

## **UNA team hopes mediated talks can make progress**

The UNA Negotiating Committee is hopeful new talks with mediation assistance from Andy Sims can finally make some progress at the negotiating table with the provincial Health Regions.

“The last couple of days were spent with the mediation panel meeting with each team and getting an explanation on what the issues are and why each party takes the position it does,” reports David Harrigan, UNA’s Director of Labour Relations.

After nearly a year in negotiations, the new round of mediation began on Tuesday, January 6, continued on Wednesday and Thursday and over the weekend on Saturday and Sunday. This week no dates are set and the panel will likely be scheduling more sessions for the week of January 19.

In December, UNA agreed to mediation with the panel of Sims, UNA’s nominee Lyle Kanee and the Regions’ nominee Bill Armstrong. UNA made it clear at the time that while it agreed to mediation with the panel, it will not participate in actual compulsory arbitration. UNA members voted again at last October’s Annual General Meeting to maintain the long-standing policy rejecting compulsory arbitration.

“Our members have made it very clear that compulsory arbitration is NOT an option,” says UNA President Heather Smith. “Our goal is a negotiated agreement that gives nurses a say in safe conditions, an agreement that nurses vote on.”

“The panel has also asked each team to avoid talking to the media and to ask its principals to avoid commenting to the media, other than to say that we are in mediation and we are working on achieving a negotiated agreement and have no other comment,” David Harrigan says. Both parties have agreed to respect the panel’s request.

The UNA Negotiating Committee has set meetings with other Employers involved in the round of provincial bargaining. Talks were held this week with the Good Samaritan Society and dates have been set with the Alberta Cancer Board and the Continuing Care Employers’ Bargaining Association (CCEBA). Other Employers in this round are Bethany Care Cochrane and the Millwoods Shepherd’s Care Society.

## **Keeping the pressure on MLAs**

Health Region Employers may still believe that MLAs will be the only ones voting on the next nurses’ contract when a special law to impose a contract goes to the Legislature. To make sure the politicians are current on the issues, UNA has called for another round of lobbying and local meetings with MLAs. Besides being sure MLAs are aware of the real patient safety concerns in bargaining, nurses want to ask them to stand up against legislating the contract and to protect safe, quality care by pressuring the Health Regions to bargain seriously for a negotiated agreement. A new lobbying kit is being distributed to every Local.

## **Klein’s threat to jail striking nurses brings on tremendous show of public support**

Premier Klein publicly promised before Christmas to jail nurses if they were to undertake illegal strike action. The headline and story published by the Edmonton Journal and also carried by the Calgary Herald drew an outraged response from Albertans. Phone calls of support poured into UNA offices and a flurry of letters to the editor condemned the Premier for threatening nurses. While some people offered to go to jail in place of nurses, many other letters dealt directly with the issues in negotiations.

“Rather than puff himself up for yet another cheap shot at an endangered professional species, Ralph Klein could push the regional authorities to take the offensive clause [mobility] out of the proposed contract,” wrote John O’Gorman of Bragg Creek in one of the published letters.

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The blustering from the Premier was brought on by a statement from the Alberta Federation of Labour on emerging support for nurses in the wider labour movement. At a December meeting, affiliated unions decided to begin immediate campaigning for fair bargaining for nurses. The Federation has begun sending information out to unionized workers about UNA negotiations and is coordinating a campaign for unionists to put more pressure on politicians.

## **Foothills relocation 18 beds in mould affected dialysis unit**

While testing and clean up is going on the Foothills Hospital has announced it will be relocating 18 beds out of the mould-affected dialysis Unit 27.

“We still believe the whole unit should be closed until we are certain it is safe,” says Local President Michelle Senkow. “Getting people off the unit is a step forward.”

Before Christmas over 60 employees on the unit filed provincial occupational health and safety imminent danger complaints. The nurses filed the complaints after results came back from testing by indoor air quality expert Karen

Rollins showed contamination of toxic moulds in several locations. “Although the investigation has covered only about 10% of the floor area, I feel that there is enough evidence to warrant great concern,” Rollins said in her report. “There are toxigenic fungi present in several locations and nurses are reporting symptoms associated with toxigenic fungi. I am also concerned for the patients who receive dialysis and who are already immune compromised, and for any other staff who work on Unit 27. I recommend closing Unit 27 until a thorough investigation and remediation can be completed.”

A UNA court application to bring in more independent testing for contamination on the unit has been postponed from its original January 12 date.

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# **You don't have to ask permission to be sick**

## **“Attendance awareness” programs**

If you are sick and unable to work that should be the end of the story but with the “attendance awareness” programs that health Employers have implemented all over the province, it often is not. Managers have been refusing to pay for sick time, rejecting notes from a doctor as insufficient and calling nurses in for intimidating meetings. Some managers are going to great lengths to keep their sick leave costs down and keep nurses working. “This is their answer to short staffing?” asks Kathy Bayer, president of the UNA Local at the Medicine Hat General. Their Employer’s new attendance program has kept her Local busy with concerns from members.

One of the most common practices is to refer nurses experiencing recurring illness or injury to the Occupational Health and Safety (OH&S) department or nurse. The OH&S nurse usually is very sympathetic and can be helpful but it is important to remember they take their orders from management. Some nurses have had nasty surprises when information they have volunteered to OH&S has been used to limit their claims or curtail their sick leave. “The bottom line is that the Employer’s OH&S staff are NOT advocates for Employees,” says UNA Labour Relations Officer Janice Peterson. “UNA is the advocate for nurses and if there is any question brought up about sick leave, it’s best to contact the union as soon as possible.”

## **A doctor's note should be enough**

Not all Employers demand a note from the doctor for every absence due to illness, but more and more managers are insisting on it. They have a right to require a doctor’s note, but that note should not reveal personal medical information such as diagnosis or treatment details. The note should say whether a nurse is able to work or not or is ready for modified or alternate work. It can also indicate how long a nurse should be off. If any manager is telling a nurse that a note from the doctor is not adequate, the nurse should contact the UNA Local. Management could be overstepping what they can ask for.

## **You are not obligated to – and probably should not – sign any medical information release form**

Some managers or OH&S officers want to require Employees to sign medical information release forms. Nurses are best advised not to do so without contacting UNA. They should not be coerced or smooth talked into signing any type of release. Giving the Employer access to personal medical information often results in problems, as they can attempt to use that information to limit sick leave. Normally a doctor’s note is sufficient. For longer illnesses and especially longer disability leaves, Employers may have the right to more information. In those cases particularly, UNA should be contacted.

## **“Abilities management” and the duty of Employers to accommodate injured nurses**

Employees who have been off on extended sick leave or disability leave have a right to return to their jobs when their doctor says they are able. Often nurses cannot return directly or immediately to their former position, but may need some time working a lighter load or fewer shifts. Doctors can put restrictions on what work an Employee is able to take on during the return to work process. Those might include restrictions on how many shifts can be worked in a week, on evening or night shifts or on lifting or other physical requirements. Employees who are not able to perform the duties of their former position need to give Employers 28-days notice of the date when their doctor says they can go back to the job. The Employers have a responsibility to provide their Employees with modified or alternate work programs if they are required. This is the duty to accommodate and has often been the subject of conflict and negotiation. Again, many Employers have brought in “abilities management” programs that should be helpful in returning nurses to jobs, but also often are used to hurry nurses back to full employment or to reduce the limitations on what they can do. Nurses returning to work with limitations should contact UNA Labour Relations Officers who are experienced in dealing with these issues.