, provinces have failed or refused to so.
3. We need a coordinated Federal-Provincial strategy to address HHR (health human resources) to address wait times and issues of access. The Conservative Party continues to promote wait time guarantees, but as Linda Silas said, "Without nurses and other health care providers, a wait time guarantee is meaningless. It's like having a warranty for car repairs, if there are no mechanics, it is useless."

Albertans are feeling the effects of the nursing shortage now. Health human resources will soon become a huge issue in the province. We must continue to advocate for our patients in our workplaces, through our Locals and Professional Responsibility Committees and certainly at the provincial level and in contract negotiations. We will continue working together to protect safe patient care.

Heather Smith, RN

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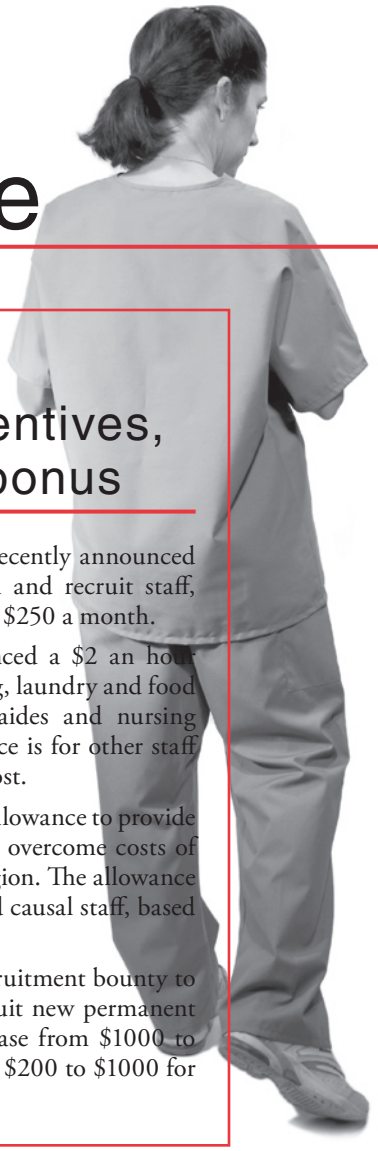
Feeling the impact of the nursing shortage



When nurses start quitting, it can lead to a "downward spiral"

The shortage of Registered nurses and the impact of positions left vacant made it all the way to the newspaper headlines recently. In Calgary, reports followed the closure of operating rooms at the Peter Lougheed Centre, caused by a shortage of nurses.

Patients have to wait longer for surgeries because of the shortage. The hospital said it closed the OR because "the number of operating room (OR) nurses fell below "baseline staffing" levels."

But, according to one OR nurse, some operating suites have been running below the baseline – three nurses to an OR – for some time. Two nurses would run an OR with a third nurse bouncing between two ORs. It came to light a few months ago that seven or eight nursing positions had been left vacant and no apparent attempt was being made to fill them.

According to the nurse, "The overtime was enormous. The sick time increased, and people stopped wanting to do overtime. There were people who worked 21 days in a row."

"We run faster and faster and eventually we break down, and get sick," she said.

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Peace Region announces incentives, $250 a month bonus

Peace Country Health Region recently announced a number of incentives to retain and recruit staff, including a northern allowance of $250 a month.

The Region had earlier announced a $2 an hour wage supplement for housekeeping, laundry and food services workers, personal care aides and nursing attendants. The northern allowance is for other staff not covered by the $2 an hour boost.

Peace Country says it needs the allowance to provide "direct financial compensation to overcome costs of living in our growing northern region. The allowance will be pro-rated for part-time and causal staff, based on hours worked."

The Region is also offering a recruitment bounty to existing employees who help recruit new permanent staff. The "referral fee" will increase from $1000 to $2500 for professionals, and from $200 to $1000 for support staff.

Nurse stands up against violence

Judge rules on precedent assault charges from spitting incident

Tana Fish, RN

ER nurse laid charges after assault threatened infection with Hep C.

Tana Fisher sat alone in the courtroom in Edmonton waiting to hear the Judge's verdict on the charges against the Hepatitis C (Hep C) infected man who had spat blood in her eye.

Tana was in court on principle.

"I had to stand up for nurses. We face too much abuse. I had to take a stand," Tana told reporters later.

Two reporters were some of the very few people in the courtroom. There were two lawyers, two court staff and two armed guards, who along with Tana, were all waiting in the quiet room for the accused, Ronald Galenzoski, to show up. Finally the judge decided to quit waiting and entered the court to begin reading her verdict. Galenzoski didn't show up to take his place in the prisoner's box until she was far into the verdict.

Tana Fisher was well aware that hers is a precedent-setting case. The only similar cases involved HIV infected defendants who knowingly engaged in unprotected sex. But Tana knew this case is the first charge of aggravated assault brought by a nurse against an infected person.

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The impact of the nursing shortage *continued from page 3*

At the same time, in Grande Prairie, nurses are raising major concerns about short staffing and the impact on morale. Short-term absences, such as sick leaves are not being replaced by the hospital. In one instance, a 32-bed unit went for a shift, with only one RN and two LPNs, two RNs short of the normal staffing. Some experienced nurses are fed up with the stress and are quitting.

The same is happening at the OR at the Peter Lougheed in Calgary. The most experienced – but tired right out –are quitting, making the staffing problems even worse.

