

UNA members RATIFY NEW PROVINCIAL AGREEMENT

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How 2 nurses'
unions became 1

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Voting on UNA's new Provincial
Collective Agreement took place
at workplaces on February 15.

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a year for our members

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Our new collective agreement contains big gains: Now it's time to ensure it works

| By Heather Smith, President, United Nurses of Alberta |

IT'S a new year ... and most UNA members have a new collective agreement.

On February 15, UNA members ratified a new Provincial Collective Agreement that covers Registered Nurses and Registered Psychiatric Nurses employed by Alberta Health Services, Covenant Health, Lamont Health Centre and The Bethany Group (Camrose), but which will impact the working lives of many more.

It is a three-year collective agreement. While it has no pay increases in the first two years, one of which has already passed, there is provision for wage reopener negotiations in the third. In addition, the agreement includes job security provisions for the life of the agreement and significantly strengthens the Professional Responsibility process nurses have fought so long and hard to see implemented. More details are provided in this edition of the NewsBulletin.

I believe this contract is a huge step forward for UNA and its members. It was reached through a combination of collective bargaining and mediation.

Now begins the work of negotiating contracts for all the other agreements that are included in the broad category of "provincial negotiations," including Capital Care, Bethany Care, Good Samaritan locals and many others.

In January, Dewey Funk, Occupational Health & Safety Officer, and I attended a national conference on workplace violence. The conference was a follow-up

to the report "Enough is Enough – putting a stop to violence in the health care sector," which was released during the 2017 Canadian Federation of Nurses Unions (CFNU) convention. The report is available on the CFNU website.

A comment made by one of the speakers resonated with me, particularly as we were still trying to convince the employers and the mediator of the importance of stronger Professional Responsibility language to protect patient safety. The speaker said, "worker safety and patient safety go hand in hand." So, while we have enhanced provisions for Professional Responsibility and patient safety, what is being done to improve worker safety? As you will see in this NewsBulletin, new Occupational Health & Safety legislation will finally bring Alberta into the mainstream of OH&S legislation/protection in Canada. But health care needs very specific and targeted efforts to end workplace violence.

What contributes to violence in health care? Inappropriate placement of patients or residents, inadequate staffing complements, lack of formal training, lack of security personnel, a misconception that health care is a safe work environment and antiquated notions, beliefs or perceptions that "it's part of the job."

Staffing as a factor in workplace incidents is the reason we will be modifying the Occupational Health & Safety reporting form to include information about staffing.

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PUBLICATIONS MAIL
AGREEMENT #40064422
RETURN UNDELIVERABLE
CANADIAN ADDRESSES TO:
UNITED NURSES OF ALBERTA
700-11150 JASPER AVENUE NW
EDMONTON AB T5K 0C7

UNA members ratify new Provincial Collective Agreement

■ **ELIGIBLE** members of the United Nurses of Alberta overwhelmingly ratified a new Provincial Collective Agreement in worksite voting throughout the province on February 15.

Voting by secret ballot on the groundbreaking agreement, which provides job security for nurses and an effective mechanism for dealing with concerns of patient care, took place at UNA worksites across Alberta throughout the day. Ballots were tallied at UNA's Provincial Office in Edmonton on the morning of February 16.

Close to 90 per cent of UNA members participating in the vote indicated they were in favour of ratifying the agreement, and more than 98 per cent of UNA's locals ratified the new contract.

Below: Scenes from the January 25 Reporting Meeting in Calgary.

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The new agreement covers all Registered Nurses and Registered Psychiatric Nurses employed by Alberta Health Services, Covenant Health, Lamont Health Centre and The Bethany Group (Camrose), numbering close 28,000 nurses in all.

The three-year agreement contains no wage increases in the first two years, but includes a provision to renegotiate wages in the third year. The agreement also includes stronger job-security and Professional Responsibility language and many other important language improvements.

“This agreement recognizes the reality of the economic climate of the province and provides strong employment protection for nurses,” said UNA President Heather Smith after the ratification vote results were tabulated.

The agreement was earlier recommended by the UNA Bargaining Committee and by the more than 600 delegates from all affected locals at a day-long Reporting Meeting in Calgary on January 25. The delegates at the Reporting Meeting considered the tentative agreement, which reached through a combination of

collective bargaining and mediation, in detail throughout that day.

All four employers’ boards ratified the agreement later on February 15. “This agreement recognizes the important role nurses play in providing patient- and family-centered care,” said Dr. Verna Yiu, AHS President and Chief Executive Officer, in a news release.

The effective period of the new agreement is April 1, 2017, to the end of March 2020.

To ensure job security, the agreement includes a very strongly worded Letter of Understanding stating there will be no involuntary layoffs of RNs or RPNs or involuntary reductions in their hours of work for the life of the agreement.

New and stronger Professional Responsibility Concern (PRC) language in the contract includes an external Independent Assessment Committee that can make recommendations to help resolve disputes over patient and Employee safety, as well as the ability to proceed to binding arbitration if the committee’s agreed-upon non-binding recommendations are rescinded or not implemented at any stage in the process.

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The agreement was considered in detail by the more than 600 members from all affected UNA locals at the day-long January 25 meeting in Calgary.

CFNU President
Linda Silas



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Other important provisions include limits on the cycle of shift schedules to 12 weeks; improvements in language affecting leaves for maternity and adoption, critical illness of family members, disappearance of a child, domestic violence, union duties, and citizenship ceremonies; payment in lieu of named holidays; and on-call work for casual employees. The agreement also includes clearer definitions of “evening” and “night” shifts and many other technical improvements and clarifications. 🍷



Members and other readers can go to the News section of UNA’s website – www.UNA.ab.ca – for access to the following documents:

- A copy of the new collective agreement
- Full details of all recommendations made in the Mediator’s report
- A cross-Canada comparison of Registered Nurses’ collective agreements
- An explanation of inflation, the Consumer Price Index and Cost of Living Adjustments (COLA) and their impact on UNA’s collective agreements



UNA and AHS continue effort to help nurses, improve northern care and save taxpayers money through travel nursing program

■ **UNITED** Nurses of Alberta and Alberta Health Services have agreed to extend their successful northern travel nursing agreement until the end of 2020 in a continuing effort to help nurses, improve care in the province's north and save taxpayers money.

