



NURSING

IS A

WORK OF

heart

**Nursing in Alberta in
the time of COVID-19**

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you

Published by the United Nurses of Alberta four times a year for our members

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UNA members, leaders and staff meet the challenge of unprecedented times

The value of our contributions are real and visible – may they not be forgotten

■ **THE** past several weeks since COVID-19 arrived in Canada have been anything but normal. In workplaces and society we have experienced unprecedented changes and challenges. People talk about a new normal, but what that is and when it will be is still months away.

UNA's negotiations have been paused. We had to cancel our Annual General Meeting. We have closed our offices to all but a few staff, who have maintained the connections between you and the services members continue to need.

UNA staff have been at the forefront of ensuring appropriate personal protective equipment (PPE) is available when you need it. We were the first province to obtain an agreement between unions and employers that recognizes the expertise of front-line staff to determine what PPE is appropriate based on your point of care risk assessment.

Members have been moved and redeployed to respond to the needs of Albertans. I know many of you have fears every day about what you will encounter at work and also what invisible threat you and your family will be exposed to. I have said many times this is unprecedented and it is. School and child care closings have impacted families as never before.

Family members, friends and neighbours have lost employment. Many of

our own members have experienced a decline in work and thus income when they need it most. You may be one of the caregivers who experienced firsthand the loss of a patient or resident. You may have been touched personally by the passing of a family member or friend.

Many believe we are ready to take a cautious step forward, if collectively we take all the precautions to safely undertake some of the activities we enjoy or need to do. This summer will be a test of every Albertan's willingness to protect one another as we prepare for yet another wave of COVID-19 in the fall.

I thank our Local leaders for the tremendous work they have been doing to help keep members safe and informed. I thank the staff of UNA for being the advocates we needed, when we needed them most. I thank each of you for the incredible work you do on behalf of us all.

In our Nurses' Week advertisement, we used our slogan "At your side. On your side." In these unprecedented times, the value of our contributions are real and visible. May they not be forgotten.

Stay well. Stay safe. Stay strong!

In Solidarity,

Heather Smith

President, United Nurses of Alberta

FRONT COVER PHOTO: Part of a presentation to Local 33 nurses at the Royal Alexandra Hospital by the Edmonton Police Service. Photo by Ken Dalton. Story on Page 24

BARGAINING 2020

UNA and AHS agree to continue hold on bargaining until September 1



■ **UNITED** Nurses of Alberta and Alberta Health Services have agreed to continue the pause on bargaining for a new Provincial Collective Agreement, including the extension of no-layoff provisions, until September 1 while the province's response to COVID-19 continues.

UNA proposed the extension until September 1 on May 12, and Alberta Health Services agreed on May 21.

Other employers in the group followed, with Covenant Health confirming it had signed on May 25.

On March 17, in response to the circumstances related to COVID-19, UNA and AHS came to the agreement that bargaining between the union and the employer group made up of AHS, Covenant Health, Lamont Health Care Centre, and The Bethany Group (Camrose) for a new agreement scheduled to expire on March 31, 2020, would be suspended up to and including May 31, 2020.

In addition, it was agreed that *Letter of Understanding #20, Re: Job Security*, which also expired on March 31, would be amended to have an expiry date of May 31, 2020. That LoU guarantees there will be no layoffs of Direct Nursing employees under the agreement represented by UNA until the letter's expiry date.

This means potential layoffs of nurses the government had talked about before the COVID-19 crisis are on hold for the time being.

"I would hope that they've had a major rethink of the plans they had in terms of laying off nurses and other health-care



workers," UNA President Heather Smith told CBC News after the agreement was announced.

The CBC story also quoted Lorian Hardcastle, a teacher in the faculties of law and medicine at the University of Calgary, who noted that a second wave of infections "could put pressure on hospitals, and so laying off nurses wouldn't be politically viable, I don't think, right now."

Hardcastle noted that health-care workers like nurses will continue to be in high demand as the province tries to catch up on its backlog of surgeries.

While the province was slowly beginning what the government has called a "re-launch" of the economy after lockdown in mid-May, the coronavirus pandemic clearly continues to present a major threat to public health.

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 has rejected that proposal. 🍷

The UNA Bargaining Committee with President Heather Smith, Labour Relations Director David Harrigan and Labour Relations Officer Blair Bukmeier.

Potential layoffs of nurses the government had talked about before the COVID-19 crisis are on hold for the time being.

AHS ordered to pay UNA members proper rate for OH&S Committee work

■ **AN** arbitration panel has ordered Alberta Health Services to pay members of United Nurses of Alberta at the rate required by provincial legislation for Occupational Health and Safety Committee work.

UNA argued OH&S Committee work should be paid at the same rate as any other work — including overtime pay, premiums and shift differentials if justified under the normal rules of UNA's collective agreements — as required by the legislation.

UNA filed a policy grievance in June 2018 stating that all committee work — including attendance at OH&S meetings, OH&S training, and preparing for meetings and participating in inspections and investigations — is subject to overtime, weekend premiums, and shift differentials when the appropriate conditions outlined by the collective agreement and provincial legislation are met.

The chair and labour representative on the three-member panel agreed, with the employer representative dissenting. 🍷

In a decision issued June 5, the three-member arbitration panel ordered AHS to correct payments made to members of Joint Worksite OH&S Committees retroactive to June 2018.

In a decision issued June 5, the three-member panel ordered AHS to correct payments made to members of Joint Worksite Health and Safety Committees retroactive to June 2018, when new workplace health and safety legislation was passed by the previous government.

AHS had taken the position that OH&S Committee work should be paid at the basic rate of pay, defined in the Provincial Collective Agreement as the step in the scale applicable to the employee but not including of all other allowances and premium payments.

Kenney announces end to public health emergency; fails to advise Chief Medical Officer of Health

■ **ALBERTA** Premier Jason Kenney announced in the Alberta Legislature on May 27 that the United Conservative Party Government had no plans to renew the province's state of public health emergency when it expired on June 15.

Later the same day, Chief Medical Officer of Health Dr. Deena Hinshaw revealed in her daily COVID-19 briefing that she had not been consulted about the premier's decision.

In debate on the province's response to COVID-19 the same day, Kenney repeatedly referred to the disease as "an influenza," arguing, "we cannot continue indefinitely to impair the social and economic health and psychological health

of the broader population for potentially a year for an influenza that does not generally threaten life, apart from the most elderly, the immunocompromised and those with co-morbidities."

"One thing I think we're learning epidemiologically is that that population has a very high level of immune resistance, of immunity and resilience against an influenza of this nature," he also said.

In her news conference, Hinshaw noted that "while this is often compared to influenza, our current COVID-19 death toll of 142 in Alberta is one-and-a-half times higher than the highest annual Influenza death number in the last five years." 🍷

AHS provides partial clarity on Chief Medical Officer of Health's April 10 order – on May 14

■ **MORE** than a month after Alberta's Chief Medical Officer of Health issued an order restricting employee mobility among worksites during the COVID-19 emergency, Alberta Health Services finally began to apply the order on May 14.

Lists of affected sites and employees were provided to United Nurses of Alberta late the week before AHS implemented the order — at some sites. This effectively resolved the grievance filed by the union on April 22 seeking clarity on how the order was to be implemented.

The order was put into effect in the Edmonton Zone on May 14. Other locations were expected to be included in waves later, although at press time in late May the order had still not been fully implemented throughout Alberta.

For reasons that remain unclear, and despite a Ministerial Order that states “staffing decisions will be supported by ongoing dialogue and problem solving among health care providers, bargaining agents (at unionized health care facilities) and staff members,” AHS and other employers have never included their unions in the discussions.

When the order was issued on April 10 by Dr. Deena Hinshaw, it was widely expected it would be implemented immediately throughout the province.

