



Summer 2018

# NEWSLETTER



United Nurses of Alberta



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# For the latest updates on Negotiations check out First Class Negs Conference through UNANet!!

## What is UNANet?

UNANet is an online system that provides digital access to all that is the United Nurses of Alberta. The two major components of the the system are FirstClass and the Data Management System, commonly referred to as DMS. Benefits of each include...

### FirstClass:

- Get your own UNA Email Address! FirstClass provides you with a union email address, \_\_\_\_\_@una.ab.ca. UNA email is private, has excellent SPAM and email virus protection, and comes with direct access to computer education and support personnel for troubleshooting inquiries. Communication with your Local Executive, LRO, UNA Staff, Executive Officers, and other UNANet users is always secure; they never pass through the Employer's email servers (or Telus' or Shaw's) and remain contained within the UNANet service.
- Gain access to up to the minute news, information & discussion through various folders and Conferences including Negotiations, Member Resources, News, Local 115 Membership, PRC, OH&S and much more. The Conferences are much like an email chat room where members can participate in discussion with nurses from around the province and post questions which are responded to by experienced UNA staff. For example, inquiries about the collective agreement can be posted in the "Contract Issues" Conference which is monitored and responded to by Labour Relations staff who are UNA's experts in contract interpretation.

### Data Management System (DMS):

- Access and update your on-file personal information, file Expense Claims, view Union pay stubs, T4's, personally submitted PRC and OH&S forms, job postings, and dates for upcoming workshops like the popular "Know Your Rights" and "Dealing with Abuse".
- Download our App for your handheld device by searching "UNA" in the App Store which not only provides you direct access to DMS, but also to the Collective Agreement, your UNA membership card, and which you can use to register directly for workshops and events.

**Activate your account today:** <http://una.ab.ca/unanet>

#### Southern Alberta Regional Office

300-1422 Kensington Road NW  
 Calgary AB T2N 3P9  
**Ph:** (403) 670-9960  
**Switchboard:** (403) 237-2377  
**Toll Free:** 1-800-661-1802  
**PRC & Executive E-mail:**  
<http://local115.una.ab.ca>  
[local115exec@una.ab.ca](mailto:local115exec@una.ab.ca)

#### Provincial Office

700-11150 Jasper Avenue NW  
 Edmonton AB T5K 0C7  
**Ph:** (780) 425-1025  
**Toll Free:** 1-800-252-9394  
**Fax:** (780) 426-2093  
<http://www.una.ab.ca>  
[nurses@una.ab.ca](mailto:nurses@una.ab.ca)

#### Local 115 Executive

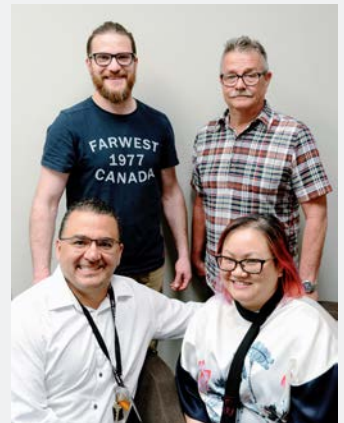
**President:** Kevin Champagne  
**Vice-President:** Wayne Stopa  
**Secretary:** Sheldon Vogt  
**Treasurer:** Wanda Deadman

#### Local 115 Committees

**CDLC Committee:** Local 115 Executive  
**Communications Committee:** Local 115 Executive,  
 Kris Lim, Al Perreault (on leave), Lindsay Clarke (temporary)  
**Grievance Committee:** Local 115 Executive,  
 Lucy Anderson, Martin d'Entremont  
**OH&S Committee:** Local 115 Executive,  
 Kathleen Hamnett, Laura Muenchrath, Shawna Burley  
**PRC Committee:** Local 115 Executive, Nicole Bajada,  
 James Cooke, Andrew Lafreniere, James Zachary (on leave),  
 Cyrena Quinn (temporary)