Extension of the agreement, which was first signed in 2012 to operate in a limited number of remote northern Alberta communities, helps AHS maintain appropriate staffing levels and services in a geographically large region where recruitment and retention can present challenges to health care employers.

In addition, the agreement between the employer and the union enables AHS to meet such additional staffing needs as augmentation, education and mentorship while providing employees with time off entitlements including vacations, time off in lieu of overtime, named holidays and so on.

Since the province historically relied on the expensive services of private nursing agencies to fill the need in such locations, the UNA-AHS agreement has provided significant cost savings for taxpayers.

Nurses who have been involved praise the program for allowing them to experience a diversified nursing practice in a dramatically different setting from their home facilities, to work to their full scope of practice, and to travel in a unique and beautiful region of the province.

The North Zone RN/RPN Locum Program was extended to cover all communities in the zone in April 2015, as well as to extend beyond hospital settings to include public health and home care nursing. Today it covers 115 sites in 40 communities.

The latest extension of the agreement, which was signed off by UNA at the end of September, acknowledges that its success to date has increased the demand for a larger pool of RNs and RPNs to meet the needs of the entire zone.

Accordingly, AHS and UNA have agreed to a new recruitment strategy to try to increase the pool of qualified nurses who participate, including the recruitment of nurses in other provinces who become temporary UNA members during their stay in northern Alberta.

Nurses who have been involved praise the program for allowing them to experience a diversified nursing practice.

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Private-membership Alberta clinics blur lines to skirt Canada Health Act: **REPORT**

■ **PRIVATE** membership health care clinics in Alberta have for years used lack of information and inadequate enforcement tools to blur the line between private and public delivery and skirt the requirements of the Canada Health Act, a report released in late November by the non-partisan Parkland Institute revealed.

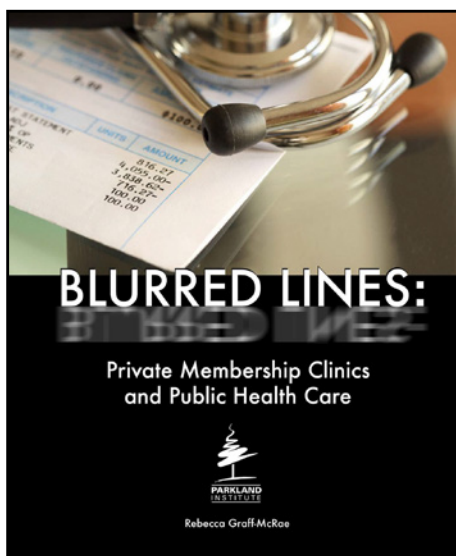
Based on numerous freedom of information requests and analysis of a series of government audits, *Blurred Lines: Private Membership Clinics and Public Health Care* found a troubling absence of a central database or even the collection of information about these private clinics, which charge thousands of dollars per year in membership fees for combined physician and complementary practitioner care.

“Most Albertans would be shocked to discover how difficult it is to find even the most basic information about these clinics, including how many there are, how many patients they serve, and how much Albertans are spending on private medical services,” the report’s author, Rebecca Graff-McRae, said in a news release.

“While I was ultimately able to catalogue 33 fee-based private clinics in Alberta, government and accrediting bodies seem to have no interest in collecting and making available the information to allow adequate oversight of the operations of private clinics,” she said.

The analysis of three audits of private membership clinics conducted by Alberta Health between 2011 and 2013 revealed a deeply flawed process restricted by extremely narrow scope, a focus on written clinic policies rather than actual practice, a lack of transparency, and a troubling absence of effective enforcement.

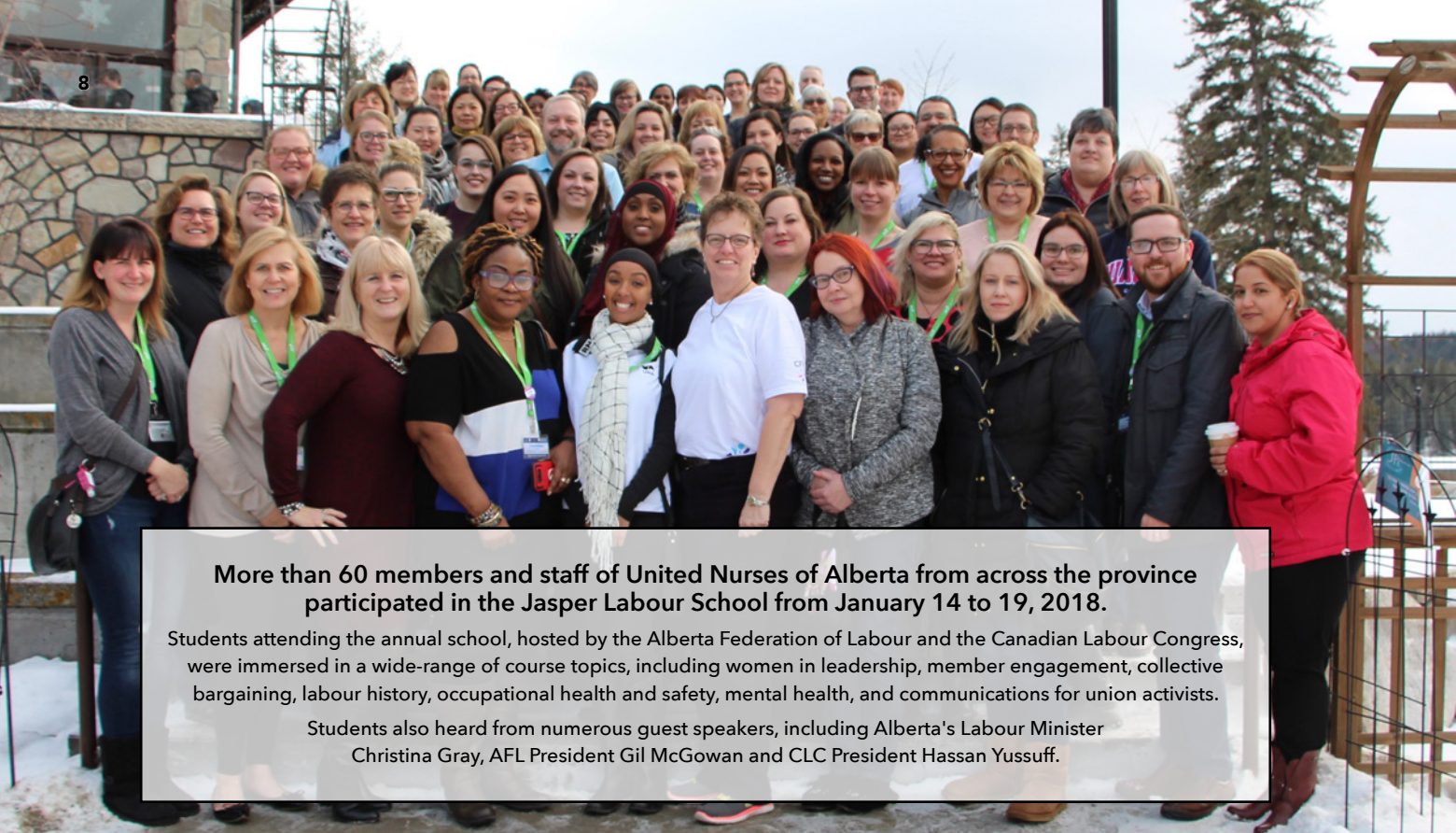
“It’s evident from the audit documentation that there are a number of dubious practices occurring at these clinics, including an unclear distinction between insured and uninsured services, extra-billing, and double-billing, which were not fully investigated because of the narrow focus on technical compliance with the Canada Health Act,” Graff-McRae said.



