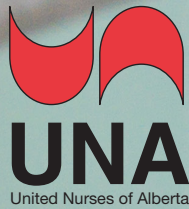


# News Bulletin

SPRING 2020 VOLUME 44, NUMBER 1



## ALBERTA NURSES ON FRONT LINES OF COVID-19 CRISIS

**Updates and  
important information**

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### **BARGAINING 2020**

**AHS, UNA put bargaining  
on hold for pandemic crisis  
after AHS rejects comprehensive  
proposal by UNA**

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# No to sacrificing health care workers to COVID-19! Risks faced by health care providers must not be ignored – we are all in this together



■ **COVID-19** is ravaging the globe. Every day the numbers escalate, including in Alberta. The impact will go far beyond the implications for the wellbeing of citizens, which are extremely serious. The economic impacts are already far-reaching. Costs will be added to health services. There will be a chilling effect on financial markets, particularly on oil prices, tourism and exports.

More than anything else at this extremely troubling moment in history, though, we hope that each of you and your loved ones are safe, both at home and in your workplaces. As your union, we are determined to ensure that the health and safety of front-line health care workers like the nurses represented by UNA are a priority for governments, employers, health care unions and each of us individually.

This will not change in the days ahead. In a time of crisis like this, the risks for health care providers cannot, must not be ignored.

UNA continues to support the CFNU Position Statement, which recommends an N95 mask as the minimum PPE for nurses who are in contact with suspected or confirmed cases of COVID-19. We encourage our members to use and ask for this protection. If N95 is not available or you are denied by your Employer from using a N95 mask, you are encouraged to assess your own risk and determine whether you want to exercise your right to refuse dangerous work. We will support any member who chooses to exercise this right.

Dramatic efforts are being made to control and contain community transmission in Alberta. Hopefully, AHS will also soon move to the standard adopted endorsed by the U.S. Centers for Disease Control, the European Unions and international organizations. Hopefully, this is not about putting cost before the safety of nurses, their families and patients. **NO** to denying appropriate personal protective equipment!

**NO:** Two letters but with big meaning.

Even before the outbreak of COVID-19, we had many reasons to say **NO!**

**NO!** to eliminating RNs and RPNs!

**NO!** to privatization!

**NO!** to rolling back our contract!

**NO!** to understaffing!

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## MNU calls for legislated ban on mandatory overtime for nurses

■ **THE** Manitoba Nurses Union is calling on the provincial government to ban mandatory overtime for nurses. The union's effort focuses on an Opposition private member's bill, the *Restricting Mandatory Overtime for Nurses Act*, that would end the use of mandatory overtime as a routine staffing tool.

The bill would also require employers and government to be more accountable for ensuring safe staffing levels.

Restricting mandatory overtime is a win-win-win for patients, nurses and government, the union argues, saying it will improve nursing recruitment and retention efforts, patient care, and save money by reducing costly overtime.

While passage of the Manitoba bill without support from the province's Conservative Government is a long shot, 18 U.S. states have now legislated or regulatory bans on mandatory overtime for nurses: Alaska, California, Connecticut, Illinois, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Texas, Washington State, and West Virginia.

Most of the state laws say hourly nurses need reasonable, predetermined schedules, and that once their shifts are scheduled, they can't be forced to work more than that. 🍷

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## UNA and AHS extend timelines on labour relations investigations, grievances, arbitrations and PRC due to COVID-19 pandemic

■ **IN** response to the COVID-19 pandemic, United Nurses of Alberta and Alberta Health Services have agreed to extend time limits for conducting investigations, filing of movement of all grievances, arbitrations and Professional Responsibility Concerns for the UNA bargaining unit, during the period of March 13, 2020, to May 31, 2020.

This extension has been made with the understanding that further extensions may be required past May 31, 2020, on

a month-to-month basis. UNA and AHS acknowledge that there may be specific situations that require immediate investigation.

An identical agreement has also been arranged with Covenant Health.

UNA members with concerns or questions should contact their UNA local executive or Labour Relations Officer at 1-800-252-9394.



## CFNU PRESIDENT LINDA SILAS seeks leadership of Canadian Labour Congress

CFNU President Linda Silas.

■ **LINDA** Silas, president of the Canadian Federation of Nurses Unions representing 200,000 nurses across Canada, formally announced in January that she would seek the presidency of the Canadian Labour Congress.

The candidacy of the New Brunswick nurse best known outside labour as a high-profile supporter of a national pharmacare program can be expected to add some drama to a contest that, while highly significant, usually takes place with little engagement by major media or awareness among the general public.

Well known to Alberta nurses from her regular participation in UNA annual general meetings and other events, Silas is a passionate and engaging speaker in both official languages and a public service union activist with family roots in the traditional industrial trade union movement.

As president of the CLC, she would be a strong public voice for social programs like pharmacare and public health care, and the rights of all working people in a time of globalization and its characteristic income disparity and increasingly precarious work.

When she announced her intention to run to replace retiring CLC President Hassan Yussuff she said, “I grew up in a union town that lost everything. I’ve met with neighbours who have experienced setbacks that last a generation. I’ve seen how important it is for struggling workers to see the hope that comes from our movement.”

This was a reference to the closing in 2007 of the Abitibi newsprint mill in her hometown of Dalhousie, where her father served as the president of the Communications Energy and Paperworkers Union of Canada local. The closing devastated the economy of



the small community on the Restigouche River in northern New Brunswick.

“It is my core belief that our common goals can in fact only be realized when proven fighters like us come together,” she said. “Union and non-union workers alike need to know that they have allies in a strong union ecosystem. Our communities need us at our best.”

Silas graduated in 1983 from the nursing program at the French-language Université de Moncton, working in critical care, emergency, and labour and delivery. Seven years later, she was elected leader of the New Brunswick Nurses Union, the youngest provincial nursing union president in Canada at the time.

Her official CFNU biography describes her as “a five-foot feminist dynamo with a soft heart and strong stomach who is

passionate about making a difference in people’s lives.”

The CLC presidency is also being sought by Beatrice Bruske, secretary-treasurer of United Food and Commercial Workers Local 832 in Manitoba.

Yussuff, who is 65, has been president of the CLC since 2014. Before that, he was secretary treasurer of the organization from 2002 to 2014. 🍷



Linda Silas addresses a recent CFNU meeting.

## UNA proud to support doctors in their struggle to be fairly compensated for their important work

■ **ALBERTA** physicians were shocked and dismayed after the United Conservative Party Government tore up their long-standing contract and imposed unilateral changes on how they are paid.

On February 20, after a breakdown in bargaining between the government and the Alberta Medical Association, Health Minister Tyler Shandro abruptly announced that the government would arbitrarily impose changes to billing and compensation in the master agreement with the province’s 11,000 doctors that have been in place since 2011.

The government had already put legislation in place to allow the swift abandonment of bargaining with the AMA. It said the new arrangements, including lower payments for extended appointments that family physicians say will cost them significant income as well as reducing the quality of care for many patients who are elderly and seriously ill, will come into effect on April 1.

According to the government, the changes will cut \$2 billion from expected compensation payments to physicians over the next four years.

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AMA President Christine Molnar said in a statement the AMA will consider job action that does not put the immediate health of patients at significant risk. Many doctors also spoke publicly about their thoughts on leaving the province.

“This government has introduced an unprecedented level of uncertainty for physicians,” she said. “We must remain steadfast on the path we have taken, which is focused on quality care for our patients and fairness for physicians. To be effective, we must stand together and maintain our strong, united voice.”

UNA President Heather Smith said in a statement that “Alberta’s nurses stand with doctors as they face a government that has blatantly disregarded and disrespected the role of fair negotiations.”

“Nurses and doctors work together every day in every community in Alberta, and our colleagues represented by the Alberta Medical Association deserve to be treated fairly by the government,” she said. “UNA is proud to support Alberta doctors in their struggle to be fairly compensated for their important work on behalf of patients, their families and the community.”

UNA members gather around Secretary Treasurer Karen Craik and Second Vice-President Cameron Westhead outside Health Minister Tyler Shandero’s office.







## Don't cut the heart out of health care!

Nurses rally against cuts at more than 33 Alberta locations

UNA members at some of the close to 40 Alberta information walks on February 13.

MEMBERS of United Nurses of Alberta sent a pre-Valentine's Day message about how much they love and care for Alberta's public health care system on February 13.

The message took the form of information walks and other activities at health care facilities where Registered Nurses and Registered Psychiatric Nurses represented by UNA work and other locations throughout the province. Members of other health care unions, including the Alberta Union of Provincial Employees, the Health Sciences Association of Alberta, the Canadian Union of Public Employees, Unifor, and the Teamsters, joined the information walks at many locations.

In all, information walks and events took place at more than 33 locations in dozens of communities, including Calgary, Edmonton, Bonnyville, Bow Island, Camrose, Drayton Valley, Drumheller, Edson, Fairview, Fort McMurray, High River, Hinton, Jasper, Lac La Biche, Leduc, Lethbridge, McLennan, Medicine Hat, Olds, Oyen, Peace River, Red Deer,

St. Albert, Spirit River, Stony Plain, Vegreville, and Vermilion.