#### Editors

Local 115 Executive  
 & Communications Committee



Local 115 Executive Team

# A Letter from the Executive

By Wanda Deadman,  
Local 115 Treasurer,  
United Nurses of Alberta



**N**ursing as a profession has always called forth those who desire to serve and work with altruistic fervour. For those of us dedicated to our calling, the recent news of another wayward soul causing harm to fellow citizens is distressing. The contributing factors and conditions that lead Elizabeth

Wettlaufer and Lucy Letby to choose a harmful path is unknown. There is wide speculation about who is responsible. As a result, many have questioned what the role and responsibility of the union is in similar situations.

Approximately one third of all Canadian workers are members of unions, primarily in the public service. As a collective group, members have a greater power by allowing their union the right to negotiate and represent the individual with work-related matters with the employer. A union has a legal obligation of duty of fair representation of the members' interests. In Alberta, this obligation is legislated under the Alberta Labour Relations Code and the Canada Labour Code. The responsibility of a union is to ensure that the rules and processes of the collective agreement are followed, and that labour laws and basic human rights are protected. Organized labour groups are mandated to treat all members fairly and in good faith. It is not UNA's job to evaluate an individual's fitness to practice, rather its objective is to promote the highest standards of health care. It is the responsibility of the individual to determine their health and deliver compliant care. That individual's health and wellbeing is evaluated and determined by the individual and their healthcare providers.

CARNA regulations, the Health Profession's Act and Employer's policies set the expectations and rules regarding healthcare delivery and evaluations. A nurse's ability to practice is determined through reflective practice, lifelong learning and practice

management through the Employer and CARNA. The Employer is obligated to provide the Employee with the proper and compliant resources to deliver compliant care. UNA, through the collective agreement and representation, protects the rights of a worker. Those rights are to fair and impartial determination on any work-related issues, the presumption of honesty, privacy and confidentiality, courtesy and consideration, and the benefit of the doubt to the worker.

Public confidence and trust are essential in health-care. When that trust is broken, the task of rebuilding that relationship is even more difficult due to the enormous respect our profession holds. It can be extremely devastating when one of our own carries out harm. I hope that the public inquiry on Elizabeth Wettlaufer results in the discovery of failings within the health care system. Sadly, it is a constant and difficult task to prevent such atrocities. We belong to a noble profession that endeavours to spread positivity, promote kindness, encourage forgiveness and most importantly, do no harm.

A good first step is to care for yourself, care for your coworkers and know your rights. Why not attend a Know Your Rights Workshop? <http://UNA.ab.ca/events>

Useful links:

<https://www.albertahumanrights.ab.ca>

[www.cnps.ca](http://www.cnps.ca)

[www.workhealthlife.com](http://www.workhealthlife.com)

<http://cmha.ca/resources>

In Solidarity,

*Wanda Deadman*

Local 115 Treasurer

# Supervision of Health Care Aides

United Nurses of Alberta members should be aware of rules dealing with the supervision of health care aides, as explained by their college and professional association:

“A regulated nurse will determine if a particular activity can be assigned to a health care aide and if it is appropriate, given the context and specific situation. This decision-making by the nurse involves the skilled and knowledgeable application of the nursing process, including assessment, planning, implementation and evaluation of care.

“The supervising nurse retains responsibility for assigning client care appropriately to the health care aide, and for ongoing evaluation of nursing care. The health care aide is responsible for the tasks and the care they provide.”

For more detailed information, please refer to the *Decision-Making Standards for Nurses in the Supervision of Health Care Aides*, published by the College and Association of Registered Nurses of Alberta, the College of Registered Psychiatric Nurses of Alberta and the College of Licensed Practical Nurses of Alberta.