The analysis of three audits of private membership clinics conducted by Alberta Health between 2011 and 2013 revealed a deeply flawed process restricted by extremely narrow scope.

Graff-McRae said that even when violations were identified, there were few enforcement mechanisms available to government, and no financial penalty faced by the clinics themselves, and therefore no incentive to change their practices.

The report included six recommendations to address these shortcomings, including closing legislative loopholes currently being exploited by these clinics; greater oversight by both the federal and provincial governments; the establishment of an independent ombudsperon’s office to address complaints by patients; and a more robust and transparent auditing process. 🍷



More than 60 members and staff of United Nurses of Alberta from across the province participated in the Jasper Labour School from January 14 to 19, 2018.

Students attending the annual school, hosted by the Alberta Federation of Labour and the Canadian Labour Congress, were immersed in a wide-range of course topics, including women in leadership, member engagement, collective bargaining, labour history, occupational health and safety, mental health, and communications for union activists.

Students also heard from numerous guest speakers, including Alberta's Labour Minister Christina Gray, AFL President Gil McGowan and CLC President Hassan Yussuff.

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The new strategy includes special travel nursing pages on the AHS Website that may be viewed careers.ahs.ca or on the www.healthjobs.ab.ca section of AHS's website.

Travel nursing assignments – formally named after the term “*locum tenens*,” Latin for “temporary substitute” – enable Registered Nurses and Registered Psychiatric Nurses working elsewhere to pick a temporary assignment for a set period of time. Participating nurses who are members of UNA have the right to return to their previous jobs or casual status after their northern assignment ends.


Joining the North Zone travel nursing pool brings incentives, including a premium payment of \$6 per hour paid throughout the temporary posting, and reimbursement for daily living and travel expenses, accommodation provided by AHS, and all pay and benefits the employee is entitled to receive under the Provincial Collective Agreement. There

is also a 2-per-cent long-service payment for those who qualify.

The program also continues to include benefits for nurses on permanent AHS work assignments in the affected region to ensure everyone is treated fairly.

North Zone travel nursing placements typically run for approximately three to six weeks. However, the time frame is flexible, with no formalized maximum term.

Assignments are based on experience, specialization, availability and location preference. Practice settings include Acute Care, Emergency, Intensive Care, Operating Room, Obstetrics, Pediatrics, Continuing Care, Home Care, Public Health and Psychiatry.

Nurses working permanently in locations experiencing problems accessing vacation time, banked overtime, or statutory holidays because of understaffing are urged to ask their supervisors if they are aware of the program. 

To learn more about the North Zone RN/RPN Locum Program, search “Travel Nurse” at careers.ahs.ca or email NZ.RNLocum@ahs.ca

NATIONAL PRESCRIPTION DRUG PLAN IS NEEDED, AND DO-ABLE, EDMONTON GATHERING TOLD



Heather Smith at CLC Pharmacare Town Hall

■ A town hall meeting in November organized by the Canadian Labour Congress told a group of about 200 Edmontonians how a national prescription drug plan would benefit all Canadians – and how easily it could be implemented.

The November 22 meeting, moderated by UNA President Heather Smith, featured discussion by a panel of pharmacare advocates, including CLC President Hassan Yussuff, Friends of Medicare executive director Sandra Azocar, and University of British Columbia professor Steve Morgan.

“This is a fight we have to win,” Yussuff told the crowd. “We are starting this movement and we’re going to finish it. Because we’ve waited too long. A national pharmacare plan will benefit every Canadian.”

“We need a national drug program,” agreed Azocar. “People should not have to choose between groceries and the medication they need.

Canada is the only developed country in the world with a universal health care program that does not include a universal prescription drug plan. The CLC estimates that an annual investment of \$1 billion by the federal government would translate into \$7.3 billion in annual savings by Canadians on prescription drugs.

“There is an absolutely compelling case for universal pharmacare,” said Morgan, who has been studying prescription drug plans for the past 20 years. “Access to medicines is a human right. But evidence is only going to get us so far. What’s going to get us there is advocacy.

“It’s going to be a tough fight,” Morgan added. “Because those who are going to lose that \$4-billion in profit are well-heeled and they’re going to fight hard to keep that profit.”

The Edmonton meeting was the first in a series of town hall meetings being held across Canada. 🇨🇦

“We are starting this movement and we’re going to finish it. Because we’ve waited too long. A national pharmacare plan will benefit every Canadian.”

