



NewsBulletin

Volume 38, Number 4

December 2014

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SAVES!
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UNA's 'Superheroes' lead the fight to make sure Save Staffing Saves

By Heather Smith
President, United Nurses of Alberta

For the 2014 United Nurses of Alberta annual general meeting, which has just ended, we chose the theme “Safe Staffing Saves ...” and a comic-book style of presenting it.

The comic-book imagery seemed like a powerful way to present the important message that, when it comes to health care in Alberta and Canada, nurses are superheroes!

In my remarks on the opening day of the AGM, I told the 850 people at the EXPO Centre in Edmonton that unsafe staffing is the deadly force against which we fight each and every hour of each and every day. And, even though we don't have superpowers, we are not defenceless.

Our super weapons are our Collective Agreements – and the ability they give us to raise professional responsibility concerns, deal with occupational health and safety problems and file grievances on behalf of any or all of our members.

Our champions – our “superheroes,” if you will – are UNA's local executives, our staff members and, above all, our front-line Registered Nurses and Registered Psychiatric Nurses who simply refuse to accept that “this is the way it is.”

So, in the past 12 months, our “superheroes” filed 2,237 professional responsibility concerns and 630 grievances.

Occupational Health and Safety challenges reached new heights.

I'm proud we successfully fought off an attack by the government on our pensions, and made significant inroads against their effort to reduce our collective bargaining rights and those of all health care unions in Alberta.

But we must all remember these attacks against our rights, our retirement security, our wages and working conditions, and the safe and high-quality care we give our patients, residents and clients, are not going to end, next year or ever.

Alberta nurses need to remain vigilant, and continue to act as superheroes dedicated to the protection of our fair, effective and efficient public health care system. Safe staffing saves ... it saves money, and it saves lives.

For now, I wish you all the very best of the season, and a productive and happy 2015. I look forward to working with you all in the New Year.

In solidarity,

Heather Smith, President, UNA

Provincial Office

700-11150 Jasper Avenue NW
Edmonton AB T5K 0C7
p 780-425-1025/1-800-252-9394
f 780-426-2093

Southern Alberta Regional Office

300-1422 Kensington Road NW
Calgary AB T2N 3P9
p 403-237-2377/1-800-661-1802
f 403-263-2908

www.una.ab.ca
nurses@una.ab.ca

facebook.com/unitednurses
twitter.com/unitednurses

Executive Board

President: Heather Smith H: 780-437-2477 W: 780-425-1025

1st Vice-President: Jane Sustrik C: 780-915-8367 W: 780-425-1025

2nd Vice-President: Daphne Wallace C: 780-991-4036 W: 780-425-1025 or 403-237-2377

Secretary/Treasurer: Karen Craik C: 403-510-5163 W: 780-425-1025 or 403-237-2377

North District: Roxann Dreger ♦ Susan Gallivan **North Central District:** Terri Barr

♦ Teresa Caldwell ♦ Jennifer Castro ♦ Susan Coleman ♦ Christina Doktor ♦

Heidi Gould ♦ Jenna Knight ♦ Karen Kuprys **Central District:** Dianne McInroy

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♦ Kathy Bouwmeester ♦ Marie Corns ♦ Denise Palmer ♦ Leslie Perry ♦

JoAnne Rhodes ♦ Cameron Westhead **South District:** Maxine Braun ♦ John Terry

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Editor: David Climenhaga **Production:** Kelly de Jong

Directors

Labour Relations:

David Harrigan

Finance and Administrative Services:

Darlene Rathgeber

Information Systems:

Andrew Johnson

PUBLICATIONS MAIL
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CANADIAN ADDRESSES TO:
UNITED NURSES OF ALBERTA
700-11150 JASPER AVENUE NW
EDMONTON AB T5K 0C7

SAFE STAFFING SAVES!

UNA 2014 AGM

Unsafe staffing is the deadly force nurses battle every day: PRESIDENT SMITH

“UNSAFE staffing is the deadly force against which we fight each and every hour of each and every day,” United Nurses of Alberta President Heather Smith told the union’s 37th annual general meeting November 19 in Edmonton.

The theme of the 2014 UNA AGM was “Save Staffing Saves,” and one of the things safe staffing saves is lives, Smith emphasized to more than 850 delegates, observers, staff and others at the Tuesday-morning opening of the meeting. Similar numbers were on the floor every day of the three-day annual meeting.

This is truer than ever before, Smith advised the Registered Nurses and Registered Psychiatric Nurses in her audience. In an age of global epidemics of deadly diseases such as Ebola, “it has been nurses’ unions – at the provincial and national level – that have pushed governments and employers to adopt more stringent protocols. To act, not wait.”

She warned delegates that managers and politicians don’t see the world the same way, and continued vigilance and activism are essential to ensure patients and front-line medical staff alike are protected.

UNA President Heather Smith



Throughout the meeting, members heard stirring and practical advice from social activists, health care staffing experts and partner groups on what is being done, and what can be done in the ongoing fight for safe and effective public health care.

Smith, who was re-elected by acclamation to her 14th two-year term as UNA leader, also reported on the union’s successes in the past year, including successful conclusion of negotiations for a new Provincial Collective Agreement after more than a year of difficult bargaining and success in the multi-union campaign to end the provincial government’s assault on public service pension.

Secretary-Treasurer Karen Craik was re-elected by acclamation to a ninth term.

In the year ahead, Smith said, “we have negotiations to complete at long-term care and other smaller employers across the province, and may also see important elections in Alberta and Canada.”

She encouraged members to continue to wear white at work to help the public understand “the implications for them and their loved ones when they do not see a white uniform.”



Convention delegates

2014 UNA AGM

FIGHTING FOR SOCIAL JUSTICE NOT SOMETHING YOU PUT ON OR SHUCK OFF!

"FIGHTING for social justice is like a bath," Maude Barlow told UNA's AGM on November 20. "You fight for it every day ... or you stink!"