The information walks were held to show support for publicly delivered health care and all the front-line workers who make it happen. Most Alberta health care workers including UNA members are facing the possibility of layoffs and major rollbacks of contract provisions. As many as 750 RNs and RPNs could be laid off in the next year in downsizing planned by Alberta Health Services.

Formal bargaining for UNA's Provincial Collective Agreement began on January 15 with public-sector employers proposing four years of pay freezes and massive rollbacks to the nurses' current collective agreement.

UNA members' Valentine's message to the people of Alberta was this: ***"Health care workers like nurses are the heart of Alberta's health care system, which is the envy of the world. Don't let our government cut the heart out of health care!"*** 🍷



## 2020 BARGAINING

### UNA and AHS agree to put bargaining on hold during COVID-19 response after AHS rejects comprehensive proposal by UNA



David Harrigan

■ **UNITED** Nurses of Alberta and Alberta Health Services reached agreement on March 17 to put bargaining on hold while the province and Canada confront the global COVID-19 crisis.

The agreement, which will continue until May 31, includes extension of Letter of Understanding No. 20, Job Security, guaranteeing no layoffs, to the same date. UNA proposed putting bargaining on hold on March 12. The parties agreed to revisit the issue in mid-May to determine if the agreement needs to be extended further.

UNA tabled a comprehensive proposed Memorandum of Agreement addressing all key concerns identified in 2020 bargaining for a new collective agreement during bargaining on February 21, after little progress was made toward a new agreement in January and February.

AHS rejected that Memorandum of Agreement, which is outlined in detail below.

Starting from the understanding both parties desire to ensure continuation of high-quality, sustainable and transparent public health care in Alberta, UNA's proposal addresses all major concerns identified by the MacKinnon Report on Alberta's Finances and the Ernst & Young consulting report on the operations of Alberta Health Services in a way consistent with the government's bargaining mandate to the employer and fairness to UNA's members.

The UNA proposal deals with overtime pay, the use of part-time employees, nurse-patient ratios, salaries, and recruitment, retention and vacancy management.

"Lengthy, adversarial negotiations, let alone job actions, are not in the interest of nurses, health care employers, the government or the people of Alberta," said UNA Labour Relations Director David Harrigan. "This proposal provides a way to accommodate both the stated concerns of the government and Alberta Health Services and to treat Alberta's nurses fairly."

#### KEY ISSUES IN UNA'S PROPOSAL INCLUDED:

**Overtime:** Since both government reports raised concerns about the amount



of overtime worked by Registered Nurses and Registered Psychiatric Nurses, UNA proposed agreement by the parties that no overtime be permitted or required unless it has been assessed to be a recognized critical unforeseen emergency and it can be demonstrated a bona fide attempt was made to mobilize appropriate, available resources to address and resolve the issues before activating these provisions.

Another provision would require the employer to advise UNA locals whenever overtime is utilized and report each month on its website the total amount of overtime worked in each unit, program or office.

**Part-time employees:** Recognizing the finding of the Ernst & Young report that the AHS rate of part-time nurses “is not cost effective and poses operational challenges,” UNA proposed the parties agree that on a weekly basis at least 75 per cent of postings of vacancies are for full-time employees.

Both the Ernst & Young and MacKinnon reports raised a concern about part-time employees receiving overtime on their Designated Day of Rest. Accordingly, UNA proposed that no part-time employee shall be permitted or required to work on their Designated Day of Rest.

**Nurse-patient ratios:** Numerous studies show a direct correlation between the numbers of RNs and RPNs and quality care. The Ernst & Young report stated that “clinical staffing decisions are typically based on historical staffing levels and (Operational Best Practices) worked-hours targets, rather than evidence-based assessments of patient acuity.” Therefore, it said, “AHS should optimize staffing levels and skill mix across the organization in both nursing and clinical support services through the use of such acuity based staffing.” It cited targets used in

some jurisdictions for assessing patient care staffing ratios on different types of units.

UNA’s Memorandum of Agreement, therefore, proposes the employer immediately cease implementation of its OBP program and “move to an evidence-based model to develop nurse-to-patient ratios.” Nurse-patient ratios on each site “shall be shared with the union and posted on the employer’s website, and the employer will agree not to staff below that level.”

**Recruitment, retention and vacancy management:** Ernst & Young stated provisions in UNA’s current collective agreement place restrictions on the use of vacancies and can inhibit flexible staffing models, such as changing positions to be multi-site positions to meet demand in rural areas. UNA proposed the parties agree to a letter of understanding on rural flexible positions applying to all areas except Greater Edmonton, Greater Calgary, Lethbridge, Red Deer, Fort McMurray, Medicine Hat and Grande Prairie. The LoU contains detailed provisions on postings, hours of work and scheduling, transportation and vacancies.

**Salaries:** Salaries in comparison with those in other provinces in Western Canada are identified by both the MacKinnon and Ernst & Young reports as issues. Research by Statistics Canada shows salaries in all occupational categories are higher in Alberta than the other provinces.

On the understanding the parties agree publicly employed nurses should be no better or worse off than the Alberta average, and given that average weekly earnings in Alberta are 15.1 per cent higher than the “Ontario-West average” cited by AHS (15.5 per cent in the case of Alberta cabinet ministers) and Alberta nurses are paid only 7.2 per cent more on average than the Canadian average and have seen

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no pay increase for three years, “therefore the parties agree that there shall be a 2-per-cent increase in each year of the collective agreement, provided that at no time shall the salaries be more than 15 per cent greater than the Ontario-West average for Registered Nurses and Registered Psychiatric Nurses.” Also in keeping with the Ontario-West average, “employees will reach top salary in 7.25 years rather than nine years.”

At UNA NewsBulletin’s press time, UNA was still awaiting a response from Alberta Health Services.



UNA members at an information walk in Calgary. Despite the uncertainties caused by the United Conservative Party Government’s demands for major rollbacks and its arbitrary actions taken against other groups, such as physicians, UNA continues to bargain in good faith with the employer both for the new Provincial Collective Agreement and for essential services agreements. 🍷

## UNA members ratify new agreements at Aakom-Kiyii Health Services and several Carewest sites

■ **MEMBERS** of UNA Local 416 employed by Aakom-Kiyii Health Services have ratified a new collective agreement with their employer.

Highlights of the three-year agreement that expires on March 31, 2022, include:

- Letter of Understanding regarding Compensation Equity
- Letter of Understanding regarding reduction of nursing hours and layoffs
- Overtime rate increases to 2 times per hour from 1.5
- Lump-sum payment of \$500 semi-annually to the provincial rate of \$875
- Special Long Service Pay Adjustment increase from 1 per cent to 2 percent
- Vision Care Coverage increased from \$300 to \$400 every two years; and annually for children up to 17

Successful negotiations also ended with a collective agreement for UNA members represented by Local 221 at Carewest’s

Colonel Belcher Care Centre/Rouleau Manor, Local 423 at Sarcee Care Centre/Beddington C-3, and Local 424 at Glenmore Park.

The three-year agreement, which runs from April 1, 2017, to March 31, 2020, includes:

- Reimbursement of up to \$50 for medical notes
- Reinstatement of out-of-country travel insurance
- Leaves of Absence to now apply to caregiver leaves, death or disappearance of a child leaves, and domestic violence leaves
- New process to deal with Professional Responsibility Concerns
- Reimbursement of parking and business use insurance for employees required to use their personal vehicles for work
- No involuntary reduction in full-time equivalency until May 30, 2020. This will be in place until the ratification of the next collective agreement. 🍷

This is the first collective agreement for members employed at Signal Pointe and Glenmore Park.



## Standing still is going backwards – UNA President Heather Smith responds to Alberta budget

■ **WITH** population growth projected to be 1.6 per cent and the forecast increase in the Consumer Price Index to be 2 per cent for Alberta, not adjusting the level of funding to the public health care system is the same as a cut of 3.6 per cent over the next year alone, Smith said after the budget was tabled in the Legislature on February 27.

Nurses are also concerned about the government's plans to eliminate jobs and increase privatization of surgeries, she said. "The budget speech made it clear that they still intend to go full speed ahead with the very destructive and illogical recommendations from Ernst & Young and the MacKinnon panel."

Alberta Health Services announced last year that it plans to eliminate full-time equivalents comparable to more than 750 Registered Nurse and Registered Psychiatric Nurse jobs and consolidate health services now offered in rural hospitals.

"They asked us in the budget speech to work with them as partners. In what

way have they made any attempt to work together? We have been under attack since the moment they were elected."

UNA has attempted numerous times to arrange meetings with Premier Jason Kenney and Health Minister Tyler Shandro, but have been declined or not received a response from their offices.

"Nurses are the backbone of the health care system," said Smith. "We are still recovering from the deep budget cuts of the mid-1990s. It's outrageous and disappointing that this government appears to want to repeat that mistake."

