

**Wear White Wednesdays!**  
Assert your Professional Presence  
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**Big changes at AHS**  
But little impact on 2013 bargaining  
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United Nurses of Alberta  
**NewsBulletin**



# Cleaning up Southern Alberta

**UNA members pitch in for flood relief**

UNA Local 95 (Alberta Children's Hospital) Secretary Breanna Morandi, President Jen Borgland, Vice-President Claire Galoska, and Treasurer Jennifer Pomerleau pitch in to help clean up the mess created by the June 21 flooding in Calgary. *Page 3*

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By Heather Smith  
President, United Nurses of Alberta

# Wear white to support nursing – and your bargaining team

**“WORKFORCE** Transformation” and “Clinical Workforce Strategic Plan” are complicated terms with a simple interpretation: de-skill the work done by Registered Nurses and substitute them with less-skilled nurses or unskilled health care aides.

Add in “Scheduling Optimization” and it becomes clear why unease is growing across the province. Propose unpre-  
cedented rollbacks to RN sched-  
uling and layoff rights and the  
corrosive mix introduced by  
the employer is complete.

Recently in Edmonton 23  
RN and four LPN jobs were  
eliminated and replaced by 16  
health care aides. Similar scenarios are happening  
across Alberta in acute care and community pro-  
grams. Meanwhile, Alberta Health Services had  
a \$100-million surplus! Their total accumulated  
surplus exceeds \$1 billion.

Under the guise of “collaborative practice,”  
AHS’s five-year Clinical Workforce Strategic  
Plan aims “to enable a sustainable, cost-effective  
clinical workforce by transforming service mod-  
els and fundamentally changing how clinical  
teams work together.” Evidence-based decision  
making seems irrelevant, an inconvenient obsta-  
cle to cheapening the cost of care.

How many jobs have “disappeared”? How many  
more will be eliminated? Getting accurate num-  
bers from AHS is like nailing Jell-O to a wall.

I have asked AHS to provide a detailed  
accounting of changes to date and in the future.  
I have asked how past and future changes will  
impact services for Albertans. UNA has filed

a bargaining in bad faith complaint with the  
Alberta Labour Relations Board.

Perhaps AHS believes the public won’t notice  
the diminishing presence of RNs and RPNs. It  
is already hard for patients to distinguish one  
care provider from another.

At the recent biennium of the Canadian  
Federation of Nurses Unions, nurses from the

Nova Scotia Nurses’ Union wore  
their uniform, a white top and  
black bottom with RN or LPN  
stitched clearly on the top. In  
facilities represented by NSNU,  
only nurses may wear this uni-  
form. NSNU advertised their  
uniform, so patients and families

know when care is provided by a professional  
nurse – and when it’s not. There’s more informa-  
tion at [www.nsnucan.ca/](http://www.nsnucan.ca/).

UNA’s Provincial Negotiating Committee  
recommends we assert our professional presence  
the same way. “Wear the White” and “WWW  
– Wear White Wednesdays” embody important  
messages: Support for our profession, solidarity  
during bargaining.

Other than proceedings before the Labour  
Board, I expect little bargaining until September.  
By fall, your Local Executive will have RN and  
RPN pins for you and your colleagues. For now,  
please Wear the White, at least on Wednesdays.  
We are fighting for our profession, our jobs and  
our Collective Agreement.

In solidarity,

Heather Smith, President, UNA

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# In the thick of it

## One volunteer's story of how Albertans faced up to June's floods

**WHEN** the floodwaters rose throughout Southern Alberta in late June, bringing a catastrophe unprecedented in the province's history, UNA members like Marie Aitken were in the thick of it, helping victims and restoring order to chaos.

Aitken, an RN and UNA activist, lives on a farm west of Claresholm, a few kilometres south of High River, the Alberta community of 13,000 hit hardest by the flood. She is also a Red Cross volunteer who has helped with disasters elsewhere in the province, like the 2011 fire that destroyed the town of Slave Lake.