## Professional responsibility in unsafe situations

Employees who believe the assignment of activities or tasks is inconsistent with the needs of nursing care of specific clients or client populations the nurse has a responsibility to:

- ♦ question the practice,
- ♦ identify the problem clearly,
- ♦ document the rationale for decisions taken and problems encountered,
- ♦ communicate concerns about practice to nursing administration as soon as possible,
- ♦ advocate for appropriate staff assignment to meet client needs safely,
- ♦ maintain accurate personal records of actions taken, and
- ♦ consider whether information from external supports is appropriate or necessary.

For more information, please contact your UNA local or  
UNA's Professional Responsibility Advisor at 1-800-252-9394.



**United Nurses of Alberta**

COME  
JOIN  
US!

Calgary Pride Parade  
SEPTEMBER 2 2018  
11AM-1PM



**PROUD to be  
on your side  
& at your side!**



**UNA will be walking in the Calgary Pride Parade with the Alberta Federation of Labour. All families, friends, pets, and allies welcome!**

Any questions, comments or how to get involved please email: [huynh.d.tony@gmail.com](mailto:huynh.d.tony@gmail.com) or [pride@una.ab.ca](mailto:pride@una.ab.ca)

# TWO LETTERS THAT MAKE A VITAL DIFFERENCE TO YOUR CARE

# RN

**YourRN.ca**



# Member Spotlight: Cyrena Quinn

By Andrew Lafreniere,  
Local 115 PRC Committee,  
United Nurses of Alberta



*Cyrena Quinn is an RN who works in the Cardiac Intensive Care Unit at Foothills Medical Center. Cyrena was born in Ontario. She moved to Lethbridge in grade 7 where she graduated high school and studied biochemistry before finding a career that was a “perfect fit” for her in nursing. She has been working as an RN for just over 5 years and has recently become a member of Local 115’s Professional Responsibility Concern (PRC) Committee, after her own valuable personal experience with the PRC process. She has a bright and positive personality and describes herself as personable and optimistic. Cyrena lives in Calgary with her husband Lanny, her two daughters, Sayde and Rowyn, and their family dog Lola.*

**Q: Did you go directly into nursing from high school?**

A: No. Actually, I did two years of biochemistry and realized I didn’t like working in the lab using a pipette all the time, so my mom suggested nursing and I figured I would give it a try. I loved it. It was just a perfect fit and the really cool thing was that my sister went into it right out of high school and we were in the same graduating class.

**Q: What is your favorite thing about Calgary?**

A: I have to say, coming from a small town, we weren’t sure we would like the big city, but Calgary doesn’t feel like a big city. We love the Zoo, we love the Telus Spark Center, and we love taking the train downtown to Olympic plaza and playing in the water and then going to the central library. There is just so much to do here.

So many festivals and so many green spaces. We also love the mountains. We Love Bragg Creek and all of the trails that are less than half an hour from where we live. Even though it’s a big city it’s really nice.

**Q: What are your favorite things to do?**

A: We love being outdoors and hiking. Living in Calgary and being so close to the mountains has been fun. We love swimming. It has been really good having two little girls who are in swimming lessons now. We have really been taking advantage of splash parks and the river and just having fun in the water.

**Q: Anything you are looking forward to in the next 5 years?**

A: Definitely watching my family grow. I love my career as well. It was really fun going back to work in between the birth of my daughters because I knew what

*continued on next page...*

## Member Spotlight: Cyrena Quinn

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I was doing at work. It was at home that I felt confused and out of my element. It will be nice to return to work after maternity leave and have that consistency as well as the camaraderie with my coworkers.

### **Q: Can you tell me about where you work?**

A: I work in the CICU (Cardiac Intensive Care Unit) at the Foothills Medical Center and have for about 5 years now. What we do is we deal with people who have had heart attacks and people in critical condition from a cardiac cause. We take ventilators, balloon pumps, and Impellas.