Delay credentialing nurses hits front page in Vancouver

The College of Registered Nurses of BC was left scrambling to defend the length of time it takes to credential nurses in the province after a front page Vancouver Sun story claimed that "Emergency rooms are short-staffed as more than 700 nurses wait for paperwork to be handled". One California nurse had been waiting eight months to be registered. A College spokesperson said that was longer than usual and they are looking at ways to streamline the process.

This leads to the "vicious cycle" of a nursing shortage. When nurses have to work short-staffed, they quit. When nurses leave, it exacerbates the staffing problem, and the stress and job dissatisfaction leads to more departures. It becomes a downward spiral.

Some of the urban emergency rooms are experiencing the same spiral, with veteran nurses leaving an overstressed environment.

Morale is sinking to new lows at the Peter Lougheed in Calgary. As of June 1, summer vacations had not been approved for the nurses in the OR. And a new, and unpopular master rotation was being imposed. As one nurse notes, "Although we are expected to look after people, we are not being heard or looked after at all."

Linda Harkness, President of UNA Local #1 at the Peter Lougheed told the Calgary Herald that the problems have been getting worse for some time at the hospital. "We've been telling people for a long time there's a nursing shortage coming. It's here and people seem to be surprised."

The OR nurse at the Peter Lougheed says the answer is clear, create and fill more positions. In Grande Prairie, the nurses are urging the hospital to recruit and fill the vacancies, including vacancies on the float teams. Peace Country Health is negotiating a special $250 a month Northern Allowance to help retain and attract staff.

UNA in coalition that mounts campaign on improving long-term care

New "standards" for long-term care make no mention of Registered nurse

UNA 2nd Vice President Jane Sustrik signs on to the PIA statement calling for improvements in long-term care.

A range of community representatives joined together to support the Public Interest of Alberta (PIA) launch of the campaign.

Citizens held a funeral for the "Third Way" as the final Legislature Steps Vigil.

Public opposition again stops government plans for health privatization

On May 9, a provincial network of seniors, community, professional and labour organizations launched a campaign to tell the government that Alberta's Seniors Deserve Better. Public Interest Alberta coordinated the launch on the one year anniversary of the Auditor General's report into seniors' care. The organizations are calling on the government to take action by implementing five key steps that will make a real difference in the lives of Alberta's seniors.

UNA was represented at the campaign launch by 2nd Vice President Jane Sustrik who said: "In these new standards, there is NO requirement that a Registered Nurse be on duty, or even that a licensed practical nurse be on duty. There is NO measurable standard that a long-term care facility can be held accountable for."

Several speakers criticized the government's new standards which had just been released the week before.

Registered nurses always advocate for patients, Jane Sustrik told the crowd, and that's why nurses are supporting the campaign.

"We don't want a province where it is public care for most everyone, but the Third Way private care for the elderly and infirm. "That would be the greatest injustice," Jane said.

Please sign the postcard to the Minister of Seniors that is included in this NewsBulletin and send it back to Public Interest Alberta, so we can a strong messages that Nurses agree that Alberta Seniors Deserve Better

After a Conservative Caucus meeting April 20, Health and Wellness Minister Iris Evans announced the government was dropping its plans to proceed with the "Third Way" plans for private insurance and a parallel private health system.

"Albertans deserve the credit for yesterday's decision by the government caucus to scrap the most contentious parts of the Third Way," said Harvey Voogd, Coordinator for Friends of Medicare. "This decision was the direct result of thousands of Albertans contacting their local MLAs and pressuring them to scrap the health privatization plan."

UNA President Heather Smith noted the important role nurses played in turning back the latest push to privatize the health system. "Nurses were strong supporters of the campaign. We are important community leaders in protecting universal health coverage and it makes a tremendous difference," she said.

"This is the third time in 12 years the Conservatives have tried to privatize health care," said Voogd. "And this is the third time they have been beaten back by the weight of the public will. Albertans made the government back down. All those phone calls and letters and petition signatures forced them to reconsider."

Nearly a month after her announcement, Evans publicly admitted they would not be proceeding with any health legislation at all, and the omnibus "Health Care Assurance Act" was dead.

But Voogd and other Medicare watchers were concerned that health privatization pressure on the government was not over and that legislation would be back, but not until after the Conservative leadership vote and likely even after the next provincial election.

"The upcoming Progressive Conservative leadership campaign must address health care privatization," Voogd said. "We need to make sure the candidates understand health care privatization will never be supported by Albertans, no matter how many times they try to sneak it past us."

"To have someone intentionally attack you..."

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Things haven't been easy for Tana since she was spat at in December of 2004. The hospital's occupational health team became involved immediately. Tana was frightened at the risk of contracting the disease. She has two children and a husband. Tana desperately did not want to get sick. She was tested after three months, negative. She had to wait three months more, and again negative. Finally after two more tests she was out of the woods, a long year of worrying and waiting.

The Judge carefully went over the facts of the case. There was little doubt that Galenzoski intentionally spat at Tana. It had taken several police officers and hospital staff, to restrain him. But by the time Tana saw him, she said he had calmed down.

"As nurses, we take a lot we shouldn't have to. Assault almost becomes part of the routine. There are very few charges laid," Tana said, "but I have to take a stand for health care workers."

"He wasn't even in my examination room, but I had a moment so I thought I'd check on him," Tana said.

The police had brought Galenzoski to the ER when he had stopped breathing for about 45 seconds when he had been restrained at the scene of a stabbing. Galenzoski had resisted the police when they put him under investigative detention.

When he came to, again, Galenzoski continued to resist. Because of the breathing incident the police called an ambulance and the staff had put a "spit mask" over Galenzoski's head to guard against just exactly what eventually happened.

