

Position Statements

	PAGE
Affiliation with Federations	POS- 1 1
Alberta Federation of Labour (Communication)	POS - 2 2
Alberta Department of Labour (Communication)	POS - 3 3
Ambulance Legislation.....	POS - 4 4
Appointment of Nurses to Hospital Boards.....	POS - 5 5
Arbitration	POS - 6 6
CFNU/CLC (Communication)	POS - 7 7
Collective Bargaining.....	POS - 8 8
Conflict of Interest.....	POS - 9 9
Contracting Out.....	POS - 10 10
Copyright Restrictions.....	POS - 11 11
Decisions - Support For	POS - 12 12
Dependent Care	POS - 13 13
Election of Regional Health Authority Members	POS - 14 14
Employee Family Assistance Programs (EFAP)	POS - 15 15
EFAP Position Paper & Guidelines).....	POS - 16 16-20
Entry to Practice.....	POS - 17 21
Environmentally Safe Products	POS - 18 22
Equal Pay for Work of Equal Value.....	POS - 19 23
Free Trade	POS - 20 24
Friends of Medicare	POS - 21 25
Goods and Services Tax	POS - 22 26
Government Dispute.....	POS - 23 27
Health Care Services.....	POS - 24 28

continued...



Policies & Procedures Manual

	PAGE
Impaired Driving.....	POS - 25 29
Incentives.....	POS - 26 30
Internal Vacancies.....	POS - 27 31
Job Enhancement.....	POS - 28 32
Job Sharing.....	POS - 29 33
Layoffs & Cutbacks.....	POS - 30 34
LAPP Board.....	POS - 31 35
Legal Representation/Assistance.....	POS - 32 36
Mandatory Drug Testing/Mandatory H.I.V. Testing.....	POS - 33 37
Medically Necessary Procedures.....	POS - 34 38
Membership Involvement/Rejuvenation.....	POS - 35 39
Membership Lists.....	POS - 36 40
Mergers and Transfers.....	POS - 37 41
Midwifery.....	POS - 38 42
National Resources.....	POS - 39 43
Nurse Abuse.....	POS - 40 44
Nursing Homes.....	POS - 41 45
Occupational Health & Safety.....	POS - 42 46
Organizing Nurses.....	POS - 43 47
Patient-Focused Care.....	POS - 44 48
Pensions.....	POS - 45 49
Political Affiliation.....	POS - 46 50
Quality of Worklife/Team Concept Programs.....	POS - 47 51 - 54
Recruitment and Retention of Registered Nurses.....	POS - 48 55
Respect/Tolerance.....	POS - 49 56
Right to Work Legislation.....	POS - 50 57
Self Scheduling.....	POS - 51 58
Sick Building Syndrome.....	POS - 52 59
Smoking.....	POS - 53 60
Strike/Strike Vote.....	POS - 54 61
Transfer of Services Between Bargaining Agents.....	POS - 55 62
Union Goods and Services.....	POS - 56 63
Unity of Nurses.....	POS - 57 64
War.....	POS - 58 65
Work Life Issues.....	POS - 59 66
Worksite Committees.....	POS - 60 67

AFFILIATION WITH FEDERATIONS

REFERENCE: Annual General Meeting - October 1983
Executive Board Meeting - May 1986
Annual General Meeting - November 2000

POSITION

Any decision by UNA to affiliate or disaffiliate to a federation such as CFNU or CLC shall be authorized by a ratification vote of the members at each Local, in accordance with Article 11 of the Constitution.

ALBERTA FEDERATION OF LABOUR (COMMUNICATION)

REFERENCE: Annual General Meeting - November 1980
Annual General Meeting - October 1990

POSITION

UNA encourages contact with the rest of the labour movement in Alberta through the Alberta Federation of Labour.

ALBERTA DEPARTMENT OF LABOUR (COMMUNICATION)

REFERENCE: Annual General Meeting - October 1988
Annual General Meeting - October 1989

POSITION

Decisions to communicate or not communicate with the Department of Labour shall be made on an individual case by case basis, by the Executive Officers of the UNA in consultation with the Director of Labour Relations. The Executive Officers shall make their decisions based on the particulars of the case and how it relates to UNA's long and short term goals, objectives and principles. The decision shall be subject to confirmation by polling the Executive Board within 7 days of receipt of the request.

Executive Board approval for communication with the Department of Labour for the purposes of Grievance Mediation shall not be necessary provided that both the Director of Labour Relations and the Local President believe that grievance mediation could be beneficial.

(Executive Board Meeting - February 1993)

AMBULANCE LEGISLATION

REFERENCE: Executive Board Meeting - March 1983

POSITION

UNA supports Provincial Ambulance Legislation which includes the following:

1. That ambulance legislation be administered and enforced by Alberta Health.
2. That the minimal education requirement of all ambulance personnel be that of the EMTA certificate.
3. That there be licensure for ambulance attendants and operators.
4. That opportunity be provided for inservice and skills maintenance.
5. That standardization of equipment and vehicles be developed dependent on the need for either a Basic Life Support Unit or an Advanced Life Support Unit.
6. That there be a provincial body set up to inspect ambulance service at least yearly and that the same body strictly enforce the standards under this legislation.
7. That each region establish an ambulance services board responsible for administering ambulance services according to provincial standards.
8. That a reporting system be developed for the purpose of evaluating the efficiency of the service.
9. That there be provincial and regional funding of these services in order to maintain local autonomy for deciding the degree of ambulance service provided in any one community which would not include the following:
 - hospital based ambulance services resulting in the regular use of attendants as nursing personnel.

(Executive Board, March 1983)

10. UNA shall strive for a more visible and aggressive supporting role in the promotion of ambulance legislation in Alberta, primarily through public statements, made by our President and/or Executive Officers.

(Annual Meeting, November 1984/October 1989)

APPOINTMENT OF NURSES TO HOSPITAL BOARDS

REFERENCE: Executive Board Meeting - December 1990

POSITION

United Nurses of Alberta is not opposed to staff nurse representation on Hospital Boards.

Any member of United Nurses of Alberta, elected or appointed to a Health Care Facility Board, is expected to uphold the Constitution, Policies and Procedures, and Collective Agreements of United Nurses of Alberta while serving her term on the Facility Board.

(Executive Board Meeting - November 1992)

WHY?

United Nurses of Alberta believes that Committees recognized in the Collective Agreement (Professional Responsibility and Occupational Health and Safety) should be respected by Hospital Boards as appropriate vehicles to communicate staff concerns and recommendations.

Staff nurses should be involved in decision making and planning.

UNA has attempted to strengthen the ability of the Union to make representation to the Hospital Board. However, there is no assurance that the nurse appointed to the Hospital Board will be a staff nurse.

Where the Employer requests that a nurse representative be selected, the UNA Local should control the process (preferably an election) to determine who the representative will be.

The Union has identified potential conflict of interest for a staff nurse who is a member of the Hospital Board where she is employed.

UNA does support individual nurses attempting to seek an elected position (as a member of the public) on a Hospital Board where she is not employed.

FUTURE GOALS

Occupational Health & Safety and PRC should have enhanced ability to advance concerns, and Hospital Boards should be required to act on the recommendations from the Committees.