Other troubling items from the 2020 Budget include cuts to total public-sector compensation of \$610 million in fiscal 2020-21 "through staff reductions and by simplifying service delivery methods." Cuts to Alberta Health Services compensation will total \$212 million.

The budget also relies on rosy projections of big increases in revenue for Alberta oil that cannot be justified by current prices or production. 🇨🇦



"Standing still is actually going backwards as Alberta's nurses are faced with a growing and aging population,"

- Heather Smith in response to the Alberta government's 2020 budget.

## 2019 WAGE-REOPENER ARBITRATION

### Arbitrator awards no salary increase in third year of 2017-2020 UNA Provincial Collective Agreement

■ **AN** Arbitration Board issued a ruling in early January awarding United Nurses of Alberta members no salary increase

in the third year of the Provincial Collective Agreement set to expire on March 31, 2020.

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The decision applied to Registered Nurses and Registered Psychiatric Nurses employed by Alberta Health Services, Covenant Health, Lamont Health Centre, and The Bethany Group (Camrose).

UNA had asked for a 3-per cent increase and the employer was directed by the provincial government to ask for a 3-per cent wage rollback. UNA members received no salary increases in the first or second years of the contract.

The Arbitration Board, which was chaired by arbitrator David Jones and included employer nominee Lynn Michele Angotti and union nominee David Williams, held hearings in Edmonton on December 4 and 5, 2019.

At the hearings, UNA argued that nurses' income has not kept pace with inflation over the course of the past three Provincial Collective Agreements and that while nurses are the highest paid in the country the same is true for virtually any other occupation or profession in Alberta compared to other provinces.

In his judgement, Jones wrote that "no change to wage rates is justified in the third year of the current collective agreement, particularly given the prevailing general economic conditions in the province, as well as the current comparative

continuity and stability of nurses' employment and the absence of any relevant other public sector settlements that would indicate either an increase or a decrease to salaries."

Jones wrote that he wished to "emphasize again that I have rejected any suggestion that the Employers do not have the ability to increase wages. The issue is not whether the provincial government could (or should) increase taxes in order to increase salaries in the public sector. I also recognize the public interest in maintaining quality public institutions. However, the decision about how to balance these two objectives is political, the responsibility of the government, and not the function of an interest arbitration."

He also noted that "the parties will very shortly be embarking on negotiating the next collective agreement, during which they can test either by agreement or after industrial action whether it would be appropriate to put in place any different result."

Negotiations with the Employer for UNA's next Provincial Collective Agreement commenced in Edmonton on January 14 and 15, February 20 and 21, and continued on March 11 and 12. 🍷

## Don't use E&Y report to bargain through media, Heather Smith tells government, AHS

■ **UNITED** Nurses of Alberta President Heather Smith expressed concern in early February that the government of Alberta plans to use the Ernst & Young consulting report on Alberta Health

Services to bargain through the media with union members.

"Statistics Canada figures show that average weekly earnings in virtually all

job categories in Alberta are higher than in all other Canadian provinces,” she said, arguing that health care compensation in Alberta needs to be examined in the context of that reality.

“This is true in management positions, business and administration, the sciences, education, law, community and government services, art and culture, sales and service, trades and transport, natural resources and agriculture, manufacturing and utilities, and, yes, health care,” she stated. “So you could have done this study for any business or public enterprise in Alberta and said exactly the same thing.

“Cherry-picking health care pay and trying to use that as a club in bargaining to make nurses and other front-line health care providers alone pay for big cuts the government hopes to make is unjust and certainly won’t impress our members, the majority of whom are women,” she said.

Interestingly, spokespeople for Alberta’s United Conservative Party government strongly denied, often in harsh terms, the argument that principally attacking the wages paid to female dominated professions such as nursing and teaching amounted to an attack on women.

Nevertheless, Smith said, “we’ll certainly be making that point at the bargaining table and we expect to prevail if the collective bargaining approach is allowed to function as the Canadian Charter of Rights and Freedoms guarantees.”

She noted that Alberta Health Services had “tabled these very proposals” made by Ernst & Young in bargaining for UNA’s next collective agreement more than two weeks earlier — a coincidence that suggests the recommendations were not reached by a truly unbiased process.

Smith said there is no evidence whatsoever for Ernst & Young’s claim

“provisions contained in the collective agreements can make it challenging for AHS to implement innovative staffing approaches to meet demands, especially in rural areas.”

The report’s authors appear to have tried to delve into the minutiae of UNA’s collective agreement with AHS without understanding the agreement, she continued. For example, contrary to a statement made by Ernst & Young in its review, UNA’s current collective agreement with AHS includes a letter of understanding that allows the employer to create rural multi-site positions.

She also said it would be disgraceful if the government were to seriously consider the ironic Ernst & Young recommendation that Canada’s largest health care provider try to cut health care benefits to employees who work less than 15 hours a week. “UNA will never let such an idea go unchallenged. It’s poor policy from a health care perspective that would cost more money in the long run, and it’s simply immoral,” she said.

Smith concluded that the Ernst & Young report is intended by the government to take Alberta well down the road to health care privatization. The sale of public assets, outsourcing, and contracting out of health care have all been rejected by Albertans, she said, “who have made it clear they don’t want to pay more to get less.”

In that regard, however, Smith said the outcome of the \$2-million review by the British-based multinational management consulting corporation released by Health Minister Tyler Shandro was no surprise, as the government’s privatization agenda is quite clear. 🍷





By Josh Bergman  
UNA PRC Advisor

## Novel coronavirus (COVID-19) update as of March 16, 2020

Following a meeting on March 13 between the Canadian Federation of Nurses Unions (CFNU) and the Public Health Agency of Canada (PHAC) to discuss PHAC's recommendations on minimum Personal Protective Equipment (PPE) requirements for health care workers, a joint statement was issued by the CFNU, the Canadian Labour Congress (CLC), the Canadian Union of Public Employees (CUPE), Unifor, the National Union of Public and General Employees (NUPGE) and the Service Employees International Union (SEIU), "*calling for the Public Health Agency of Canada and all provincial public health offices to protect health care workers and their patients during the COVID-19 pandemic.*

*"We are also urging decision-makers to adhere to the precautionary principle, which calls for reasonable safeguards when a virus is clouded in scientific uncertainty,"* the joint statement said.

This United Nurses of Alberta update on COVID-19 was up to date as of March 16, when UNA NewsBulletin went to press. **Since the situation is changing very rapidly, there will be regular updates in future editions of UNA NewsBulletin, on una.ca, via all of UNA's social media channels, and in the new COVID-19 Conference on FirstClass.**

The online version of this update includes links to many of the documents referenced in it.

### Personal Protective Equipment for COVID-19

- At present, there is no consensus from leading public health and disease control institutions across

the Globe on modes of transmission for COVID-19 and minimum PPE requirements for front-line health care workers.

- **In light of this uncertainty, UNA believes that all front-line health care workers should have access to and at minimum be protected using a fit-tested NIOSH-approved N95 respirator when in contact with patients who are suspected or confirmed to have COVID-19.**
- The Government of Alberta and health care employers in Alberta are recommending Contact and Droplet Protections in addition to Routine Practices for Health Care Workers involved in the care of suspected or confirmed cases of COVID-19, which means wearing a surgical mask as part of your PPE, unless you are involved in performing an aerosol-generating medical procedure, which would then require an N95 respirator. This advice is based on current recommendations for health professionals from PHAC.
- UNA's position is based on the CFNU position statement on COVID-19, similar minimum PPE recommendations for health care workers from the U.S. Centers for Disease Control and Prevention, and the European Centre for Disease Control and Prevention, and on the legal opinion released by Osler on March 5, 2020, which emphasizes the legal obligation of health care employers to take all reasonable precautions to protect staff. This opinion highlights the importance of health care employers practicing

the precautionary principle, which is adopting the elevated precautionary measure(s) (e.g. recommending use of a N95 mask vs a basic surgical mask) when there is conflicting evidence as to whether a certain precautionary measure is required or not.

- We strongly encourage you to ensure that you have ready access to PPE in your worksite/program and are trained on how to use and are fit-tested (within the last 2 years) for the N-95 respirator.
- We also want to emphasize the importance of good hand hygiene and being able to properly don, use, and doff PPE in a manner that prevents self-contamination or contamination of others. These precautions are just as critical as having the right PPE. Your Employer should have policies describing a recommended sequence for safely donning and doffing PPE. Familiarize yourself with those policies and ask your Employer for training and assistance as needed.
- If you have concerns about this, follow up with your immediate supervisor/manager and/or contact your Local or UNA Provincial Office (Phone 1-866-492-8584; Email: ProvincialOffice@una.ca) for assistance.