The intention of the policy was to ensure employees working at legally defined auxiliary hospitals and long-term care facilities could only work at a single site

to reduce the possibility of employees who normally work at more than one site unwittingly spreading the coronavirus while moving between locations.

However, the original order did not take into account the fact that most hospitals in Alberta are designated as both acute care hospitals and auxiliary hospitals or nursing homes. It was unclear if the order applied only to the long-term care section or to the entire building. In addition it is not always easy to determine what is meant by “long-term care” in such facilities as many units have a combination of patient types.

“We wanted the order to apply as soon as possible so we pushed hard to get clarity,” David Harrigan.

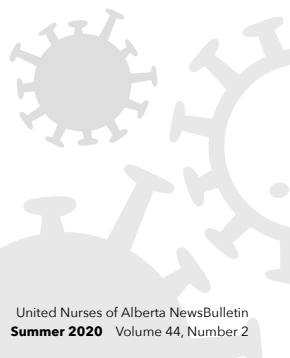
UNA was extremely concerned that there would be confusion and staff shortages without clear articulation of how the order applied to employees. “We wanted the order to apply as soon as possible, so we pushed hard to get clarity,” said Labour Relations Director David Harrigan.

AHS proved unable or unwilling, however, to provide UNA or anyone else with answers to key questions on how and at what sites Dr. Hinshaw's order would be implemented.

On April 22, UNA felt it was forced to file the province-wide grievance. Thanks to the ruling, AHS was required to provide clarity. 🍷



Alberta Chief Medical Officer of Health
Dr. Deena Hinshaw



AHS, Covenant Health, 3 major health care unions agree to joint statement on Personal Protective Equipment

■ **ALBERTA** Health Services, the Alberta Union of Provincial Employees, Covenant Health, the Health Sciences Association of Alberta, and United Nurses of Alberta reached a joint agreement on March 27 on the safe and effective use of personal protective equipment during the COVID-19 pandemic.

A copy of the joint statement is available on UNA's website, una.ca.

Agreeing they share the common goal of protecting the health and safety of health care workers, the parties said "it is critical that the appropriate steps are taken to protect the health and safety of all health care workers while they provide high quality care to Albertans and prevent exposure to and transmission of COVID-19."

"Under the joint agreement, we agree that a risk assessment must be conducted for every patient interaction to ensure front-line health care workers have the specific PPE they need," the parties said.

"As partners in the response to COVID-19, we trust our front-line health care teams to make appropriate and clinically sound decisions. ... AHS, Covenant Health, and the unions will work together to regularly assess the supply of PPE and the employers will continue to take action to ensure an adequate supply."

All parties are committed to continuing to work together to address issues and solve problems as they arise, the statement said. 🍷

Alberta Health Services employees including members of UNA Local 126 in their appropriate PPE at the AHS Swabbing Clinic site in Brooks.



Pregnant health care workers must not be forced to work in COVID-19 'hot zones' – CFNU

■ IN early April, the Canadian Federation of Nurses Unions issued a statement recommending that pregnant health care workers should not be required to work in COVID-19 “hot zones.”

Pregnant workers worried about their health, especially those with co-morbidities, should seek an accommodation from their employer if asked to care for presumed or confirmed COVID-19 patients, the CFNU said.

Hot zones would include intensive care units, emergency rooms, operating rooms, post-anesthetic care units, negative pressure rooms, single-patient rooms used to isolate patients in absence of negative pressure rooms, and trauma centres, the national organization of nurses’

unions said. “Accommodation be readily granted based on language in collective agreements and provincial human rights legislation.”

“We know that overall, according to the U.S. Centers for Disease Control and Prevention, pregnant women tend to have more severe viral illnesses when compared with the general population,” the CFNU statement said.

In addition, CFNU said, if physical changes due to pregnancy make it difficult for a pregnant health care worker to don and wear the required personal protective equipment in a safe manner, they should also not be providing care for COVID-19 patients. 🍷

CFNU creates non-medical masks for public use during pandemic

■ THE Canadian Federation of Nurses Unions has designed a non-medical mask for public use during the coronavirus pandemic.

The masks come in two versions — one showing images of nurses and saying, “Canada’s nurses keeping you safe,” the other light-heartedly saying, “Under this mask, I’m smiling.”

Union-made in Canada from antibacterial polyester, with dimensions of approximately 18 centimetres by 13 centimetres (7 inches by 5 inches), the masks can be ordered from CFNU for \$8 each, the cost of production.

CFNU asks that member organizations, locals and individual members fill out a pre-order form and submit it to cfnu@nursesunions.ca. A copy of the form is found on UNA’s website with an online version of this story. CFNU will be in touch to complete payment arrangements. 🍷



COVID-19 outbreaks in long-term care, meatpacking industry expose dangerous flaws in regulation

■ **COVID-19** outbreaks in meatpacking plants and long-term-care facilities in Alberta — and throughout North America — have exposed serious flaws in the way these businesses are regulated that cannot be permitted to continue when the health care crisis caused by the global coronavirus pandemic comes to an end.

“We need to make it clear that if health care workers are not safe, then patients are not safe.”

—Linda Silas

As nurses’ unions across Canada have called for national standards in long term care, unions representing workers in the hard-hit meatpacking industry have urged similar reforms.

Linda Silas, president of the Canadian Federation of Nurses Unions, has said repeatedly “we need to make it clear that if health care workers are not safe, then patients are not safe.”

More than 80 per cent of Canada’s deaths from COVID-19 have been in long-term care, and outside Quebec almost three quarters of those have occurred in private long-term care facilities. The Canadian Armed Forces, which were called in to help at nursing homes in Ontario and Quebec, issued a damning report in late May.

Allegations by Canadian Armed Forces personnel included failure to isolate

COVID-19-positive patients, allowing them to wander outside their rooms, and, at one facility, “significant” fecal contamination in resident rooms, cockroach infestations, residents who were not bathed for weeks, and some crying out for help for more than two hours.

Health care unions across Canada are calling for a national effort to integrate long-term care into the country’s national, public health care system.

“Long-term care in Canada is a patchwork system with no national standards,” said Charles Fleury, the national secretary treasurer of the Canadian Union of Public Employees. “It’s time to fix that.”

Meanwhile, the union for workers at several Alberta meatpacking plants, which are constructed along lines of social proximity not social distancing and hence have become vectors for COVID-19 infection throughout North America, also called for stronger measures to prevent outbreaks.

United Food and Commercial Workers Local 401 President Tom Hesse urged the creation of an independent body that workers can trust to conduct plant health and safety inspections.

“It’s very, very disturbing to us that (Alberta) Occupational Health and Safety officers don’t want to go into the plant themselves and yet they’re prepared to conclude that the plant is safe,” he told the CBC. “The way they toured a plant with hundreds of thousands of square feet, a complex plant, was through a FaceTime tour.” 🇺🇦

Government's COVID-19 \$170M aid package for private long-term care illustrates failure of privatization, need for transparency: HEATHER SMITH

■ **THE** \$170-million aid package for private long-term care providers announced by the Alberta government on May 19 illustrates the failure of privatization as a model for delivering care for elderly and vulnerable Albertans.

This emergency payment would not have been needed in a properly funded, publicly operated long-term-care system, said UNA President Heather Smith.

While the money is necessary as an emergency measure to protect vulnerable residents of private long-term care facilities that have been hit hard by COVID-19, she said, it amounted in many cases to a bailout for businesses with a conspicuously bad record of protecting the people trusted to their care.

“In essence the government is rewarding private operators who have diverted public funding to profits instead of paying fair wages and ensuring adequate staffing,” she said.