In other words, said the renowned author, activist, environmentalist and chair of the Council of Canadians, "fighting for social justice is not something you put on or take off."

The fight is not easy, particularly after the damage done and continuing to be done to Canadian civil society by the Harper Government, Barlow acknowledged. She cited a long list of civil society groups, scientific bodies and essential public services, including health care services, that have been attacked or gutted by the federal government since the federal Conservatives came to power.

Without doubt, she asserted, a direct attack on public health care is part of the government's long-term program, despite its unwillingness to attack popular essential programs head on.

But there is plenty of reason to hope as well, she said. "The year my mother was born, the Canada Elections Act said no woman, lunatic, idiot or child may vote. ... We have come a long way, and we can change!"

To restore what has been lost and stop the attack on Canada,

Barlow said, "we need a vision of our own to counter this direct assault on medicare. ... And we need to assert our values in the political life of our country."

"It's not about winning a particular campaign," she cautioned. "It's about building democracy. It's about supporting each other through hard times. ... It is always too early to declare defeat!"

Barlow warned UNA delegates that their victories will not always be clear-cut, but they will come. "Our victories may come as subtle, complex, slow changes instead of the big ones that we would like. But we can build on inclusivity and diversity right from the beginning."

She reminded her audience social movements often start small before they achieve big results. "Don't assume you have to find all the resources before you jump into an issues. ... If you start the campaign, somebody will come and help you. Have a big vision. Promote the change we need to happen."

"We have a great task ahead of us," she concluded. "We're going to have to undo some very bad stuff. It's going to take our whole lives. But then, what else do we have to do?" 🐾



AGM speakers: Bill Moore-Kilgannon of PIA, Sandra Azocar of Friends of Medicare, Ricardo Acuna of Parkland Institute



Heather Smith and Maude Barlow



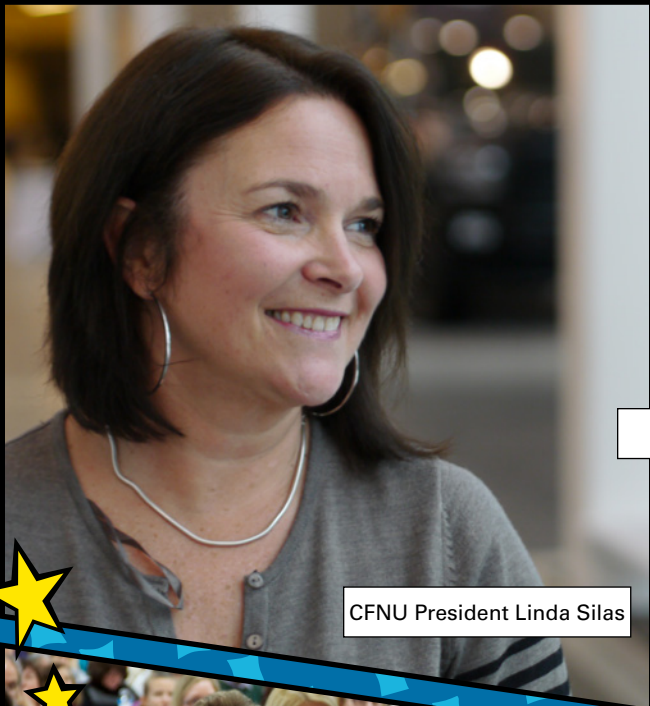
Activist Maude Barlow and AFL President Gil McGowan

Smith and Craik re-elected by acclamation as president and secretary-treasurer

UNA President Heather Smith and Secretary-Treasurer Karen Craik were each re-elected to another two-year term at UNA's November 19-21 annual general meeting, Smith to her 14th, Craik to her ninth.

Elections were held to choose district representatives for the North Central District and South District. All other districts' representatives were chosen by acclamation. UNA Districts are assigned numbers of representatives on the basis of membership numbers, and the jobs of two of its four Executive Officer positions are filled on alternating years. 🌟

- The full list of UNA officers and district representatives elected and acclaimed at the 2014 AGM is as follows:
- President:
Heather Smith
 - Secretary-Treasurer:
Karen Craik
 - North District Representative:
Susan Gallivan
 - North Central District Representatives:
Susan Coleman
Christina Doktor
Heidi Gould
Karen Kuprys
 - Central District Representatives:
Sandra Zak
Wanda Zimmerman
 - South Central District Representatives:
Marie Aitken
Kathy Bouwmeester
Marie Corns
JoAnne Rhodes
 - South District Representative:
John Terry



CFNU President Linda Silas



Maude Barlow



AGM Scenes



UBC PROF SAYS NURSES MUST PLAY KEY ROLE IN 'WORKFORCE REDESIGN'

IF you want to have health care that's safe for patients and health-care workers alike, nurses must have a voice in all health care decisions, University of British Columbia professor Maura MacPhee told UNA's AGM on November 19.

The key lesson cited by Dr. MacPhee, of the UBC School of Nursing, was nurses and other health care workers need to be wary of various schemes for "workforce redesign" put forward by managers and politicians.

They often advocate changing the mix of nurses and other front-line workers in the system. "As nurses, we have to be the watchdogs," she said, arguing that for health care to be truly safe and effective, "nurses need a voice at every level."

This is not to say there's not a role for all kinds of health care workers in a properly functioning system, MacPhee cautioned. But professional nurses need to be on guard against "scope creep" in redesigned workplaces, especially among non-regulated aides.

"It's important to know the scope of practice of team members," MacPhee stated. "Scope of practice blurring is dangerous, and creates a lot of tension in the workplace. We need to be advocating for very clearly defined scope of practice."

In other words, she explained, *"like for like is a policy that belongs within workforce redesign. If an RN is deemed necessary to the needs of a patient, then only an RN should replace an RN."*

If an RN is not available, she argued – for example, in the event of an unplanned absence by an RN – schedulers must consider how replacement with a non-RN will influence the workload and safety for patients and other staff members.