### **Q: What is your nursing journey that led you to the CICU?**

A: I started in the Crowsnest Pass in Blairmore and I loved it. I would recommend rural nursing to anyone at the start of their career because I learned so much. We did pre-op, post-op, OR, ER, Maternity, and Palliative Care. The nurses out there are such an amazing team. I remember one day we had a 6-year-old having a severe asthma attack, a patient who we thought had flesh eating disease who was quarantined off, a schizophrenic patient with severe hallucinations, a patient who was brought in by his buddies with his tibia sticking out of his leg, and a call from EMS saying they had a patient on the way with a cardiac arrest. You had to learn time management skills, critical thinking skills and triage skills. It was amazing. You are MacGyver! I once called my dad to get instructions on how to fix an ECG machine because the wires were fried! I was like, "we got to fix this, we have a guy with chest pain!"

### **Q: What does a typical work day look like for you now?**

A: Because we work in a critical care area we usually have a caseload of about 2 patients; 3 if they are more stable, and sometimes 1 if it is a very sick vented patient. Typically, we come on at 7am and review our orders, then do our assessments and safety checks. Then we do rounds and spend the rest of the day getting caught up with all of the changes the team has made in the patient's care. It all really just depends on the day.

### **Q: What is the greatest challenge you face in the workplace?**

A: It is managing the increasing acuity and learning to deal with the sicker patients. That's one of the things that I think nurses do so well is work together as a team. Realistically no one can do it all by themselves.



I think healthcare in general is finally starting to shift into a teamwork frame. A lot of the new doctors are all about teamwork and talking to the nurses and using the nurse's assessment skills because we are with the patient 24/7. Each person is considered an expert in their area. If we each try to do it on our own, we are going to sink pretty quick. My unit is amazing for that, so I can't complain.

### **Q: What do you like most about where you work?**

A: I love the teamwork and the collaboration with the medical team. It is such a cool area to work. We have the cardiac aspect of critical care, which is so interesting. You are constantly seeing new things and implementing new treatments. I love that there is that much innovation.

### **Q: If you had a nursing philosophy what would it be?**

A: The main thing would be to learn from your mistakes because you are always going to be making them. You have to constantly keep learning and reflecting to see what you could do better next time.

### **Q: Can you describe the PRC process in your own words?**

A: The PRC Process is basically a process for RNs to bring forward patient safety concerns to management. The union is a mediator that helps members bring these concerns forward so management and staff can have needed discussion to improve things on their unit. It should come after there has been an attempt to communicate with management.

*continued on next page...*



# Member Spotlight: Cyrena Quinn ...continued from previous page



## **Q: How did you learn about the PRC Process?**

A: I filled out a PRC myself and followed the process through. I did my research and compiled evidence to show that it was an issue, why it was an issue, and how it impacts patients and how often. I then presented this information to the PRC committee, which I found out about from a colleague. We always had the forms tacked to our board, but I didn't know what to do with them. She directed me to the PRC forms, so I would have the support I needed from the union to help communicate with management. An important thing was that I was collaborating with staff and it wasn't hidden. It was to try to promote positive change. It wasn't to make anyone look bad or trick anyone. We all worked on it together and I was just the person who did a lot of the work. We had evidence of why it was a concern but also what the solutions needed to be. They were step-by-step changes that were simple and realistic to implement. It's not about complaining but stating, "I have a legitimate concern".

## **Q: How do you think PRCs are valuable to RNs?**

A: I think that they are a way to support positive change on your unit. The key is support. Management doesn't always see the day-to-day flow or subtle nuances on the unit, and they are concerned with other things like the running of the unit. Sometimes I think they may miss some of those care pieces. This is a platform to help bring patient safety concerns to management with support. Having a committee that helps RNs fix patient safety problems on their unit is extremely valuable and I was really excited to become a part of something like that.

## **Q: What made you open to joining the committee?**

A: First of all, I had a positive experience. I felt very supported. I think a lot of it came down to me doing the work myself. I wasn't just putting it on the PRC Committee and saying fix these problems. It was a collaboration with management and us. I was drawn to the committee by the idea that I could help support other people influence positive change on their unit.