The UNA president noted that about 80 per cent of the deaths from COVID-19 in Canada have taken place in residential facilities, and outside of Quebec approximately three quarters of those are thought to have been in privately run long-term care.

“In most cases, these were needless, preventable deaths,” Smith said. “The current system is broken and the Alberta government’s priority should be to fix it by returning it to the public sector, not by shoring up for-profit private

operators with public funds for ideological reasons.”

The government’s news release said extra funding will amount to \$14.2 million per month, retroactive to March 15. The spending was promoted by the government as part of the province’s post-COVID-19 economic re-launch program.

The funding is for all contracted continuing-care providers and lodges, including independent, non-profit and voluntary providers, said Steve Buick, press secretary to Health Minister Tyler Shandro. He said the announcement does not apply to AHS subsidiaries or Covenant Health.

Smith noted the need for these emergency funds illustrates just how flawed and wrong the Ernst & Young review of Alberta Health Services was in recommending the privatization of Carewest and Capital Care.

She called on the provincial government to ensure there is complete public transparency of how private for-profit and not-for-profit long-term-care operators use the emergency funds.

Smith said UNA supports calls for systemic change at the federal level to bring long-term care into the Canadian health care system and regulate it with national legislation that would require proper staffing and safety protections for residents and workers, and wages that reflect the importance of the work they do for vulnerable Albertans. 🍷



“In essence the government is rewarding private operators who have diverted public funding to profits instead of paying fair wages and ensuring adequate staffing.”

– UNA President
Heather Smith

COVID-19 HAS EXPOSED THE HORRORS OF LONG-TERM CARE FACILITIES

Journalist argues long term-care is a glaring gap in Canada's public health care system

| By Nora Loreto |

■ **MORE** than half of all reported COVID-19-related deaths in Canada thus far have occurred in long-term care facilities and retirement residences. Every day, news of breakouts, under-staffed facilities and higher death tolls are laying bare a crisis within these institutions — a crisis workers and advocates have been sounding the alarm over for years.

Local public health agencies have been reporting the number of deaths in long-term care facilities, yet they've generally failed to note the specific residences impacted. One notable exception is the Waterloo Region's Public Health agency in Ontario, which has been tracking how many residents and personnel have been infected or have died in each long-term care or retirement residence.

To get a better picture of just how many people have died in residential facilities — long-term care, retirement homes or jails — I created a database linking each death that occurred within one of these facilities to its name, based on news reports, information from public health and press releases. There are currently more than 840 deaths recorded in the database.

The lack of officially compiled data has made it difficult for people to see just how dire the situation within these facilities has been. Yet the horrific discovery of what health professionals described as concentration camp-like conditions at the Herron seniors' residence in Dorval, Que., put long-term care in the national spotlight. A police investigation found

that as of April 12, 31 seniors at the residence had died. At least five of these deaths have thus far been confirmed as due to COVID-19.

Herron isn't alone with such a high death count. As of April 16, the Pinecrest Nursing Home in Bobcaygeon, Ont., had reported the deaths of 29 residents due to COVID-19. As of April 20, the Eatonville Care Centre in Etobicoke, Ont., reported 33 deaths due to COVID-19.

Together, these three private, for-profit facilities have had at least 93 deaths thus far.

While there have been more deaths in private care homes than public ones, public facilities have also been the sites of outbreaks, especially in Quebec. On April 13, Radio-Canada reported that 33 people have died at the Institut universitaire de gériatrie in Montreal since March 25, with a source telling them all but one were due to COVID-19. As of April 12, Toronto Public Health was aware of 22 COVID-19 related deaths at the Seven Oaks residence in Scarborough, Ont.

The long-term care network exists mostly outside of Canada's public health system. Despite the fact that service within many of these facilities resembles hospital care, the system is dominated by private, for-profit providers. Like dental care or pharmacare, it's a glaring gap in Canada's public health care system.

Unsurprisingly, staff are underpaid and often must work at various locations to cobble together a living wage. The public

□ CONTINUED ON PAGE 11

Journalist Nora Loreto



□ CONTINUED FROM PAGE 10

health facilities that exist are funded through stretched budgets; the rest are offered through cooperatives and not-for-profit private facilities and for-profit corporations.

In Ontario, Mike Harris's Progressive Conservative government favoured building for-profit long-term care facility beds over public beds. Many of the companies that were given contracts were also big donors to the party. The Liberals, who were in power in the province from 2003 until 2018, did little to address the funding gaps and strain on the system.

Violence against workers increased, as did violence among residents. Between 2014 and 2019, 27 residents were murdered by other residents in Ontario facilities. One Ministry of Health report identified that residents have also likely died due to understaffing.

Heather Neiser, president of CUPE local 1404, a union representing staff at CAMA Woodlands Long Term Care Home in Burlington, Ont., told *Rank and File* journalist Zaid Noorsumar that the violence they've been experiencing is related to understaffing and underfunding.

"They're getting violent because they have to go to the bathroom but there's nobody there to take them to the bathroom," Neiser said. "They're getting violent because they're in a wet brief or they're hungry or they're thirsty."

Before the COVID-19 pandemic, many politicians were already aware that the situation in these facilities was dire. One of the Coalition Avenir Québec's principal election promises in 2018 was to reform elder care, in part to ensure residents in these homes would have access to two baths per week.

In February, Ontario Premier Doug Ford created a committee to investigate

problems related to staffing in the province's system. Yet it's clear politicians in each province failed to anticipate how these conditions would have such deadly consequences. Governments that worked to clear up and increase the number of ICU beds in the midst of the COVID-19 crisis obviously thought, likely based on their modeling and predictions, that the virus would send hundreds of people into intensive care. As such, rather than boosting resources for long-term care, they focused on the hospital system.

Nor did politicians and public health officials think through the consequences of some of their earlier measures. When many governments cancelled all visits to long-term care facilities, it meant that family members or personal support workers unaffiliated with the residence could no longer monitor people, or provide care. Facilities have grown to rely on the help and care of family and friends, so when these visits were cancelled, an army of labour could no longer show up to work.

The tragedy is that while there has been an increase in ICU admissions, the majority of people are dying before they even make it there. Hundreds of long-term care residents have been abandoned by a system that was set up with cost, rather than care, as its principal driving factor.

Every Canadian should be doing what they can right now to improve these conditions. Whether that means signing up to help work in an understaffed facility or communicating with a local politician to demand long-term changes to this system, there are lives that depend on us correcting this collision course. 🍷

Nora Loreto is a Quebec-based freelance journalist who writes regularly for the Washington Post. She is director of the Canadian Association of Labour Media. This article first appeared on April 20 in Passage, an online publication found at readpassage.com.

"Hundreds of long-term care residents have been abandoned by a system that was set up with cost, rather than care, as its principal driving factor."

— Nora Loreto, journalist

LAPP investments remain in good shape, CEO says

■ **ALBERTA'S** Local Authorities Pension Plan was in “the healthiest position in its 58-year history” at the end of 2019 and remains in good shape, says the CEO of LAPP Corp. in a May 22 message to plan members and retirees.

President and CEO Chris Brown said in the report published on LAPP.ca that despite the stock market downturn that has followed worldwide economic disruption caused by COVID-19, the plan remains in a surplus position at the present time — 109 per cent, compared with 119 per cent at the end of 2019.

“LAPP has not been immune to the impacts of the economic crisis across its full investment portfolio,” he said, “however, the measures put in place by LAPP did protect the plan from the worst of the impacts in the stock market.”

The downside protection strategy by the plan, which manages retirement security for a majority of UNA members, had also reduced the severity of losses, Brown said.

Brown said he was sharing the information now before full first-quarter information was available, because of concern by plan members and pensioners about the impact of stock market losses generally and the loss by the Alberta Investment Management Corp. of more than \$2 billion betting on market volatility. About half the investments managed by AIMCo come from LAPP — so the AIMCo Volatility Trading program loss for LAPP amounts to about \$1 billion of almost \$50 billion in LAPP investments.