The Judge pointed out that Tana was a highly credible witness. She had explained how she assessed Galenzoski and he seemed calm and clearly answered her questions about alcohol and drugs. Then she removed the spit mask to check his eyes with a quick neurological scan. He tested out 100%; he was "all there".

The Judge reviewed the entire situation, including the fact that there had been two police officers right in the examination room with Tana and her patient. But when another nurse, Tana's colleague, came into the room, Galenzoski became agitated again. Tana was giving her report on the patient when Galenzoski began swearing at her and calling her foul names. Tana said she was just turning back to her patient telling him to calm down when he wrenched his body up against the restraints, noisily cleared his throat and spat deliberately in her face. The spit was laced with blood from a bloody nose Galenzoski had earlier. It hit her in the eye, her hair, on the side of her face and even on her pants. Galenzoski then cleared his throat again and aimed to spit at the second nurse, but had nothing left to spit.

Tana says that people are assaulted pretty much every day in her ER. Of course there are people who are delusional, agitated or inebriated and intoxicated. "I don't even count them," she says. It is the clear-minded people who deliberately, strike, kick, spit at and abuse nurses that she objects to. "The hospital should really enforce the zero tolerance policy for people like this," she says. "We should have security available right there, and if a patient or anyone begins this kind of violence they should be escorted right off the hospital property," she says.

In court the Judge explained that aggravated assault is defined as an attack that can wound, disfigure, or endanger the life of the victim. She said that clearly infection with Hep C is life threatening. She also pointed out that Galenzoski had given testimony that he believed he himself had been infected during a fight with a man who had a nosebleed. However, a Capital Health infectious diseases specialist had given testimony that infection through the eye, and without direct blood contact is rare – there are only two known cases. Although Hep C is some ten times more contagious than HIV through needle stick type injuries, it is less contagious through exposure to the conjunctive of the eye.

"I am empathetic to the plight of Ms. Fish and to that of health care workers generally," the Judge said, but she ruled that Galenzoski was only guilty of assault and that it had not met the test for aggravated assault.

Tana Fish was disappointed by the lower conviction. "To have someone intentionally attack you like this, I felt really violated," she said.

"As nurses, we take a lot we shouldn't have to. Assault almost becomes part of the routine. There are very few charges laid," Tana said, "but I have to take a stand for health care workers."

At sentencing on June 9th, the Judge said Galenzoski was a "disgusting bully" and sent him off to a four-month jail term, ordered him to submit a DNA sample for the national DNA databank and levied a $200 victim fine.

British propose huge fines for abuse in health system

Anyone who abuses National Health Service (NHS) staff could be fined £1,000 and thrown off the premises, the British government has proposed. A report says abuse is rampant and more than 60,000 NHS staff were physically assaulted by patients and relatives of patients in 2005 - an assault for every 22 NHS staff. Under the plans, people needing care would still be treated, but could face fines or criminal action later.

Alberta's health system readies for a possible pandemic

In the last month, the World Health Organization (WHO) was trying to determine if the first human-to-human cross infection of avian influenza had happened in Indonesia. If or when the virus does begin human-to-human transmission it could be the beginning of the most devastating influenza pandemic since the Spanish flu of 1918.

Or not. The avian flu virus may not end up being the virus that spreads rapidly around the world. In any case WHO's experts make it clear that the next highly contagious flu is overdue and can be expected to hit anytime, most likely within the next few years.

No one can predict when the flu will come, or how virulent it will be, but everyone agrees it has the potential to overwhelm our health system.

Everyone agrees it is important to be prepared for it.

"We need to be prepared for something unexpected, like SARS which came completely out of the blue," says Dr. Gerry Preddy, the Chief Medical Officer for Health for the Capital Health Region. "The plan is much the same as our emergency or disaster plan, which could include mass casualties or other infectious disease outbreaks."

Each of Alberta's Health Regions and the provincial Health and Wellness department have a pandemic plan in place. Capital Health's plan provides an example of some of the preparations being made.

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It's a new flu that makes a pandemic

Most people become ill with forms of influenza at some point in their lives. Because of this, they develop some immunity to the disease. New strains of influenza virus emerge regularly. Most of these are slight variations of a previous strain, and a person's existing immunity provides some protection against severe illness. New flu vaccine is developed every year to provide more complete protection against these new strains. For this reason, flu vaccine is given annually, beginning in early fall.

In a pandemic, there is a significant change in the flu virus, so existing immunity provides little protection. Existing vaccines will also be of limited value, and a new vaccine may take longer than usual to develop.

The 20th Century pandemics

In the last century, there were three influenza pandemics:

- The Spanish Flu, in 1918-19;
- The Asian Flu, in 1957-58; and
- The Hong Kong Flu in 1968-69.

In each of these pandemics, the greatest increase in death rates occurred among people less than 60 years of age.

The Spanish Flu occurred in three waves, and killed 30,000 to 50,000 Canadians and 20 to 40 million people worldwide. In Alberta, 38,000 people were reported ill, and 4,000 died out of a population of 579,000.

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Registered nurses would be on the front-line in the event of any pandemic. Our entire society will be depending on nurses to save lives and to help beat back the illness. Nurses need to be prepared and Preddy says that on-going education and readiness is essential.

"Being prepared is an on-going process. People need to be reminded," Preddy says. In Capital Health, four infection control practitioners are working to provide education for front line staff, he says.