ARTICLES VIOLATED/AFFECTED

Article 3 - Recognition

Article 34 - Occupational Health and Safety

Article 36 - Professional Responsibility

WHO YOU SHOULD CONTACT

If your Employer suggests that a nurse should be appointed to the Hospital Board of Trustees, contact the Labour Relations Officer assigned to your Local to discuss the process of selecting a nurse.

ARBITRATION

REFERENCE: Executive Board Meeting - April 1983
Annual General Meeting - November 1985
Annual General Meeting - October 1986

COMPULSORY

UNA is opposed to any compulsory arbitration legislation. Regardless of any legislation, UNA members alone, and not the government or any other body, will decide when this Union will strike and when it will not.

VOLUNTARY

A decision to request to enter into voluntary arbitration shall be made at a delegate meeting by the delegates at the meeting. All information pertaining to this request shall be presented to the Executive Board by the Negotiating Committee of the minority bargaining group. The request shall then be subject to Position - 3 (Alberta Department of Labour - Communication). This policy is only applicable to the following groups:

Central Park Lodges
Extendicare
Canadian Blood Services
Victorian Order of Nurses

NOTE: The Executive Board reviewed this policy in November 1996. It is the belief of the Executive Board that this policy was intended to cover all minority groups to whom compulsory arbitration does not apply.

(Annual Meeting - October 1987/UNA Special Mtg. June/94/Nov./96)

CFNU/CLC (COMMUNICATION)

REFERENCE: Annual General Meeting - November 1981
Annual General Meeting - October 1990
Annual General Meeting - October 2001

POSITION

Canadian Federation of Nurses Unions/Canadian Labour Congress (Communication)

As an affiliate of CFNU/CLC, UNA will facilitate the exchange of information and communication between the membership of UNA and CFNU/CLC.

(Executive Board Meeting - June 2001)

COLLECTIVE BARGAINING

REFERENCE: Executive Board Meeting - August 1986

POSITION

UNA believes that the right of workers to organize and engage in free collective bargaining is fundamental in any free society. There should be no legal restrictions on the right of Unions and Employers to participate in free collective bargaining.

An essential element of the bargaining process is the right of workers to withdraw their services.

Consistent with this belief, UNA will not participate in any system which limits the right of any worker to take strike action.

(Annual General Meeting - November 1991)

VIOLENCE

Where acts of violence may occur during the process of collective bargaining, such acts of violence shall be addressed through the Criminal Code as appropriate.

NON-NURSING DUTIES

UNA members shall not perform any duties which have traditionally been done by members of other bargaining groups unless ordered directly by the Employer to do so.

(Executive Board - March 1985)

CONFLICT OF INTEREST

REFERENCE: Annual General Meeting - October 1987/October 1988/November 1991

POSITION

That UNA elected Representatives shall not use official UNA time and official UNA processes (i.e. meetings of UNA, UNA newsbulletin, UNA Phone fanout) for the purpose of providing information to other UNA members regarding any goods or services from any businesses except:

1. Those goods and services that are necessary for official UNA business.
2. Those goods and services that have been approved by the Membership Services Committee. Whose goods and services meet the following criteria:

CRITERIA FOR APPROVAL OF GOODS AND SERVICES

1. It must be seen as a benefit to our membership.
2. References will be required from any business or service seeking approval, particularly, other Union references.
3. Only goods and services that require a minimum of staff time would be approved.
4. Producing information documents to be sent to Locals or members regarding these goods and services must be low cost or free.
5. Membership lists would not be given out to any business or service.
6. The UNA Newsbulletin would not be used for these businesses to advertise.
7. Information regarding these goods and services would be sent to Locals or members through the regular mailouts currently used.
8. UNA will not agree (verbally or in writing) to any terms and conditions that gives UNA the appearance of promoting a particular product or service.
9. UNA's title and/or logo will not be placed on documents promoting products and/or services.

(Annual General Meeting - October 1992)

CONTRACTING OUT

REFERENCE: Annual General Meeting - October 1987
Annual General Meeting - October 1990

POSITION

UNA is opposed to contracting out of Nursing Services.

When individuals are enlisted to work as nurses within the Institutions, they become members of the UNA bargaining unit, and are thereby entitled to the coverage and benefits of the Collective Agreement, and must pay dues.

DEFINITION

Contracting out occurs when the Employer enlists the services of another agency to provide Employees for the Employer. One example would be the use of nurses from ComCare or the Nursing Registry. These Employees may be paid by either the employment agency itself or the hospital.

DIRECTIVE

Should a Local be aware of instances where nurses are hired to work in the hospital and are not being covered by the Collective Agreement, the Local should grieve this matter. Such a grievance can be handled as a policy grievance by the Local as a violation of Article 3, Recognition and Article 5, Dues Deductions. As well, a grievance may be filed by the Employee herself as to incorrect wages and other entitlements in the agreement, should this be the case.

NOTE: For specific wording of a grievance, please contact your Labour Relations Officer.

COPYRIGHT RESTRICTIONS

REFERENCE: Executive Board Meeting - May 1992

POSITION

In accordance with existing copyright laws, United Nurses of Alberta does not endorse the practice of “pirating” of computer software.

As such, where the United Nurses of Alberta has identified a requirement for a member or staff person to work with specific software, in order to fulfill the requirements of their position, the United Nurses of Alberta shall undertake to provide such member or staff person with a licensed copy of the software. United Nurses of Alberta shall retain ownership of all such software.

DECISIONS - SUPPORT FOR

REFERENCE: Executive Board Meeting - February 1987
Annual General Meeting - 1988

ELECTED REPRESENTATIVES

The decisions of the majority made through the democratic processes of the Union shall be actively supported by the elected representatives. This shall include information being provided by the elected representatives, at every level, to ensure that the rank and file membership knows the reasons why decisions are made, and how they can be supported.

DEPENDENT CARE

REFERENCE: Executive Board Meeting - August 1984

POSITION

1. Child Care is not the primary responsibility of the mother. Both parents share this responsibility.
2. Governments have a responsibility for child care in the same way that governments have a responsibility for children's education.
3. Child Care centres should be provided by the government in the same way that schools are provided by the government, i.e. no cost to the user and meeting government criteria.
4. The centres should be staffed by a sufficient number of personnel qualified through:
 - a. formal education in child care;
 - b. experience and skills in child care.
5. Government funding for these child care centres can be obtained by transferring funding from other government programs, since the adoption of child care centres as proposed should decrease the need for funding in several areas: e.g. Unemployment, Welfare, Child Abuse, etc.
6. Such child care should be available to all parents, whether or not they are employed outside the home. Available and proper child care should be seen not only as a necessary benefit to parents but also as a necessary benefit for children.

ELECTION OF REGIONAL HEALTH AUTHORITY MEMBERS

REFERENCE: Executive Board Meeting - August 1995

POSITION

United Nurses of Alberta officially supports the election of Regional Health Authority members.

EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)

REFERENCE: Executive Board Meeting - February 1986
Annual General Meeting - October 1990

POSITION

Any EFAP, shall be a joint UNA/Management Program. UNA shall strive to negotiate an EFAP for each worksite. UNA shall encourage participation by other worksite unions and Employee groups.

**EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)
(POSITION PAPER & GUIDELINES)**

REFERENCE: Executive Board Meeting - August 1988
Annual General Meeting - October 1990

EFAP POSITION PAPER AND GUIDELINES

This is the fourth position paper on the establishment of the EFAP for UNA. This paper outlines recommendations on the fundamental questions UNA must address in determining the nature of the desired EFAP. Once a position has been taken, this paper will serve as the guideline in negotiations with the Employer groups in establishing an EFAP.

INDEX**THE QUESTIONS****WHO?**

1. Who should have access to the program?
2. Who should be party to the establishment of the program?
3. Who should initiate the EFAP Project within the Employer groups?
4. Who should represent UNA in the joint EFAP Development Committee?

WHAT?

1. What services should be provided by the program?
2. What should the referral pathway within the program be?
3. What should the ownership of the program be?
4. What should the decision-making process be?
5. What is the level of confidentiality?

WHERE?

1. Where should the program be available?

WHO ?

1. Who should have access to the program?

All UNA duespayers and their immediate families, management and their immediate families and all other workers at the workplace and their immediate families should have access to the program.

**EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)
(POSITION PAPER & GUIDELINES)**

RATIONALE: The distressed worker is suffering as a result of personal conflicts. The conflicts are not necessarily her own. They may arise from the illness or circumstances of another family member. Although assistance may provide some relief to the distressed worker, the insidious problem must be addressed in order for long-term conflict resolution to occur. It, therefore, is necessary to provide the service to family members.

In the joint labour-management model of EFAP, management members and their families have access to the program. The underlying premise is that of mutual concern amongst the EFAP participants. Everyone in a workplace benefits when all workers are healthy and productive.

2. Who should be party to the establishment of the EFAP?

The Employer and Employee groups where a UNA Local is organized should be offered the opportunity to participate in the establishment of the EFAP.

RATIONALE: At this point in time we are discussing an EFAP at each individual workplace, the individual programs should include participation by all Employee groups organized and unorganized.

3. Who should initiate EFAP development with the various Employer groups?

Through a prepared written introduction to EFAP, UNA should invite all Employer and Employee groups to a meeting. A presentation should be made, aimed at soliciting a commitment from Employer groups to become involved in working towards the establishment of EFAP.

4. Who should represent UNA in the Joint EFAP Development Committee?

Representatives from the Local and the assigned Labour Relations Officer should be UNA's representative on the Development Committee.

RATIONALE: Once the preliminary meetings have been held, the parties must agree to the following:

1. That an EFAP is needed
2. That the parties have a commitment to work jointly towards establishing an EFAP.

For the purpose of accomplishing the work, the parties must establish a joint EFAP Development Committee.

All decisions and agreements made with the Employer and Employee groups in the establishment of an EFAP would be subject to approval by the Executive Officers.

**EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)
(POSITION PAPER & GUIDELINES)****WHAT?**

1. What services should be provided by the Program?

Scope of EFAP.

Any EFAP should utilize a broad brush approach addressing the following problems of our group which includes but is not necessarily limited to:

- a. location & availability
- b. costs to members
- c. child care
- d. the majority of our duespayers are women and as such have many jobs
- e. qualities inherent in most nurses
 - confrontation
 - denial
 - education
 - mother instinct
 - self worth/expectations
- f. confidentiality
- g. shift work
- h. exposure/availability of drugs
- i. cover up of problems
- j. working environment
- k. physical demands of the job
- l. attitude of peers/employers
- m. return to the workplace
- n. legal liability
- o. safety/security

The agreed upon terms of any EFAP are subject to the approval of the Executive Board.

**EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)
(POSITION PAPER & GUIDELINES)**

The following services should be provided in an EFAP. The services in Group I are the fundamental services that ideally, would be provided first, Group II services are desirable but may be postponed past the initial development of the program.

GROUP I

- Family Counseling
- Substance Abuse Counseling
- Personal/Emotional Crisis Intervention
- Stress-Management Intervention
- Professional Development Counseling
- Victims of Violence Counseling
- Legal Referral
- Counseling for Adult Children of Substance Abuse Parents

GROUP II

- Financial Counseling
- Health Care Referral (acute and chronic problems)
- Ethnic Transition Difficulties

The funding and capacity of the EFAP initially may provide both Group I and II services. It is also as likely that the capacity of the programs and funding available may cause the need for a “phasing-in” of services. The designation of Group I and II services is priority setting if “phasing-in” is required.

2. What should the referral pathway be within the program?

All referrals are voluntary. The referrals may be self-made or assisted but in no way compels the Employee to participate. Refusal to participate will not deny or prejudice the worker in asserting any of her rights through the Union or Management.

RATIONALE: The Union is the worker’s advocate. The Union agrees that mandatory referrals by management are a violation of that role and a violation of an individual’s privacy. In any event, as health care workers we know that imposed health care seldom is effective or successful.

3. What should the ownership of the EFAP be?

The EFAP should be a joint labour-management program. The development, implementation, maintenance and evaluation of the program will be the responsibility of both labour and management. Development and implementation of the program will be the responsibility of the joint EAP Development Committee. The membership of that Committee will be determined once the Employer and Employee groups have indicated a willingness to participate.

**EMPLOYEE FAMILY ASSISTANCE PROGRAMS (EFAP)
(POSITION PAPER & GUIDELINES)**

Once the program is in place, the joint EFAP Committee comes into play. The Committee is responsible for ongoing maintenance, modification and evaluation of the program. The membership of this Committee will be determined by the EFAP Development Committee. The representatives on the Committee will be determined by each respective party.

Joint Ownership leads to:

- a. Easier access to the program
- b. A productive attitude towards distressed workers by Employer and Employee groups
- c. Accessibility to the resources of a broader base of resources.

4. What should the decision-making process be in the joint EFAP Development Committee?

The decision-making process should be by consensus of the parties.

RATIONALE: Representation by population is not an issue where consensus rules. Decisions cannot be made if all parties are not in agreement.

5. What should be the level of confidentiality to each Employee?

Program design and maintenance shall be developed to guarantee complete confidentiality of referral (whether “self or assisted” referrals) and treatment and assistance provided to the distressed worker. The worker may provide specific written consent for disclosure should the need for disclosure arise. No information will be disclosed without the worker’s written consent except where required by law.

RATIONALE: The EFAP does not suspend legislation where disclosure is required nor does it suspend the Employers right to discipline workers. As a result disclosure of information may be required to defend the worker (e.g. arbitration).

Program confidentiality promotes early referral for assistance before job performance is affected.

WHERE?

1. Where should the program be available?

There has been an identified need for an EFAP throughout Alberta. In each area of Alberta, workers face similar personal circumstances and also unique circumstances that arise due to location, community size and isolation, etc. The EFAP should be designed to address these variations.

How accessibility is provided is a question of program design and would be addressed by the joint EFAP Development Committee. The EFAP shall be off site.

ENTRY TO PRACTICE**POSITION**

UNA is opposed to the position taken by the Professional Association that the minimum standard for entry to nursing practice be a Baccalaureate Degree.

(Annual General Meeting - October 1987)

U.N.A. supports access to continuing education and worksite in-services to permit all practitioners to fulfill personal, professional and employment expectations.

“Access” is defined as “unimpeded by geographical location, organizational restrictions or financial barriers”.

Each nursing student should have the choice to exit her nursing program at the diploma level or continue to the baccalaureate level of educational preparation.