## **Q: Is there anything that you learned about the process that was surprising?**

A: The biggest thing I was surprised about was that it is Registered Nurses who work full time as staff nurses that make up the committee. I don't know why I thought union representatives dedicated primarily to PRC ran the committee. That was really surprising and really exciting. I give the committee members a lot of credit because they do a lot of work.

## **Q: Is there any advice you would give to someone filling out a PRC?**

A: I would say definitely be committed to positive change and having that dialogue with management. PRC is not just a place to complain about things that you wish would change. You have to be an active part of the change. When you are filling out the PRC it's helpful to ask yourself, "what is the problem I am trying to fix and what are the solutions that I can put forward to make that change?". The PRC Committee members might not work on your unit, so they are unlikely understand the unique day to day nuances. You are the experts. Make sure to give us as much information as you can so that we can help you bring your concerns forward.

## **Q: What advice would you give a new RN Grad?**

A: Don't go in to a specialty right away. Work on the floor or at a rural site. In the beginning it is all about time management and developing clinical and non-clinical nursing skills. Once you get those solid, go wherever you want. I didn't realize how valuable my rural experience was until I moved to a new area.

# NEXT ALBERTA



***Together, we can  
CHOOSE OUR FUTURE***

***Albertans are tired of the ups and downs of the boom and bust economy, and anxious about the future.***

---

We need to diversify and prepare for a fundamental transformation of the global energy economy.

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***Next Alberta is a campaign led by us – working Albertans – to explore these issues and engage with union members and all Albertans to make this upcoming election about our future, not the past.***

***Join the conversation and help choose our future by visiting***

***[nextalberta.org](http://nextalberta.org)***

# CDLC/UNIFOR 4050

7<sup>th</sup> Annual

## GOLF TOURNAMENT

**Saturday, September 1, 2018**

**Collicutt Siding Golf Club**

**1025 Western Drive, Crossfield**

**8am shotgun start**

**\$125.00 Registration**

Includes green fees for 18 holes, 1/2 power cart, and lunch



**Register by Aug. 24<sup>th</sup> at: Calgary & District Labour Council #321, 3132-26 St. NE Calgary AB T1Y 6Z1**  
**403-262-2390 | admin@thecdlic.ca | www.thecdlic.ca**



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**Texas  
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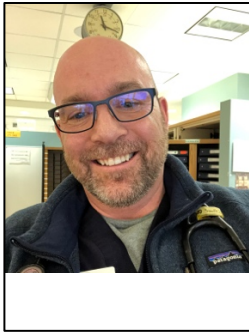




## PROFESSIONAL RESPONSIBILITY CONCERNS

### Your Patient Safety Concerns Addressed in a Revised Process

by James Cooke, MA, RN  
UNA PRC Co-Chair



jcooke@una.ab.ca

#### PROCESS IMPROVEMENT

As we await the final details on the revised PRC process that was recently agreed upon in our most recent UNA contract negotiations, your Local PRC representatives have been hard at work to improve our local processes and find ways to be more responsive to our members. Our processes are being revised to be more thorough and to improve our turn-around times. Several new internal electronic forms have been created, we have taken our process on-line to eliminate paper forms, defined the PRC delegation process, we now track PRC's on an electronic log, and we have added reporter notification and feedback steps.

Your UNA team is collaborating with our AHS partners on the Joint Committee to streamline the review process to ensure more PRCs are reviewed during committee time and that PRC reviews are more timely.

#### Member Notification/Feedback

There are now four opportunities for PRC representatives to interact with a PRC reporter once a PRC is filed:

1. The first is when the PRC representative contacts the reporter to do follow-up on the PRC submission. We prefer to speak to the reporter submitting a PRC as we typically have questions to flesh out the PRC and dive deeper into the details of the concern.
2. The second opportunity occurs when the final PRC is typed up by the PRC rep and submitted to the manager for investigation and follow-up. The PRC rep will copy the reporter via email with the final PRC submission to ensure

the reporter is aware of what is being submitted and to seek additional feedback.