Maura MacPhee



Among her recommendations for any workforce redesign program:

- Use real-time patient needs assessment tools to determine patient needs – remembering that patients must come first
- Once patient needs are known, assign nurses based on nurse competencies
- Nursing scopes of practice should clearly distinguish among regulated groups based on formal educational attainment
- Education must take place within approved and accredited programs
- Staff replacement policies must ensure like replaces like
- Mandatory review time and action periods for PRC forms are essential

Canadian Federation of Nurses Unions President Linda Silas, who spoke after MacPhee, touched on the same topics, telling delegates that "what employers are often really doing is pitting workers against workers."

"We need every health care worker," Silas said. "There are not too many of us. There are too little of us!" 🍷



Jane Ball



AGM Scenes



RNS MUST COMMUNICATE FACTS AND PASSION, BRITISH NURSING EXPERT SAYS

A combination of strong nursing leadership, a commitment to social justice and hard facts from a multitude of sources is needed to assure safe staffing levels in health care facilities, a leading British research authority on safe health care told UNA's AGM on November 21.

The evidence they need to present is unequivocal, said Jane Ball, RN, Principal Research Fellow in applied health research and care at the University of Southampton.

It clearly says, she told AGM participants that "a ratio of more than eight patients per RN significantly increases the risk of harm and constitutes a break of patient safety."

"This isn't just a minimum," she added. "This is a danger zone. This is what unsafe looks like!"


"Evidence matters and the evidence is strong," said the former deputy director of research at the National

Nursing Research Unit of King's College London. It shows "safe staffing saves lives, and it saves money."

It also shows, she said, "that it's RN staffing that makes a difference whether RNs can get work done."

"This isn't just statistics, this isn't just analysis," she said. "These are people dying – someone's mom, daughter, someone's husband – people who shouldn't have died."

Ensuring evidence is communicated, and understood, is where strong nursing leadership and the commitment to social values come in, said Ball. "Social justice isn't granted by those in authority. It comes from people who care deeply ... when they come together and say, 'enough is enough.'"

Ball warned the conditions that led to disasters like the Staffordshire hospital scandal in England in the late 2000s are present in health care in Alberta. "We simply can't afford not to have safe staffing ... And if people don't speak up, that's when you have another Staffordshire." 

"This is a danger zone. This is what unsafe looks like!"

2014
AGM

DELEGATES OVERWHELMINGLY PASS 'WEAR WHITE' RESOLUTION

DELEGATES to UNA's AGM voted overwhelmingly today to encourage Registered Nurses and Registered Psychiatric Nurses throughout Alberta to wear white.

UNA's high-profile "Wear White Wednesdays" campaign has drawn favourable responses from members, patients, their families and members of the public for more than a year as RNs used the traditional white nursing colour to illustrate the low numbers of RNs in the health care system, President Heather Smith said, and now it's time to extend that to the rest of the week.

The resolution said: "The delegates of the 2014 AM recommend members of UNA wear white (or a combined white top with back bottoms) uniform in support of our efforts to advocate for safe staffing in the workplace."

The motion recognized this would not apply to some work sites. 🍷



UNA delegates wear white at AGM



UNA transitions to NEGOTIATIONS FOR SMALLER WORKSITES

WITH its new Provincial Collective Agreement ratified, United Nurses of Alberta is focused on negotiating new contracts for members employed at smaller worksites throughout Alberta.

At the time this News Bulletin went to print, UNA representatives had met with employers from Venta Care Centre, The Good Samaritan Society, Edmonton Chinatown Care Centre, Chantelle Management Ltd., Capital Care Edmonton and Hardisty Nursing Home.



Members of UNA's negotiations committee started bargaining with Chantelle Management Ltd. On Oct. 29, 2014. Left to Right: Brandi Dunn (Local 37), Jennifer Lanz (Local 172), Jeannine Arbour (Labour Relations Advisor), Ruth Jeannotte (Local 172), Roxann Dreger (North District Representative), and David Harrigan (Director of Labour Relations).



United Nurses of Alberta's bargaining committee started negotiations for a new contract with The Good Samaritan Society on November 13 and 14, 2014. In photo (left to right) Margaret Halliwell (Local 212), Linda Wu (Local 316), David Harrigan (UNA Director of Labour Relations), Heather Smith (UNA President), Jeannine Arbour (Labour Relations Advisor), Diane Lantz (UNA Negotiations Committee Co-Chair), and Cindy Caragata (Local 223).


Members of United Nurses of Alberta Local 226 voted on Oct. 29, 2014 to ratify a new collective agreement with Venta Care Centre in Edmonton. UNA and Venta negotiators reached a tentative agreement after bargaining meetings on October 9 and 10, 2014.

Improvements for UNA members covered by this new collective agreement include:

- Increased RRSP matching contribution from 2 per cent to 3 per cent
- Employer-provided \$200 for annual professional association fees
- Increased portability of seniority
- Removal of the requirement for employees to see an emergency doctor after two weeks of sick leave
- Salary increases of 0 per cent in the first year, 2 per cent in the second year, 2.5 per cent in the third year and 3 per cent in the fourth year of the contract

A letter of understanding ensuring lump sum payments of \$2,000 for 2013, \$500 for 2014 and \$500 for 2015 was included.

The four-year collective agreement will expire on August 31, 2017.

UNA provides a wide range of services to its members. A key role is negotiating the excellent collective agreements that regulate salaries, benefits, schedules and working conditions of members. UNA also administers its agreements to resolve disputes, improve working conditions and protect nurses' workplace rights. 



green corner

THE winter holiday doesn't have to be environmentally irresponsible to be festive – you really can enjoy a Green Christmas ... even when the snow is falling!

Here are some ideas from various sources on the Internet.