Entry to Practice initiatives, at the provincial and national level, shall not disadvantage current practitioners nor their advancement within the workforce.

Licensing organizations shall establish mechanisms to facilitate the recognition of a practitioner’s experience on an equal level/basis with enhanced educational preparation.

Should professional licensing organizations aspire to raise the required qualifications for entry to the profession, provisions must be enshrined in legislative regulations/guidelines which ensure current practitioners are recognized as having attained the higher entry qualifications and prohibit discrimination within the workforce.

(Executive Board Meeting - November 1998)

RATIONALE

We view the position of entry to practice as a restriction that can affect the job security of our members if they are unwilling, or unable to obtain such education.

Some Employers are currently requiring or stating a preference for a degree for various positions within our bargaining unit.

We do not believe our bargaining unit work requires the education of a Baccalaureate. However, where our members have obtained additional education including diplomas and degrees, we believe this additional education should be compensated, as provided for in the Educational Allowances contained in the contracts.

ENVIRONMENTALLY SAFE PRODUCTS

REFERENCE: Annual General Meeting - November 1989
Annual General Meeting - October 1990

POSITION

UNA office and Locals will strive to use only products that are environmentally safe, biodegradable or recyclable in the continuing administration of business.

UNA will implement the use of recycled paper products wherever possible.

(Annual General Meeting - October 1992)

EQUAL PAY FOR WORK OF EQUAL VALUE

REFERENCE: Executive Board Meeting - November 1986

POSITION

UNA supports the principle of equal pay for work of equal value.

FREE TRADE

REFERENCE: Executive Board Meeting - May 1986
Annual General Meeting - October 1987
Annual General Meeting - November 1991

POSITION

UNA is opposed to Free Trade negotiations between Canada, the United States and Mexico.

RATIONALE

Free Trade negotiations between Canada and the U.S. include access by the American services industries and specifically the insurance industries, to the Canadian Health Care system such that Medicare will be determined to be a subsidy to Canadian workers and a form of protectionism and will be legislated out of Canadian Law to be replaced by the American system of private health care insurance.

Privatization in the health care industry will mean that hospitals, health units, etc. will be controlled and managed by the private sector and will be run for profit. Because nursing salaries are the single largest expenditure in hospitals budgets, patient classification systems are implemented to control and reduce nurses' salaries.

Deregulation in the health care system will ensure that other items such as:

1. nurse/patient ratio
2. infection control
3. pharmacy standards
4. laundry standards, etc.

will be subject to reduction without the interference of government regulation and standards, so that hospitals and other health care agencies can be run for profit.

FRIENDS OF MEDICARE

REFERENCE: Executive Board Meeting - February 1987

POSITION

Through affiliation with Friends of Medicare, UNA opposes the political erosion of health care.

GOODS AND SERVICES TAX

REFERENCE: Executive Board Meeting - February/March 1990

POSITION

UNA is opposed to the Goods and Services Tax.

RATIONALE

The Goods and Services Tax is the 32nd tax increase on lower and middle income wage earners since 1984.

92,000 corporations have not been taxed on 28 Billion Dollars in the same time period.

Under the Trudeau Government corporations paid 36% of taxes; under the Mulroney Government corporations paid 11% taxes and with the implementation of Goods and Services Tax this was reduced to 8%.

The Institution of the Goods and Services Tax at 7% and wage increases not being comparable have resulted in a decrease in the standards of living and quality of life for Canadians.

GOVERNMENT DISPUTE

REFERENCE: Annual General Meeting - October 1990

POSITION

UNA shall go on record as being opposed to Government interference through Legislation and Policies that restrict an individuals and/or groups' rights.

UNA supports the concept of negotiated settlements for disputes involving Government and individuals/groups with respect for individual/group integrity and rights.

HEALTH CARE SERVICES

ACCESS TO MEDICAL SERVICES

UNA supports universal accessibility to health care and therefore considers the refusal by medical practitioners to perform medically-insured services on the basis of monetary considerations as unethical.

(Executive Board, February 1987)

BILL 37

UNA opposes the proliferation of private for-profit health care in this province;

UNA urges the Government to withdraw Bill 37 and calls on both the Federal and Provincial Governments to initiate a process for full public consultation and debate.

(Annual Meeting - October 1998)

DECISION MAKING

UNA support the client's right to participate in decisions affecting the implementation of their health care.

(Executive Board - June 1983)

PRIVATE FOR PROFIT HEALTH CARE

UNA will continue to inform UNA members and the public of the implications of private for profit initiatives of health and to continue to lobby the Federal and Provincial governments to enhance and safeguard public health care in Canada.

The definition of privatization according to the National Action Committee on the Status of Women includes but is not limited to:

- *denationalization- selling of government owned assets to private buyers
- *deregulation - either the abolition or reduction of public regulation of private industries
- *contracting out - government funding particular services but withdrawing from providing those services directly; and

UNA supports the five principles of the Canada Health Act which include a publicly funded and publicly administered health care system; and

UNA currently networks with other Unions and citizen groups to monitor and oppose the privatization and corporatization of health care.

(Annual Meeting - October 1998)

PRIVATIZATION

UNA condemns privatization of the Health Care Industry as a profit making enterprise. This would have a negative repercussions on patient care and nursing.

(Annual Meeting - October 1989)

IMPAIRED DRIVING

REFERENCE: Annual General Meeting - November 1985
Annual General Meeting - October 1990

POSITION

UNA shall go on record as supporting educational awareness of impaired driving and stress the need for health promotion and accident prevention.

INCENTIVES

REFERENCE: Executive Board Meeting - January/February 1989

POSITION

UNA is opposed to any attempt to covertly undermine our collective agreements through the use of “incentives” such as merit pay and hidden bonuses to staff based on areas of practice, etc.

Should Employers sincerely desire to resolve the concerns of nurses, UNA is prepared to negotiate changes to our Collective Agreements in order to improve salary and working conditions for all our members.

RATIONALE

There exists a nursing shortage in this province.

This shortage exists at least in part due to inadequate salary and working conditions and Employers unwillingness to address these concerns through improvements to Collective Agreements.

All areas of nursing have equal albeit different stressors.

United Nurses of Alberta is a trade union whose aim is to improve the socio-economic status of all members through the free collective bargaining process.

INTERNAL VACANCIES

REFERENCE: Executive Board Meeting - December 1987
Annual General Meeting - October 1988

POSITION

Notice of all staff vacancies shall be circulated to UNA Locals prior to the vacancy being filled.

JOB ENHANCEMENT

REFERENCE: Executive Board Meeting - August 1990

WHAT IT IS

Committees have been set up in many hospitals in an attempt to promote retention and job satisfaction of nursing personnel.

WHAT IS THE PROBLEM

These committees appear to be circumvent articles in the Collective Agreement e.g. PRC, Benefits, Evaluation, Sick Leave, etc.

UNA'S POSITION

The Local can decide if they want to sit on the Committee or not. However it is recommended that UNA Local Executives monitor closely any Job Enhancement Projects at their Institution. Aspects of the project that are noted to be violations of the Collective Agreement will be grieved upon implementation. Local Executives, after consultation with the Director of Labour Relations, will notify the Institution of perceived violations.

JOB SHARING

REFERENCE: Executive Board Meeting - May 1987

POSITION

UNA is opposed to the principle of job sharing.