#### What to do if you feel your safety is at risk?

- **Speak up** and discuss the concern with your immediate supervisor/manager in a timely manner.
- **Document** the concern through MySafetyNet (for AHS Employees) and on a UNA Occupational Health and Safety (OHS) Concern Form. You can fill out a paper OHS Form or you may fill out the OHS

Form electronically on the UNA app and online at <https://dms.una.ca/forms/ohs>

- **Contact** your Local or UNA Provincial Office (Phone: 1-866-492-8584; Email: ProvincialOffice@una.ca) and ask to speak to an OHS Advisor for advice.
- Consider your **Right to Refuse** dangerous work. There are certain obligations you must meet to exercise this right, which can be reviewed online. UNA will support any member that chooses to exercise their right to refuse dangerous work.

#### What to do if you feel patient safety is at risk?

- **Speak up** and discuss the concern with your immediate supervisor/manager in a timely manner.
- **Document** the concern through on a UNA Professional Responsibility Concern (PRC) Form. You can fill out a paper PRC Form or you may fill out the PRC Form electronically on the UNA app and online at: <https://dms.una.ca/forms/prc>
- **Contact** your Local or UNA Provincial Office (Phone: 1-866-492-8584; Email: ProvincialOffice@una.ca) and ask to speak to an PRC Advisor for advice.

#### What to do if you recently returned from outside of Canada, think you have been exposed, and/or are experiencing symptoms of COVID-19?

- Effective March 12, all Albertans currently outside Canada should self-isolate for 14 days when they return.
  - Contact your Manager and/or your Employer Workplace Health and Safety department before



□ CONTINUED ON PAGE 35



## Airborne precautions, negative pressure rooms, and N-95 masks are appropriate for all health care workers



UNA OH&S Advisor  
Dewey Funk

By Dewey Funk  
OH&S Advisor

**I**N a conference call with the Public Health Agency of Canada (PHAC) on February 7, Canadian Federation of Nurses Unions President Linda Silas raised questions about the differences between the Occupational Health and Safety standards recommended by the Canadian body and the U.S. Centers for Disease Control.

The CDC says patients with confirmed or suspected cases of COVID-19 infection should be placed in an Airborne Infection Isolation Room, while the Canadian agency suggests that only if patients require aerosol-generating medical procedures (AGMPs) is an AIIR needed, said UNA Occupational Health and Safety Advisor Dewey Funk, who participated in the call.

The CDC also says N95 masks should be standard Personal Protective Equipment for health care workers treating patients with suspected or confirmed COVID-19 infection, while the Canadian agency says N95 masks are only required when performing AGMPs, Funk said.

PHAC has said transfer of COVID-19 patients within and between facilities

should be avoided unless medically indicated. The CDC states that if AIIR facilities are not available, patients who require hospitalization should be transferred to a facility where AIIR is available.

During the call, CFNU argued that placing signage near the door of a public health care facility is of little utility, since members of the public who are ill will not stop to read signs, but will proceed directly to the triage nurse to seek assistance.

After the call, Funk said he took part in another conference call with Alberta Health Services to request clarification on AHS policies for wearing personal protective equipment. “There should be a race to the top for PPE, not a race to the bottom,” he said. “Giving patients the highest quality care is ensured when nurses know they have the best personal protective equipment.”

“I have requested AHS numerous times to have N95 masks available for all instances of suspected cases,” he concluded. 🍷

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## Worldwide coronavirus concern grows as infection continues to spread; CFNU calls for coordinated action in Canada

**WORLDWIDE** concern about the spread of the new coronavirus, now officially known by the World Health Organization as COVID-19, continues to grow,

with more than 100,000 cases recorded and special government flights bringing travellers who may have been exposed to



the disease in China home to Canada, the United States and Western Europe.

Canadian health authorities in mid-February said the risk of infection remains low in Canada, with 62 cases within Canada's borders confirmed by March 8. Seven cases and suspected cases had been identified in Alberta by press time.

Nevertheless, with no vaccine currently available to prevent the new disease and numerous Canadians abroad exposed to the virus, authorities are braced to deal with more cases.

The Canadian Federation of Nurses Unions expressed concern about uneven preparations for a potential pandemic at health care facilities across the country, calling on Canadian public health agencies to take immediate co-ordinated action to protect front-line health care workers in accordance with the precautionary principle.

“SARS definitively taught us that protecting the public during a possible pandemic starts by protecting health care workers,” said CFNU President Linda Silas. “Nurses unions are taking the lead by sharing information with our members and coordinating with other unions and government agencies to ensure we protect frontline health care workers and contain the disease.”

In a position statement published on February 19, CFNU recommended that any worker who will be exposed to aerosol-generating medical procedures must be protected and trained on use, donning and doffing of a powered air-purifying respirator (PAPR) and provided with full body protection.

This standard should apply for all viruses which are known or unknown, or suspected to be airborne, or can be aerosolized, or any virus where there is uncertainty about the transmission route or clinical severity, the statement says.

In a letter to WHO Director General Tedros Adhanom Ghebreyesus, Global Nurses United, an international organization of nurses' unions called for airborne precautions to be implemented whenever health-care workers are caring for patients with known or suspected COVID-19 infections.

GNU's letter also urged WHO to communicate clearly and transparently with nurses and other health care staff about COVID-19 cases and potential occupational exposure. “It is unacceptable for an employer to hide information from employees about their possible or known exposure to any hazard,” the GNU letter said. 🍷



N-95 Mask

## Major health care unions, CLC urge adherence to precautionary principle in coronavirus response

■ **IN** a joint statement March 13, the Canadian Labour Congress, the Canadian Federation of Nurses Unions, and four other health care unions called on

the Public Health Agency of Canada and other decision makers to adhere to the precautionary principle to protect health

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care workers and their patients during the COVID-19 pandemic.

The precautionary principle calls for reasonable safeguards when a virus is clouded in scientific uncertainty.

“Our health care system is already running over capacity,” said the statement signed by the presidents of the CLC, the CFNU, the Canadian Union of Public Employees, Service Employees International Union, National Union of Public and General Employees, and Unifor. “We simply cannot afford to erode staffing levels any further if health care workers become sick and self-quarantine.

“It is therefore imperative that we protect health care workers so that they can continue to provide safe and effective care.”

Noting that uncertainty remains about how COVID-19 is transmitted, the statement calls on health ministers and health employers to ensure health care workers are equipped “with the appropriate fit-tested personal protective equipment.” Employers must also provide the appropriate training and support, it continues.

“We must err on the side of caution,” the statement says. “Safety is not negotiable!”

The full joint statement is available on UNA’s website, [una.ca](http://una.ca). 🍷

## It’s time to stop health care workplace harassment in its tracks!

■ **NURSES** are seeing a marked increase in aggressive behaviors in their workplaces. At the same time, employers are denying employee rights, such as overtime pay for time worked and missed breaks. They are also not posting jobs that need to be filled, resulting in short staffing and even more overtime demands.

Meanwhile, the government of Alberta is telling the public that nurses are greedy and deserve pay cuts!

Naturally, this has a cumulative psychological effect on you, the front-line nurse on the floor. I regularly see reports of harassment and disrespectful behavior, including nurses being yelled at in front of the public and other staff members.

What can you do if you observe these types of behaviors?

Don’t walk away. Stop and watch. Don’t say anything, just stand exactly where you are. You are the silent witness, by standing there you are showing solidarity with the affected party, and you are visibly showing the perpetrator that the behavior is noticed. Often the behavior immediately stops.

If the perpetrator asks what you are doing, just say you are observing behaviors. Should there be any repercussions, immediately call your union, and also report the repercussions in the reporting system of your employer.

It is time we started observing behaviors in a way that is non-confrontational but puts perpetrators on notice that we demand a respectful workplace.

It’s called “stopping harassment in its tracks”! 🍷



CANADIAN  
FEDERATION  
OF NURSES  
UNIONS

## Canada's nurses warn coronavirus protections are not strong enough

■ "If nurses are not safe, then patients are not safe."

This is the message that Linda Silas, president of the Canadian Federation of Nurses Unions, has been firmly reiterating in recent weeks.

Nurses unions have been speaking out in the midst of Canadian preparations for the spread of the novel coronavirus dubbed COVID-19 by the World Health Organization. Canada's federal efforts to prepare health care workers and facilities are falling short, unions are saying. This is despite clear lessons from our previous experiences preparing for pandemics.

Any nurse working during the SARS epidemic in 2003, no doubt, remembers it all too well. Two nurses in Ontario lost their lives, along with 42 other people living in Canada. The nurses' deaths sent shockwaves through medical communities and pointed to serious flaws in protections for the workers caring for infected patients.

The resulting SARS Commission identified a key lesson. In the absence of scientific information about an infectious illness, the precautionary principle must be followed. This means that reasonable efforts to reduce risk should not await scientific proof. As commission Chair Justice Campbell put it: "The point is not who is right and who is wrong about airborne transmission. The point is not science but safety."

Fast-forward to 2020 and this is precisely the principle that the Public Health Agency of Canada is failing to follow. PHAC failed to involve unions in the development of these federal guidelines,

as had been done with similar preparations for H1N1 and Ebola.

As of early March of this year, the virus has infected over 100,000 individuals worldwide. There is still little information about the transmission and clinical severity of COVID-19, including whether transmission is airborne. Yet initial federal guidelines proposed by PHAC call only for contact and droplet precautions.