"I think the key for frontline staff is going to be appropriate infection control precautions, for any infectious disease," Preddy says. "One of the things we've done is work on respiratory etiquette in Emergency departments. We have on hand waterless hand washing agents. Encouraging all staff to wear masks. Starting to get staff prepared in the face of any unusual respiratory disease."

He says the Region has stockpiled gloves, masks and needles and syringes, "in case we need to do a mass vaccination." In all of the plans, front-line health workers are the top priority for vaccination – when a vaccine becomes available.

"The pandemic would probably reach here before we get the vaccine. That's part of the planning process, how to deal with it before we get the vaccine," Preddy says.

The Health Region's plans acknowledge that they cannot predict the scale of a pandemic, and that it could be completely beyond the capabilities of the health system to control. Calgary's Health Region plan has a simple title for Phase Six of a virulent pandemic: "Widespread Disaster".

"Our system is already tight as it is," Preddy says. "We can't do business as usual if we are to cope." He says they are looking at what health care programs Capital Health could do with out, during a pandemic. "We are looking at all our services, in consultation with our staff, asking questions like how long can you go without operating this program?"

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What to ask about pandemic readiness

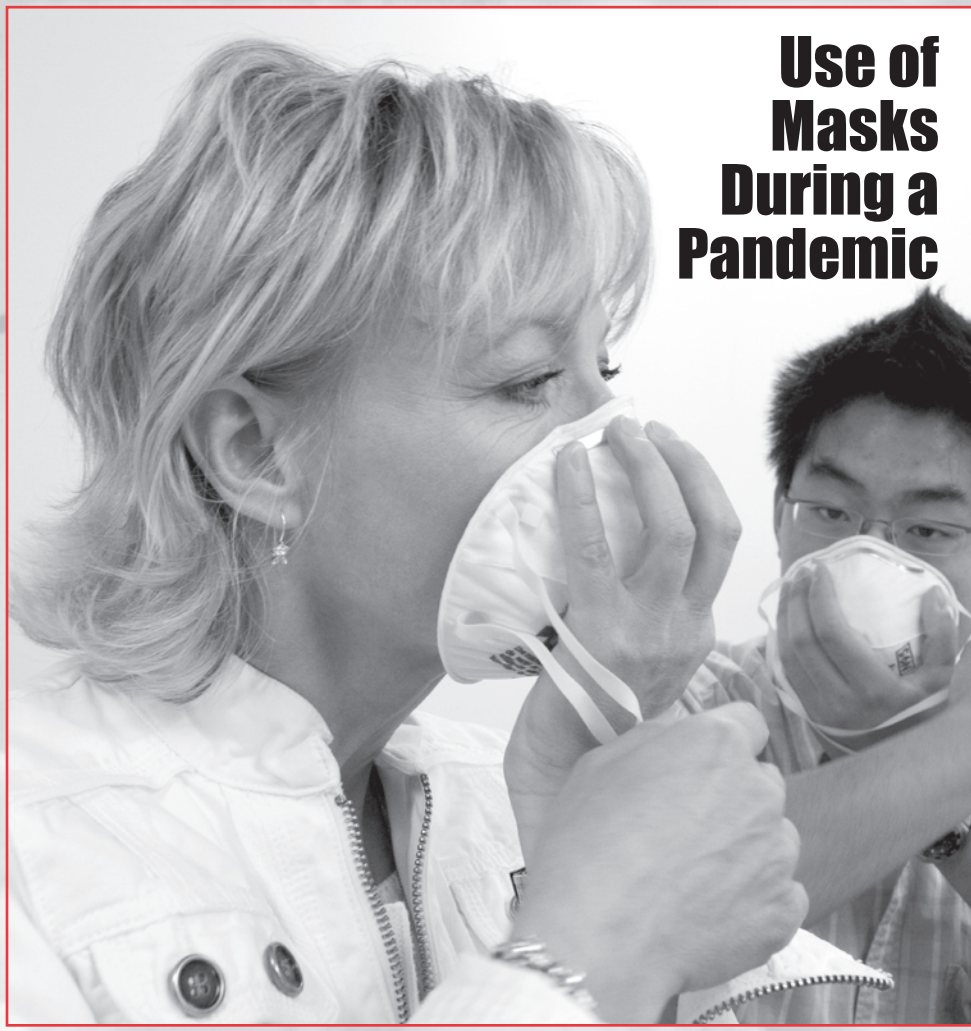
Nurses need to have confidence they will be protected

Nurses should know about the plan and preparations in place at their worksite for a pandemic or other major health emergency. Nurses need to be confident that they will be protected as much as possible. Health managers have every reason to ensure a high level of confidence in staff that all possible precautions are ready and nurses should feel free to ask about what preparations are in place.

Some of the questions you can ask are:

- Ask to see a copy of the pandemic or health emergency plan for the Health Region and/or for the facility.
- Ask what staff consultation is taking place on pandemic planning?
- Ask about the supplies of protective equipment, masks, shields that are stockpiled. How long can these supplies be expected to last?
- Ask what staff training in infection control, in pandemic protocols and in the use of protective equipment is planned or in place?

Use of Masks During a Pandemic



Who gets vaccinated?

The World Health Organization and the Canadian government are preparing vaccines to help combat a pandemic, but the final vaccine cannot be developed until the actual virus strain is circulating, until after the pandemic has begun. Manufacturers will not be able to produce enough vaccine immediately. Health workers are the first priority for vaccination.

Antiviral drugs

Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after (within 48 hours) getting sick, they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza. Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.