- Hassan Yussuff



CANADIAN
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UNIONS

Inquiry into paid plasma opened in the Canadian Senate

■ **THIS** past December, Senator Pamela Wallin rose to call the Senate's attention to the troubling practice of private companies paying for Canadians' blood, and its far-reaching implications for the safety of the Canadian blood supply.

The reason for this concern is rooted more than three decades prior, when Canada was rocked by what would come to be called the Tainted Blood Scandal.

Negligence, lax standards and profiteering resulted in tainted blood entering the Canadian system from dubious sources, infecting about 30,000 Canadians with Hepatitis C and HIV.

The resulting Royal Commission of Inquiry, headed by Justice Krever, made several recommendations in its 1997 final report, including that blood must be considered a public resource and that donors should not be paid.

Despite these clear guidelines, Health Canada has recently granted licenses to Canadian Plasma Resources, a foreign-owned, for-profit company. In violation of the Krever Royal Commission's

recommendations, this company pays donors, sells Canadian blood plasma abroad and prioritizes profit-making.

Private clinics have opened in Saskatoon and Moncton, and more are planned for Saint John, NB, Manitoba, Nova Scotia and British Columbia.

Canadian Blood Services (CBS), our public agency, reported a decline in voluntary donors where the first private clinic opened.

Pauline Worsfold, Secretary Treasurer of the Canadian Federation of Nurses Unions, spoke to the CBS Board of Directors this past summer, highlighting the staunch support of Canada's nurses for a blood collection system that operates entirely and exclusively in the public interest.

CBS has issued multiple warnings to Health Canada and provincial governments to end support for the private collectors, citing a major risk to the security of Canada's blood supply.

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Negligence, lax standards and profiteering resulted in tainted blood entering the Canadian system.



By Lauren Snowball
Canadian Federation
of Nurses Unions



FROM LEFT TO RIGHT: Adrienne Silnicki, Canadian Health Coalition, Kat Lanteigne, BloodWatch, and Paula Doucet, President of the New Brunswick Nurses Union, on Parliament Hill for a media conference in November (photo credit: Lauren Snowball).

LOCAL 79 DELIVERS PRC SUCCESS in Grey Nuns Hospital Labor and Delivery Unit



■ **MEMBERS** of United Nurses of Alberta who work in Labour and Delivery at the Grey Nuns Hospital in Edmonton have achieved staff increases and other improvements by implementing the Provincial Collective Agreement's Professional Responsibility provisions.

The PRC effort by Local 79 required a meeting with Karen McMillan, CEO Designate of Covenant Health, on June 27, 2017, to present the concerns and recommendations of the Unit 35 Registered Nurses, said Jenna Thibert, the Local's PRC Committee chair.

Both ongoing and immediate changes resulted from the meeting with McMillan, which was scheduled after a six-month effort that saw 25 PRCs filed about a range of concerns including high acuity of patients, short staffing, increased overtime use to meet workload requirements, inadequate numbers of OR-trained nurses, lack of equipment, poor staff support from management, and poor staff morale.

The meeting also provided "an abundance of statistics detailing the five-year trends within the Labour and Delivery Unit," Thibert observed.

"The local would also like to thank each Registered Nurse on Unit 35 who completed a PRC."

- Jenna Thibert, Local 79
PRC Committee Chair

Changes resulting from the PRC process included:

- An increase in baseline staffing on days and nights by one RN each, resulting in an increase of 2.8 FTE
- Addition of a Unit Clerk in the Obstetrical Assessment Unit
- Availability of new delivery equipment in the outpatient area
- Creation of a list of equipment requested by staff with a commitment from the employer to add or request devices on it
- Establishment of four staff committees to implement and evaluate program changes
- The commitment to continue discussions about the unit's line skill mix

The Local views the principal success to have been the increase in FTE for days and nights. "Swift change was implemented at the CEO level and the local would like to thank the team involved in hearing the concerns brought forward," Thibert said.

"The Local would also like to thank each Registered Nurse on Unit 35 who completed a PRC, as every single PRC concern was utilized in creating the presentation and in supporting our requests," she concluded. 🍷

Margaret Ethier remembered: UNA president through tumultuous 1980s was a 'feisty, tireless advocate for bedside nurses'



■ **MARGARET** Ethier, Registered Nurse and union activist, was remembered for her leadership of the United Nurses of Alberta during the tumultuous, strike-filled years of the 1980s after her death in December 2017.

“Margaret was the feisty, tireless advocate for bedside nurses that was so desperately needed during our formative years,” UNA President Heather Smith recalled. “She did not back down, regardless of the threats from the employers or government.

“We owe so much of what we have today to Margaret Ethier.”

Ethier died of ALS on Dec. 5 in Edmonton. She was 74.

Born in rural Nova Scotia in 1943, Ethier received a “boot camp” nursing education in Halifax during the days nurses wore caps, bibs and aprons. She later worked in Ontario, Manitoba and British Columbia before coming to Alberta. She once described herself as “obstinate and

pushy” – just the qualities UNA required during her presidency from 1980 to 1988.

Ethier was a North Central District Representative in April 1980 when 6,400 UNA nurses walked off the job in a legal strike at 79 Alberta hospitals to seek significant pay increases and improved scheduling provisions.

UNA members were ordered back to work three days later by the Alberta cabinet, but they remained on strike while they challenged the order in court. Negotiations continued, and an agreement was reached that included a pay increase of 39.8 per cent in addition to more than 50 contract improvements that included Professional Responsibility Committees.

This would lead Ethier to recall in an interview with the Alberta Labour History Institute in 2003 that nurses simply demanded to be treated like other workers, with the same workplace rights and respect. “The employers never did like us comparing ourselves to other workers,”

“We owe so much of what we have today to Margaret Ethier.”

she remembered. “They always wanted to talk to us about being nurses, being there for the patients. We said ‘OK, but we’re also workers!’”

“All of our strikes were intended to improve the wages and working conditions of nurses,” she asserted.

Ethier ran for the presidency at the UNA annual general meeting in November 1980 and won. Within a year, UNA members were on strike again – this time at the Hardisty Nursing Home in Edmonton, where the employer managed to win the strike and drive out the union.