Still, she recalls, as someone who spent part of her youth in High River, 37 kilometres south of Calgary, she'd never seen anything quite like this. "My parents' old acreage is two miles from the river and that whole area had to be evacuated by boat," she said. "I told them: you should have kept that place – you'd have ocean-front property now!"

UNA members and staff from UNA's Southern Alberta Regional Office volunteer to help clean-up in High River.



**"It was chaos, but it was organized chaos," Marie Aitken remembers**

When Aitken received a call from the Red Cross on June 20 saying there was flooding around High River, she headed to Nanton, halfway between High River and the Claresholm Care Centre for Mental Health and Addictions where she works. There she helped open the evacuation centre set up by the Town of Nanton's Emergency Management Team.

She was back at 6 a.m. the next day as Thursday night's trickle of evacuees steadily grew, with people showing up all day at the makeshift facility in the town of 2,000's recreation centre.

Thankfully, there were few fatalities, but with the entire population of High River forced to evacuate on short notice, many who turned up in Nanton were desperate for necessities, Aitken recalls.

And there were shortages of essential supplies – such as cots, which were slowly making their way from Thunder Bay in an air-rail-truck container. In addition to water, there was too much of some things: "We had politicians up the wazoo showing up unannounced."

But Aitken praises the way Albertans faced the crisis – with beds found for seniors in empty seniors' facilities or private homes throughout the region, "awesome" efforts by local first responders and medical staff, and food "fit for kings and queens" served by nearby Hutterite colonies.

Girls and young women from one Hutterite colony even organized a Happy Birthday chorus for an 80-year-old woman forced out of her High River home.

"It was chaos, but it was organized chaos," Aitken remembers, noting that several UNA members from nearby worksites assisted in Nanton.

Marie Aitken is a District Representative for UNA's South Central District. 

OUR profession  OUR jobs

# wear white Wednesdays

**Back your negotiators and show your professional pride**



UNA North Central District Representatives proudly wear their white: (left to right) Jennifer Knight, Christina Docktor, Keith Lang, Karen Kuprys, Teresa Caldwell, Susan Coleman, Terri Barr, and Jennifer Castro.



UNA Local 85 (Sturgeon Community Hospital) President Orissa Shima and 1st Vice-President Sharon Lloyd.

**UNA'S** Negotiating Committee is asking nurses to wear traditional nursing white on Wednesdays to back their bargaining committee and show their professional pride.

The committee will also be distributing RN, RPN and LPN pins that can be worn with a white uniform.

With the employer taking a hard line and demanding many drastic rollbacks to working conditions nurses have fought for since the 1970s, the committee decided

a priority should be engaging members, providing information and advocating for the nursing profession and ourselves.

One action the Negotiating Committee is emphasizing is wearing white uniforms, or at least white tops, especially on Wednesdays.

So pass on the word and help us build the momentum.

Remember, for us, our profession and our patients, residents and clients: **WEAR WHITE!** 



## Developments affecting AHS governance had little impact on UNA bargaining

**EVEN** before the flood crisis hit Calgary and much of Southern Alberta, June saw dramatic changes taking place at Alberta Health Services in the midst of one of the most important and troubling rounds of contract negotiations in UNA's history.

But the developments affecting the governing structure of AHS that culminated with the firing of the agency's board by Health Minister Fred Horne on June 12 had very little impact on UNA's ongoing bargaining with major employers for a new Provincial Collective Agreement.

Bargaining had already taken on a worrisome tone, with AHS and the government both demanding austerity for the health care system and taking a hard line on health care employees' collective agreements.

The employer's opening position, given to UNA as the government's fight with the board was unfolding, called for dozens of major rollbacks that if agreed to would set Alberta nurses' working conditions back to the way there were in the 1970s and 1980s.

But even before Chair Stephen Lockwood and the entire board were dismissed by Horne on June 12 over a disagreement about whether AHS should pay controversial 2013 bonuses to 99 top executives of the agency, UNA negotiators were concerned the employer bargaining team was not directing the employer's bargaining strategy, said UNA Labour Relations Director David Harrigan.