“First, it is important for LAPP members to understand that LAPP Corporation is the pension manager for LAPP, not AIMCo,” he wrote. “Though media reports refer to AIMCo as Alberta’s pension manager, AIMCo’s job is to invest assets on behalf of its clients.”

“Second, as a pension manager, LAPP Corporation is always focused on both sides of the financial balance sheet — not just assets, but also pension obligations. Our job is to manage that balance to ensure the funded position of the plan remains healthy and pensions are paid for many generations to come.” 🍷

"The measures put in place by LAPP did protect the plan from the worst of the impacts in the stock market."

- Chris Brown

Alberta's COVID-19 tracking app gets update so it can run in the background on iPhones

■ **AN** update to Apple’s operating system will allow the Alberta government’s ABTraceTogether app to run in the background and when an iPhone is locked.

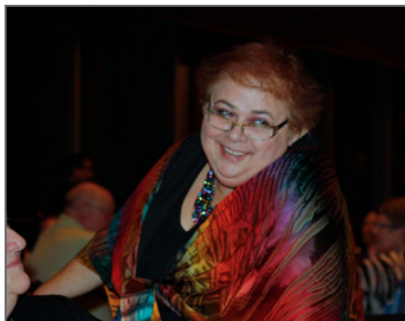
This is a significant improvement from how the app now operates on iOS because of intentional and longstanding security features included in Apple’s coding to prevent misuse of information collected by apps.

However, it resulted in inconvenience and heavier battery use for owners of Apple iPhones who want to use the app.

The upgrade will allow the phone to trace potential COVID-19 contacts in the background while satisfying Apple’s privacy and information security concerns. 🍷

Wendy Brigham

LOCAL 121 PRESIDENT AND ACTIVIST, REMEMBERED AS STRONG VOICE FOR UNA



■ **WENDY** Brigham, former president of Local 121 at the Rockyview General Hospital where she passed away on April 13 after a struggle with many health issues, is being remembered as a respected activist and a passionate voice for United Nurses of Alberta. She was 66.

“She was a dedicated advocate for all,” said UNA President Heather Smith, who remembered Brigham’s strong advocacy for the view Licensed Practical Nurses belonged with Registered Nurses and Registered Psychiatric Nurses in the ranks of UNA.

“Wendy took her training in Manitoba and was a member of the Manitoba Nurses Union,” said Smith. “She was very proud of that.”

Cynthia Perkins, Local 121 VP for much of the time after 1992 when Brigham was president, recalled her skill as a writer. “She wrote a wonderful eulogy when they blew up the Calgary General Hospital, and often wrote the scripts for the skits we used to have at the AGM, the best of which was ‘Liver Dance.’”

“She was a passionate unionist and very often at the mic expressing her opinion,” Perkins remembered. “She was always interested in politics, both Canadian and

American, and was always tuned in to CNN. I really miss that time with her.”

“I will remember Wendy fondly, as she welcomed me into the local so many years ago and we have stayed friends since her retirement,” said Local 121 Treasurer Wendy Yung. “Many of you will remember her at the mic from past AGMs. She was a strong activist and believed in UNA. She will be missed.”

Jerry Macdonald of Local 207 in Grande Prairie agreed. “I crossed swords with Wendy at many an AGM and DSM over the years, and I never doubted her passion for nursing and for UNA,” he recalled. “Her voice will be missed.”

Brigham graduated from nursing school in Winnipeg in 1974. She moved to Calgary in 1979, working at the Rockyview until her retirement in 2016. She served one term on the UNA Executive Board from 1982 to 1984.

Because of the current world situation, a small service for family members only will be held in Manitoba.

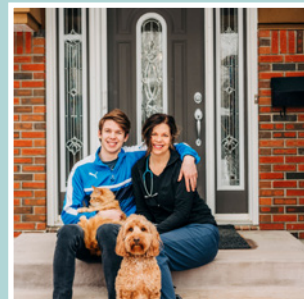
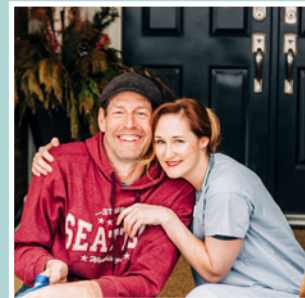
She loved her dog Rory and donations can be made in her memory to the Alberta Animal Rescue Crew Society. Members who would like to contribute to a group donation can contact Wendy Yung on FirstClass. 🐾

Wendy Brigham in her career as a UNA activist and Local president.

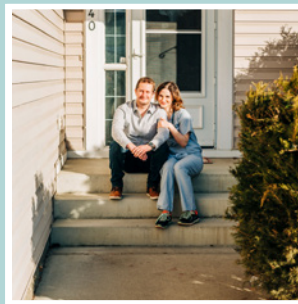
“She was a dedicated advocate for all.”

- Heather Smith

A CALGARY NURSE'S



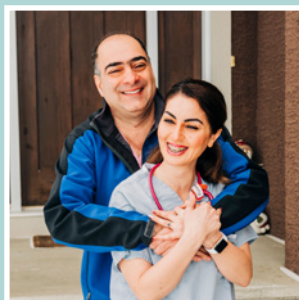
EMERGENCY ROOM FAMILY



■ **INSPIRED** by the Front Porch Project in the United States, Calgary Emergency Room RN Nicole Dypolt set out to photograph more than 80 families of ER workers gathered on their front porches during the coronavirus pandemic lockdown.

Her “porchraits” are not meant to be perfect, says Dypolt, a member of UNA Local 121 at the Rockyview Hospital in Calgary. “I wanted to create a tribute to my work-family. It was wonderful going to work and seeing everyone talking about their partners, kids and dogs. I got to photograph joy, and bring it into our department at such a stressful time.”

“I hope these photos will help them reflect back and show them how they moved through it all,” she said. “I see laughter, love and joy on everyone’s faces.” 🍷



COVID-19 can strike anyone, health care workers are not exempt

By Dewey Funk
UNA Occupational Health &
Safety Advisor



UNA OH&S Advisor
Dewey Funk

This important piece was first published on UNA's website on April 28, 2020, the National Day of Mourning.

A message on the National Day of Mourning: COVID-19 can strike anyone; health care workers are not exempt

April 28, 2020 — Today is the National Day of Mourning for workers killed, injured or sickened on the job. This year, we all feel deep concern on this solemn occasion as the global coronavirus pandemic touches Alberta.

■ **COVID-19**, the disease caused by the coronavirus, can strike anyone — health care workers are not exempt. This disease may not always bring death, but it can.

As health care workers rush toward danger, we nevertheless owe it to ourselves and our fellow workers to ensure everything that can be done to protect us in the workplace is done.

Continuing care centres are a particular concern. For years, employers have ensured health care workers are employed part-time in order to avoid paying benefits and pensions, which typically results in employees having to work in two, three or more part-time positions to earn a living.

COVID-19 has made that a dangerous practice. With no legally required patient-to-staff ratios, many sites have been left with too few health care workers.

This issue has been raised many times by unions representing health care workers, but the silence of the employers and government is deafening. This betrays both the residents of seniors' facilities who built our country and the health care workers who protect them.

Under Alberta's Occupational Health and Safety laws, private employers have been expected to procure their own personal protective equipment for health care workers and residents. Sadly, when

the COVID-19 pandemic came, many sites did not have adequate PPE and the province was forced to order Alberta Health Services to supply PPE to private employers.

Many implemented a policy allowing staff to use only one procedure mask per shift. At some worksites, used procedure masks were placed in brown paper bags for reuse by the same employee five days later!