- Use LED lights. They're pretty standard nowadays, but far from universal. Because they use so little power, it may be greener to recycle the old and buy new. You can save even more power by using a timer.
- Give battery free gifts. Batteries are big polluters, and battery sales go way up at holiday time. Think about giving gifts that don't require them.
- Use reusable and natural materials. "There is nothing festive about filling your home with toxic materials," environmentalist David Suzuki writes on his foundation's website, and "there's nothing merry about the production process used to create plastic decor."
- Connect with nature by decorating a tree for the birds. Place seed bells, suet, pinecones with peanut butter and seed trays – best one out in the open where birds can see prowling cats.
- Visit a craft fair. You're more likely to find environmentally responsible locally made gifts at a craft fair, than in a mass market electronics store.
- Re-use wrapping paper. Half the paper used in the United States every year is used to wrap and package products. You can cut down on that by reusing wrapping paper, and using recyclable wrapping like gift bags, ribbons and bows.
- Make the wrapping part of the gift – how about using a new pair of mittens to "wrap" something else?
- According to the city of Edmonton, a live tree is best. The city recycles about 30,000 Christmas trees each year for park trails and compost feedstock.

Remember, when it comes to holiday festivities, less is more. 🍷

Green corner, on environmentally friendly topics likely to be of interest to UNA members, is brought to you by the Education, Communication and OH&S Committee.

Awarding of \$3-billion private lab contract to Australian firm sparks controversy

CONTROVERSIAL plans by Alberta's PC government to use a public-private partnership to build and run a huge privatized medical lab facility in Edmonton heated up even more in October when Alberta Health Services announced the \$3-billion contract would go to an Australian company.

Critics assailed the AHS decision to award the contract to Sonic Healthcare of Sydney, Australia, instead of DynaLife DX, the local company that had been providing lab services in the Capital region for AHS and which had expected to get the new contract.

On November 6, DynaLife announced in a press release it would appeal the choice of the Australian company, claiming "there were significant flaws and failures in the conduct of the RFP process which drove to a biased conclusion." AHS insisted the process was fair and transparent.

Other critics, meanwhile, attacked the use of a P3 and private-sector employees to provide what should be public service, saying it will cost taxpayers more and provide inferior service to doing the work in the public sector. 🍷

PENSION UPDATE

Advice for retiring nurses: Stay on top of LAPP timelines; remember pension advances

A significant demographic uptick in Baby Boom generation nurses and other public employees retiring in Alberta means it's become extremely important for those considering retirement to give timely notice of their plans to their employer and be conscious of timelines.

Giving proper notice can reduce chances of long delays in a retiree receiving her first pension cheque. Keeping on top of the timelines allows retirees to respond before they face a financial crisis if there is a delay.

In the event of a delay that causes financial hardship, newly retired members of the Local Authorities Pension Plan (LAPP) have the option of seeking a pension advance to tide them over until pension cheques start to appear regularly.

Pension officials at Alberta Health Services and LAPP are dealing with a significant escalation in the number of retirements that has resulted in at least one Registered Nurse retiring daily into the foreseeable future. So completing the necessary paperwork by both the employer and the pension plan means there can be a significant gap for many retirees between when they receive their last paycheque and get their first pension cheque.

AHS asks retiring employees for 90 days' notice, and retiring nurses should try to comply – but if you are considering retirement, you also need to know there may be delays caused by employer and LAPP paperwork and policies. Gaps of four to six weeks after LAPP has received paperwork from the employer are not uncommon.

So retirees should be aware of where their application is in the process and inform UNA if they're concerned. But



they should not lose faith, because while LAPP can be slow, it has a good record for getting things right.

Once the pension administrator has received pension documentation from the employer, retirees are eligible to apply to LAPP for an advance of up to 90 per cent of their anticipated pension entitlement for the time period. The application must indicate that there is hardship.

Nurses who continue to work and retirees alike can congratulate themselves for this year's successful fight with the Alberta government to protect their retirement security, but need to remain alert for future attempts to revisit the question.

Renewed attacks on sustainable and secure defined-benefit pension plans like LAPP are bound to return to the agenda of future governments, as pressure from right-wing think tanks, the financial industry and senior officials with a market-oriented vision of sustainability continue. 🍷

Vigilance urged against use of CoACT program to 'dilute' nursing

"So we don't oppose everything, we just oppose the bad staffing ideas."

– Heather Smith

WITH clear evidence available of the number of Registered Nurses required for safe medical staffing, nurses need to be concerned and speak up about plans like Alberta Health Services' CoACT program that would reorganize the mix of front-line health care workers.

However, United Nurses of Alberta President Heather Smith told the union's AGM, the plans and ideas included under the CoACT umbrella are a range, from good to bad.

"So we don't oppose everything," said Smith. "We just oppose the bad staffing ideas."

AHS says the goal of CoACT is to "ensure the right staff are doing the work they're best at doing, to meet the individual needs of patients." AHS has made the same claim about other workforce transformation or reorganization schemes put forward under different names in the past, Smith noted.

AHS says this approach will help the health care system "get the most value for every dollar spent" while helping to make sure there is "a stable workforce of health professionals for years to come."

That's fine, Smith said, as long as clinically appropriate staffing is maintained throughout. She added UNA's concern is CoACT could easily become a disguised effort to save money through "an attempt to create diluted teams."

Front line nurses and union leaders need to be on guard against the use of CoACT and similar programs to replace skilled nursing care with unqualified and unregulated staff, Smith concluded. 🍷

Nurses applaud health ministers' stand on national prescription drug plan

NURSING leaders from across the country support Canada's provincial and territorial health ministers as they push the federal government to implement a national pharmacare strategy.

"We are encouraged that the health ministers understand lowering the cost of prescription drugs is critical to improving the health of Canadians," said CFNU President Linda Silas following the health ministers' meeting in Banff on Oct. 1, 2014.

"We are now calling on the federal government to move forward with a plan for pharmacare," Silas said. Research conducted for CFNU shows that a national prescription drug strategy could allow as much as \$11.4 billion per year to be made available for reinvestment in health

care. Pharmacare would also ensure the sustainability and access of prescription drugs for all Canadians.