In this atmosphere, negotiations commenced for a new Provincial Collective Agreement with heavy interference from the Progressive Conservative Government in the collective bargaining process.

In February 1982, UNA began a legal strike affecting 6,000 nurses at 69 hospitals. In March, the Legislature ordered UNA nurses back to work, putting a tribunal in place with the power to order a binding settlement which that summer would give the hospital nurses a 29-per-cent pay increase over two years along with additional contract improvements.

In the same time frame, the association of Alberta health units locked out 300 UNA nurses for a month. The dispute was settled at the bargaining table with a 14-per-cent pay increase over one year and a \$250 signing bonus, plus other contract improvements.

In the spring of 1983, the PC Government of Premier Peter Lougheed passed legislation denying nurses and other hospital workers the right to strike and providing for heavy fines and dues deductions for failure to comply. Still, as Ethier would later observe, “the government can make all the laws they want, but they can’t stop people going on strike.”

Heather Smith recalls: “I remember Margaret’s words in those days: ‘We are not Sisters of charity!’”

UNA experienced legal strikes in 1985 at various health units and the Victorian Order of Nurses in Calgary.

President Margaret Ethier and UNA Labour Relations Director Simon Renouf on the steps of the Legislature.




In 1987, armed with the government’s ban on strikes by hospital nurses, the hospital employers bargaining group tabled proposals for massive rollbacks – a situation that led directly to the illegal strike by 14,000 UNA nurses at 98 Alberta hospitals, the last strike on Ethier’s watch as president.

The union would pay close to a half million dollars in fines but thanks to the solidarity of members and support from other unions emerged stronger, with most of the contract provisions the employer had tried to roll back still in place.

“We won the strike,” Ethier asserted in 2003. “We didn’t make significant gains. ... But it was a lot about respect. We did maintain that they had to respect us, to deal fairly with us.

“We’re not afraid,” she said, of nurses then, and now. “We will work together. And we’re tough.”

Ethier is survived by her husband of 51 years, Adelard. 

“The government can make all the laws they want, but they can’t stop people going on strike.”

– Margaret Ethier, UNA President, 1980-1988.”

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The President of the New Brunswick Nurses Union, Paula Doucet, has witnessed this threat first-hand. “Without any public consultation, Health Canada licensed a for-profit clinic in Moncton that is located close to the university, competing directly with our public system for the next generation of blood donors,” Doucet said.

As the regulator, Health Canada should be defending our public blood system, not selling it to the highest bidder.

As Wallin asked the Senate, “Why did [Health Canada] agree to license private collectors when it contravened every fundamental recommendation in the Krever Commission?”

CFNU representatives recently joined allies from the Canadian Health Coalition and BloodWatch, a public advocacy group on the 20th anniversary of the release of Justice Krever’s recommendations to call on Health Canada to rescind the licenses granted to private clinics.

Canadian nurses and our public health care allies will be following the Senate inquiry closely, and will continue to vigorously defend the security of the life-saving blood supply all Canadians rely on.

Take action to stop blood profit! Visit speakup.cfnu.ca to tell Your MP why blood saves lives and is not a commodity to be bought and sold. 

PROFESSIONAL ASSOCIATIONS

Update

CARNA AGM set for March 7 in Edmonton

■ **THE** Annual General Meeting of the College and Association of Registered Nurses of Alberta is set for March 7, 2018, from 1 to 5 p.m. at the DoubleTree by Hilton Hotel West Edmonton, 16615 109 Avenue N.W.

Join Alberta’s Registered Nurses for the CARNA AGM to learn about issues affecting nursing practice.

To view the agenda and register to attend, go to nurses.ab.ca and look for the meeting in CARNA’s event calendar.


Call for resolutions

Do you want your ideas to be discussed by the CARNA Provincial Council? A resolution is a way for you to identify a problem and share your ideas for a solution.

HOW TO SUBMIT A RESOLUTION:

1. Fill out the form in our AGM calendar event on CARNA’s website (nurses.ab.ca). Your resolution can relate to any area of nursing practice including direct care, education, administration and research. It can also be about the role of CARNA or RNs and NPs in health care.

2. Although written resolutions are accepted from the floor, we encourage you to submit your resolution in advance so that it can be shared with members. Advance sharing allows members time to consider the issue.

3. Attend the CARNA AGM to move your resolution. CARNA members in attendance will debate and vote on your resolution. Resolutions passed at the AGM are non-binding, but at a later meeting, Council will determine what action, if any, should be taken. 

In 1997, TWO ALBERTA NURSES' UNIONS BECAME ONE

■ **AS** United Nurses of Alberta celebrated its 40th anniversary in 2017, last year also marked another milestone in the union's history.

Twenty years ago, on October 15, 1997, UNA and the Staff Nurses Associations of Alberta amalgamated, bringing 16,000 Alberta nurses into a single union.

On September 22, 1997, the 2,400 members of SNAA voted overwhelmingly to amalgamate with UNA. Elected representatives of UNA locals overwhelmingly voted in favour of the amalgamation at a special meeting held the following day in Calgary.

UNA's new members were warmly welcomed by the delegates to that year's Annual General Meeting and SNAA president Pauline Worsfold joined UNA's executive committee as a Transition Officer for a one-year period. Worsfold now serves as Secretary-Treasurer of the Canadian Federation of Nurses Unions.


Joining Worsfold on the executive board, three SNAA members were appointed to the UNA for a one year term—two in North Central District and one in South Central District. The SNAA office closed and their staff transfers to UNA were negotiated.



Some of the UNA and SNAA leaders involved in the 1997 merger.

The University of Alberta Hospital, which was the largest worksite represented by SNAA, became what is known today as UNA Local 301.

Other SNAA locals joining UNA included today's UNA Local 302-N (Cross Cancer Institute), Local 302-S (Tom Baker Cancer Centre), Local 304 (Stony Plain Community Health), Local 307 (Regional Health Authority 5-Community), Local 308 (Headwater Health Authority Community), Local 309 (Lac La Biche Community Health Centre), Local 313 (Strathmore District Health Services at the Valley General Site), Local 315 (Keewetink Lakes Community), Local 316 (Good Samaritan Southgate Care Centre/Mill Woods Centre/Dr. Gerald Zetter Care Center/CHOICE Program) and Local 349 (Aspen Health Community).