United Nurses of Alberta contacted AHS to develop policies to ensure private employers hanks to the ruling, AHS was required to provide clarity, specifically at meal breaks and when the masks became moist.

This past weekend, despite the focus on congregate living sites, UNA had to advocate to AHS to have staff deployed to ensure proper training in the use of PPE, adequate supplies of clean laundry and safe staffing levels.

When will the emphasis on cutting costs and increasing profits end and the realization all health care workers deserve a safe workplace begin?

It's appalling that in 2020, the fight for adequate PPE must still go on.

In 1976, the first comprehensive Alberta OHS Act was written. But it wasn't until 2009 that health care was recognized as an industry and written into the province's OHS Code.

Reflect on this. Thirty-three years passed from the time OHS legislation was introduced in Alberta until the moment health care was recognized and included in OHS laws! □ CONTINUED ON PAGE 17

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Without proper PPE do we become a statistic?

Right now, front-line nurses are caring for patients and are risking their health while being provided with PPE that the employer says meet regulatory standards but smell so bad they make some wearers feel ill, and which have problems with the nose fittings and ear loops.

Only through rigorous reporting can we hold the employer accountable.

I encourage every staff member to report every example of such problems to CPSM. Complete the employer's safety reporting process so there are records of faulty PPE. Only through rigorous reporting can we hold the employer accountable.

UNA signed a joint statement in good faith intended to ensure point-of-care risk assessment. Yet, some workplace supervisors continue to be reluctant to acknowledge the joint statement.

The joint statement states:

"A point-of-care risk assessment (PCRA) must be performed before every patient interaction. The PCRA should include the frequency and probability of routine or emergent AGMP being required. If a health care worker determines on reasonable grounds that specific PPE is required, they shall have access to the appropriate PPE based on their PCRA, and this will not be unreasonably denied by their employer, or they shall be deployed to another area."

This language is clear. Once the PCRA is completed, employees shall have access to appropriate PPE determined by the PCRA. The employee can be deployed to another area if the PPE is not supplied.

UNA has been in vigorous conversations with employers to ensure the joint statement is enforced.

We now have UNA members who have tested positive for COVID-19 after work exposure. While we hope for their full recovery, we must also redouble our efforts to ensure this doesn't happen again.

In 1990, the Parliament of Canada recognized April 28 as the National Day of Mourning. Today, we recognize and acknowledge all workers who have fallen and or are suffering. This includes those with work-related COVID-19. Those infected at work could be your colleague, friend, relative, or a fellow local member.

Take a moment today to remember and to acknowledge that you are an important person who deserves to have access to a safe workplace in the year 2020. I want to talk to you next year, not to have to read your name aloud at a memorial ceremony. *Take care!* 🍷



"I want to talk to you next year, not to have to read your name aloud at a memorial ceremony."

– Dewey Funk,
UNA OH&S Advisor

UNA extends postponement of education workshops until fall

■ IN response to the evolving situation around the COVID-19 pandemic, United Nurses of Alberta has extended cancellation of all workshops scheduled to take place in June, July and August.

Our concern for the safety of our members and their patients, residents and clients remains our priority.

UNA continues to monitor the situation and will post further updates at una.ca.

UNA members with any questions or concerns should contact their UNA Local Executive or Labour Relations Officer at 1-800-252-9394. 🍷



PRC process at Grey Nuns Hospital RESOLVED NUMEROUS CONCERNS in 2018 and 2019

■ IN November 2018, UNA Local 79 members at the Grey Nuns Hospital in Edmonton identified eight significant Professional Responsibility Concerns in the Emergency Department: patient volume, high-acuity patients, insufficient staffing levels, lack of monitored beds, high numbers of emergency inpatients, insufficient space and staff for mental health patients, and lack of peace officer support.

With help from UNA and in collaboration with the Emergency Department's leadership team, swift progress was made on most issues. The PRC process quickly resulted in:

- Additional permanent positions for nine RNs and five LPNs
- Reimplementation of site-surge protocols to manage emergency inpatients more quickly and effectively
- Two additional ECG machines for the department
- Funding for additional monitors to be implemented in 2020
- A float position for evening shift determined by workload and staff availability

Significant safety concerns related to mental health patients and lack of peace officers persisted, however.

As a result, in April last year the PRC Committee held a meeting with Covenant Health Protective Services and department leadership to discuss those outstanding concerns.

After that meeting, Protective Services committed to filling existing vacancies, creating a robust casual pool, reinforcing the existing three-officer baseline on all shifts, and adding a permanent additional officer each day during peak patient volume times. A private security company was contracted to provide interim support while new staff was recruited.

Early this year, Grey Nuns announced that in addition to two existing secure rooms for mental health patients an area within the department would be dedicated to providing a quiet, therapeutic environment for mental health patients. It will be staffed 24/7 by Registered Psychiatric Nurses.

Said RPN Karen Dawson, who has continuously advocated for patient safety in the department: "PRCs are quick and easy to fill out online. ... By advocating for what you believe is right through PRCs, you have a chance to be heard."

She said she felt she had helped make her job and that of her co-workers safer. "I hope others feel inspired and empowered to fight for what they believe is right in their workplace."

Local 79 PRC Chair Jenna Lygo praised the Grey Nuns emergency nurses who raised the safety concerns for their advocacy for safe, quality care. She thanked the employer's leadership team for setting the example of a just and collaborative PRC process. 🍷

AHS, Covenant agree to warn employees about hand sanitizer containing technical grade ethanol

■ **ALBERTA** Health Services and Covenant Health have agreed to issue a number of warnings to staff regarding the use of new hand sanitizers containing technical grade ethanol.

The action was taken in response to concerns raised with the employers on May 28 by United Nurses of Alberta. The hand sanitizer has been in use at Alberta health care sites since May 20.

UNA said the employers had not adequately communicated Health Canada warnings to staff and failed to appropriately label hand sanitizer containers and dispensers containing this product.

UNA's position is that members should follow Health Canada's warning that nurses who are pregnant, lactating, or have broken/compromised skin should not use hand sanitizer containing technical grade ethanol. Hand washing with soap and water continues to be an effective alternative to hand sanitizer for those who can't use this product.

Moreover, this product should only be used by adults. Children should not use or have access to hand sanitizer containing technical grade ethanol.

In their response, AHS vice-presidents Deb Gordon and Todd Gilchrist outlined the following actions AHS will take:

- Immediately distributing labels that can be placed on containers of Microsan Optidose and Ripshot hand sanitizer containing technical grade ethanol, with the required Health Canada warnings.
- New stock leaving the warehouse will be appropriately labelled.
- Posters with similar warnings will be placed near any wall dispensers containing this product.

Covenant Health confirmed a similar response for hand sanitizer containers and wall dispensers containing technical grade ethanol. 🍷

Members should follow Health Canada's warning that nurses who are pregnant, lactating, or have broken/compromised skin should not use hand sanitizer containing technical grade ethanol.

Construction begins on new Misericordia Hospital Emergency Department

■ **CONSTRUCTION** of a new Emergency Department at the Misericordia Hospital began on May 28 with demolition of an old building at the site in West Edmonton.

The former Family Medicine Centre, located on the west end of the property, was torn down to make room for the expansion. Two other buildings, the West Annex and a decommissioned chapel,

will also be removed as demolition continues through the end of June.

The new emergency department will be completed in late 2022 and will be able to accept 60,000 patients per year when it opens in 2023.

The hospital will remain open throughout the construction of the new department. 🍷



By Katrina Stephenson, RN, BSN

Silence feeds the stigma beast, so hide no more, SAYS 'NURSE WITH A PTSD JACKET'

■ **I WAS** with my girlfriends that night. Never a dull moment, constant conversations and lots of laughter.