"Rising costs have made prescription drugs inaccessible to many of our country's most vulnerable populations, including seniors," Silas said. 🍷



Members of UNA Local 301 at the University of Alberta Hospital held a Wear White Wednesday information walk outside their worksite to raise public awareness about the importance of Registered Nurses in the health care system.



Group photo of nursing leaders and provincial health ministers who participated in the roundtable discussion.

Canadian nursing leaders meet provincial health ministers in Banff

PROVINCIAL and territorial health ministers and nursing leaders met in Banff on Oct. 1, 2014 to discuss the links connecting safe staffing levels, patient safety and quality care. The Canadian Federation of Nurses Unions and the Canadian Nurses Association organized a roundtable briefing for participants of health ministers' conference. The roundtable discussion was attended by ministers from B.C., Yukon, Northwest Territories, Nunavut, Saskatchewan, Manitoba, Ontario and P.E.I. and by senior officials from most other jurisdictions.

President Heather Smith and First Vice-President Jane Sustrik attended on behalf of United Nurses of Alberta. Nurse leaders and provincial and territorial health ministers

discussed national and international lessons from examples such as Britain's public inquiry into the relationships among safe staffing, patient safety and quality care.

"Above all, we need to ensure patients are protected," said CFNU president Linda Silas in a news release. "We understand it is increasingly challenging for governments and health administrators to balance the needs of patients with the financial realities."

"We realize nurses have to lead patient safety strategies," said CNA CEO Anne Sutherland Boal in the same release. "One way we can achieve progress is making sure that the staff assignments are based on what is the best match of patient needs with nurse competencies."

Nurses are the largest group of health care providers in Canada and are responsible for providing the majority of health care to Canadians thus making them a key link in the chain of safety.

The CFNU and CNA presented the ministers with a joint plan for collaborative action on a sustainable health human resources strategy and for patient priority care needs to be properly assessed using real time tools, based on factors such as acuity, stability and complexity. 🍷



UNA President Heather Smith and incoming Canadian Nurses' Association President Barb Sheillian.

POLITICAL SUMMARY

The fall of 2014 has seen a wild political ride affecting health care workers



The leaders of Alberta political parties with members in the Legislature, from left to right: Premier Jim Prentice, Opposition Leader Danielle Smith, New Democratic Party Leader Rachel Notley and Alberta Liberal Leader Raj Sherman.

IT'S been a wild ride in Alberta politics since former premier Alison Redford resigned in late March – two new premiers, a new health minister, see-sawing public opinion and a sea change on policy affecting members of the United Nurses of Alberta and other health care workers.

In the main, however, the changes as they affect UNA members and other public health care employees have been positive since Redford left office in the midst of scandals over her travel expenses, use of government airplanes and plans to build a personal residence atop a downtown Edmonton government building.

Whether or not one supports the Progressive Conservative government, it is hard to deny Premier Jim Prentice, decisively chosen in a party leadership vote on September 6, has brought major change – repudiating almost all major policies of the Redford Government that affected public sector employees.

Prentice's government repealed Bill 46, the controversial law designed to impose a bad contract on civil servants represented by the Alberta Union of Provincial Employees. Arguably, this wasn't much of a sacrifice for the government, as AUPE had won an injunction in the courts preventing its enforcement, and subsequently negotiated an agreement in collective bargaining.

Still, it was a relief for unions like UNA that feared they would be subjected to similar legislation if their negotiations didn't go the way the government wanted. UNA negotiators reached a new Provincial Collective Agreement in late August.

Prentice also dumped controversial Bills 9 and 10, pushed forward by Redford's finance minister, Doug Horner, which would have seriously reduced the value of public service pensions and threatened the viability of plans like the Local Authorities Pension Plan (LAPP), the retirement savings for most UNA members.

There can be no doubt that an effective campaign of lobbying MLAs in their home ridings by members of UNA and other affected unions was directly responsible for the dramatic government change of course on pension policy.

The draconian and unconstitutional Bill 45, known as the Public Sector Services Continuation Act passed in December 2013, remains on the books, but has never been proclaimed into law.

UNA President Heather Smith wrote Premier Prentice on November 12, urging him to repeal the law to save taxpayers money on a court challenge the government is likely to lose and restore the traditionally positive relationship between the Alberta government and public employees.

In mid-September, Prentice, who did not yet have a seat in the Legislature, appointed former Edmonton Mayor Stephen Mandel as unelected minister of health. Opposition parties attacked the move, but on Oct. 27, both men were elected to the Legislature in by-elections in Edmonton and Calgary. Premier Prentice is now MLA for Calgary-Foothills, Mandel for Edmonton-Whitemud.

The wild ride continues: On November 24, two Wildrose members – Little Bow MLA Ian Donovan and Innisfail-Sylvan Lake MLA Kerry Towle – crossed the floor and joined the PCs. 🍷

RN prescribing intended to improve patient care

Professional Associations
UPDATE
from CARNA

RN prescribing is one of the significant amendments proposed to regulations governing RN practice by the College and Association of Registered Nurses of Alberta.

Not unlike other regulatory changes, these amendments have been plagued by significant delays that in turn delay improvements to patient care, CARNA says.

“While we continue to wait for the next draft of the revisions to the Registered Nurses Profession Regulation from Alberta Health, we are urging senior government health officials to spur this process along for the sake of all Albertans,” the registered nurses’ regulatory body said for this report.

What do we mean by RN prescribing?

RNs with prescribing authority would be able to provide first-line primary care treatment services for common conditions (respiratory illness, skin infections, wounds and urinary tract infections) where antibiotics or other Schedule 1 drugs would be required. RNs with limited prescribing authority would be supported by CARNA standards, guidelines, and educational requirements to ensure public safety and quality of care and by employer clinical protocols.