This amalgamation increased the strength of nurses in Alberta. With one voice and in solidarity nurses were now able to advocate for improved patient care; the importance and priority of quality health care services in Alberta; the need for fair and just wages and working conditions; and other social issues that affected the lives of patients, clients, residents, nurses and all Albertans. 

On September 22, 1997, the 2,400 members of SNAA voted overwhelmingly to amalgamate with UNA.



Passage of Bill 30 in December brings **FUNDAMENTAL HEALTH AND SAFETY IMPROVEMENTS FOR WORKERS THROUGHOUT ALBERTA**

By Dewey Funk
UNA, OH&S Advisor

The passage of Bill 30 in December brought fundamental legislative change to the way Occupational Health and Safety will be interpreted and enforced in Alberta.

An Act to Protect the Health and Well-being of Working Albertans, which was passed by the Legislature on December 12, 2017, received Royal Assent and became law on December 15. The act comes into force, however, on various dates.

Under the new Act, Alberta's workplace safety legislation now mandates the formation of OH&S Committees at all worksites with 20 or more employees.

As a result of the passage of Bill 30, the Executive Director of Policy and the Executive Director of Delivery of the Alberta Labour Ministry's Occupational Health & Safety division visited United Nurses of Alberta's Provincial Office to discuss the changes to OH&S law. OH&S Advisors from the Health Sciences Association of Alberta and Alberta Union of Provincial Employees also attended the meeting with Ross Nairne and Rob Feagan.

Under the new Act, Alberta's workplace safety legislation now mandates formation of OH&S Committees at all worksites with 20 or more employees. Sites with fewer than 20 employees must have an OH&S Representative.

In future, employees will also have input to the process of information gathering during investigations. The information collected must be shared at OH&S Committee meetings.

Employers will be responsible for paying for time off and for training for OH&S

Committee Representatives. Employees undergoing training on OH&S Committee responsibilities are eligible to be paid for 16 hours or the equivalent of two of their normal shifts. Some employees may claim training was covered by our UNA collective agreements, but that training was limited and did not include core requirements.

The new legislation requires the Ministry of Labour to come up with criteria for core responsibilities, which must be fully explained by the person responsible for delivering training. This education will not necessarily be delivered by the employer and must be presented in a neutral way.

Another change in the Act concerns the right to refuse dangerous work. The new wording says employees have a right to refuse "dangerous work," not merely hazards that present "imminent danger." An employee OH&S Committee Representative must be a part of this process.

In addition, Letters of Acceptance (LOAs) such as the First Aid Acceptance will now be posted on the OHS website, which means such LOAs are now public knowledge. There was a time employers did not notify our members of this First Aid LOA.

Public availability of the LOAs means nurses, who know first aid as part of their professional education, will have undergone OH&S training that includes information on how to assess situations to ensure *their own* safety.



Serious injuries will now have to be reported based on when a physician writes an order admitting a worker as a hospital inpatient – a marked improvement from the previous standard requiring a two-day hospital admission before an injury had to be reported.

The landscape of OH&S is changing. The changes in Bill 30 bring Alberta workers into line with OH&S legislation across Canada.

I will continue to report on forthcoming changes in future editions of UNA NewsBulletin.

Security concerns continue about how police deal with 'Form 10 Patients'

There continue to be concerns about "Form 10 Patients" being brought to health care sites that are not designated under the Mental Health Act. RCMP have indicated they are working on this and we should be patient.

UNA Provincial Office manager of Labour Relations Lee Coughlan and I met with the Deputy Minister of Labour on in December 21 to discuss how health care employers are creating unsafe working conditions when Form 10 Patients, who present a risk of harm to themselves or others, and patients who have not been designated as a Form 10 risk but should be, are dropped off and left unsupervised at rural sites by RCMP.

We know AHS has struck an Apprehension and Conveyance Committee to discuss this concern. However, UNA has not received an invitation to take part even though front-line UNA nurses must deal with the aggressive behaviour exhibited by some patients.

We are now bringing these concerns to the attention of the CEO under UNA's Provincial Collective Agreement.

As a result, I am encouraging you to advise me when Form 10 Patients are brought to your sites, and also to report interactions with the RCMP when patients have not been designated but meet the criteria for a Form 10 classification.

We are making progress, but I need your information to ensure that you are supported by the employer. Working together we can make change happen. I look forward to hearing from you!

May you and the important people in your life be safe and healthy in 2018! ♥

UNA marks anniversary of 1989 Montreal tragedy

■ ON December 6, 2017, United Nurses of Alberta remembered the 14 female engineering students murdered at l'École Polytechnique de Montréal in 1989 by an act of gender-based violence. Each year, UNA and its members recognize and mourn this national tragedy.

December 6 represents an opportunity for all Canadians to reflect on the impact of violence against women in our society. Communities and individuals must speak out and all levels of government must continue to take meaningful steps to prevent all forms of violence against women and girls in Canada.

Working on the front lines of health care, Alberta's nurses see the impact of violence against women, and sometimes experience it in their own workplaces and homes. This solemn occasion reminds us to renew our commitment as union members and citizens to seeking practical ways to end violence against women and girls in Canadian homes, communities and workplaces.

UNA is committed to creating safer workplaces for Alberta's nurses, their patients and patients' families through the work of Professional Responsibility Concerns, which give nurses the opportunity to raise their concerns about patient safety and ensure that employers consider and respond to them, and its OH&S programs. ♥

MEMBERS REMINDED TO CHECK THEIR PENSIONABLE TIME ANNUALLY

■ **UNITED** Nurses of Alberta members employed by Alberta Health Services, Covenant Health and other employers that contribute to the Local Authorities Pension Plan are reminded of the importance of checking their pensionable service as reported by their employer each year.


regularly. If you find a problem, it is wise to resolve it well before you are close to retirement.

A full-time nurse who has taken no unpaid leaves should be reported as having 1.0000 years of pensionable service.