3. The third opportunity arises when the manager responds to the PRC. We will now send a copy of the response to the reporter for any feedback. That feedback can be attached to the response for consideration at the PRC Joint Committee.
4. The last opportunity to connect with a reporter is when the PRC is closed by the Joint Committee. A notice will be sent to the reporter by the UNA co-chair with either a simple closure notification or with a description of actions that were taken in response to the PRC.

We hope that enhanced engagement with our membership and dues-payers will increase the reporting of situations that negatively impact patient safety and clinical working conditions.

#### PRC Joint Committee

The Joint Committee is currently examining how we review PRCs with an eye towards speeding up the process. While we are still working on 2017 PRCs, we started working on 2018 PRCs at our May meeting. At our next meeting, we'll be proposing changes to speed up the process. Still, the process is time consuming and it can easily take 6-9 months to investigate, review and take action on a PRC. Our goal would be to reduce that time frame to less than 3 months.

#### WHERE ARE WE AT IN 2018?

While the beginning of the year had a slow start, PRC submissions have increased dramatically over the past 6 weeks. Year-to-date, we have received 68 PRCs, 20 are awaiting manager response (10 overdue) and we managed to review 6 PRCs in May. While the speed seems slow and tedious, please be patient as our PRC members, both UNA and AHS, all have full-time jobs and do this work off the side of their desks. Still, we recognize that there are opportunities to speed up the process and evaluate PRC's in a more timely fashion.

#### NOTIFYING YOUR MANAGER

One of the most common problems with PRC notification is the notification step to the AHS manager. When a PRC is submitted, our UNA contract states:

**36.01(f)** *Where an issue is specific to one (1) unit or program, the Employee or Local shall discuss the issue with the most immediate supervisor in an excluded management position before the matter is discussed at the Committee.*

Both UNA and AHS interpret this to mean that the reporter will report the concern to the manager before or while a PRC is being filed. In many cases, it is preferable that the manager be given the opportunity to solve the problem before a PRC is filed.

Local 115 endorses this approach and, if possible, that the manager be notified by the Reporter either before the PRC is submitted or when the PRC is being submitted. This can be done verbally or via email. Units/programs with PRC issues that are ongoing and not resolved would not need to notify the manager as these PRCs continue to draw attention to an unresolved PRC issue.

At times, a sensitive issue is identified in which the reporter is concerned about retaliation. In this case, a PRC can be submitted anonymously with only UNA knowing the identity of the reporter.