DEFINITION

Job sharing is the splitting of one full-time position and the benefits of that position between two or more Employees.

The Employees are responsible for working during each others absences (e.g. vacations, and sick leave.)

Such splitting of a position is generally by mutual agreement of the effected Employees and the Employer resulting in the position not being posted.

UNA's position is that all vacancies should be posted, and that Part-time Employees have the same rights to benefits contained in the Collective Agreements as Full-time Employees, on a proportionate basis.

LAYOFFS & CUTBACKS

REFERENCE: Executive Board Meeting - November 1986
Executive Board Meeting - February 1987
Executive Board Meeting - June 1988

POSITION

UNA is opposed to any legislation or any fiscal policy which results in limiting the quality of health care as well as the delivery and expenses of Community and Preventative health services.

UNA will not consider any contract concessions or alterations to prevent layoffs.

It is UNA's position that any budgetary cutbacks are subject to the following conditions:

EMPLOYEES PROTECTED BY THE HOSPITAL COLLECTIVE AGREEMENTS

1. It is UNA's position that, while an Employer has the right to layoff Employees under our Collective Agreement, this right is subject to two (2) important conditions:
 - a. any layoff must result from a necessity to reduce the working force (i.e. the closure of beds);
 - b. layoffs must be in accordance with seniority (subject to the conditions outlined in the Hospitals Collective Agreement).
2. When there are bed closures, any layoffs which are not in order of strict seniority shall be grieved.
3. When nursing hours are reduced by attrition (failure to replace resigning Employees) Professional Responsibility Complaints shall be filed.
4. Budget constraints do not constitute adequate grounds for layoffs or any reduction in nursing hours. When any layoff occurs which is not accompanied by bed closures, Professional Responsibility Complaints shall be filed.
5. If any UNA member should be laid off, UNA will provide that member with assistance in obtaining Unemployment Insurance and the UNA Local involved shall strictly monitor hospital compliance with the layoff and recall provisions of the Hospitals Collective Agreement.

EMPLOYEES PROTECTED UNDER THE HEALTH UNIT COLLECTIVE AGREEMENT

1. Any layoffs resulting from a reduction of services due to budgetary cutbacks shall be done in accordance with the Collective Agreements in effect.
2. UNA will not consider any contract concessions to prevent layoffs.
3. Specific services must be reduced to reflect budgetary cutbacks.
4. The individual workloads of current Employees must not be increased due to budgetary cutbacks.

LAPP

REFERENCE: Executive Board Meeting - June 1988
Executive Board Meeting - August 1990
Executive Board Meeting - November 1996

LAPP BOARD

UNA shall strive to have permanent representation on the LAPP Board.

UNA appoint Jodi Edmunds as the UNA Representative to the Local Authorities Pension Board.

(Executive Board, December 2009)

LAPP

UNA does not support the move to independence without having Employee consent.

LEGAL REPRESENTATION/ASSISTANCE

REFERENCE: Executive Board Meeting - June 1984/August 1989
Executive Board Meeting - November 1989
Executive Board Meeting - Aug./Sept. 1993

POSITION

Representation in the areas of work-related issues such as EI, pensions, insurance, professional discipline, fatality inquiries and civil suits arising from their work shall be provided by UNA to a member or duespayer only with the agreement of the member or duespayer.

All access to legal counsel for Union related business by UNA Locals or members must be authorized by the Director of Labour Relations.

LEGAL REPRESENTATION

A member or duespayer of UNA is entitled to legal representation as follows:

Grievances and Arbitrations

Legal assistance in addition to assistance provided by UNA staff shall be provided by UNA on behalf of a grievor where such assistance is deemed necessary by the Director of Labour Relations, taking into account the seriousness and complexity of the grievor's case and the workload of available UNA staff. Where such assistance is provided, the full cost shall be paid by UNA.

Locals, members and duespayers have the right to appeal (to the Legislative Committee) the decision of the Director of Labour Relations to withdraw or proceed with a grievance to arbitration. The right of appeal does not extend to other areas.

Other work related issues such EI, pension, insurance, professional discipline, fatality inquiries and civil suits arising from their work.

Legal assistance in addition to UNA staff representation shall be provided by UNA where such assistance is deemed necessary by the Director of Labour Relations taking into account the seriousness and complexity of the member's or duespayer's case and the workload of available UNA staff. Where such assistance is provided by UNA, the full costs shall be paid by UNA. Where the member or duespayer chooses to represent herself in such proceedings, or where she chooses a lawyer or other representative in such proceedings, no costs shall be paid by UNA.

MANDATORY DRUG TESTING

REFERENCE: Executive Board Meeting - March 1992/May 1992

POSITION

The United Nurses of Alberta opposes mandatory pre-employment or random drug screening in the workplace.

Mandatory drug screening violates the principle that a person is presumed innocent until proven guilty and furthermore it is a threat to the individual's right to privacy, dignity and freedom.

The United Nurses of Alberta believes that if there is a drug problem in the workplace, mandatory screening will not solve or measure it.

The United Nurses of Alberta supports the development and maintenance of prevention programs and Employee Assistance Programs (EAPs) in the workplace. EAP's are designed to identify problems earlier and provide a confidential method for Employees to seek assistance.

The United Nurses of Alberta promotes the need to focus more on education, prevention and rehabilitation regarding issues of drug abuse.

MANDATORY HIV TESTING

The United Nurses of Alberta opposes mandatory testing of health care workers for HIV Antibody.

Mandatory HIV Testing is a threat to the individual's rights to privacy, dignity and freedom.

With the use of Universal Precautions the risk of transmission of HIV virus from the health care workers to clients is minimal.

Testing for HIV Antibody is indicated for health care workers and client/patient following accidental exposure to blood and body fluids.

MEDICALLY NECESSARY PROCEDURES

REFERENCE: Executive Board Meeting - August 1995

POSITION

United Nurses of Alberta supports public funding of all medically necessary procedures.

MEMBERSHIP INVOLVEMENT/REJUVENATION

REFERENCE: Executive Board Meeting – June 2006

POSITION

UNA supports membership involvement and rejuvenation in all demographics.

MEMBERSHIP LISTS

REFERENCE: Executive Board Meeting - June 1981

POSITION

UNA membership lists shall be confidential.

There shall be no release of membership mailing lists.

A member's name or phone number shall not appear on the internet without prior approval from the member.

(Executive Board Meeting - August 1995)

MERGERS AND TRANSFERS

REFERENCE: Executive Board Meeting - August/September 1993

POSITION

United Nurses of Alberta shall strive to maximize portability of seniority and job security for all members. This goal shall be reflected at all collective bargaining tables and all discussion held with the Alberta Government regarding workforce adjustments.

MIDWIFERY

REFERENCE: Executive Board Meeting - December 1990

POSITION

UNA supports the regulation of Midwifery as a profession under the Health Disciplines Act.

NATIONAL RESOURCE

REFERENCE: Executive Board Meeting – September 2003

POSITION

UNA opposes any changes to Alberta's forestry policy without a thorough public debate and a clear mandate to proceed. UNA supports a national resource policy that promotes sustainability and long-term community stability.