Unlike vaccines, antivirals can be stockpiled in advance.

Three common antivirals are usually used for influenza, amantadine, zanamivier and oseltamivir (tamiflu). Research shows that influenza viruses rapidly develop resistance to amantadine when it is used for treatment. WHO has recommended oseltamivir specifically for treatment of avian influenza and has recommended that countries consider stockpiling it for use against a pandemic strain of influenza. The efficacy of oseltamivir and zanamivir for the prevention of H5N1 (like the avian strain) illness has not been studied but is expected to be consistent with the 70-90% efficacy demonstrated for seasonal influenza strains.

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Although there is a lack of evidence that the use of masks prevented transmission of influenza during previous pandemics; in the early phase of an influenza pandemic, it may be prudent for Health Care Workers (HCWs) to wear masks when interacting in close face-to-face contact with coughing individuals to minimize influenza transmission. This use of masks is advised when immunization and antivirals are not yet available but is not practical or helpful when pandemic influenza has entered the community. There is no evidence that the use of masks in general public settings will be protective when the virus is circulating widely in the community.

Masks may be worn by HCWs to prevent transmission of other organisms from patients with undiagnosed cough. The term mask refers to surgical masks, not to special masks or respirators. Special masks, i.e., high-efficiency dust/mist masks are required for patients with infectious tuberculosis and for non-immune HCWs entering the room of a patient with measles or disseminated varicella.

When using surgical masks[5]: They should be used only once and changed if wet (because masks become ineffective when wet).

Hands can be contaminated with influenza virus by contact with inanimate surfaces or objects in the immediate environment of a patient with influenza infection. Influenza A and B viruses have been shown to survive for 24-48 hours on hard, nonporous surfaces; for up to 8 to 12 hours on cloth, paper and tissues; and on hands for up to 5 minutes after transfer from environmental surfaces.

"The influenza virus is readily inactivated by hospital germicides, household cleaning products, soap, hand wash or hand hygiene products." Therefore, neither antiseptic hand wash products in health care settings nor antibacterial hand wash products in home setting are required because routine products, along with proper hand washing procedures, will inactivate the influenza virus.

– from a Public Health Agency of Canada document: Infection Control and Occupational Health Guidelines During Pandemic Influenza In Traditional and Non-Traditional Health Care Settings

Available at: http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-cpip-03/cpip-appendix-f.pdf

The Calgary Health Region plan includes keeping all hospitals open, but providing only essential services, to make beds and employees available for patients critically ill with influenza.

They predict that the number of patients requiring intensive care will be three times the number of current intensive care beds, so other areas including surgical recovery units will be utilized.

There will be shortages of resources, Preddy says, and medical staff "will face some difficult decisions," He says they have already had ethical consultations on this and "the decisions will be solely on the clinical considerations of each patient."

Preddy also notes that they are making active plans for keeping nurses at work. If schools must be closed, for example, it would pose a real dilemma for health workers who are parents. "Are there alternate arrangements we would need to make? That's a question we are still working on."

Health Regions across the province have published leaflets and articles in publications about preparing for a possible pandemic. Their websites have links to even more information and detail. And finally, Preddy says, "If nurses have questions about prepareness, they should be asking their managers."

Pandemic by the numbers

- One to five months to reach a full-scale pandemic.
- Simultaneous outbreaks, multiple waves of outbreaks.
- 25-35% of the population may be clinically ill.
- In Alberta half a million to 1.3 million could be ill.
- Shortages of vaccines, drugs, hospital beds, ventilators.
- 25-35% of staff could be off ill.
- Potential devastating societal impact.
- Up to 617,000 will require outpatient care
- 13,000 will require hospitalization

More about pandemic planning on the web

Alberta's Pandemic Plan
www.health.gov.ab.ca/influenza/PandemicPlan.html

Capital Health's Plan
www.capitalhealth.ca/EspeciallyFor/PandemicInfluenza/default.htm

Calgary Health Region Plan
www.calgaryhealthregion.ca/pandemic/

Public Health Agency of Canada Pandemic Influenza
www.phac-aspc.gc.ca/influenza/pandemic_e.html

More links to information are available on UNA's website: www.una.ab.ca

Health Regions would get dramatic powers with the Declaration of a Public Health Emergency

In its Pandemic plan the Calgary Health Region stipulates how it would declare a legal public health emergency. If the Region declares an emergency it can use wide-ranging powers under the Public Health Act 52.6 including :

(a) acquire or use any real or personal property;

(b) authorize or require any qualified person to render aid of type the person is qualified to provide;

(c) authorize the conscription of persons needed to meet an emergency;

(d) authorize the entry into any building or on any land, without warrant, by any person;

(e) provide for the distribution of essential health and medical supplies and provide, maintain and co-ordinate the delivery of health services.

The plan includes a detailed checklist for what it calls Alternative Care Site election, that would be using school gyms or other buildings for emergency hospital facilities or triage centres. It also has a "phone fan out" plan for contacting all health employees.

Flu, unlike SARS, is NOT usually an airborne disease

N-95 mask MAY not be required to protect from flu

The SARS outbreak that hit Toronto was an airborne virus. Nurses were particularly impacted because the disease was at its most contagious when people were sickest. Most influenza is different, according to Dr. Gerry Preddy. Influenza is NOT airborne, but "droplet borne" from sneezes, coughs or saliva. For most flus a procedure mask provides good protection and the full N-95 mask is not required he says. Moreover, usually flus are most contagious before the disease peaks.