If a full-time nurse took 10 days of unpaid leaves, the result would be reduction by .0405 to .9595 years of pensionable service.

Since it is not uncommon for pensionable service for nurses to be coded incorrectly by employers, unexplained differences in the pensionable service should be pursued as soon as they are noticed.

For part-time employees, reviewing pensionable service it is more challenging.

A part-time person working a .7 FTE, for example, may show more than .7 FTE service in a year because additional shifts worked at straight time are considered pensionable service. Identifying eligible service that has not been recognized by the employer requires careful counting of additional shifts worked at straight time in addition to the FTE, then looking for deficiencies. 

If you require assistance, contact UNA's pensions advisor, Labour Relations Officer Richard West, at the Provincial Office in Edmonton.

According to both AHS and Covenant pension policy, pensionable service includes shifts paid at regular time, vacation time, statutory holiday days off including banked stat days, paid time off in lieu of overtime, and paid leaves of absence including sick time, bereavement leave, paid education days, personal days, and shifts missed for court appearances.

If your employer has made an error in accounting for pensionable time, you are more likely to spot it if you check

DIRECTIONS FOR CHECKING YOUR PENSION HISTORY

1. Sign into mypensionplan.ca
2. On the Welcome page, click on "Service History"
3. On the service history page, click on the blue "Expand All" Button to see salary, current service, buyback service, and current service contributions

LAPP announces contribution rate reductions


■ **ON** New Year's Day, 1-per-cent reductions in the contribution rates paid by members and employers in the Local Authorities Pension Plan (LAPP) took effect.

The reductions were approved by the LAPP Board of Trustees at its November 1 meeting.

The reductions were approved by the LAPP Board of Trustees at its November 1 meeting.

The reduction was expected to result in a reduction of \$600 per year in the amount paid by an individual member earning \$60,000 per

year, the LAPP said, noting that this was the first contribution rate reduction for plan members and employers in 20 years.

Most United Nurses of Alberta members, including employees of Alberta Health Services and Covenant Health, are enrolled in the LAPP pension. 

Local 196 members contribute to major donation to Edmonton NorQuest College

■ **THE** Edmonton Civic Employees Charitable Fund, built from monthly donations by community health nurses in UNA Local 196 and members of eight other unions and employee associations, has made a \$2-million gift to NorQuest College.

As a result, the college's Heritage Tower has been renamed the Civic Employees Legacy Tower.

The announcement, made January 16 at NorQuest's downtown Edmonton campus, is the largest gift in the fund's 77-year history. The fund represents the charitable efforts of more than 11,000 employees.

Local 196 President Joy Arntzen called the donation "a major milestone for the fund and our members as we are committed to making a difference in the Edmonton community."

The upgrades in the main NorQuest building are part of the college's



\$20-million Maximizing Opportunities fund-raising initiative, which includes a scholarship and bursary program plus campus expansion in downtown Edmonton.

The publicly funded college, once known as the Alberta Vocational College, serves close to 18,000 students a year throughout the province in full-time, part-time distance learning and regional programs. 🍷

From left: NorQuest board member Brian Hjlesvold; Roberta Hykawy, IBEW 1007; Laura Manz, AMNUA; Joy Arntzen, UNA; NorQuest President Jodi Abbott; Bud McCarthy, Edmonton Firefighters; Brenda Waluk, CEMA; Mike Scott, CUPE 30; and Edmonton Mayor Don Iveson.

□ CONTINUED FROM PAGE 2

While CFNU is organizing a national strategy, right here in Alberta there is much we can do. There are changes to Article 34, Occupational Health & Safety, including changing 34.07 to say there will be zero tolerance of workplace violence. It is my hope that this April 28, which is the International Day of Remembrance and Action for workers killed, disabled, injured or made unwell by their work, all unions representing health care workers in Alberta will call for an end to workplace violence.

The CFNU report includes a quote from Justice Archie Campbell, who led

Ontario's Commission of Inquiry into the SARS tragedy. "If workers are not protected from health and safety hazards, patients and the public are not protected either." Strengthening language about occupational health and safety is meaningless if we do not hold employers accountable.

Heather Smith
President, United Nurses of Alberta

Long serving staff members retire and changes take place at UNA

■ **TWO** veteran United Nurses of Alberta staff members have retired – Laurie Coates, a Labour Relations Officer in the Southern Alberta Regional Office in Calgary, and Murray Billett, an Educator based in the Provincial Office in Edmonton.

Coates, who graduated as a Registered Nurse in 1972, has been a UNA LRO for 30 years. Billett served in various capacities on UNA's staff for 27 years.



Above Left: Laurie Coates. Above Right: Murray Billett with UNA Executive Officers Daphne Wallace, Heather Smith and Jane Sustrik.

Calgary office staff said farewell to Coates at a reception in the Calgary office on January 15. Provincial Office staff gathered on December 15 to wish Billett well in his retirement.

During her long career as an LRO, Coates played a key role in the fight to ensure nurses who took maternity leave were treated fairly, bringing about the maternity and paternity provisions enjoyed by UNA members today.

Billett was well known throughout his career at UNA as a human rights activist,

educator and advocate for LGBTQ communities.

Among many roles over the years, Billett also served as Chair, Vice-Chair and member of the Edmonton Police Commission, Chair of the Alberta Association of Police Governance, and a board member of AIDS Awareness Edmonton. He also served on the national boards of EGALE (Equality for gay and lesbians everywhere) and Canadians for Equal Marriage.

□ CONTINUED ON PAGE 21

□ CONTINUED FROM PAGE 20

New Labour Relations staff joins UNA's Provincial, Calgary offices



Billet was replaced on UNA's Education staff by Tara Forbes.

Originally from Edmonton, Forbes is now in the process of completing her PhD in English at Wayne State University in Detroit, where she was a graduate instructor and activist in her graduate employee union.

Serving in a variety of positions with the union, including lead negotiator and president, she was also vice-president of the statewide union, American Federation of Teachers Michigan.

Forbes has taught courses ranging from two-day intensive union organizing classes to hour-long grievance workshops and is excited to bring her passion for teaching and her dedication to the labour movement to UNA's members.