I could forget about my troubles, get good advice and love. Around midnight I left to drive home. The road was clear and quiet. The panic attack came out of nowhere.

Suddenly, vivid, violent images flashed through my mind. My young family and husband were dead... "Of course they aren't dead," I told myself. "Katrina, you are having a panic attack. Breathe, slow down, you are going to be OK." Still, I raced home. My heart and thoughts were racing too. When I saw my sleeping babes, safe, the relief was immeasurable.

After 15 years working in the specialty field of mental health and substance use, this was not the first time I'd talked someone through a panic attack. Before I was diagnosed with PTSD, anxiety associated traits and severe depression, though, I'd never had to talk myself through one.

Things got worse. Every night, I checked windows, door locks, and kids repeatedly. I slept with a baseball bat by my bed. I faced flashbacks, insomnia, aversion to work, guilt, shame, fear, hypervigilance and feelings of hopelessness. At my

lowest point, I was unable to cope with life as a mom, nurse, or wife.

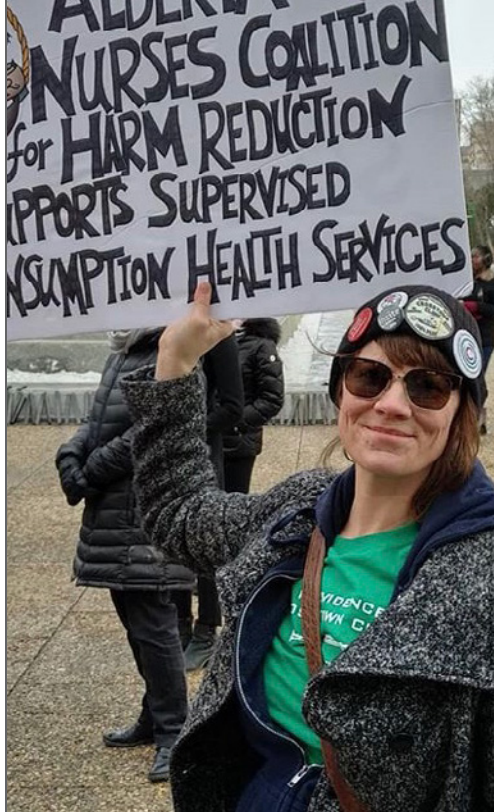
I am in recovery now. Things are getting better. I am grateful to have found timely trauma-trained care from psychiatrists and psychologists.

Getting back things I've missed — time with friends and family, self-care practices like diet, exercise, journaling, and meditation — has been difficult. I miss my patients. I remember navigating this unruly and fragmented health-care system with them so we could access the support they needed. The process has been just as disjointed for me, and I know the system well. There are so many barriers.

I feel pressure to uphold my persona as a care provider. I dread phone conversations with Workers Compensation and wage-loss insurance providers. They give much-appreciated financial support. But they also apply a constant pressure to get back to the workplace, which was filled with threats of violence, critical incident stress, excessive workloads and bullying, all associated with PTSD. I think about how a fearful stigma hovers over us, silencing us and keeping us from reporting mental health or substance-use disorders.

"Given the high rates of PTSD among nurses, let's advocate for change to prevent and mitigate PTSD." — Katrina Stephenson, RN

□ CONTINUED ON PAGE 21



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My experiences are all too common. Just this year, four of my friends in health care have told me they have traumatic stress injuries. Another has a history of substance use. Every week I read about health care professionals dying of overdose or suicide as they deal with workplace trauma.

Given the high rates of PTSD among nurses, let's advocate for change to prevent and mitigate PTSD. That requires timely treatment. We need collaboration among employers, unions, regulatory bodies, nurses with lived experience, and all levels of government to make workplaces safer and treatment for workplace injuries more accessible. We need to change the way we talk about trauma-related and mental health injuries within care environments and professional groups. Instead of stigmatizing these injuries, we can build a multi-disciplinary culture of strength-based, compassion-based, trauma-informed, culturally appropriate understanding. Finally, we need sustainable peer-to-peer support programs to build on and improve psychological health and safety,

promote resiliency and sustainability of nurses. Peers can support engagement with other nurses to break the cycle of silent suffering.

I hope others can reach out for help, to tell their stories to those they trust. PTSD and occupational stress injuries are not a sign of your weakness. You are not alone. There is hope, and you can heal.

Katrina Stephenson, vice-president of Alberta Nurses Coalition for Harm Reduction, is an Edmonton nurse on disability from work-related PTSD injuries. She can be contacted at powerofpeers2peers@gmail.com. 🍷

Mental health and self-care resources

■ **WORKING** and providing family care and self-care during these unprecedented times is stressful and potentially traumatizing.

With increased pressure on nurses and health care workers during the fight against the COVID-19 pandemic in our hospitals and health care facilities, UNA encourages members to stick together, be kind, and reach out to their coworkers who may be feeling personally overwhelmed by the rapidly evolving situation.

The health and safety of our members and their patients remains our priority, so UNA wants members in distress to use the following resources to assist you with monitoring your own personal mental health. More information is available on UNA's website, una.ca. 🍷

Mental Health Helpline:
1-877-303-2642

Provincial: 211
(provides referrals for community, government and social services)

Addictions Helpline:
1-866-332-2322

Family Violence – Find Supports: 310-1818

Income Supports:
1-866-644-5135

Kids Help Phone:
1-800-668-6868

MyHealth.Alberta.ca

Marking the Day of Mourning: Workers face additional dangers during global pandemic

■ **APRIL 28, 2020**, the International Day of Mourning for Workers killed, injured or sickened on the job, was a particularly solemn occasion for health care workers like nurses this year, in the midst of dangerous global pandemic.

Health care is different from most occupations when it comes to protecting workers from the dangers of their work. Not only must nurses and other health care workers interact with their patients, but they bring to the practice of their profession compassion, humanity and an understanding of the value of human connection in health care.

Doing that this year brings special danger, the likes of which has not been experienced in Alberta and Canada in over a century.

“Nurses will never let their patients down,” said UNA President Heather Smith. “But the work of nursing, now more than ever, must be done with special alertness to the safety of health care workers and the people in their care alike.”

The traditional formal workplace gatherings were not able to take place this April 28 because of the need for social distancing to reduce the spread of COVID-19.

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ALBERTA NURSES MARK International Women’s Day on March 8

■ **ON** March 8, International Women’s Day, members of United Nurses of Alberta turned their thoughts to the need to continue the effort everywhere in the world to secure justice and equality for girls and women.

As a representative of a profession in which women predominate, UNA has long emphasized equality for all working people, regardless of their gender, in the way it represents its members and in the broader positions it takes issues in Canadian and Alberta society.

The theme for this year’s International Women’s Day was, *I am Generation Equality: Realizing Women’s Rights*, aligned with UN Women’s new multigenerational campaign, *Generation Equality*, a progressive roadmap for the empowerment of women and girls, everywhere.

The origins of International Women’s Day have been traced to labour disputes in New York City in 1857 and 1908, in which workers protested the dangerous, overcrowded and exploitive working conditions of women in the garment industry.

The first International Women’s Day was celebrated in 1911 and, in 1977, the United Nations urged all countries to set aside the date to celebrate women’s rights.

The symbols of International Women’s Day are bread and roses – the bread representing women’s struggle for economic equality and the roses women’s continuing efforts for a better quality of life. 🌹





CANADIAN
FEDERATION
OF NURSES
UNIONS

CANADA'S NURSES GET CREATIVE

to make sure decision-makers hear them

■ **WITH** widespread restrictions on physical gathering in response to COVID-19, organizations, businesses, and individuals have all had to radically rethink how they connect and communicate.