NURSE ABUSE

REFERENCE: Executive Board Meeting - August 1990

POSITION

Violence is defined as “exertion of physical or verbal force so as to injure or abuse”. Abuse may be manifested in various forms of aggression, including verbal, physical, psychological and sexual harassment. Therefore UNA fully supports:

NURSES RIGHT TO KNOW

Nurses have the right to know when potentially abusive situations and or persons exist in the workplace.

KNOWLEDGE AND AWARENESS

UNA will take a proactive stance in encouraging members to become more knowledgeable and educated about up-to-date measures to protect the nurse from abuse in the workplace.

It is essential that nurses document and report all incidences of abuse. UNA shall promote the development of Nurse Abuse policies in each Health Care Facility.

SECURITY MEASURES

It is the responsibility of the Employer to provide a safe working environment to protect nurses from abuse.

UNA recognizes the risk of nurses working alone. Therefore UNA will continue to take the stance that no nurse shall work alone.

UNA expects the Employer to provide appropriate security personnel and equipment to maximize the potential for a safe, secure and healthy work environment.

NURSES RIGHTS

Nurses have the right not to be abused. Nurses have the right to compensation through Workers Compensation for injuries sustained from abuse. Nurses have the right to expect the Employer to provide a safe, secure and healthy work environment. Nurses have the right to contact and require police assistance in abusive or potentially abusive situations. Nurses have the right to access and file WCB forms, incident reports and Occupational Health & Safety Forms. Nurses have the right to access adequate support and confidential counseling services.

UNA believes that the Employer should be responsible and willing to pay for confidential counseling services and UNA will strive to achieve this in all Locals.

Nurses have the right to sick leave as per the current Collective Agreements and follow-up medical examination at the Employee’s request.

Legal assistance, if necessary, will be provided by UNA.

(Executive Board Meeting - Feb./March 1991, May/91/Aug./Sept/93)

NURSING HOMES

REFERENCE: Executive Board Meeting - April 1981
Executive Board Meeting - August 1990

POSITION

UNA opposes the continuation of low staffing levels and compensation in both public and private nursing homes.

OCCUPATIONAL HEALTH AND SAFETY

REFERENCE: Annual General Meeting - October 1986
Executive Board Meeting - August 1990

POSITION

Every worksite should have a functioning Occupational Health and Safety Committee.

United Nurses of Alberta shall go on record as recognizing that nursing is a hazardous occupation.

Nurses have the right to:

1. Access information prior to exposure.
2. Access safety equipment, approved policy and procedures, and adequate staffing to fulfill safety requirements.
3. Ongoing medical surveillance
4. Documentation related to the findings of any physical assessment.
5. Documentation related to incidents and duration of any exposure.
6. Compensation for injury or illness or disability through benefit plans, Workers' Compensation, and damages awarded under the Occupational Health & Safety Act.

ORGANIZING NURSES

REFERENCE: Executive Board Meeting - August 1989

UNORGANIZED WORKERS

Where UNA recognizes that a group of nurses are employed in direct nursing care as defined by the Labour Relations Board*, and are eligible for collective bargaining, or if a group requests to be recognized, and is not currently organized by another trade union, UNA shall provide all reasonable assistance to the nurses in becoming a certified chartered UNA Local.

(Executive Board Meeting - February 1993)

When UNA is approached by a group of unorganized nurses employed at an Employer with a certified UNA Local, UNA will first attempt to expand the existing Local rather than organizing a new Local.

(Executive Board Meeting - December 1991)

When organizing non union enclaves into an existing region wide bargaining unit, an Employee's "Seniority Date" shall be the date on which their continuous service within the bargaining unit commences.

(Executive Board Meeting - March 2008)

ORGANIZED WORKERS

When UNA is approached by a group of nurses, employed in direct nursing care as defined by the Labour Relation Board*, who are eligible for collective bargaining but who are already organized in another union, the assistance specified in Section 1 above shall be provided only where the application for assistance is approved by the Executive Board of UNA.

* Direct nursing care as defined by the Labour Relations Board includes all those employees for whom nursing training is a prerequisite. It applies to those employed in nursing care or instruction in nursing care. The unit could contain graduate nurses and registered nurses, psychiatric nurses, and nursing instructors when instructing.

(Executive Board Meeting - February 1993)

PATIENT-FOCUSED CARE

REFERENCE: Executive Board Meeting - May 1994

POSITION

United Nurses of Alberta opposes Patient-Focused Care programs which undermine our Collective Agreements, weaken our Union and threaten the profession of nursing.

United Nurses of Alberta supports the following actions in our struggle to oppose and defeat Patient-Focused Care programs:

1. Education of UNA leadership and membership.
2. Action which opposes the deregulation of nursing e.g. collaborative work with the CARNA/CRPNA.
3. Monitoring of the implementation of Patient-Focused Care programs in UNA worksites.
4. Filing of Professional Responsibility complaints and documenting instances of unsafe levels of care.
5. Formation of a common front with other health care unions to oppose these programs.
6. Lobbying of politicians to educate them on the effects of such programs and to demand that nursing not be deregulated and that advanced education programs for a generic health care workers not be introduced.

Patient-Focused Care programs are geared towards cost-savings and particularly labour cost reductions. These programs result in Registered Nurses and Registered Psychiatric Nurses being replaced with lesser skilled workers. They also implement cross-training and multi-skilling wherein a single worker is expected to perform the work formerly done by one or more other workers. Many Employers who adopt Patient-Focused Care programs lobby governments to adopt legislation which deregulates health care professions - i.e. removal of requirements for licensure and exclusive scopes of practice.

They also work to ensure that advanced education programs for nursing, physiotherapy, laboratory technology, etc. are phased out and that new programs offering a “generic health care worker certificate” are introduced. Patient-Focused Care programs promote the eradication of salary scales, benefit entitlements, premiums and pension benefits by placing all workers on a merit pay compensation scheme whereby workers are paid what the Employer is willing to pay. These programs undermine Collective Agreements, weaken unions and threaten the very existence of the nursing profession.

In order to defeat the Patient-Focused Care agenda, UNA needs to engage on a number of fronts- our own members and leaders; our Employers; our politicians; and the public. We are stronger when we do this as part of a common front with other health care unions both provincial level and the worksite level.

PENSIONS

REFERENCE: Executive Board Meeting - August 1991

POSITION

United Nurses of Alberta takes the position that pensions are deferred wages and therefore belong to us by right. UNA is opposed to changes which are regressions in our Pension Plan.

POLITICAL AFFILIATION

REFERENCE: Executive Board Meeting - March 1992

POSITION

UNA is a non-partisan organization.

DEFINITION

UNA as an organization does not affiliate with any political party or make donations to any political party.

UNA is politically active and encourages and facilitates members, Locals and Districts to become politically active.

QUALITY OF WORKLIFE/TEAM CONCEPT

REFERENCE: Executive Board Meeting - May 1993

POSITION

United Nurses of Alberta stands for quality patient care; for free collective bargaining; and for fair and decent wages and working conditions for health care workers. Therefore, regardless of what Employers call their new management programs, United Nurses of Alberta opposes all Quality of Work Life/Team Concept programs that are introduced into UNA worksites. If UNA members are given direct orders by their Employers to attend QWL/team concept program meetings or training workshops, UNA Locals and members are strongly encouraged to use UNA Quality Guidelines.