Meanwhile, at the South Regional Office in Calgary, Laura Bowen has joined UNA as a Labour Relations Officer.

Bowen graduated from the University of Exeter in England with a first-class Bachelor of Laws degree before completing the Legal Practice Course in Guildford, England with distinction.

After qualifying as a lawyer specializing in employment law in the U.K. in 2008, and following a two-year training contract at a top litigation law firm in




London, Bowen was employed by the same London firm for three years as an employment lawyer. She then moved to the Bristol offices of Osborne Clarke, an international law firm.

Bowen moved to Calgary in 2014 with her partner and young son. Their second child, a daughter, was born in Calgary in 2015.

In January, Mark Wells accepted a temporary, one-year LRO position in the Provincial Office in Edmonton.

Wells comes to UNA after articling with the Nugent law firm in Edmonton, which is well known for its labour practice.

Born in Bashaw, Alberta, Wells had experience before completing his legal studies as research, education and communications manager of the Alberta Union of Provincial Employees and as Managing Director of the Government of Alberta's Public Affairs Bureau.

Meanwhile, Katie McGreer, who joined UNA as a temporary LRO in June 2017, has accepted a permanent LRO position in the Provincial Office. Brady Holroyd, hired in the same capacity in June 2017, has had his temporary LRO position in Provincial Office extended to January 15, 2019. 



New LROs Laura Bowen and Mark Wells, and Educator Tara Forbes.



Contract CROSSWORD

By Katie McGreer
UNA Labour Relations Officer

As a UNA member, you hold special rights under the collective agreement. These rights go beyond Alberta employment standards. But, if you don't know your rights, how can you assert your rights? This crossword is the first of a series of puzzles designed to help you navigate the ins and outs of the provincial agreement. To find the answers, comb through articles 1-14.

ACROSS

2. Pay metric
3. 325.5 hrs
9. Constructive review
10. Record of continuous service
12. X day
15. Annual certificate holder
16. Returned in-scope
19. May request to see it
20. Need for immediate action
21. Manager's dominion

DOWN

1. Position type
3. Not permanent
4. Continuous employment
5. 2X basic rate of pay
6. Relationship UNA strives for
7. 4 hrs pay
8. Posted for 10+ days
11. Required after 6+ months off
13. _____ consults cost 30min+ at overtime
14. 79.75 hrs off duty
15. To decrease hrs of work
16. To re-assert 7.02(f) rights
17. Listed on temp. vacancies
18. Reasonably available

□ ANSWER KEY IS ON THE NEXT PAGE

A delay in granting vacations requests in the worksite vacation schedule planner should be grieved

■ **ARTICLE 17.03** of the United Nurses of Alberta Provincial Collective Agreement says the employer shall post the vacation schedule planner by January 1 each year.

So the schedule planners, which the contract also says shall indicate approval or disapproval of vacation requests submitted by March 15, should be posted in your worksites now. Under the agreement, the employer than has until April 30 each year to post the schedule that results from the decisions made by March 15.

To assist with this process, the employer also has a responsibility to provide guidance as to the reasonable number of employees for each unit, program or site who may be granted vacation at the same time. Members should remember that this is a guideline. It is important for employees to check if this number is in fact reasonable. For example, if the employee is working on a large unit and the number of employees who can be away per day would result in not all employees being able to utilize their full vacation banks, the number would not be reasonable.

The April 30 deadline faced by the employer at most worksites has important implications for UNA members.

It means that if there is a delay in granting approval beyond the deadline, or

if the employer says it is pending, the employee should consider their vacation denied and initiate a grievance immediately.

If an employee believes vacation time has been inappropriately assigned, they may also file a grievance.

For example, if an employee has applied for a week block vacation and the employer approves Monday and Tuesday, but not Wednesday, and approves Thursday and Saturday, but not Friday, that is effectively a denial of vacation. Employees should grieve this type of denial.

Grievances should be filed within 10 days (excluding weekends and named holidays) of April 30 or from the day they are informed of vacation decisions, whichever is earlier.

The UNA Provincial Collective Agreement does not provide for a standing, or pending vacation request. If circumstances change such that a previously denied vacation period becomes available, the employee will need to submit a new vacation request for consideration.

There are no changes to Article 17 in the Mediator's Report just dealt with at the UNA Reporting Meeting in Calgary. 🇨🇦

KNOW your Rights



Report from
Director of Labour Relations
David Harrigan

The April 30 deadline faced by the employer at most worksites has important implications for UNA members

If you have any questions or concerns, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394.

ANSWERS

ACROSS

- | | |
|----------------------------|--------------------|
| 2. FTE | 15. RN |
| 3. TRIAL | 16. REINSTATED |
| 9. EVALUATION | 19. PERSONNEL FILE |
| 10. SENIORITY | 20. EMERGENCY |
| 12. DESIGNATED DAY OF REST | 21. UNIT |

DOWN

- | | | |
|-----------------|----------------------|-------------------|
| 1. AT-OR-OUT-OF | 7. REPORTING PAY | 15. REDUCE FTE |
| 3. TEMPORARY | 8. VACANCY | 16. REVERT |
| 4. REGULAR | 11. RE-ORIENTATION | 17. EXPECTED TERM |
| 5. OVERTIME | 13. TELEPHONE | 18. ON CALL |
| 6. HARMONIOUS | 14. EXTENDED WEEKEND | |

Let's fill Canada's prescription for pharmacare.

Canadians are giving up food to afford their medications.

A new UBC study* has revealed that in 2016 alone:

- About 1.69 million Canadians did not fill prescriptions, skipped doses, or did not take medication as prescribed because of out-of-pocket costs.
- More than 900,000 Canadians reduced their spending on basic necessities like food and heat to pay for prescription drugs.
- About 374,000 Canadians reported using extra health-care services because they found medication unaffordable, including visiting the doctor again and going to the emergency room.

* The consequences of patient charges for prescription drugs in Canada: a cross-sectional survey. Available at <http://cmajopen.ca>

Take action: speakup.cfnu.ca



**Canada's
Nurses**
STANDING UP
FOR PHARMACARE