"The termination of the board solidifies that concern and shows we were correct," said Harrigan. "It's the government that's calling the shots, as they were all along."



David Harrigan speaks at the North Central District Meeting


After a news conference on the morning of June 12 announcing the removal of the board, Horne introduced Janet Davidson, a former nurse and well-known health care administrator who has worked in many parts of Canada, and named her sole Administrator of AHS.

Davidson, who completed part of her education at the University of Alberta, has a reputation as a troubleshooter – having worked as a senior hospital administrator in the Capital Health Region in the 1990s, as well as playing similar administrative roles in Ontario and B.C., before joining KPMG, the Netherlands-based international consulting firm.

In the days after Davidson's appointment, the government's strategy appeared to be to focus on public relations.

The government and AHS issued what looked like a big reversal for severely disabled, although it turned out to actually affect only three group homes in Edmonton. They announced a change to the "first available bed in 100 kilometres" policy, although it turned out to only shave off 20 kilometres.

They also announced creation of 48 new beds at the Stollery Children's Hospital in Edmonton, although it really was the creation of nine beds in a construction project that won't begin for at least two years. They announced they were going to reconsider the cuts to palliative care, but later admitted to UNA they had no intention of making any changes in this area.

When the rain began to fall and the floodwaters rose in Southern Alberta, however, AHS, the government, many UNA members and affected residents turned their attention to responding to the crisis created by nature. 

# Layoff concerns continue as government insists all is well

**UNITED** Nurses of Alberta continues to receive notifications of layoffs throughout the province.

In recent weeks, UNA received notice from AHS of Registered Nurse position eliminations or planned position eliminations at health facilities and service departments, many of them part of Alberta Health Services' continuing "workforce transformation" program, others related to "patient based funding" and others to programs which all seem aimed at reducing use of professionals.

Locations include Calgary Community Health, Edmonton Community Health, Edmonton's Glenrose Rehabilitation, University of Alberta, Stollery Children's, Royal Alexandra Hospitals, health centres in Bashaw, Black Diamond and Okotoks and the Rockyview General Hospital in Calgary.

Meanwhile, publicity by the Alberta Government just before the floods hit appeared to be an attempt to reassure the public about the staffing changes AHS had been introducing.

A statement jointly released on June 20 by the Alberta Health Ministry and Alberta Health Services touts a \$55-million project to add beds at the Stollery – but also reveals that construction of the project won't commence until an unspecified date in 2015.

The news release saying Edmonton's Stollery Children's Hospital will be getting upgraded critical care beds and better access to surgery was misleading because the upgrades won't take place until at least 2015, UNA President Heather Smith said.

In fact, she said, 12 RN positions have been eliminated in pediatric oncology at the Stollery since early May.

"There is nothing wrong with a plan to improve facilities in some areas of Alberta hospitals well in the future, but announcements of these plans should not be used to



Heather Smith speaks to the media about nurse layoffs.

camouflage harmful decisions that are bound to affect the quality of care and increase risk to patients of all ages right now," Smith said.

"AHS and the government need to take measures right now to address the shortages of skilled and properly trained nursing staff at the Stollery and elsewhere that are being created by their own short-sighted staffing policies," she stated. 🍷

## Local 73 members remember Mirian Gache

**MEMBERS** of UNA Local 73 in Westlock were deeply saddened by the loss of their friend and colleague Miriam Ruth Gache on Jan. 17, 2013, at the age of 55.

A Registered Nurse at the Westlock Healthcare Centre and Long-Term Care, Mirian is remembered by her co-workers as an excellent nurse and good friend.