RATIONALE

Quality of Work Life/Team Concept programs are based on the following goals:

- a reduction in the number of jobs;
- a reduction of the number of skilled workers;
- the creation of a flexible workforce;
- the expansion of privatization and contracting out;
- the development of a performance-based wage system;
- the undermining of unions;
- a violation of the union's exclusive and statutory right to bargain on behalf of Employees;
- interference in the union's collective bargaining process; and
- the deregulation of the workplace by the erosion of Collective Agreements.

UNA QUALITY GUIDELINES

In dealing with QWL/team concept programs, many Unions have found it helpful to develop Quality Guidelines for their members. Such Guidelines act as a battle plan that all Union members agree to follow in order to defeat management's QWL/team concept agenda.

Quality Guidelines are not simply one of many actions that a union can use to defeat the Employer's programs.

They are a central pillar in the construction of a total union plan. In order for such Guidelines to be successfully implemented, a union must do some strategic planning prior to the use of the Guidelines.

ANALYSIS

First of all, the Employer's QWL/team concept program must be carefully analyzed in order to understand what they intend to implement, and how they propose to do it. "Know thy enemy" is an appropriate axiom.

QUALITY OF WORKLIFE/TEAM CONCEPT CONT'D**EDUCATION**

Secondly, the union must ensure that all its members share the same understanding and analysis of QWL/team concept programs. Adequate education must be done prior to the introduction of the Guidelines. It is imperative that splits not develop between and amongst members--some in favour of the Employer's program and some against. Solidarity is pivotal.

UNITED LEADERSHIP

Thirdly, the union must ensure that there is unity amongst the leadership of the union and that there are sufficient numbers of union leaders to head up the union's activities to defeat the Employer's programs.

STRATEGY

Finally, the union must make the difficult choice of either flatly refusing to cooperate in any way with QWL/team concept programs or agreeing to participate and working within the team model to defeat it.

The choice to not participate is usually the easiest and often the most effective option. It has been proven that these programs cannot succeed without the participation of union members. If a UNA Local flatly refuses to participate either through non-attendance or by non-participatory attendance, then the Quality Guidelines need not be used.

UNA supports the outright refusal of a Local to participate in QWL/team concept programs. If ordered to participate on Employer-paid time, union members shall attend workshops, seminars and meetings but refuse to speak. They can wear the union's t-shirt if possible, carry union bags or mugs, wear their UNA pins, the union's NO! buttons or the UNITED WE BARGAIN buttons. They simply show up, refuse to speak, and thus thwart management's attempts to involve the union in the program. In one sense, such non-participation is in itself a Guideline supporting the non-participation option.

The second choice--participate in order to defeat the programs--is more complex. The union agrees to be part of the development of the program either because the Employer is making it mandatory and the Local determines that enough union members and duespayers are interested and/or determined to participate; or because union involvement can be used to slow down the implementation and to thwart the success of the programs. In these kinds of cases, the Local is advised by UNA to implement the provincial Quality Guidelines.

1. All UNA involvement in QWL/team concept programs will be on Employer-paid time, including overtime rates, shift differential, weekend premium and call-back premium if applicable.
2. All UNA involvement will be through the Professional Responsibility Committees and the Occupational Health and Safety Committees in Locals that have such committees. If the applicable Collective Agreement does not contain the right to such committees, then all UNA involvement will be through the Local Executive.

QUALITY OF WORKLIFE/TEAM CONCEPT CONT'D

PRC's and OH&S Committees have as their respective mandates the ensurance of quality patient care and safe and healthy worksites. Much of the QWL/team concept programs are directed to "quality" service delivery, however their results are the deterioration of "quality" as the Union defines quality. That is, by reducing staffing, forcing a speed-up of work, reducing wages and benefits, de-skilling staff, increasing stress and burnout, increasing staff nurse workloads by expecting nurses to do management tasks, and by undermining union solidarity the Employer is undermining the quality of nursing care. Equally true is the fact that such programs are implemented at the cost of safe and healthy worksites. Therefore, UNA involvement in QWL/team concept programs must be done under the auspices and direct involvement of the union's PRC and OH&S Committees. By funneling all QWL/team concept proposals and recommendations through these committees, it puts the power to support or not support in the hands of the union. It also provides the Local with a contractual process for the resolution of disputes.

Specifically this means that the Local will elect and/or appoint UNA members who will attend QWL/team concept meetings and seminars representing the union. In situations where all staff are directed to attend, then the Local will elect and/or appoint the union spokespeople. These elected/appointed people then report directly to the Local executive, the PRC and the OH&S Committees.

Reports from QWL meetings, de-briefing of these meetings and committee planning time should be incorporated into all PRC and OH&S Committee meetings. On-going, evaluation reports should be made to the Local Executive and to Local meetings.

Documents, statistics and information culled from the QWL meetings can be used to prepare the union's presentation to the Board of Trustees or to the media.

3. All communications Re: QWL/team concept programs that management wants to circulate to UNA members and duespayers must be approved by the union. This includes Employee questionnaires and surveys.
4. All UNA involvement will maintain the visibility of the union as the legal representative of the workers. Every time that UNA members attend QWL/team concept meetings or seminars they will clearly identify themselves as representatives of the union--the union team. They will act from a common position and present a common front. For this reason, it is helpful to appoint a union spokesperson as well as a union recorder/minute-taker.
5. All UNA involvement will be for the sole purpose of gathering information and statistics from the Employer.
6. The union representatives will refuse to discuss any matter that involves union business, union priorities or union activities.
7. The Union representatives will refuse to discuss any matter that involves Collective Agreement matters.
8. All UNA involvement will be dependent on the Employer not spending money on outside consultants.

QUALITY OF WORKLIFE/TEAM CONCEPT CONT'D

9. The Union representatives will refuse to participate in any discussions or activities that involve:
 - task analysis and other de-skilling schemes
 - self-scheduling schemes
 - Employee participation in hiring procedures
 - Employee participation in discipline proceedings
 - Employee participation in evaluation processes
 - Employer programs to reward the non-use of sick time
 - Employer programs to punish valid use of sick time
 - job reclassification schemes
 - Employer programs to develop performance-based wage systems
 - Employer programs for generic or global salaries
 - Employer programs promoting voluntary overtime
 - Employer programs promoting employee donations of free work hours/days
 - Employer programs resulting in job losses to any health care workers
 - Employer programs resulting in increased occupational health and safety hazards
 - Employer plans for psychological testing
 - Employer plans to transfer management functions to staff nurses
 - Employer plans to speed up the delivery of patient care beyond safe levels
10. At all QWL/team concept meetings and seminars, UNA representatives will ask for the real meaning of all words and phrases used that are part of the seductive language of QWL/team concept programs. UNA representatives will insist that plain and ordinary language be used and will refrain from adopting any of the obtuse and clouded language used by management.
11. All UNA members and duespayers will refuse to wear any of the Employer's buttons, t-shirts, sweatshirts, caps and pins that promote QWL/team concept programs.
12. All UNA Locals will carefully analyze social events planned by the Employer to determine if these events promote the "One Big Happy Family" concept of the QWL/team concept programs. The Locals will strongly recommend membership non-participation in social events which undermine the solidarity of the union.

RECRUITMENT AND RETENTION OF REGISTERED NURSES

REFERENCE: Annual General Meeting – October 1999

POSITION

WHEREAS Statistics Canada predicts that by the year 2011, the nation's population will rise by 23%, thereby increasing overall demand for health services.