PHAC's federal guidance is weaker than protocols released by relevant health authorities in the United States, United Kingdom and European Union.

In response, the CFNU has been calling for all nurses and front-line health care workers at risk of COVID-19 exposure to be protected from the potential for airborne particulates by using a fit-tested NIOSH-approved N-95 respirator at minimum.

It is the CFNU's position that this standard should apply for all viruses that are known, unknown or suspected to be airborne, or can be aerosolized, or any virus where there is uncertainty about the transmission route or clinical severity.

The CFNU, nurses unions and our allies will continue to sound the alarm. The PHAC must follow the precautionary principle and involve unions in the development of guidelines impacting our members' workplace safety. As we know all too well, lives may depend on it. 🙋



By Lauren Snowball  
Canadian Federation  
of Nurses Unions

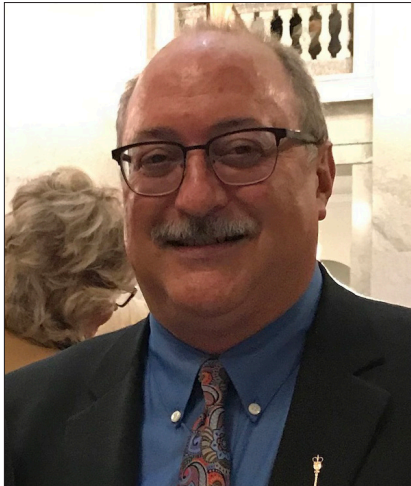
For more information about COVID-19 and what employers should be doing to keep workers safe, visit: <https://nursesunions.ca/coronavirus-updates/>



# UNA fears Alberta review of continuing-care laws could take the province the wrong way

■ **WITH** the Alberta Government “reviewing” the province’s continuing-care legislation with an emphasis on “eliminating unnecessary barriers and reducing red tape,” many nurses fear the changes planned by the UCP government are intended to set the stage for more privatization of long-term care services and reductions in care standards.

“Alberta mustn’t go the wrong way on long-term care,” said Smith, noting that UNA and other affiliates of the Canadian Federation of Nurses Unions have long pushed for national standards for continuing care. 🇨🇦



UCP MLA  
Richard Gotfried

In late January, UNA President Heather Smith said the death of an elderly resident of a private, for-profit nursing home in the town of Viking from neglect and infection should be a wake-up call for the Alberta government that it’s time to start listening to what Registered Nurses have been warning for years.

“Understaffing of the sort reported in Viking is a consistent problem, particularly in private-sector, profit-driven facilities,” Smith said at the time. “These issues are systemic, and this requires a response. It must not be dismissed as a problem with one patient in one facility.”

But UNA now fears the government intends to move in the opposite direction when the “stakeholder engagement committee” chaired by Calgary-Fish Creek MLA Richard Gotfried, who has no background in health care, introduces its changes in 2021.

## UNA stands by nursing home care recommendations it made in 2016

UNA stands by the recommendations made in its 2016 filing to the government’s review of nursing home regulations:

- Minimum nursing and personal care hours must be maintained in provincial regulations
- The minimum threshold for total nursing and permanent care staffing should be raised to 4.1 hours per resident per day
- The minimum threshold for direct care Registered Nursing should be increased to .75 hours per resident per day
- Continued requirement for an RN on site 24 hours a day
- Increased monitoring of RN, licensed practical nurse, and health care aide staffing hours
- Requirements that all Alberta Health Services contracts with for-profit and not-for-profit LTC providers are available for public scrutiny
- Regular public reporting on service quality and compliance in LTC facilities, including staffing hours, as recommended by the Auditor General’s October 2014 report 🇨🇦

## Conditions that led to tragedy at long-term-care facility are no exception in Alberta

■ **THE** death of an elderly resident of a private, for-profit nursing home from neglect and infection should be a wake-up call for the Alberta government that it's time to start listening to what Registered Nurses have been warning for years

Albertans were shocked in late January to learn from a news story that a scathing report by the Alberta Office of Protection for Persons in Care pointed to understaffing and neglect at the Extencicare nursing home in the town of Viking as contributing to the death of a 79-year-old resident in November 2018.

“The situation that led to this tragedy is not an exception in Alberta,” UNA President Heather Smith said at the time. “Understaffing of the sort reported in Viking is a consistent problem, particularly in private-sector, profit-driven facilities. These issues are systemic, and this requires a response. It must not be dismissed as a problem with one patient in one facility.”

Similar tragedies can strike anywhere in Canada, she added, noting that the Canadian Federation of Nurses Unions and other health care organizations have made repeated calls for a national long-term care strategy because provinces are failing to provide the staffing and resources required for high-quality and safe care.

Smith noted that in Alberta for-profit facilities are funded with public money. UNA has repeatedly called for minimum staff levels in facilities of this type, as well as enforcement of the provincial regulations that require an RN to be

on-site at all times in long-term care (LTC) to ensure adequate monitoring of resident health.

In 2015, the union had to go to court to try to force the company to obey the law at another of its Alberta operations. Stephen Mandel, then the minister of health, had refused to enforce the regulations. Mandel was recently appointed to the Alberta Health Services Board by the Kenney Government.

Abundant scientific research shows the rising number of clinically complex patients in Alberta LTC facilities requires more RNs to assess, coordinate and provide expertise in direct care, Smith said. Among the benefits of increased RN presence in LTC facilities shown by research are lower mortality rates, reductions in required hospitalization of residents, and reduced rates of pressure ulcers and urinary tract infections.

“UNA has reported these findings to the Alberta government on numerous occasions and made sensible recommendations for improving the quality of care in facilities regardless of ownership status,” Smith said. “It’s time for Alberta to listen to its nurses. These regulations are not just ‘red tape.’”

Extencicare continues to oppose the inclusion of Professional Responsibility Concern (PRC) provisions in its collective agreements with UNA so that nurses can raise concerns about patient and resident care and safety. UNA collective agreements with public institutions have included PRC language since the 1980s. 🇨🇦

“Some private companies, including Extencicare, have resisted compliance with these important regulations,” Smith said.

## LOCAL 164 RN REMEMBERS MISSION TO GUATEMALA WITH TABER- BASED CHARITY

“One day while working in the operating room with my colleagues, we were discussing how it would be great to help in Third World countries,” remembers Linda Moedt, a member of United Nurses of Alberta Local 164 at the Taber Health Centre in southern Alberta. This is how the TANGO Foundation was born.

TANGO, for Taber Assisting Nations through Global Outreach, has been going on medical missions trips since 2013, Moedt explained in her report to UNA, which supported her most-recent volunteer mission with a \$1,000 Humanitarian Grant. It has provided medical, surgical, dental and educational services to people in Fiji, Peru, Mexico and Guatemala.”

A 42-member TANGO team, with 17 members from Taber, travelled to Santiago, Guatemala, from November 2 to 10, 2019.

Santiago is a small community on a bay of Lake Atitlan, 77 kilometres from Guatemala City in the shadow of three volcanoes: Volcan San Pedro west of town, Volcan Tollman southeast of town and Volcan Atitlan. The majority of the town’s 53,200 residents are indigenous Mayans.

“Our team worked with the local staff at Hospitalito Atitlan, a small non-profit hospital that provides a full range of preventative and clinical health services,”



Alberta Registered Nurses Linda Moedt, left, and Susan Bodie, a member of UNA Local 120 in Lethbridge, at right, with two local staff members at the Hospitalito Atitlan in Santiago, Guatemala.

Moedt said in her report. It is the only facility with 24/7 emergency and surgical obstetrical care within a two-hour radius.

The team included general surgeons, a vascular surgeon, an anesthesiologist, a nurse anesthetist, dentists and Registered Nurses, Moedt said. Other non-medical volunteers who accompanied the team did renovations and repairs on the hospital.

Local staff at the hospital work with international volunteers to bring quality care to the community, where many patients cannot afford care and struggle daily just to put food on the table, she said. Infant and maternal mortality in the area is among the highest in the Americas.

“During the week that our team was in Guatemala we ran two operating theatres, doing laparoscopic cholecystectomies, hernia repairs, lipoma removals, thyroidectomies and caesarean sections,” she recalled. Tragic cases of infants born with severe deformities are common in the area, where people drink from, bathe in and eat fish from Lake Atitlan, which has high levels of arsenic.





Scenes from the November 2019 TANGO medical mission to Guatemala.



“I am always humbled when I work in Third World countries when I see the scarcity of resources,” Moedt said. “In Canada we take so much for granted in our health care system and don’t even think twice when we open a package of something. Everything at this hospital is kept in a ‘bodega’ (storage room) and is logged meticulously into a book.”

“We worked closely with the local staff and were able to do some teaching,” Moedt’s report continued. “The nurses were so grateful for any information that we could impart to them and were eager to learn and do things better.”

Moedt said she was amazed at the trust patients placed in the TANGO team. “They would wait for hours to be seen, never complained and were so very thankful for everything.”