How influenza is transmitted

Organisms, especially respiratory viruses expelled in large droplets, remain viable in droplets that settle on objects in the immediate environment of the patient. Both influenza A and B viruses have been shown to survive on hard, non-porous surfaces for 24-48 hours, on cloth paper and tissue for 8-12 hours and on hands for 5 minutes[14]. The virus survives better at the low relative humidity encountered during winter in temperate zones.

Contact with respiratory secretions and large droplets, appears to account for most transmissions of influenza. In a report of an outbreak in a nursing home, the pattern of spread was suggestive of contact rather than airborne transmission because patients who were tube fed or required frequent suctioning had higher infection rates than those who did not require such care.

Whether or not influenza is naturally transmitted by the airborne route is controversial.

Keep long-term care on the curriculum for student nurses

One nurse's view *By Karen Kuprys*

I am a registered nurse and I have been employed in a long-term care setting for the past thirteen years. I have a current Canadian Nurses Association certification in gerontology and am an active member in the Alberta Gerontological Nurses Association. Long-term care has traditionally been a student nurse's first hands-on clinical experience and throughout my career, I have witnessed many student nurses begin their educational journey this way. Recently, I became aware that schools of nursing might be rethinking this traditional path and, perhaps, not even including long-term care in the educational programs.

I have serious concerns with any nursing curriculum that eliminates long-term care as a learning experience.

I have serious concerns with any nursing curriculum that eliminates long-term care as a learning experience. If students are denied such an opportunity, they potentially miss out on a solid introduction to gerontological nursing. Generally speaking, geriatric patients make up a large percentage of individuals accessing long-term care. A student practicum in this setting is an opportunity to be mentored by registered nurses who are passionate about their chosen field and who can share enthusiasm for gerontology. Registered nurses who specialize in gerontology can share the excitement of this specialty with novice nurses and, perhaps, intrigue them to pursue a career in geriatrics after graduation.

With the aging population, workforce shortages, and pressures to provide high quality care, it is of utmost importance that we don't neglect to expose the future generation of nurses to gerontology, an area we hold near and dear to our hearts. As registered nurses, we need to speak out about the importance of continuing to include long-term care and, specifically, gerontology in a nurse's education.

Appealing prescription coverage denied since February 1, 2006

UNA and HBA Services, representing the Health Regions, have issued a further joint statement on prescription coverage and on how to appeal a denial of coverage of a prescription. This is in addition to the process announced earlier to handle claims that were filed before February 1, 2006.

An employee who wants to appeal a claim for a prescribed medication denied by the insurance company, must complete the Medication Claim Denial Appeal Form. These forms are available from Employers, from UNA or on the UNA website, www.una.ab.ca.

To be approved, the medication must be prescribed by a physician or dentist, to correct or treat a medical condition based on a diagnosis, and dispensed by a pharmacist.

This appeal process covers **medications only**. Medical devices or appliances may be covered under supplementary health benefits, and if coverage has been denied there may be a grievance. However, there is NO medication appeal process for devices.

The deadline for appeals of claims from before February 1, 2006 was April 30. This new process must now be used to appeal claims denied since February 1.

A copy of the documentation on the new process is available through your Local, from your LRO or on the UNA website, una.ab.ca.

CFNU celebrates 25 years

The Canadian Federation of Nurses Unions (CFNU) celebrated its 2th anniversary with a special issue of its newsletter.

"May Day 1981 was a truly historic day as the National Federation of Nurses Unions was created as an organization to represent unionized nurses at the national level. The name was changed in 1999 to the Canadian Federation of Nurses Unions," writes Kathleen O'Connor, founding president.

"Building the Federation to its current membership of over 132,000 from all provinces with the exception of Quebec was no easy task," she writes.

UNA affiliated to the national organization in 1999.

Current CFNU President Linda Silas, noted that CFNU's work has diversified, "We research, educate, advocate and form alliances nationally and internationally to further our common vision for nurses and health care. We provide a strong, consistent national voice for nurses speaking out on working conditions, the health care system and social justice issues."

know more about PENSIONS

If I change jobs and leave LAPP, can I transfer my pension to my new employer?

LAPP has negotiated reciprocal agreements with several other pension plans that allow you to transfer your LAPP pension to the other pension plan, and vice versa. Please note that the service is determined by the importing plan. Reciprocal agreements exist with the following plans:

Capital Pension Plan (Saskatchewan)
College of Applied Arts & Technology (CAAT) (Ontario)
Fort McMurray Regional Airport Commission (Alberta)
Management Employees Pension Plan (MEPP) (Alberta)
Manitoba Municipal Employees Pension Plan
Public Service Pension Plan (PSPP) (Alberta)
Special Forces Pension Plan (SFPP) (Alberta)

Calculating your LAPP pension

Calculating what your LAPP pension involves a number of decisions, like when you will retire and what type of pension you will choose. It can be quite involved. Fortunately, the LAPP has a special website that helps with these calculations and helps with pension planning.

You need to register to use www.mypensionplan.ca, but once registered you can easily access:

- your information on file
- your latest annual statement
- calculators to generate pension estimates
- pension related forms

The benefit is defined as 1.4% of salary up to the Year's Maximum Pensionable Earnings (YMPE - $41,100 for 2005, defined each year for the Canada Pension Plan) and a 2% benefit on salary over the YMPE up to the maximum allowed under the *Income Tax Act*. Generally, the pension is based on the percentage of your five highest income years multiplied by the number of years you were contributing in the plan (your pensionable service).