She is survived by her husband Wayne, her mother Wanda Alles of Chesley, Ont., and other family members. A memorial service was held Jan. 29 in Westlock's Trinity Lutheran Church. 🍷

Representatives of 14 nurses' unions at the founding of GNU



# 'Global Nurses United' founded in San Francisco

**LEADERS** from 14 nurse and health care worker unions from the Americas, Africa, Asia, and Europe met in San Francisco in June 2013 to form a new international organization dedicated to fighting austerity and improving patient care.

Representatives of the new Global Nurses United said they are unified in opposition to the adverse effects of income inequality, poverty, attacks on public workers and the ravages of climate change.

United Nurses of Alberta Second Vice-President Jane Sustrik and Canadian Federation of Nurses Unions President Linda Silas represented Canadian nurses at the founding meeting,




CFNU President Linda Silas, Left, and UNA 2nd VP Jane Sustrik were in San Francisco to help found Global Nurses United.

where the nurses' union leaders also pledged to work for safe nurse staffing ratios and improved patient care for all.

The meeting was hosted by National Nurses United (NNU), the largest U.S. union and nurses' organization.

“The unity and determination of nurse and health care worker unions to come together and push to protect all our people is a profound expression of how deeply the neoliberal agenda is coordinating and devastating countries and lowering standards

worldwide,” NNU executive director RoseAnn DeMoro said in a press release announcing the creation of the new group. 

UNA members can follow the work of Global Nurses United on Facebook at [facebook.com/GlobalNursesUnited](https://facebook.com/GlobalNursesUnited) and Twitter at [@GlobalNursesU](https://twitter.com/GlobalNursesU).



## Canadians identify big gaps in long-term care: national survey

**CANADIANS** have identified two major gaps in long-term care as key problems with the country's health care system, a nationwide survey commissioned by the Canadian Federation of Nurses Unions (CFNU) indicates.

The national poll conducted by Praxis Analytics in May 2013 showed Canadians were particularly concerned by what they perceived as a shortage of long-term care spaces and lack of qualified staff working in long-term care settings.

However, CFNU President Linda Silas said policy makers need to ensure they don't try to address these gaps by making corresponding cuts to acute care services in Canadian health care facilities. "Laying off nurses and other medical professionals in hospitals will not fix the problems in long-term care," she said.

The survey of 934 Canadians found that only 56.4 per cent of respondents who had a close relative use long-term care in the past 12 months rated the experience positively, substantially lower than the 72.6-per-cent who gave health care in general a positive rating.

"Canada urgently needs a focused and coordinated effort to find solutions to address the growing gaps in quality and availability of home care and long-term care across the country," Silas said.

A large majority of respondents identified shortages in the availability of both home care (77.6 per cent) and long-term care services (78.5 per cent) as major problems facing health care in Canada.


In addition, close to two thirds of respondents believed there is currently insufficient qualified staff available in both home care (68.4 per cent) and long-term care (63.7 per cent) settings.

An overwhelming 77.6 per cent of respondents identified a strong preference for home care over institutional care.

"The public is telling us we need to look outside the facility setting and do more to support people in receiving the care they need and deserve in their homes," Silas said.

The highest rating in the survey, 96 per cent, was given to the importance of having a qualified nurse on duty.

"The public also clearly recognize what having access to qualified nursing staff at all times means to the quality of care they receive," she added. "Achieving appropriate nurse staffing levels must be central to long-term care reform as this is critical to improving patient safety and outcomes while reducing nurse burnout and injuries."

The survey, which ran from May 6 to May 17, 2013, has a margin of error of plus or minus 3.21 per cent at the 95 per cent confidence level. 

Taking the **LEAD!**

2013 Convention  
June 3-7  
Toronto, Ontario





UNA's executive and many members attended the CFNU's Biennial Convention in Toronto.

# Canadian nurses at convention donate \$30,000+ to Partners for Mental Health

**MORE** than 850 nurses from across Canada attended the four-day Canadian Federation of Nurses Unions (CFNU) Biennial Convention in Toronto last month – including about 180 from United Nurses of Alberta.

The June 4-7 convention consisted of two days of education and two days of CFNU business focusing on the future of nursing and other important health care issues.