For front-line health care workers, there has arguably never been a more important time to voice urgent concerns regarding infection control measures, and the safety of patients and those caring for them.

As the urgency of nurses' experiences has never been greater, the Canadian Federation of Nurses Unions set out to host its very first virtual event for federal politicians – Members of Parliament and Senators – as well as stakeholders from the labour, not-profit and health care sectors.

Traditionally, the CFNU has hosted a breakfast event on Parliament Hill, often during National Nursing Week, as an opportunity to share nurses' perspectives on a health policy issue of pressing importance.

CFNU's virtual version of this annual event, *Canada Beyond Covid-19: Looking Back to Move Forward*, was held on May 13, 2020. The event explored lessons from the 2003 SARS outbreak, and some of the key issues with Canada's current response to COVID-19.

The virtual panel was hosted by CFNU President Linda Silas. It featured four distinguished experts: Mario Possamai (senior advisor to the Ontario SARS

Commission), Dr. Samir Sinha (geriatrician and director of geriatrics at Mount Sinai and University Health Network hospitals in Toronto and expert lead of the Ontario government's Seniors' Strategy), Sharleen Stewart (president of the Service Employees International Union Healthcare), and Vicki McKenna (RN, president of the Ontario Nurses' Association).

Since more than 80 per cent of deaths in Canada from COVID-19 have occurred in long-term care, three of the panelists focused on this sector, documenting the evidence to date, the successes and failures, and what needs to be done to build an "iron ring" to protect workers and residents in long-term care settings.

More than 110 guests attended the live virtual event, including numerous parliamentarians. The event allowed guests to ask the panelists their questions live, and the response was overwhelmingly positive. To view a recording of the live parliamentary event, visit the CFNU's YouTube channel: youtube.com/CFNU2010.

As restrictions on large gatherings remain a reality for the foreseeable future, the CFNU continues to investigate novel ways to reach members and decision-makers. Visit the CFNU's Facebook page (Facebook.com/nurse-unions) for information on live streaming events hosted by President Linda Silas, which have been taking place since March. 🍷

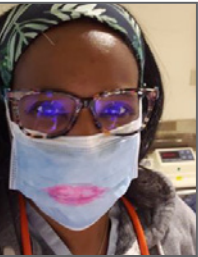


By Lauren Snowball
Canadian Federation
of Nurses Unions

For front-line health care workers, there has arguably never been a more important time to voice urgent concerns regarding infection control measures

UNA members mark International Nurses Day 2020.

UNA says 'thank you' to health care professionals during Nurses Week



■ **DURING** Nurses Week, 2020, it's important to thank all health care workers for their essential contribution to fighting the global coronavirus pandemic.

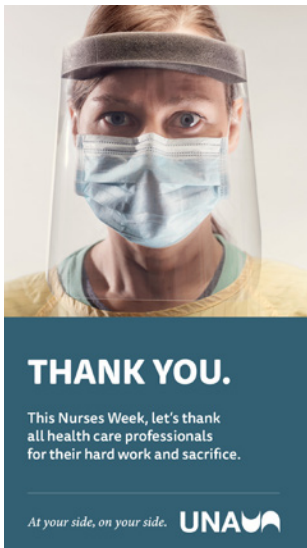
Nurses Week falls every year on the week that includes May 12, the birthday of Florence Nightingale, the British nurse who rose to prominence during the Crimean War (1853-1856). "The Lady with the Lamp," tending to wounded soldiers, became an icon of Victorian culture, and is credited with being the inventor of the modern nursing profession.

Traditionally, United Nurses of Alberta has used Nurses Week to celebrate the contribution to health care made by Alberta's nurses and to thank them for the vital work they do every hour of every day for Albertans.

This year, in the face of a dangerous global pandemic, UNA is saying thank you to every worker in health care and to all workers providing services to or for vulnerable Albertans. Thank you to all Albertans who have stayed home and those who have continued to work so that we can continue to work.

As UNA President Heather Smith noted in our Nurses Week radio advertisement, the United Nations has declared 2020 to be the International Year of the Nurse and the Midwife — "2020 was meant to be a global celebration of nursing, but celebrations must wait as health care workers deal with COVID-19."

In good times and bad, Alberta's nurses are at your side and on your side. 🇨🇦



EDMONTON POLICE MARK NURSES WEEK WITH PRESENTATION AT RAH



■ **EDMONTON** Police Chief Dale McFee visited the Royal Alexandra Hospital in Edmonton on May 22 with a plaque for the downtown facility's nurses celebrating International Nurses Week 2020.

The plaque, made by an EPS member, thanked the nurses at the Alex for all they do.

For their part, the members of UNA Local 33 marked Nurses Week by donating \$1,500 to the Edmonton Food Bank on behalf of all nurses at the Royal Alex. 🇨🇦

From left to right, appropriately masked in light of COVID-19, are Natasha Gougeon from the Indigenous Wellness Clinic, Local 33 President Rochelle Walker, Chief McFee, and AUPE representative Anita Loughran.

Nurses show generosity during pandemic

■ ALBERTA'S nurses have shown their generosity throughout the COVID-19 pandemic.

On a provincial level, the UNA Executive Board donated \$5,000 to the Edmonton Food Bank and \$5,000 to the Calgary Food Bank. In response to the flooding in Fort McMurray, the Board also donated \$10,000 to Unity House and Wood Buffalo Second Stage Housing and \$10,000 to the Wood Buffalo Food Bank.

In celebration of Nurses Week and in light of the restrictions in place in response to the COVID-19 pandemic, many United Nurses of Alberta locals chose to forgo the traditional Nurses Week celebrations in favour of helping those from their communities in need.

Donations were made by many locals across Alberta during and before Nurses' Week, including the donations listed below:

LOCAL 1 (Peter Loughheed Centre) donated \$2,500 to Alpha House, \$2,500 to Brown Bagging for Calgary's Kids, \$2,500 to the Women in Need Society and \$2,500 to the Kirby Center.

LOCAL 2 (Red Deer Health Centre/Extencicare Michener) donated \$500 the Mustard Seed and \$500 to Birdies for Kids - Central Alberta Child Advocacy Centre.

LOCAL 11 (Misericordia Community Hospital) donated \$1,000 to the Alberta Council of Women's Shelters, \$1,000 to Food for Thought Edmonton, and \$1,000 to the Edmonton Food Bank.

LOCAL 29 (Lamont Health Care Centre) donated \$1,500 to the Lamont Hamper Committee.

LOCAL 32 (Glenrose Rehabilitation Hospital) donated \$1,000 to the Edmonton Food Bank and \$1,000 to WINhouse.

LOCAL 33 (Royal Alexandra Hospital) donated \$500 to the Edmonton Food Bank.

LOCAL 42 (Lamont-Two Hills-Vegreville Community/Vegreville Care Centre) donated \$250 to the Lamont Hamper Committee, \$250 to the Two Hills Fellowship Chapel, and \$250 to the Vegreville Food Bank.

LOCAL 43 (Olds Health Centre) donated \$1,000 to the Central Alberta Women's Shelter and \$1,000 to the Mountain View Food Bank Society.

LOCAL 55 (Vermilion Health Centre) donated \$1,000 to the Mannville Food Bank.

LOCAL 58 (Three Hills Health Care Centre) donated \$1,000 to Three Hills Victim Services.

LOCAL 62 (Leduc General Hospital) donated \$1,500 to the Leduc Foodbank.

LOCAL 63 (Grande Cache Health Centre) donated \$500 to Grande Cache 100 Caring Hearts and \$500 to the Icebreaker Memorial Tournament.

LOCAL 65 (Oilfield General Hospital - Black Diamond) donated \$200 to the Turner Valley Food Bank.

LOCAL 70 (Medicine Hat Regional Hospital) donated \$500 to the Medicine Hat College Foundation and \$2,000 to the Medicine Hat Food Bank.