Limited prescribing authority for RNs could lead to:

- ▶ Improved access to care for Albertans, particularly in rural and remote areas and seniors
- ▶ Improved management of chronic disease in Alberta communities

- ▶ Improved public health care by allowing RNs to prescribe vaccinations and immunizations
- ▶ Adjustment or initiation of medication in chronic disease management, e.g. asthma, cardiac, COPD, diabetes

In 2008, CARNA members provided direction on RN prescribing in focus groups held throughout the province. Since then, CARNA has been collaborating with stakeholders to finalize the regulations and preparing internally for the eventual implementation. It’s been a long wait for RNs and for Albertans and we are committed to persuading Alberta Health of the urgency of approving our proposed amendments. 🍷

UNA members showed their support for their AUPE coworkers at a rally outside the Shepherd’s Care Kensington worksite in north Edmonton. Shepherd’s Care announced the layoff of dozens of AUPE members at the facility.





Cost must never be a factor when developing OH&S procedures for nurses who treat Ebola patients

By Dewey Funk, UNA Labour Relations Officer, OH&S

EBOLA: The word itself elicits fear. It has an impact on individuals like a patient waiting to hear if they have cancer.

I recently attended an occupational health and safety meeting with nurses at where we discussed Ebola Virus Disease.

One Nurse told me: "I have looked after patients who had HIV. I've been around for Hep A and B, SARS. Now there is Ebola. I will look after patients who have Ebola. But I want to know I will have the proper Personal Protective Equipment. I want to know procedures are put in place to look after the patient. *I want to know I will be safe.*"

This was a very powerful statement that had a real impact on me.

The Canadian Federation of Nurses Unions has been proactive in setting out directives on what is needed to keep nurses safe when they care for patients with Ebola.

I have been at meetings between Alberta Health Services executive members and OH&S advisors from UNA, the Health Science Association of Alberta and the Alberta Union of Provincial Employees at which Ebola policies have been discussed, and updates have been provided by AHS.

AHS is taking the lead on Ebola and taking the situation seriously. Four AHS sites will be designated for care of Ebola patients in the event there is a case in Alberta. They are the Alberta Children's Hospital and South Health Campus in Calgary, and the University of Alberta Hospital and the Stollery Children's Hospital in Edmonton. All other health care sites will triage suspected Ebola cases to the designated sites.

Meanwhile, I have received a Hazard Assessment from Covenant Health, which has the insignia of both Covenant Health and Alberta Health Services on it. This would suggest these employers are working together to co-coordinate their responses.

AHS has admitted it does not have all the answers. AHS is working to get answers to the questions and concerns posed by health-care workers. I respect this answer. This is a huge admission by AHS to make.

There is a concern that when nurses don their Personal Protective Equipment (PPE) to look after a "wet patient," a portion of their neck is exposed. AHS has said a nurse can use a second surgeon's hood to tie around the neck to cover the exposed skin. While not the best coverage, this is at least a temporary solution.


Covenant Health finally responded on November 19 to say PPE with the second surgeon's hood to cover exposed skin on the neck would be part of its training program as well.

Since Covenant Health and Lamont Health Care Centre also deliver health care to Albertans, they have a responsibility in their pandemic planning to implement policies and procedures that protect all health care providers they employ.

So far, no one in Canada has been diagnosed with Ebola. This has allowed us the luxury of time to plan for the problem. But eventually we will have to face it, and if not Ebola, then some other infectious and dangerous condition.

In our planning, we must always start with a precautionary principle. Employers should always advocate for more protection for their nurses and other health care workers as part of sound occupational health and safety practice. When we care for patients, we must be confident our health and safety is not being unnecessarily compromised.

The cost of these OH&S measures must never be the deciding factor.

UNA is meeting regularly with AHS and Covenant Health. We continue to raise issues and concerns and seek improvements to processes for the care of Ebola patients and the protection of all front-line health care workers dealing with any highly infectious disease. 

UNA responds to unintended radiation doses to employees at Cross Cancer Institute

UNITED Nurses of Alberta has been made aware of an incident involving the unauthorized removal of nuclear substances from storage at the Cross Cancer Institute in April 2014.

According to the Canadian Nuclear Safety Commission, two sealed sources were illegally removed from storage at the Cross Cancer Institute and discovered in an unauthorized location.

As a result of the incident, there were significant radiation doses to some workers at the facility, Alberta Health Services says. However, AHS said no UNA member was involved in the incident and no UNA member was exposed to radiation as a result.

UNA Occupational Health and Safety specialists are monitoring the situation closely to ensure the safety of UNA members and other employees, and will work with the employer and other authorities to protect UNA members, other employees, patients and others in the workplace.

AHS says the level of exposure by the affected employees is within the annual dose limit for staff. According to AHS, the highest dose recorded was less than 20 per cent of the allowable annual dose.


Like other unions in this workplace, UNA is extremely concerned by the employer's failure to notify staff at the institute about this incident or report it to the unions representing employees or joint workplace OH&S committees.

UNA has made its concerns clear to the employer.

A letter to the employer from the Nuclear Safety Commission that has been made available to UNA indicates an investigation by AHS "has failed to identify a root cause" of the incident, and in addition "has failed to identify systemic errors in sealed source inventory records and CNSC annual compliance reports."



As a result, the Commission required the Cross Cancer Institute to take eight specific actions to prevent a similar incident from occurring in the future. AHS has informed UNA that seven of these actions have been completed and the eighth, training for staff in accordance with a plan approved by the Commission, is under way.


UNA will report additional developments in this serious situation to members as required in a timely fashion. 

UNA donates \$10,000 to fight against Ebola

UNITED Nurses of Alberta has donated a \$10,000 to the Canadian Federation of Nurses Unions (CFNU) fund-raising drive for Doctors Without Borders and the Registered Nurse Response Network (RNRN) to protect health care workers in countries affected by the West African Ebola outbreak.