Featured speakers included Ontario Premier Kathleen Wynne, who opened the event, and Canada's former governor general, Michaëlle Jean.

Delegates ended the meeting June 7 on a high note, by donating \$33,769 to Partners for Mental Health.

The funds will go to the charity's efforts to assist with awareness, education and engagement

campaigns to support the group's mission of catalyzing a social movement. In addition, a portion will go to the Canadian Mental Health Association.

Partners for Mental Health is dedicated to creating "a social movement to transform the way Canadians think and act toward their own mental health, as well as toward people living with mental health problems or illnesses."

CFNU represents close to 200,000 nurses and student nurses across Canada. Members work in hospitals, long-term care facilities, community health care, and our homes. The CFNU speaks to all levels of government, other health care stakeholders and the public about evidence-based policy options to improve patient care, working conditions and our public health care system. 



Former Governor General, Michaëlle Jean addresses the convention.



# Absenteeism and overtime rates

## clearly indicate need for more emphasis on safe nursing staff numbers in Canada

**NEW** figures on rates of absenteeism and overtime worked by nurses throughout Canada clearly illustrate the need for all health care systems to place more emphasis on safe staffing levels in the health care and social assistance sector, Canadian Federation of Nurses Unions President Linda Silas said on June 3.

Speaking the day before the start of the CFNU's Biennial Convention in Toronto, Silas said that, in fact, "nurses know from the front lines that the situation is even worse than indicated by these statistics."

The statistics, compiled for CFNU from Canada's Labour Force Survey by Informetrica Ltd., show that in 2012 Registered Nurses and nurse supervisors working in the health care and social assistance sector worked well over 21.5 million hours of overtime.

The Informetrica statistics show that each week in 2012 an average of 18,900 of Canada's 251,500 Registered Nurses and nurse supervisors in the sector were absent from work due to own illness or disability.

"These levels of overtime and absenteeism clearly indicate that nursing workloads have reached a point that is not safe or acceptable," Silas said, noting that the connection between heavy nursing workloads and declining patient care and safety has been exhaustively researched and is well understood.

"Safe staffing should be the guiding principle in patient safety in Canada, and it makes sense to view all decisions about staffing as investments in patient care and our health care system," Silas said.

"More than any other factor, safe levels of nursing staff are the key to an efficient, cost-effective and sustainable health care system that meets the needs of patients, their families and all Canadians," she stated.

The hours of overtime shown by Informetrica's research to have been worked by nurses in 2012 are equivalent to 11,900 full-time equivalent jobs, Silas noted.

The survey results also showed nearly a third of Canada's nurses worked overtime each week, with the average total overtime worked at 6.6 hours per week – both figures essentially unchanged since 2010.

Total cost of paid overtime in 2012 was estimated at \$746.5 million, up from \$660.3 million in 2010.

But many nurses work overtime without being paid, and the figures compiled by Informetrica indicate the value of this unpaid work exceeded \$200 million.

The provinces with the highest number of nurses working overtime were Quebec, Alberta and Saskatchewan.

The statistics also showed that each week in 2012 an average of 18,900 of Canada's 251,500 Registered Nurses and nurse supervisors in the sector were absent due to own illness or disability.

The annual cost of this absenteeism, Informetrica estimated, was \$734.3 million in 2012 – an increase from \$711 million in 2010, although the number of nurses reporting absence due to own illness or disability had declined. However, this does not account for savings that could be realized through better quality, properly staffed care.

Provinces with the highest absenteeism rates in 2012 were New Brunswick and Manitoba, both at about 10 per cent, and those with the lowest rates were Saskatchewan (5.5 per cent), Quebec (6.7 per cent) and Ontario (6.8 per cent). 🍷



Taking the **LEAD!**



# Canadian Senators amend anti-union bill

**A** private members' bill that would force unions to disclose financial records to a degree of detail not required by public companies has been temporarily blocked by the Canadian Senate.