WHEREAS the Restructuring of the Health Care system in the last decade has led to fewer job opportunities and fewer working hours for registered nurses.

WHEREAS in 1995, the largest group of working registered nurses was in the 40-45 age range. By the year 2011, they will be in their mid to late fifties, and leaving the profession at a rapid rate.

THEREFORE BE IT RESOLVED THAT UNA lobby legislators to take action to improve the recruitment and retention of registered nurses.

1. Develop comprehensive recruitment strategies to enhance the profile of registered nursing as a career choice;
2. to create vacancies to be filled by unemployed/underemployed registered nurses, rather than increasing the workload of existing registered nurses;
3. to establish policies that registered nurses will be replaced by registered nurses;
4. develop and promote programs of early retirement and deferred salary leave to address the needs of aging registered nurses;
5. to establish grant programs for students entering the Nursing Education Programs to facilitate and broaden the scope of registered nurses in the Health Care system.
6. Continue to monitor the hiring of frontline workers in health care in Alberta.
7. Continue to utilize the collective bargaining process to address workplace issues undermine the recruitment and retention of the registered nursing workforce.

RESPECT/TOLERANCE

REFERENCE: Annual General Meeting – October 2004

POSITION

UNA strives to create an environment that is respectful, tolerant, safe, and comfortable for all members - not only in the workplace, but within UNA as an organization.

Discriminatory words or conduct which contribute to undermining the dignity and self-esteem of a member including but not limited to discrimination on account of age, race, ethnicity, national origin, political or religious belief, gender, sex, sexual orientation, marital status, physical disability and mental disability shall not be tolerated.

RIGHT TO WORK LEGISLATION

REFERENCE: Executive Board Meeting - August 1992

POSITION

UNA is opposed to Right to Work Legislation.

SELF-SCHEDULING

REFERENCE: Executive Board Meeting - December 1990

POSITION

United Nurses of Alberta is opposed to self-scheduling.

WHY?

The development of contractually accurate schedules is a management responsibility.

Nurses are not permitted to make autonomous decisions, despite the implied suggestion of autonomy.

The current restrictions and requirements (eg. for notice and the ability to exchange shifts as desired) protect the Employee and provides the Employee with the necessary control to alter the schedule.

Staff nurses do not control budget allocations or determine the staff resources to be utilized. Requiring staff nurses to develop schedules which are based on inadequate resources is an inappropriate transfer of responsibility.

The Union is concerned that this will inhibit staff nurses advancing staffing concerns to the Professional Responsibility Committee.

Some of the literature suggests that self-scheduling reduces sick time utilization, as staff are encouraged to re-arrange the schedule to accommodate illness.

The Union believes this artificial skewing of utilization will result in other members being pressured to reduce sick time utilization to conform to the new and inaccurate “averages”.

WHAT IS SELF-SCHEDULING?

It is defined in the literature as the process by which nurses and other nursing staff on a ward or unit collectively develop and implement the monthly work schedule. Staff nurses are expected to develop the schedules on their own time.

ARTICLES VIOLATED/AFFECTED:

Article 3 - Recognition

Article 4 - Management Rights

Article 7 - Hours of Work

Article 9 - On-Call Duty

Article 19 - Sick Leave

Article 30 - Part-time, Temporary and Casual Employees

Article 36 - Professional Responsibility

WHO YOU SHOULD CONTACT

If your Employer suggests that the Local or a specific ward or unit consider “self-scheduling” contact the Labour Relations Officer assigned to your Local.

SICK BUILDING SYNDROME AND BUILDING RELATED ILLNESS

REFERENCE: Executive Board Meeting - June 2001

POSITION

UNA supports all efforts to ensure a healthy workplace for all employees. In the event that employees experience a specific or non-specific illness related to the workplace, effort shall be made to both identify and eliminate possible sources of workplace contamination.

SMOKING

REFERENCE: Annual General Meeting - October 2001

POSITION

United Nurses of Alberta supports a smoke free environment. All offices and meetings of the UNA shall be smoke free.

STRIKE/STRIKE VOTE

REFERENCE: Annual General Meeting - November 2000

POSITION

The assembled membership of the United Nurses of Alberta hereby asserts and declares that only the members decide whether to conduct a strike or a strike vote; and further that the Executive Officers, Executive Board, and Negotiating Committee are obligated by the democratically-expressed will of the membership to co-ordinate the collective action of the membership in the event of a strike or a strike vote.

TRANSFER OF SERVICES BETWEEN BARGAINING AGENTS

REFERENCE: Executive Board Meeting - December 1993

STATEMENT OF PRINCIPLES FOR THE TRANSFER OF SERVICES BETWEEN UNITED NURSES OF ALBERTA AND OTHER BARGAINING AGENTS

United Nurses of Alberta believes that if any transfers occur between groups of Employees represented by United Nurses of Alberta and any other bargaining agents, the following principles should apply and that the Union will attempt to negotiate the following:

1. Any down-sizing in staffing numbers for the service will be done prior to the transfer of the service, and the Employees should have the right to exercise their rights under layoff according to their Collective Agreement.
2. The remaining Employees should have the right to choose to transfer with the service, or to stay with the present employer and exercise their rights under layoff according to their Collective Agreement.
3. The Employees who choose to transfer with the service should have the right to bring their full seniority with them and to have it merged with the seniority of the receiving Local. (The parties recognize that the differences in the Collective Agreement provisions will need to be worked out.)
4. In order to ensure that an Employee is not disadvantaged by a transfer of services, the parties recognize that there may be a requirement for the “grandfathering” and/or “red-circling” of certain provisions.

UNION GOODS & SERVICES

REFERENCE: Executive Board Meeting - June 1988
Executive Board Meeting – February 2003
Executive Board Meeting – June 2003
Executive Board Meeting – June 2008

POSITION

Where reasonable, UNA obtain supplies and services from unionized vendors and/or made in Canada or the U.S.

UNITY OF NURSES

REFERENCE: Annual General Meeting - October 1996

POSITION

Whereas the Constitution of the UNA lists the advancement of the social economic and general welfare of nurses and other allied personnel as well as the promotion of unity within the labour movement, as objectives of the organization; and

Whereas the delivery of nursing services is being altered by a fiscal agenda;

Whereas the attacks on our membership by Employers and Governments represent a very serious threat and an agenda to permit the development of a two tier health care system in Alberta is evident; and

Whereas it is our belief that nurses in Alberta should be as united as possible; and

Whereas the needs and goals of all nurses in the province are similar.

THEREFORE BE IT RESOLVED that UNA continue to seek opportunities to discuss unity of nursing within the Province of Alberta.

WAR

REFERENCE: Executive Board Meeting – February 2003

POSITION

UNA supports peaceful resolution to armed conflict.

WORK LIFE ISSUES

REFERENCE: Executive Board Meeting - August 1990

POSITION

“Work Life Issues” are best addressed during negotiations at the bargaining table. UNA will participate in discussions with other interested groups, only upon the direction of the membership or as mandated by the Executive Board of UNA.

WORKSITE COMMITTEES

REFERENCE: Annual General Meeting - October 1988

POSITION

Participation on any worksite committee not defined by the Collective Agreements shall not be construed as official representation by the United Nurses of Alberta.