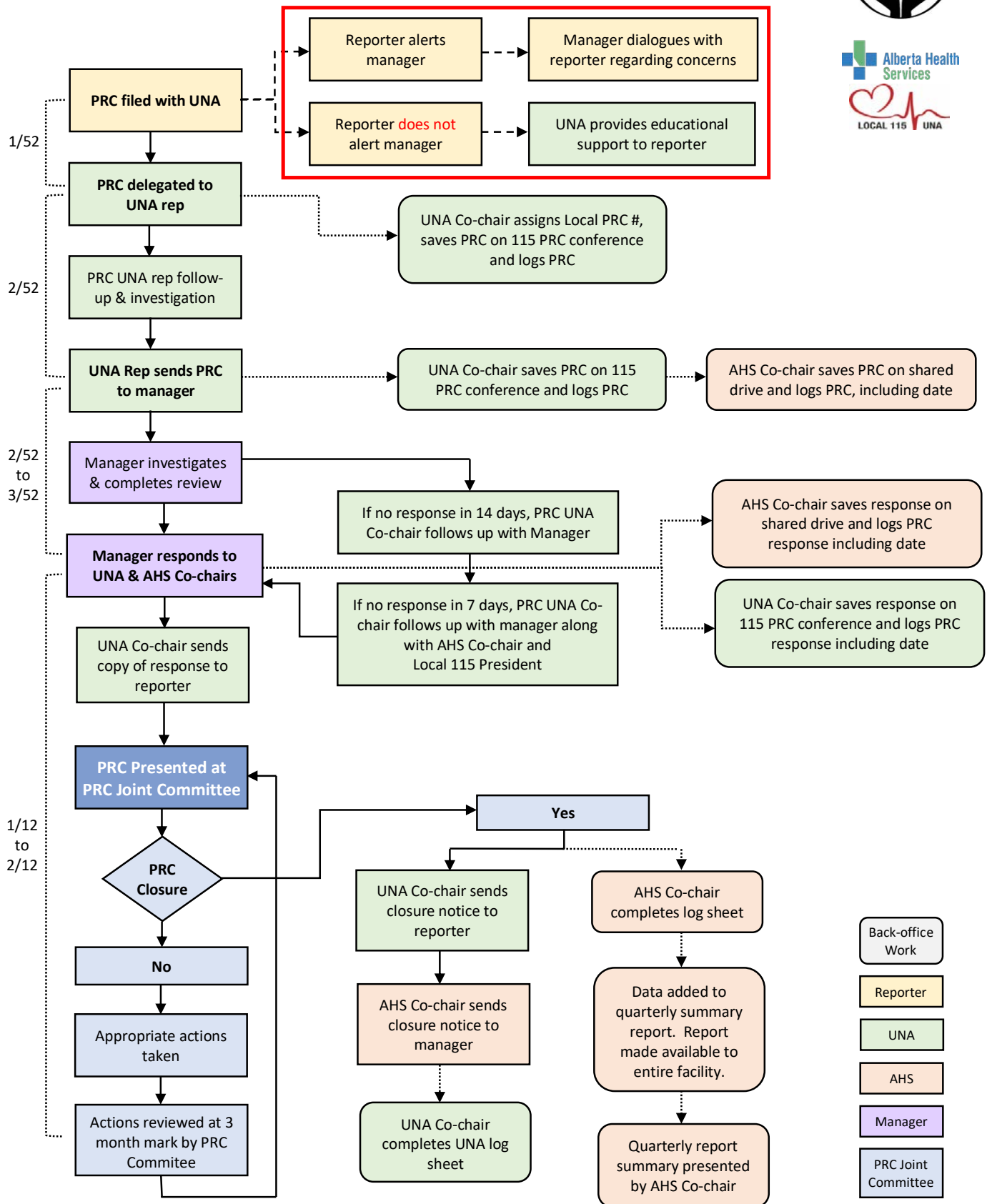
If you have any question about what to do about manager notification, email the address below or **contact James** at his cell phone number: **(403) 669-6601**.

#### Your PRC UNA Committee Members

**Nicole Bajada**, U47B Apheresis  
**Kevin Champagne**, Local 115 President  
**James Cooke**, U27 Dialysis (Co-chair)  
**Andrew Lafreniere**, U94 CVICU  
**Cyrena Quinn**, U103A CICU  
**James Zachary**, Operating Room

Our Email: [115prc@una.ab.ca](mailto:115prc@una.ab.ca)