On Jun 25, 2013, a majority of Senators voted in favour of a amendments to Bill C-377, sending the controversial legislation back to the House of Commons for debate in the fall.

Calling the bill "divisive and unproductive" and "badly crafted," Ontario Conservative Senator Hugh Segal argued that it would lead to an invasion of privacy of up to 12 million Canadians.

Introducing the amendments in the Senate, Segal and 15 Conservative Senators voted with Liberal Senators to block to bill.

The amendments passed by the Senator include increasing the mandatory disclosure on union spending from \$5,000, as initially proposed, to more than \$150,000. Similarly, mandatory salary disclosure increased from \$100,000 to \$444,000. And the bill as now drafted would only apply to unions with 50,000 members or more.

Four Senators from Alberta, Liberals Grant Mitchell and Claudette Tardif, Progressive Conservative Elaine McCoy,

and elected Conservative Betty Unger voted in favour of the amendments.

The amended Bill C-377 will return to the House of Commons when politicians return to Ottawa after their summer break later this year.

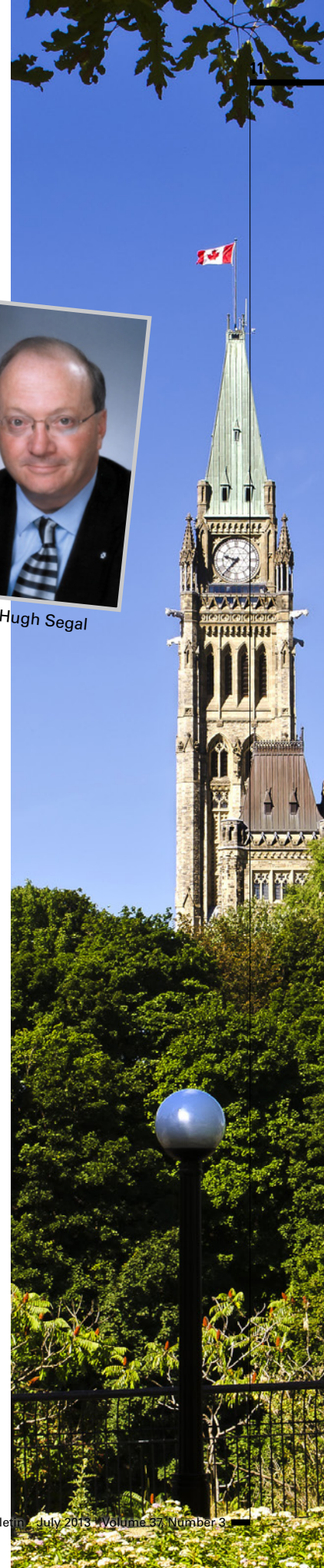
Bill C-377 was introduced into Parliament by back-bench Conservative MP Russ Hiebert and easily passed through the Conservative-dominated House of Commons last year. The bill received vocal support from anti-union groups and employer associations like the Merit Contractors and the Canadian Federation of Independent Business.

Labour groups, professional associations, and opposition parties voiced their opposition to the bill, arguing it would impose expensive and overzealous auditing practices not required in other sectors.

On Oct. 17, 2012, UNA President Heather Smith wrote to Members of Parliament, urging them to oppose the passage of Bill C-377. "UNA does not believe this law is well drafted, carefully thought out or designed to address an existing legislative need in Canada," wrote Smith. 🍷



Senator Hugh Segal



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The amended Bill C-377 will return to the House of Commons when politicians return to Ottawa after their summer break later this year.