That is most easily made clear with an example. Suppose you retire at age 65, with full pension, under the following circumstances:

Retirement date: January 1, 2005

Highest average salary: $80,000

Pensionable service: 20 years

Estimated Average YMPE for the same years as your highest average salary: $41,100

Difference between highest average salary and YMPE: $80,000 - $41,100 = $18,900

The Calculation Formula is:

1.4% part: $41,100 x 1.4% x 20 years = $11,508
2% part: $18,900 x 2% x 20 years = $ 7,560
Annual Pension = $27,068

On top of this you should also receive your Canada Pension Plan benefit, if you are 65 years or over. For more information you can see the website: www.lapp.ab.ca.

plan for your future

Equipment was old, but servicable.

Pauline Worsfold (l) and Karen Tailleur (r) with an Ecuadorean student nurse.

Canadian team volunteers surgery in Ecuador

Report and photos by Pauline Worsfold

This mission to do orthopaedic surgeries in Ecuador was the fifth mission for this group called Canadian Association of Medical Teams Abroad (CAMTA).

The team is made up of nurses and doctors, interpreters and data clerks, a physiotherapist and a nurse practitioner, photographers, an anaesthetic technician, anaesthetists and instrument aids. And of course there is always someone who keeps the show running smoothly by providing us bottles of water, clean uniforms and clean sheets for the OR tables and stretchers, dinner arrangements, etc.

The hospital we went to was in a section of Quito where there is a lot of poverty. It was small and simple, but the hospital had all the basics for the operating rooms, a small area for the recovery room, and upstairs 2 beds in each of the patient's rooms. The equipment was vintage and with a few adjustments worked just fine.

The patients and families were amazing. They were so thankful for the opportunity to have their surgery done. Most of the patients were in the 40-50 age group, with hips so bad they could not walk without some type of help. Some couldn't even afford crutches and so relied on family members to assist them wherever they needed to go. The family members did so without complaint. We were able to help 21 adults and 11 children during our five days of surgery time. The post-operative period is very aggressive with mobilizing patients the very same day of their surgery.

Personally and professionally I had the most fulfilling time of my career.

Pauline Worsfold, a recovery room nurse at the University of Alberta Hospital in Edmonton, is also the Secretary-Treasurer of the Canadian Federation of Nurses Unions (CFNU).

Park marking the Equator running through Quito in Ecuador.

left to right: Nurses on the surgical team: Saison Demers, Jennifer Boyle, Heather Perl, Eileen Guilfoyle, Lorraine Bilodeau, Linda-Lee Visscher, Anne McGee, Pauline Worsfold.

Karen Tailleur and a confident young patient.

Nursing News

Bargaining continues at Beverly long-term care where LPNs and RNs are in the same bargaining unit

Three sessions of mediation with Dale Simpson made quite a bit of progress in signing off parts of a first contract for the nurses at the Age Care Investments Beverly long-term care at Midnapore in the south of Calgary. But the big hurdle is LPN wages and mediation broke off when no agreement could be reached.

The UNA members of Local #213 at Beverly are proposing that all nurses in direct nursing care, RNs and LPNs, get the same base salary. The employer has agreed to match the Regional salary rates for LPNs, which is still far below the base RN rate.

The UNA bargaining committee for Beverly has moved, during bargaining, to a percentage of RN wages for LPNs, but the employer has declined to move from the Regional standard.

UNA sending members to CNA in Saskatoon

UNA is sending two members at large to the Canadian Nurses' Association conference in Saskatoon, June 18-21. Daphne Wallace and Lisa Douglas both from Local #115 were the lucky nurses that entered their names in the draw. UNA President Heather Smith and Vice President Bev Dick are also representing UNA at the national meeting.

Nursing and HIV/AIDS conference

Nurses will be discussing some of the most pressing issues relating to HIV/AIDS at a national conference August 12 in Toronto. Under the theme of "Nurses at the Forefront of HIV/AIDS: Prevention, Care and Treatment", nurses will discuss topics such as: harm reduction; stigma and discrimination; workplace safety; advances in clinical practice; health human resources; end of life issues; and adherence to antiretroviral therapy. The conference is sponsored by the Canadian Nurses Association, the Canadian Association of Nurses in AIDS Care and the International Council of Nurses. For more details and information on registering check the CNA website: www.cna-aiic.ca.

Reunion of southern Alberta forensic

Staff that have worked on, in, or around the southern Alberta forensic program are hosting a 30th anniversary reunion on September 30th in Calgary. Everyone involved past and present is invited, including everybody from the original downtown CRC site, G8 at the General, NU 38 at the PLC, to those working at the SAFPC site in NW Calgary, FAP, FAOS, and the Diversion program. Tickets are $32 each, for the evening starting at 18:00 at Beddington Heights Community Centre 375 Bermuda Drive NW Calgary. More details: http://www.forensicreunion2006.com/

CFNU partners in Quality Worklife initiative

A coalition of 11 national healthcare organizations and more than 45 quality worklife experts have formed the Quality Worklife-Quality Healthcare Collaborative (QWQHC). The group aims to put a national action strategy in place to bring about changes and coordinate efforts across the country.

"Safe staffing saves lives", says Linda Silas,RN, President of the Canadian Federation of Nurses Unions. The CFNU is a QWQHC partner. "Federal and provincial governments could save money and reduce suffering through healthy workplace initiatives," she said.