“I am thankful for the opportunity that I have had to work in Guatemala and make a difference in the lives of the Mayan people,” Moedt concluded, expressing her gratitude for the support to UNA. 🇺🇸

More information on the charitable TANGO Foundation is found at [www.thetangofoundation.com/](http://www.thetangofoundation.com/).

More information on UNA Solidarity Grants can be found at [www.una.ca/memberresources/scholarships/](http://www.una.ca/memberresources/scholarships/).



# LOCAL 218 PRCS

## IMPROVE WORKING CONDITIONS AND CARE IN LACOMBE AREA

■ **SO** you think home care is where nurses have it easy? Don't believe it! Factors such as day surgery patients discharged in one day with follow-up provided by home-care nurses, IV medications that must be administered at home, and PICC lines and implanted ports managed at home are just a few examples of the increased acuity of home-care patients.

And while the implications of staffing shortages in health care settings are coming to be well understood, there's no definition of "overcapacity" for home care, whether patients are being seen in private residences, seniors' lodges, or supportive living facilities. So the exhaustion and emotional stress often experienced by home care nurses is not only debilitating, but often unrecognized.

This became a particular problem in the Lacombe area of Alberta Health Services' Central Zone, where understaffing was having an impact on the quality of care that could be provided and the wellbeing of home care nurses. So Local 218, representing Community Nurses in the Central Zone, took on some of these issues with the creation of a Professional Responsibility Concern working group made up of front-line RNs, UNA PRC Advisor Chris Axtell, and the AHS Manager, Site Director and Area Director in Lacombe, said Local President Sabrina Beck.

Concerns raised by front-line nurses included the emotional turmoil of juggling multiple roles, pressure to manage an impossible workload and the feeling, as one nurse put it, "I'm only putting on Band-Aids for my clients, rather than providing them the care they deserve." This led to concerns the risk of errors was increasing, more staff might leave, and clients in Lacombe might not get the same quality of care as those in other communities. "The nurses were at risk, and the clients were at risk," Beck said.

The result of the working group's efforts was a significant success creating a safer environment for nurses and clients. Management strove to ensure travel, meals and hotel expenses for home care nurses coming from other parts of the Central Zone to the understaffed areas were covered. Managers encouraged union leaders to build relationships with staff to ensure RNs felt comfortable going to both union and management to identify PRC concerns. And new emphasis on recruitment and retention engaged managers.

The result is a well-functioning team, says Beck, possible because "everyone had the same goals — assuring that clients in Lacombe are receiving the best care possible." 🍷

## OPINION

**DEAR PREMIER:****Please don't syphon fuel from Alberta's most valuable economic engine**

■ **THESE** days, the conversation surrounding health care centres around “living within our means.” In the wake of the MacKinnon Report, the message is clear: our government needs to contain costs and reduce spending.

But when it comes to other sectors, the conversation is different. In last month's Speech from the Throne, for instance, our premier told us the government “is prepared to do whatever it takes to develop our resources responsibly and get them to global markets. ...”

It's clear the government wants to create an environment where businesses can thrive. And there's nothing wrong with that. But my question is this: Why is the government willing to do whatever it takes to fuel one economic engine, the energy sector, and reluctant to do anything for another, the health care sector?

Health care shouldn't be cast as a drain on provincial coffers. Rather, it should get credit for being a powerful economic engine in Alberta — a vehicle for economic growth.

It's true we have an aging population and people are living longer. And it's no secret the cost of health care is growing. But there are good reasons to increase our investment in the health care sector and keep up with the rising demands on our system. Here are just a few of them:

1. The health care sector keeps Albertans healthy and productive.

When people are healthy, they can work. The longer they're at work, the more experience they have — which is a key component of labour productivity.

2. The health care sector is a source of good-paying jobs for Albertans. It keeps unemployment at bay. And workers from this sector pay taxes, support their families, and re-invest in the local economy. This kind of stability in our communities is especially important during times of economic disruption or recession. And as our premier said recently, we want Albertans to be able “to contribute to the economy, give back to their communities and pave the way forward for the next generation of Albertans.”
3. The health care sector is a breeding ground for innovation and technology. As such, it helps us harness our people's brilliant minds and leverage their ideas for the good of all Albertans.
4. The health care sector sustains other industries: it does not exist in a vacuum; rather, it is part of a complex ecosystem that props up Alberta's transportation, construction, insurance, food services, pharmaceutical, information systems, and technology sectors. Because of this, investing in health care has a ripple effect: it provides value not only to our health



By Katie McGreer  
Labour Relation Officer

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care system but also more broadly across society as a whole.

Like many engines, the health care sector needs fuel to run. We shouldn't syphon off the fuel. With fewer jobs, and greater levels of dissatisfaction among workers, people will leave and our health care system will suffer. Research and innovation will slow. And the development of technology, the generation of ideas and the delivery of services will wane.

It comes down to this: if we don't properly invest in the health care sector, we reduce its capacity to generate wealth for our province.

What does it mean to properly invest in health care? It means fair compensation for nurses and other health care providers — relative to other Albertans not to people in other provinces. It means staffing facilities so that workers aren't spread thin, and patient safety isn't put at risk. And it means ensuring health

providers have enough time to meet with their patients.

It means protecting nurses' days of rest so they come to work fresh, avoid burn-out, and continue to provide excellent patient care. It means investing in our nurses' education, and recognizing the value that provides to all Alberta residents.

And what to do about the rising costs of health care? We need to realize that costs and benefits aren't synchronized — upfront costs yield benefits in the future. Given that reality, the government should play the long game and reduce costs by addressing social determinants of health. It should minimize the need for Albertans to rely on the health care system rather than reduce the level of care they receive. Our government needs to change its mindset and endeavor to do whatever it takes to revitalize and reinvigorate the health care sector. 🍷

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## UNA response to government review of Labour Relations Code says further changes not needed

■ **UNITED** Nurses of Alberta has responded in late December to the Government of Alberta's November 22 request to submit a written response the planned review of the Alberta Labour Relations Code.

UNA's response makes it clear our union does not accept the premise of this review and believes there is no need for a review at this time.

UNA said in its submission that almost all changes included in the 2017 revisions

placed Alberta labour laws in the middle of the Canadian labour relations mainstream.


It also informed the government that it believes the hurried steps leading to the new United Conservative Party Government review in 2019 strongly suggest it is not a sincere, legitimate consultation, but merely window dressing for an effort to impose the governing party's ideology on the legal framework of labour relations.

Nevertheless, the UNA submission dealt extensively with the union's position on issues including certification timelines, reverse onus provisions for dealing with unfair labour practices, early renewal of collective agreements, limitations on picketing, the Labour Relations Board hearing process, remedial certification and first-contract binding arbitration.

The government-required comments had to be submitted by December 22, 2019, less than a month after the call for feedback was made. In addition to the short notice, very little information was provided to union stakeholders about the changes the government is contemplating. Moreover, materials provided to assist stakeholders with the submission

process included misleading statements and was short on evidence to support them.

The Government's "Written Submission Guide," for one example, stated without evidence the opinion that revisions to the code in 2017 "went too far and affected the balance in the workplace, including having a negative impact on the competitiveness of Alberta businesses."

A link to a full copy of UNA's submission is available on UNA's website. Go to [www.una.ca](http://www.una.ca), click on the December 20 story headlined "UNA responds to Alberta Government's Labour Relations Code review," and then click on the link to the right of the story. 



UNA members at an information walk outside the University of Alberta Hospital in Edmonton.



UNA District Representatives JoAnne Rhodes and UNA Secretary Treasurer Karen Craik.

## AFL calls for restoration of public sector pension independence



Gil McGowan

■ **CHANGES** included in Alberta legislation that came into force at the end of February open the way for the United Conservative Party Government to use Alberta public employees' pension savings to invest in oil and gas projects that are having trouble attracting private investors, a report by the Alberta Federation of Labour suggests.

Changes to legislation included in the Reform of Agencies, Boards and Commissions and Government Enterprises Act “undermine the independence of public sector pensions in Alberta and introduce an unprecedented level of political interference,” AFL President Gil McGowan told a news conference in Edmonton on February 19.

The report — called *Don't You Dare! Why Working Albertans Don't Trust Jason Kenney with Their Retirement Savings* — argues that after the UCP transferred control of all provincial public service pension funds to the Alberta Investment Management Co., it then created a system that allows politicians

to politically interfere with AIMCo's business decisions.

A copy of the report can be found on the AFL's web page, [afl.org](http://afl.org).

The report points to the fact banks, investment firms and insurance companies are all becoming more cautious about investment in oil and gas, raising the possibility the government might gamble with the savings of 350,000 working and retired Albertans.

McGowan called for the government to repeal parts of Bill 22 that prevent pension plans from properly managing themselves.

Meanwhile, Alberta's former NDP Labour Minister announced she would introduce a Private Member's Bill to restore pension rights lost when the UCP passed Bill 22, the *Reform of Agencies, Boards and Commissions and Government Enterprises Act*, as well as to prevent the government from withdrawing from the Canada Pension Plan.