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# Alberta working-alone legislation requires employer action

By Dewey Funk  
UNA OH&S Advisor

**OVER** the past year I have been asked many questions about working alone. I am going to address this concern to help UNA members understand Alberta's law. Here's what the legislation says:

## OH&S Code

### Part 28 Working Alone

#### Section 393 – Application

*393 (1) This Part applies if a worker is working alone at a work site, and assistance is not readily available if there is an emergency or the worker is injured or ill.*

*393(2) Working alone is a hazard for the purposes of Part 2.*

#### Section 394 – Precautions required

*394 (1) An employer must, for any worker working alone, provide an effective communication system consisting of radio communication, landline or cellular telephone communication, or some other effective means of electronic communication that includes regular contact by the employer or designate at intervals appropriate to the nature of the hazard associated with the worker's work.*

*394 (1.1) Despite subsection (1), if effective electronic communication is not practicable at the work site, the employer must ensure that the employer or designate visits the worker, or the worker contacts the employer or designate at intervals appropriate to the nature of the hazard associated with the worker's work.*

When there are two or more workers, working for the same employer, Part 28 is not applicable.

What does “readily available” mean? According to the OH&S Explanation Guide:

1. **Awareness** – will other persons capable of providing assistance be aware of the workers needs?
2. **Willingness** – is it reasonable to expect that those other persons will provide helpful assistance?
3. **Timeliness** – will assistance be provided within a reasonable period of time?

I have been called to worksites where nurses do “scream tests” to see if anyone can hear them should they need assistance. If you have to do a “scream test,” you are probably working alone! All you need to do is look at the meaning of “readily available.”

Should you fit this definition of working alone, your employer is obligated to do a hazard assessment as set out in Part 2 of the OH&S Code to put measures in to mitigate the hazards.

The employer must provide workers with effective communication devices. If the employer provides you with a panic alarms or a personal alarm, the devices must be in working order. If there are locations in the facility where these devices do not work properly, the employer must address this. You are given these devices because there is a concern for your wellbeing.

There must also be training in the operation of the devices. If the devices don't work, even part of the time, bring this concern to your UNA OH&S Committee.

I recently spoke with some UNA members

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If you have to do a “scream test,”  
you are probably working alone!

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whose devices did not work for years because of lack of training.

The employer is permitted to set up a schedule in which there is a call-in system. For example, home-care nurses who visit clients at the clients' homes. Sometimes the nurses phone in before going into the home and again when they leave.

Sometimes the nurse must phone in at the end of the shift to let the employer know she is safe. Sometimes there is pushback by employers who don't want to pay the cost of such a system. Ask yourself, however, what happens if the nurse is on a country road at 6 p.m. when it is 30 below? What's the potential cost to the nurse if something goes wrong? And remember, that nurse could be you.

Employers at some facilities have security staff do rounds. In some cases, this can satisfy the working alone legislation.

For more information on working alone, see the OH&S Explanation Guide found on the Government of Alberta's Human Services website.

If you still have concerns about working alone, please contact me so we can have a conversation about how to stay safe. 🍷

## CORRECTION



Termination of federal funding for the Canadian Health Council is causing serious concern for many Canadians.

The last edition of NewsBulletin incorrectly stated the situation applied to the Canadian Health Coalition. 🍷

# 'Companion planting' and old-fashioned hand weeding can keep your summertime garden green – and *green*

**THEY** say you should make hay while the sun shines – or, in the case of folks with jobs in health care facilities and offices, at this time of year a lot of us get the urge to grow a garden.

Nowadays, though, many of us worry about traditional, chemically intensive gardening methods when we read recent reports about the birds and the bees – that is, how many birds and beneficial insects are dying off and how common agricultural and gardening practices are often the suspect.

A quick Google search proves there's no shortage of companies offering "green" pest controls, of course, some of which may be greener than others!

But here are some thoughts on green gardening that can allow you to implement a "no-spray" pest control policy that can help reduce the environmental impact of your home gardening activities:

The first step to controlling pests, says "Joe Gardener" ([www.growingagreenerworld.com](http://www.growingagreenerworld.com)) is creating a hospitable environment for the plants you want to grow. "Healthy plants are less attractive to pests in the first place, and when they are attacked, the plants are better equipped to defend themselves and recover."