The QWQHC says there is a demonstrable link that unhealthy workplaces negatively impact patients and providers and divert dollars from patient care:

- Research done in the U.S. that shows the risk of death after surgery increases seven per cent for every patient over an average hospital nurse's workload (Aiken).
- Reports are that 46% of Canadian physicians are in advanced stages of burnout (Canadian Medical Association).
- An average number of days of work lost due to illness or disability at least 1.5 times greater for workers in healthcare than the average for all workers (Canadian Institute for Health Information).

The Canadian Federation of Nurses Unions (CFNU) held its annual breakfast and lobby with Members of Parliament at the beginning of May. Representatives from across the country met with 23 MPs and with staff as well over the two days. They also met with the new federal Health Minister Tony Clement. Meeting with Minister Clement were Tony Clement were (l to r) Anne Shannon, BCNU, Linda Silas, CFNU, Rosemary Longmoore, SUN, Margaret Hancharyk, MNU, Pauline Worsfold, CFNU and (not shown) Heather Smith, UNA.

Local #115 at the Foothills Hospital hosted a special tea for nurses to drop in as part of their celebration of Nursing Week.

How many Alberta nurses are working full-time

More nurses in Alberta may be working full-time but conflicting reporting methods and definitions makes it hard to tell precisely. The College and Association of Registered Nurses of Alberta recently reported:

Full-time: 37%

Part-time: 42%

Casual: 14%

But HBA Services, representing Employers including the Health Regions last had numbers for 2002, which were considerably different.

Full-time: 27.2%

Part-time: 40.9%

Casual: 31.9%

CARNA's numbers are reported by nurses themselves and it is not clear if it is the "FTE" of the position that is reported (eg. 0.8 FTE) or if it is the hours actually worked (0.8 FTE plus extra shifts = full time hours).

Doctors taking stand for medicare

A national group of physicians has formed a new organization to advocate for public health care, Canadian Doctors For Medicare.

"Medicare is under threat, and our patients need us to stand up for them," says a statement from the group.

"Since the introduction of our single-payer insurance system, Canadians have had to reaffirm their commitment to the principle that we should provide health care based on need, rather than ability to pay," the organization says.

More information at canadiandoctorsformedicare.ca

Ontario promises full-time work to all nursing graduates

The Ontario government announced recently that it will guarantee full-time employment to all nursing graduates in the province starting next year.

About 4,000 new nurses are expected to graduate in Ontario in 2007.

The province also said it would put $1-million toward tuition costs for nursing students interested in practising in rural, remote and underserved communities.

Health Minister George Smitherman also said registered practical nurses will be authorized to initiate some procedures, including dressing and cleaning wounds and assisting with the insertion of a catheter.

The Ontario government also said it would increase the number of nurse practitioner education spots to 150 starting in September, one year ahead of the province's previous schedule.

The Ontario Nurses' Association has been running a major "Not Enough Nurses" campaign designed to bring attention to the province's registered nursing shortage. The province has pledged to create 8,000 new nursing jobs.

Ontario nurses talks stall, employers want to roll back sick leave

The Ontario Nurses' Association (ONA) negotiations for a new provincial agreement stalled when the employer broke off the talks in late May. ONA has been bargaining with the Ontario Hospital Association (OHA) since late-February. Late in May, the OHA said it would end talks unless ONA agreed to gut sick-leave provisions for hospital RNs. The collective agreement affects almost 50,000 ONA member RNs.

"The Ontario government says its mandate is to recruit and retain nurses," says Linda Haslam-Stroud, RN, ONA President. "But the OHA's proposal targets ill and injured nurses at a time when the nursing shortage is resulting in an increase in stress, burnout, illness and injuries." Studies have shown that nurses are the most ill and injured of all professions.

"In the age of SARS, and with the looming specter of a flu pandemic, telling front-line nurses that they deserve less support when they are ill is shameful," she adds.

"Nurses are frustrated with the OHA, with the slow pace of efforts to improve conditions, and with the lack of respect and care shown for their own health and well-being as they put their health and lives on the line to care for others," Haslam-Stroud said.

The ONA negotiations are slated to go to binding arbitration if a settlement is not reached.

CFNU asks Harper to oppose Quebec's "third way"

The Canadian Federation of Nurses Unions (CFNU) recently called on Prime Minister Stephen Harper to write a letter to Quebec like the one he wrote to Ralph Klein about the "third way".

"We are deeply concerned with the proposed legislation in Quebec as outlined by Quebec Health Minister Philippe Couillard to allow the sale of private insurance for three surgical procedures. We are also concerned with his suggestion to create privately run clinics specializing in those procedures, staffed by doctors from the public health system," CFNU President, Linda Silas, RN wrote in the letter to the Prime Minister.

The old Colonel Belcher comes down. Built in 1941, the venerable Calgary hospital is at the corner of 12th Avenue and 4th Street SW. The first Colonel Belcher Hospital opened in a warehouse in 1919. It was a federal Department of Veterans Affairs hospital. The 1941 building was expanded in 1956 and renovated in the 1970s and 1980s.

The rewards of nursing

The little girl is slated for surgery in a public hospital in Quito, Ecuador.

She is being cared for by Eileen Guilfoyle (RN, OR at University of Alberta Hospital) left, and right, Saison Demers (LPN/OR Tech, public health in Edmonton).

The nurses were part of a volunteer orthopaedic team that makes an annual trip to fix hips, backs and bones for people who would never otherwise get the surgery.

Photo by Pauline Worsfold, who also volunteered on the trip in April.

▶ More of Pauline's pictures from the trip inside on page 13.

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