"Nurses' unions across Canada have always stepped up in times of crisis to assist with disaster relief," UNA President Heather Smith said. "We are pleased that UNA can contribute again to this important cause."

UNA and CFNU have a strong relationship with National Nurses United, the union of American nurses sponsoring the RNRN program. RNRN deploys and provides support for volunteer nurses when disaster strikes. With the response network in place, nurses can focus on providing patient care.

"We also encourage individual UNA members and locals to make donations to these organizations," Smith said. 



Mandatory immunization not the way to fix poor infection control:

HEATHER SMITH

**“Mandatory programs are unethical
and are likely to be ineffective.”**

– Heather Smith

MANDATORY influenza vaccinations for health care workers remain on the political agenda in Alberta, despite questions about the effectiveness of such measures and opposition from many health care workers and experts.

Supporters of such policies point to relatively low immunization rates among health care workers in Alberta – Alberta Health Services and Covenant Health both claimed only 54 per cent of their front-line employees reported being immunized for influenza last year.

At its September 2014 meeting, the College and Association of Registered Nurses passed a motion supporting a policy of mandatory shots by employers that would also require health care workers who can't have the shot to wear protective clothing.

While United Nurses of Alberta supports calls to increase vaccination rates among members and other health care workers, it remains concerned employers and legislators are focusing on the wrong policy and emphasizing a measure that will not be effective while infringing on employees' fundamental rights.

“Influenza immunization is only a shot in the arm for effective infection control,” said UNA President Heather Smith, repeating a point she has raised repeatedly over the years. “Mandatory programs are unethical and are likely to be ineffective.”

Health bureaucrats like mandatory immunization programs because they are measurable and show elected officials that they are doing something, but health care professionals know they are only a small part of the overall response that is required to prevent exposure to influenza and the spread of this serious disease in health care settings.

Other components include routine hand hygiene, personal protective equipment, effective isolation policies, sufficient capacity in the system to meet a surge in patients and, obviously, adequate facilities and staffing levels.

“If we have patients in hallways and crowded three or four to a room because of lack of capacity and staff, infections are more likely to spread,” Smith said. “If we don't have enough nurses, nurses are going to be under pressure to go back to work too quickly, when they are still sick.

“When that happens, illness is spread,” Smith stated.

“We've got to stop blaming working people and subjecting them to punitive responses for problems that are caused by policy makers allowing structural flaws in the system by under-funding and under-staffing,” she said.

“People and organizations that push for mandatory immunization should also be calling for mandatory publication of the percentage of under-staffing and overcapacity levels in those same facilities,” Smith concluded. 🍷

CFNU stresses role of nurses ensuring safety and protection during Ebola crisis

By Anil Naidoo, Canadian Federation of Nurses Unions

After months of tragic impact on the people of West Africa and an inadequate global response, the arrival of Ebola virus in North America and Europe finally raised the alarm in Canada.

Nurses have long pressed Canada and other Western nations to treat Ebola as a serious threat, a warning finally heard after cases affecting several nurses and other health care workers emerged in the United States and Spain.

But it's important that the Canadian Federation of Nurses Unions and Canada's provincial nurses' unions remain at the forefront of the effort to ensure we are ready when Ebola comes to Canada. The possibility of this happening may be higher with the end of the rainy season approaching in West Africa, which will make travel easier in the region and could resume the spread of the infection.

CFNU has been working hard to ensure necessary personal protective equipment is available to front-line health care workers across Canada, that training is emphasized and includes lessons learned from past outbreaks of such serious infectious diseases as SARS and H1N1 influenza. These lessons include emphasizing importance of adopting the precautionary principle when preparing for pandemics.

CFNU President Linda Silas raised these concerns in early October in a letter to the Public Health Agency of Canada (PHAC). Soon after, the issue went off the charts. The concerns set out by Silas in the letter laid the foundation for a debate on how best to protect all front-line health-care workers.

Silas pointed to serious failures in response that were exposed by "false alarms" at five large Ontario hospitals.

The concern her criticism generated, plus the public's fear of Ebola, sparked a dramatic increase in attention to the measures health care systems and governments are taking to protect patients, workers and communities.

Soon after the letter was sent, Chief Public Health Officer Dr. Gregory Taylor called Silas and committed to the meeting she had requested. Federal Health Minister Rona Ambrose also reached out to Silas directly as federal and provincial governments ramped up efforts to assure Canadians the Ebola situation was under control. After working with the Ontario Nurses' Association, on October 17 the Ontario government announced strong new Ebola guidelines that surpass the federal government's standards.

On October 20, PHAC convened the meeting with front-line health-care workers Silas had requested. Since then, CFNU and PHAC have been working together to improve Ottawa's Ebola guidelines. Concerns remain that must be addressed, but thanks to nurses' unions across Canada there have already been significant improvements in health care facilities everywhere.

Based on front-line nurses' experience with SARS and H1N1, CFNU is confident the positions it advocates are strongly evidence-based. As CFNU continues to work with PHAC, provincial nurses' unions are urged to work with their respective provinces to ensure protection of patients, front-line health care providers and the public.

CFNU, on behalf of all nurses, was grateful to well-known entertainer Rick Mercer for his recent television commentary on Ebola and his tribute to all nurses for the risks they take to protect their patients and the public in the face of dangerous infectious diseases. Mercer's October 21 clip may be viewed at www.cbc.ca/mercerreport. 🇨🇦



CANADIAN
FEDERATION
OF NURSES
UNIONS

WHEN KNOWLEDGE MEETS KNOW-HOW

Peace River UNA member helps bring fresh water to Tanzania's Ukerewe Island

Marcel Lizotte (light T-shirt) and UNA member Claire Lizotte (blue top at right) at a well with their friends on Ukerewe Island in Lake Victoria.



UNITED Nurses of Alberta Local 197 member Claire Lizotte recently returned from Tanzania in East Africa, where she and her husband of 37 years completed their fourth visit to the island of Ukerewe in Lake Victoria.