LOCAL 75 (Seton Health Centre/Community - Jasper) donated \$750 to the Jasper Food Bank.

LOCAL 77 (George McDougall Memorial Health Centre - Smoky Lake) donated \$400 to the Smoky Lake Food Bank.

LOCAL 79 (Edmonton General Continuing Care Centre & Grey Nuns Community Hospital) donated \$500 to Wings of Providence and \$1,000 to the Edmonton Community Foundation.

LOCAL 80 (High River General Hospital) donated \$150 to the Okotoks Food Bank.

LOCAL 85 (Sturgeon Community Hospital) donated \$500 to the St. Albert Food Bank and \$500 to the Jessica Martel Foundation in Sturgeon County.

LOCAL 89 (Chinook Health Authority - Community) donated \$300 to the Coaldale Food Bank, \$300 to the Interfaith Food Bank, \$300 to the Taber Food Bank, \$300 to the Lethbridge Food Bank, and \$300 to the YWCA Lethbridge & District Harbour House.

LOCAL 95 (Alberta Children's Hospital) donated \$1,000 to the Calgary Food Bank.

LOCAL 96 (Northern Lights Regional Health Centre) donated \$3,000 to the Wood Buffalo Food Bank.

LOCAL 106 (Coronation Health Centre) donated \$200 to the Coronation Food Bank.

LOCAL 118 (Capital Care - Edmonton/Touchmark at Wedgewood) donated \$500 to the Edmonton Food Bank.

LOCAL 120 (Lethbridge Regional Hospital) donated \$1,000 to the Interfaith Food Bank, \$1,000 to the Lethbridge Food Bank, and \$1,000 to YWCA Lethbridge & District.

LOCAL 121 (Rockyview General Hospital) donated \$250 to the the Calgary Food Bank, \$250 to the Calgary Women's Emergency Shelter, and \$225 to the Alberta Workers' Resource Center.

LOCAL 128 (Redwater Health Centre/Sturgeon County Community) donated \$500 to the Morinville Food Bank.

LOCAL 137 (Revera Long Term Care - Riverview/AgeCare Valleyview) donated \$500 to the River Valley Cold Fund.

LOCAL 155 (Canadian Blood Services - Edmonton) donated \$500 to the Fort McMurray Flood Relief and \$500 to the Edmonton Food Bank.

LOCAL 158 (Swan Hills Health Care Centre) made a \$500 donation to the Swan Hills Food Bank.

LOCAL 218 (Central Zone Community) donated \$1,000 to the Central Alberta Women's Outreach Society and \$2,000 to the Red Deer Food Bank.

LOCAL 222 (Centennial Centre for Mental Health and Brain Injury) donated \$406 to the Ponoka Food Bank.

LOCAL 301 (University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute) donated \$2,500 to the Alberta Women's Shelter and \$2,500 to the Edmonton Community Foundation Rapid Response Fund.

LOCAL 349 (Aspen Health (Community) donated \$750 to Food Banks Canada.

LOCAL 420 (Sunnyside) donated \$1,000 to the Southern Alberta Medicair Society.

LOCAL 421 (Father Lacombe Care Centre) donated \$1,000 to the Father Lacombe Care Foundation. 🍷

IVANA NIBLETT, UNA LRO, WINS 2020 ALBERTA FEDERATION OF LABOUR INTERNATIONAL WOMEN'S DAY AWARD

■ **UNITED** Nurses of Alberta Labour Relations Officer Ivana Niblett has been awarded the Alberta Federation of Labour's International Women's Day Award for 2020.



"Ivana was successful in raising \$26,000 at an AFL convention and with that, the labour movement has raised close to \$100,000 for this important cause."

– Ray White, USWA

The former national vice-president of the Telecommunications Workers Union, Niblett was one of the leaders of the merger of the TWU and the United Steelworkers, later serving as Chair of that union's Women of Steel Committee.

As chair of the committee, she played a key role in the creation of the Jessica Martel Foundation, named for a woman murdered by her domestic partner when there were no shelter beds available at a time she wanted to leave her abusive relationship.

"Ivana was successful in raising \$26,000 at an AFL convention and with that, the

labour movement has raised close to \$100,000 for this important cause," said her nominator, United Steel Workers Local 1-207 President Ray White. "The 9,000 square-foot shelter is scheduled to open in a couple of months. Ivana was a huge part of making this a reality."

In addition to her role with UNA, Niblett is First Vice-President of Steelworkers Local 1-207, which represents UNA's labour relations staff.

She sits as a labour representative on the Alberta Workers Compensation Board, and is a former member of the AFL Education Committee.

The annual AFL award celebrates outstanding commitment and leadership in the trade union movement and community. The winner "should be dedicated to equity and the application of a feminist lens in union and community work and be dedicated to labour activism which may include holding, or having held a position within her union, involvement in her local, or within provincial or federal labour coalitions," says the award description.

Niblett will be presented with her award next year because this year's AFL Midterm conference was cancelled due to the COVID-19 pandemic. 🍷

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This year, the Canadian Labour Congress has adopted the theme #StopThePandemicAtWork and the Canadian Federation of Nurses Unions called for action to keep nurses and health care workers safe from COVID-19.

April 28 officially became the National Day of Mourning in Canada in 1991, after the passage by Parliament of the

Workers Mourning Day Act in December 1990. Since then, the occasion has come to be widely marked throughout the world.

Said Dewey Funk, UNA's Occupational Health and Safety Advisor: "When we have the ability to meet again, I want to talk with you, not about you." 🍷

Redeployment during a pandemic: FREQUENTLY ASKED QUESTIONS

KNOW
your
Rights



Report from
Director of Labour Relations
David Harrigan

■ **THE** COVID-19 pandemic has raised many questions about staff redeployment and how it impacts the UNA Provincial Collective Agreement. Here are some of the questions most frequently asked by members about redeployment:

Can the Employer require me to work at a different AHS site?

Yes. Article 44.05(e) of the Collective Agreement allows the Employer to redeploy Employees to another site to provide assistance in emergency circumstances.

The Employer has invoked this emergency provision of the Collective Agreement. The Employer defined the current circumstance an emergency on March 16, 2020.

When redeployed, the other provisions of the Collective Agreement continue to apply, with a few exceptions where the clause specifically notes “except in cases of emergency.”

Can the Employer require me to work at a site owned or operated by another Employer?

Yes. Under the Memorandum of Agreement between UNA and AHS the process is as follows:

The Employer will first ask for volunteers to redeploy to a non AHS site. Depending on how many volunteer, the following provisions apply:

- If more Employees than required volunteer, the most senior Employees shall have the right to redeploy

temporarily, provided they have the ability to perform the work.

- If fewer Employees than required volunteer, assignments shall be made in reverse order of seniority within an identified site/unit/program/department, provided the employees have the ability to perform the work.

If I am temporarily redeployed to a non AHS site do I remain an Employee of AHS?

Yes. Redeployed Employees will continue to be covered by the terms of their Collective Agreement. Redeployed Employees will remain Employees of AHS.

Is the Employer able to partially redeploy me to another site? For example, can the Employer say I will work two shifts a week at a redeployed site and the remainder of my shifts at my home site?

No. The Collective Agreement and Memorandum of Agreement do not allow for partial redeployments. You are either redeployed for your entire FTE to a new site or remain at your home site.

Can the Employer require me to work on a different unit at my current site?

Yes. The Employer can require an Employee to “float” to another unit on an exceptional basis in order to meet operational requirements. COVID-19 meets the requirements for an “exceptional basis”. 🍷

For more information about redeployment, visit una.ca/covid19 or contact your Labour Relations Officer at 1-800-252-9394.

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