Edmonton-Mill Woods MLA Christina Gray said her *Act to Restore and Protect Alberta Worker Pension Rights* would, among other things, establish in law that pension assets are the property of the workers — not the government.

UNA President Heather Smith said, “We support legislation that will return the pension plan independence promised by the Progressive Conservatives in 1992 and taken away by the UCP in 2019. We want the ability to protect our assets from Government interference.”

Gray said an analysis by pension expert Keith Ambachtsheer concluded that withdrawing from the CPP would come with significant cost and serious long-term risks that could endanger the retirement of every single Albertan, particularly young Albertans.

After 30 years of promises by Conservative governments, control of Alberta’s public sector pensions were given to employees and employers in legislation passed by the NDP in 2018.

The act created a joint governance structure like that in other provinces for three of Alberta’s largest pension plans – the Local Authorities Pension Plan (LAPP), in which the majority of UNA members are enrolled, the Public Service Pension Plan (PSPP), and the Special Forces Pension Plan (SFPP).

By removing the government as the “sole trustee” of the plans, the change was supposed to eliminate the temptation by governments to meddle with the money working Albertans enrolled in the plans have saved for their retirements.

It is unlikely the UCP will make changes to its 2019 legislation. 🍷

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**NO!** to refusing overtime compensation!

**NO!** to eliminating RNs in long term care!

**NO!** to rolling back our pension governance!

And now **NO!** to sacrificing health care workers to COVID-19!

As is obvious to us all, change is happening very quickly, every day, both with the numbers of Albertans infected by COVID-19 and with decisions made by the federal and provincial governments and foreign nations in response to this rapidly developing situation.

So the contents of this edition of UNA NewsBulletin are a moving target, and some of them will be out of date by the time you receive it. We will do our best to bring up updated information as

quickly as possible, both in future editions of UNA NewsBulletin, and on [una.ca](http://una.ca), via all of UNA’s social media channels, and the new COVID-19 Conference on FirstClass.

Please monitor UNA communications closely. We are all in this together.

In Solidarity,  
Heather Smith



President, United Nurses of Alberta

## UNA PROUDLY AWARDS SCHOLARSHIPS to nursing students from across Alberta.

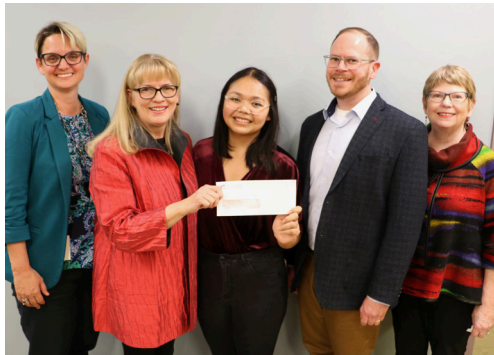
■ **UNITED** Nurses of Alberta has awarded its 10 annual nursing scholarships of \$1,000 to nursing students from throughout Alberta, in addition to another \$1,000 Canadian Federation of Nursing Unions Scholarship.

The scholarships are awarded to full-time students in their first year of Nursing studies at an approved post-secondary institution in Alberta.

Applicants must be related to a UNA member or associate member, have completed an application form and written a short essay answering the question, “How has the United Nurses of Alberta made a difference in the lives of Alberta Nurses?”

The UNA Education Scholarship winners in these photos appear with President Heather Smith, Secretary Treasurer Karen Craik, First Vice-President Danielle Larivee and Second Vice-President Cam Westhead.

### THIS YEAR'S SCHOLARSHIP RECIPIENTS ARE:



*Jean Arestila from MacEwan University, sponsored by Jon Jimenez from Local 211, Calgary Community.*



*Meilin Bebe from the University of Alberta, sponsored by Ana Bebe from Local 219, Millwoods Shepherd's Care Centre.*



*Erin Koziol from MacEwan University, sponsored by Ronalee Koziol at right from Local 301, University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute.*



*Kirsten Kuny from MacEwan University, sponsored by Charlene Jack, Local 62, Leduc General Hospital.*



*Reagan Slobinyk of the University of Alberta, sponsored by Annette Slobinyk of Local 301, University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute.*



*Jessica Ha from Grande Prairie Regional College, sponsored by Monika Ha-Tran of Local 37, Queen Elizabeth II Hospital, Grande Prairie Care Centre, with North District Representative Kelly Thorburn and former representative Emily Lozeron.*



*Kristina Hunka of Mount Royal University, sponsored by Karen Hunka of Local 115, Foothills Medical Centre.*



*Lauren Nielsen from Red Deer College, sponsored by Krista Nielsen of Local 218, David Thomson Health Region Community.*



*Kelsey Rider of the University of Calgary, sponsored by Maureen Rider of Local 2, Red Deer Health Centre, Extendicare Michener.*



*Emma Giurati from MacEwan University, sponsored by Shelley Giurati of Local 302-N, Cross Cancer Institute.*

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Jonathan Teghtmeyer,  
editor of the Alberta  
Teachers Association's  
ATA News.

By Jonathan Teghtmeyer  
Special to UNA NewsBulletin

## A MESSAGE FROM A TEACHER: Homage to nurses, our kindred spirits

*Jonathan Teghtmeyer is the editor-in-chief of ATA News, the member publication of the Alberta Teachers Association. This editorial appeared in the spring edition of ATA News.*

■ I'M thinking a lot about nurses lately.

Unfortunately, my mother was hospitalized for a brief period over the past few weeks, so I've met a fair number of nurses.

The first thing that sticks out for me is the high degree of skill, professionalism and care they demonstrate on a regular basis. Mom received fantastic care from many nurses throughout her treatment, and we were grateful for that.

Obviously other professionals and support staff provided excellent service too: doctors, diagnostic technicians, food service personnel and janitorial staff, to name just a few. But I am mindful of the nurses in particular because my mom is a nurse.

My mom's in-hospital nursing career came to an unfortunate end in the 1990s. She worked for years in obstetrics; she enjoyed the work and she was good at it.

Unfortunately, because of the cuts of the 1990s, the work became harder and more stressful. Layoffs meant that if you were "lucky" enough to keep your job, then you had to pick up the load left behind by decreased staffing. You had to work longer, harder and more stressful hours while witnessing more and more patients go without the care levels they needed. Sound familiar?

As time went on, conditions got worse and worse. Finally, like many of her

colleagues before her, mom was forced to leave the job she loved because it just became too much.

Importantly, my mom also taught me about fighting back. She introduced me to the Friends of Medicare and took me to rallies. We fought the fight against austerity together, and still do.

Today, many nurses are working long overtime hours because of understaffing. Some nurses are keeping part-time positions — and still working overtime — because it is the only way to maintain work-life balance and manageable levels of stress.

Currently in negotiations for a new collective agreement, nurses are facing wage rollbacks and significant decreases to overtime pay and other pay differentials for working less desirable shifts.

On one occasion, as I was heading in to visit my mother, I ran into one of my former students. She is working now as a nurse at the hospital in complex medical detox (wow, what important work!). Our conversation quickly turned to the trying times right now for teachers and nurses.

We shared with each other how each profession feels under siege and disrespected, and that funding problems are going to make things worse before they get better.

It is remarkable how much nurses and teachers have in common.

To start off, both are female-dominated professions. Also, and probably not coincidental, both are caring professions. Both see their work as important to society and undertake it with a high degree

of skill and professionalism. Both are being targeted right now.

There is an expectation that people who work in these caring professions are in it for a reason other than money, that they want to make a difference. Unfortunately, this also tends to mean that some will try to take advantage of that. It might be more socially acceptable to lean on teachers and nurses in tight financial times because they do their work out of love.

At the same time, professionals in both these fields have a greater likelihood of feeling moral distress. Moral distress arises when people know what they need to do but are prevented from doing it because of situations beyond their control. It arises when a teacher sees a child struggling or a nurse sees a patient hurting because they can't access the care they need. This will only get worse as health care and education are targeted for cost cutting.

We need to advocate for better. In the meantime, we should recognize that some of our most important allies right now are nurses. We are in this fight together, and we are in it for largely the same reason.

If you know a nurse, reach out and talk to them, hug them, let them know that

you're feeling what they are and that you're in this together.

I'm off to call my mom now. 🍷



## Upgrade for Lougheed ER announced

■ **THE** Alberta government announced on February 19 it would spend \$137 million on upgrades to the Peter Lougheed Hospital Emergency Department in Calgary.

The spending will add 1,500 square metres to the emergency department and include a rapid response laboratory and a new 12-bed mental health intensive care unit.

Renovations in 2007 to the hospital in northeast Calgary left uncompleted an expansion to the emergency unit, which physicians say is no longer able to properly accommodate the more than 80,000 patients it now handles annually. 🍷

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*Mount Royal University student Abbey Stutely was the recipient of the Canadian Federation of Nurses Unions Nursing Education Scholarship. Her scholarship application was sponsored by Valerie Stutely of Local 414, Calgary Corrections. 🍷*

## APPLY FOR A UNA SCHOLARSHIP

Applications for this year's UNA Nursing Education Scholarship can be found on the UNA website and will be accepted until Oct. 15, 2020.