Claire and Marcel Lizotte also lived on Ukerewe Island from 2003 to 2005, she said, where Marcel worked as a secondary teacher and she used her nursing skills in HIV prevention. During that time, the couple from the hamlet of St-Isidore, 16 kilometres east of Peace River, established a lasting connection with the people of the island.

On this year's trip, in July, Claire said they worked on a project called "Wells for the Island," which aims to bring clean water to the people who live there. They were assisted in this important work through a humanitarian project grant of \$1,000 from United Nurses of Alberta.

Claire, a home care nurse and case manager based in Peace River, said with help from the nephew of a dear

friend from the island who died in March, local people trained to install and maintain water pumps, island merchants, teachers, officials and a network of professionals, they were able to fulfill the project's first mandate – "ensuring its long-term sustainability."

"A second mandate this year was to become self-sufficient in equipment," Claire said. They relied on the island's regional government for loans at cost, and for equipment to lower materials into the wells. An industrial company in Mwanza, Tanzania, created and sold custom equipment. They also were able to find and repair four broken pumps, providing water for more than 100 people in one remote village.

"We succeeded in visiting the 17 villages identified as needing wells since the start of the project in 2005," Claire said. "Two villages have wells not yet completed they need to dig deeper for fresh water in rainy season."

Scenes from Claire and Marcel's
Wells for the Island project in Tanzania



“Our work on the island was started with the realization of the poor conditions that face young children and women gathering water for their families,” she explained. “They have to walk great distances, sometimes up to eight kilometers daily, to collect water at the lake, which is polluted with parasitic worms, or at an open shallow wells shared with animals.”

Local people are grateful, and they know the help is coming from Canada. “People from the island recognize us the moment we set foot there, use our first names and know we are from Canada,” she said.

“On behalf of the people of the island of Ukerewe, I would like to thank UNA members for your generosity and caring,” she concluded.

Clair said UNA members who would like to contribute to the project should visit wellsfortheisland.ca and click on donations. 🍷



Process is in place for removing employees' letters of expectation



UNA members with letters of expectation on their files are reminded that there is an established process agreed to by the union and Alberta Health Services for getting such letters removed from their personnel files.

The process resulted from a grievance filed by UNA on behalf of its members, and sets out the steps that must be followed for a letter to be removed from an employee's personnel file.

In the event a member subject to the Provincial Collective Agreement has not received a performance appraisal in the past 12 months and the employer is considering issuing a letter of expectation, the employee will be given the option of a performance appraisal, pursuant to Article 13 of the agreement, rather than a letter of expectation.

An employee who has not received a performance appraisal in the previous 12 months may request one, and the parties agreed that it will be granted within a reasonable period of time.

If there is a letter of expectation on the employee's personnel file when the performance appraisal is being prepared, the parties agreed that the matters addressed in the letter will be incorporated into the performance appraisal if they are still applicable.

After the appraisal is completed, the parties agreed, the letter shall be removed from the employee's file. 🍷

Bethany Sylvan Lake Nurses latest to join UNA



REGISTERED Nurses working at the Bethany Care Society facility in the central Alberta community of Sylvan Lake have become the latest members of United Nurses of Alberta.

The 10 RNs employed at the long-term care centre voted to join UNA on Oct. 24, 2014.

UNA is in the process of arranging dates to bargain with Bethany Care Society. The union already represents nurses employed by the Bethany Care Society at Bethany – Cochrane, Bethany Care Centre in Calgary and Bethany Collegesside in Red Deer. 🍷

Know your Rights

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



Changes to Personal Leave Days in new provincial contract

UNDER Article 22.08 of the UNA Provincial Collective Agreement signed in 2014, full-time and part-time employees are entitled to three Personal Leave days annually from April 1 to March 31.

These days are for the purpose of attending to personal matters and family responsibilities, including attending appointments with family members.

Employees planning personal leave requests must do so as far in advance as possible. Because of the nature of

the request, the ability to give advance notice is sometimes limited. This could mean an employee could request personal leave 8 months in advance or even one hour in advance depending on the circumstances.

The employer must not unreasonably deny requests for personal leave and the requirement to pay replacement overtime is not a reason to deny leave. Being required to incur additional costs such as overtime is not a reasonable reason to deny a request.

Unlike previous collective agreements, an employee does not need to provide their employer with a reason for requesting personal leave and the employer is not expected to ask. For those requests with very short notice, it is advisable to provide as much information with which a member feels comfortable.

Because personal leave days are paid at 7.75 hours, if employees work an extended workday, they are able use the additional hours from accumulated vacation or overtime banks to ensure there is no loss of earnings.

Personal leave can be used for up to three consecutive days each fiscal year.

If employment commences on or after August 1 of each year, personal leave days will be prorated for the remainder of the year as follows:

August 1 to November 30: 2 personal leave days

December 1 to March 31: 1 personal leave day.

For questions or concerns, contact your UNA local executive or UNA Labour Relations Officer at 1-800-252-9394.

Do you have to post 75% of your vacation requests in the planner?

Under Article 17.03 (b) (i) of the new UNA Provincial Collective Agreement, employees are required to submit their vacation preference for at least 75 percent of their annual vacation entitlement by March 15th of that year.

When an employee submits their vacation preference by March 15 of that year, the employer shall indicate approval or disapproval of that vacation request and shall post the resulting vacation schedule by April 30 of the same year.

This is a change from the previous collective agreement, which did not require employees to submit 75 percent of their vacation preference before a specified time. 🍷



It's time for
Wear White Wednesdays
to be replaced by
**WEAR WHITE
EVERY DAY!**



UNA members' "Wear White Wednesdays" have been a huge success showing patients, clients, residents, their families and the public what professional nurses mean to their health and wellbeing.

Registered Nurses across Canada are now wearing white so the public will understand the implications for them and their families when they do not see a white uniform.

UNA 
United Nurses of Alberta