The Reader's Digest ([www.readersdigest.ca/home-garden](http://www.readersdigest.ca/home-garden)) suggests that "companion planting" can benefit a garden. "Aromatic compounds in roots, leaves and flowers or secretions from parts of some plants can act as effective deterrents to many common pests. Growing carrots with leeks, garlic or onions is a tried and tested combination, with the companions protecting each other in turn against carrot fly and onion fly."

Onions and garlic, planted between strawberries and vegetables, can help protect against fungal infections.

Planting celery between cabbage plants drives away cabbage white butterflies, so they will look elsewhere for a place to lay their eggs, the Digest says. And the aromatic leaves of sage deter cabbage white butterfly, snails and ants.

In addition to protection from garden pests, companion planting can result in fewer weeds if you plant deep-rooting plants alongside shallow-rooting plants, or compact plants with broad leaves alongside thin-leaved plants.

And, of course, if you have the time – and the patience – there's nothing like getting down on your knees and pulling the weeds out yourself!

And if you do have a major problem with a pest and feel that chemical control is a necessity, experienced gardeners say you'll be father ahead if you can identify the insect that's doing the damage – and pick a treatment that targets that creature alone.

A completely green garden in St. Albert, just northwest of Edmonton. "I don't do anything but weed and prune," says the gardener. "No pesticides or fertilizers. Let re-seeding happen naturally – you can grow extra plants behind garage for future replanting."

## green corner

Green Corner is brought to you by UNA's Education, Communication and OH&S Committee.

# Know your Rights

Report from Director of Labour Relations **David Harrigan**



## Should your employer have the right put someone who is not qualified in charge of a medical unit?

**SHOULD** your employer have the right to put someone who is not qualified in charge of a medical unit where Registered Nurses work?

That's what Alberta Health Services wants to do in the current round of negotiations for a new Provincial Collective Agreement, and UNA believes this proposal is neither safe nor practical.

AHS and the other employers subject to the UNA Provincial Collective Agreement opened the 2013 round of bargaining with a proposal that would eliminate the requirement for an employer to define a unit and have someone in charge of each unit.

Under the current agreement, units that have an RN or RPN in charge, must continue to have an RN or RPN in charge.

But in its monetary proposal, AHS has proposed several changes to Article 16, Responsibility Allowance, Temporary Assignment and In Charge.

The three most dangerous AHS proposals were as follows:

1. To eliminate the requirement to have the person in charge of a unit present on the unit. The employer proposes to amend Article 16.02 (a) of the UNA Provincial Collective Agreement to allow the person designated as being in charge of the unit to not actually be physically present

on the unit. No alternate need be designated in charge as long as the person in charge "is available to be reached by employees on the unit(s)." [See page 9 of the *Employer Ingoing Monetary Proposal*, which you can get by registering for UNA-Net. You can sign up by going to UNA's website and following the links.]

2. To eliminate the requirement to have an RN or RPN in charge of a unit. The employer also proposes to amend Article 16.02 (d) to eliminate the requirement that the person in charge of a unit for a specific shift be a Registered Nurse or a Registered Psychiatric Nurse. [See page 9 of the *Employer Ingoing Monetary Proposal*.]
3. To eliminate any requirement that the person in charge of a unit be qualified. The employer also proposes amendments that would eliminate the requirement the person in charge of a unit be an employee or a health-care provider. [See pages 9-10 of the *Employer Ingoing Monetary Proposal*.]

The employer has admitted in bargaining that the effect of these proposals would, among other things, be to allow AHS to have a non-health-care provider in charge of a unit in one geographical location and while the unit in question was in a completely different geographical location.

There are other serious and dangerous proposals by the employer regarding charge and temporary assignments.

This article was based on the sixth in a series of factsheets on UNA's 2013 round of bargaining with Alberta Health Services and the other employers subject to the UNA Provincial Collective Agreement. The employer is seeking significant rollbacks in several areas important to Alberta's nurses. Each factsheet deals with one topic area, and provides references to the relevant pages of the Employer's Ingoing Proposal.

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