## UNA asks members to review new AHS overtime guidelines

■ **ALBERTA** Health Services recently released new Overtime Guidelines and a corresponding Overtime Decision Support Tool, which outlines a new overtime (OT) authorization process including exemptions to that process.

The new guidelines replace the previous memos from AHS regarding the authorization of OT by Charge Nurses.

United Nurses of Alberta has significant concerns with aspects of the guidelines and decision support tool, the ability to reasonably apply them in workplaces, and the potential effect it may have on ensuring units and programs are appropriately staffed to ensure safe patient care.

It is important for UNA members to review the guidelines in detail and ensure they are familiar with the Employer's expectations. The Employer should be providing UNA members with adequate, uninterrupted time to do this, and the opportunity to ask questions and seek clarification.

Copies of the AHS OT guidelines are available on UNA's website. Go to [una.ca](http://una.ca) and search "AHS overtime guidelines" in the website's search area to find the January 27, 2020, update with links to the documents. 🍷



## IMPORTANT DATES in the Provincial Collective Agreement

■ **EMPLOYEES** covered by the United Nurses of Alberta Provincial Collective Agreement should be aware of some important dates and annual deadlines in the agreement:

**JANUARY 1:** The Employer shall post the vacation schedule planner by January 1 of each year.

**MARCH 15:** An Employee shall submit their vacation preference for at least 75 per cent of their annual vacation entitlement.

**MARCH 31:** Time off not taken by an Employee by March 31 in any given year shall be paid out unless otherwise mutually agreed.

**MARCH 31:** An Employee shall receive a lump sum payment \$875 for full-time employees and \$875 for part-time and casual employees **on the first pay day following the pay period which includes March 31**. Part-time and casual employees lump sum payment is prorated to their regular hours actually worked between October 1 and March 31.

**APRIL 1:** Each Employee shall be entitled to three Personal Leave days each year, from April 1 through March 31.

**APRIL 1:** Changes to Employee Registered Retirement Savings Plan or Tax Free Savings Account allocation will become effective on this date.

**APRIL 30:** The Employer shall indicate approval or disapproval of Employee vacation requests and shall post the resulting vacation schedule.

**SEPTEMBER 30:** An Employee shall receive a lump sum payment \$875 for full-time Employees and \$875 for part-time and casual Employees **on the first pay day following the pay period which includes September 30**. Part-time and casual Employees lump sum payment is prorated to their regular hours actually worked between April 1 and September 30. 🇨🇦

## KNOW your Rights



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

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

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returning to work to determine next steps.

- If you have fever or respiratory symptoms, or if you believe you may be at risk for COVID-19 for any reason and are ill with respiratory symptoms or fever:
  - Contact your Manager and/or your Employer Workplace Health and Safety department before returning to work to determine next steps.

### More Information on COVID-19:

- Government of Alberta website: [www.alberta.ca/coronavirus-info-for-albertans.aspx](http://www.alberta.ca/coronavirus-info-for-albertans.aspx)
- Alberta Health Services website: [www.albertahealthservices.ca/topics/Page16944.aspx](http://www.albertahealthservices.ca/topics/Page16944.aspx)

### Any other questions/ comments/concerns?

- **Contact** your Local or UNA Provincial Office (Phone: 1-866-492-8584; Email: [ProvincialOffice@una.ca](mailto:ProvincialOffice@una.ca)) for assistance. 🇨🇦

5 2003

CANADA

## SARS nurses demand 'moon suits'


By Tom Blackwell  
CanWest News Service

TORONTO — Nurses demanded Wednesday that all health-care workers dealing with SARS patients be equipped with full-body "moon suits" throughout their shifts, after word surfaced that well-protected hospital staff are still getting infected with the disease.

Two of the three latest cases reported Wednesday were nurses who caught SARS during a frantic operation last month to insert a breathing tube in an "almost dead" patient.

Experts warned that more infection could still occur as a result of the so-called incubation at North York General, where an outbreak of the disease was discovered two weeks ago.

The contamination is disturbing because officials implemented special precautions for such work weeks ago after protected workers were infected during the first SARS outbreak, prompting a lengthy investigation.



Dr. Donald Low, chief microbiologist at Mount Sinai Hospital, said wearing the full-body space suits, or other heavy-duty protective garb, full time is not necessarily the answer.

Nurses and doctors wearing just masks, goggles, face shields and gowns face virtually no risks working around stable SARS patients, he noted. But in taking off the cumbersome full-body equipment or hoods, workers could inadvertently expose themselves to the virus on the outside of the suits, he said.

"Just to don Papps or Stryker suits might, in fact, actually put you at an increased risk," said Low.

"There's not a simple solution. If there was, I think everyone would agree and we would all adopt it."

News of more infections among protected staff comes amid growing discord among nurses and other SARS staff who feel they are not being adequately protected or compensated for dangerous and stressful work.

Meanwhile, the government truncated

Times Colonist, June 5, 2003

## Listen to nurses, SARS probe told

TORONTO (CP) — Nurses' warnings must be recognized if a third SARS outbreak is to be prevented, says the Registered Nurses Association of Ontario, one of the first groups that will speak at public hearings into the crisis that kick off Monday.

They feel that they were not heard when they gave . . . on repeated occasions warnings that SARS was not gone, that SARS was back," said Grinspun.

"It needs to change because we need to come to terms (with the fact) that nursing knowledge

Nanaimo Daily News, September 29, 2003

## CANADIAN NURSES WARN OVER EBOLA

### READINESS DOUBTED

#### 'Confusion' cited as second Texas worker infected

By Tom Blackwell

With a second health professional in Texas now battling an Ebola infection, nurses in Canada are warning that many hospitals here are ill-prepared to protect their own workers should virus-stricken patients show up.

No one has yet contracted

National Post, October 14, 2014

## Nurses call for pandemic preparations

REGINA (SNN) — Nurses across the country are calling for a meeting in Regina to discuss health care workers' concerns about pandemic preparations.

The Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU) hosted a meeting in Regina on Monday.

By Meagan Fitzpatrick  
Canwest News Service

Star Phoenix, August 6, 2009

## Doubt goes VIRAL


are sent or ban- It's, well, when an we do it

ing and hospital in rare dis- curiously wasted. t should special- centre, s a, Om the facility ue trea- ment. w to pre- cal hospi- and

Linda Silas, suggested that many hospitals in Canada are not ready, nurses in that treated Ebola fal- in recent weeks rep- t, which did not k- s. In addition, Silas said, helping the we forgotten stem of SARS, d-to- recognize d- called 47 people in many of whom con- in hospital.

diarrhea, and someone might easily come in contact with body fluids on a suit that's about to be discarded. Janitors, too, work under supervision. Until the last used material is burned, janitors are part of the protocols.

It was only this week that the CDC decided that instructions for protecting nurses and doctors from Ebola were inadequate. On Tuesday night they sent out new guidelines, much like those of Doctors



Albert I. ...

Ebola caught North America and it's low cle- ere

al 18, 2014

protecting health-care workers. That protection means making N95 respira- line workers, despite conflicting evidence about how well they prevent the transmission of influenza. "We can have a battle of the words and, let me tell you, we've been having it," said X said this, researcher Y said that," said Silas. "What we all agree on is that the evidence is not clear. What we learned from SARS is that it's too dangerous to wait for conclusive science before deciding on protective measures. Therefore, while scientific debate persists, we have to exercise the precautionary principle: Be safe and not sorry." As opposed to surgical masks that are cheap and straightforward to use, the N95 masks are custom-fitted and require training to wear them properly. Silas said provinces are telling their health-care workers that if they request a N95 mask, they will get one, but that approach is not good, Silas says. Conducting a risk assessment to determine if

through the media," said Dr. Anne Doig. Canada's doctors are also concerned about having adequate resources — human resources and physical equipment such as respirators — during the pandemic, which is expected to worsen in the coming weeks. Doig, a Saskatoon doctor, noted how every province is following its own strategy for administering the seasonal flu vaccine and the H1N1 vaccine, and urged the federal government to issue some guidance. "We need a clear statement of recommendation to clear up this variability," she said. Doig said the CMA is working with the Public Health Agency of Canada to develop one-page documents that doctors can easily reference for guidance on how to handle the pandemic. The College of Family Physicians is also involved in that work. "We're seeing some action," said the group's associate executive director, John Maxted. "We're hoping that it's not too late.

**SAFETY IS NOT NEGOTIABLE**

**"Whether it's COVID-19 today, Ebola in 2014 or H1N1 in 2009, our message is the same: when it comes to potential pandemics, decision-makers need to heed the lessons learned from SARS and follow the precautionary principle. Be safe."**

**— CFNU President Linda Silas**



**CANADIAN FEDERATION OF NURSES UNIONS**