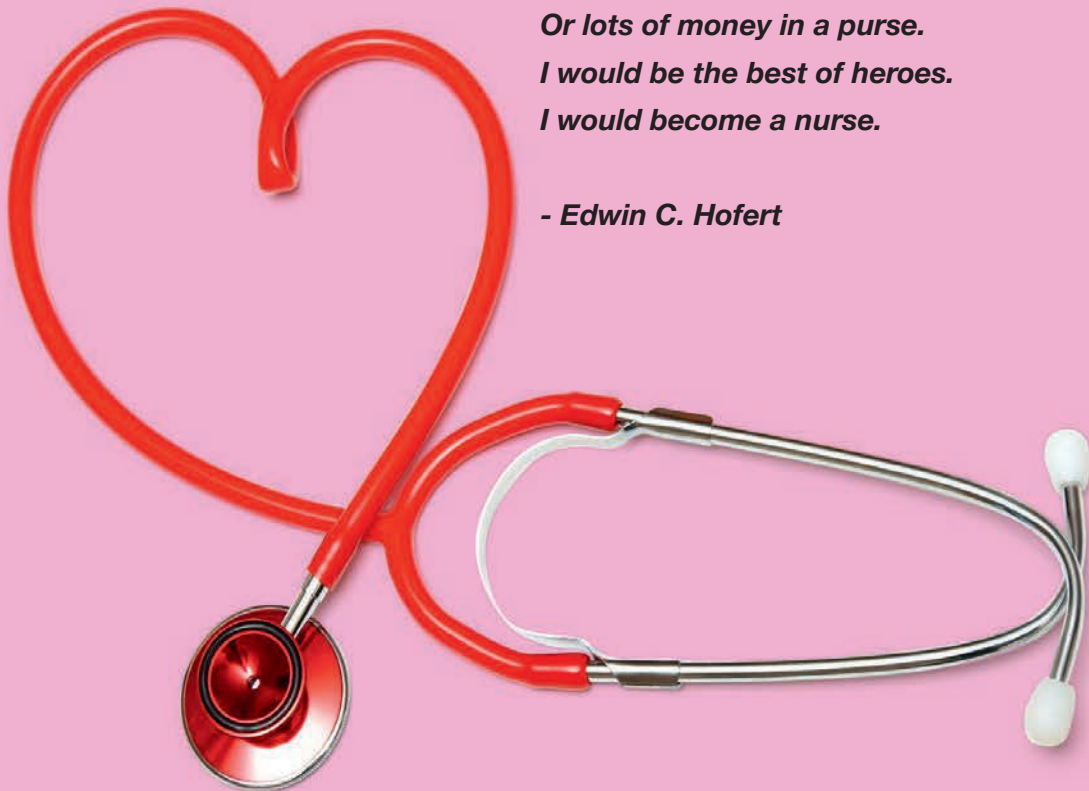
# Professional Responsibility Concerns Process Map





*As I look all around me.  
And see how life has changed.  
All my younger hopes and dreams.  
Have all been rearranged.  
I used to want to be a hero.  
Fly around just doing good.  
Learning as I got older.  
To do the things I should.  
I never wanted to be famous.  
Or own big fancy cars.  
Or set foot on the moon.  
And study all the stars.  
I did not seek out power.  
To tell other what to do.  
But if I could be like anyone.  
I'd want to be like you.  
Helping little children.  
And some older people too.  
If I could go back in time.  
I know just what I'd do.  
I would not look for diamonds.  
Or lots of money in a purse.  
I would be the best of heroes.  
I would become a nurse.*

*- Edwin C. Hofert*





THE CDLC' S 10<sup>TH</sup> ANNUAL  
**Labour**  
**BBQ**  
**Day**

MONDAY, SEPT. 3, 2018  
11 AM - 2 PM

CALGARY OLYMPIC PLAZA  
228-8 AVE. SE CALGARY

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- FAMILY EVENT
- BOOK GIVE AWAY



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# NURSE PRACTITIONERS' UNTAPPED POTENTIAL

NPs are highly skilled, autonomous practitioners who can:



DIAGNOSE  
& TREAT



PRESCRIBE  
MEDICATIONS



PROVIDE  
REFERRALS



ORDER  
TESTS



ADMIT/  
DISCHARGE

3 MILLION

CANADIANS CURRENTLY RECEIVE  
PRIMARY CARE FROM A NURSE  
PRACTITIONER



1 IN 6

PEOPLE IN CANADA DON'T  
HAVE A REGULAR HEALTH  
CARE PROVIDER

**MORE NPs CAN:**



REDUCE WAIT  
TIMES



SAVE HEALTH  
CARE DOLLARS



IMPROVE HEALTH  
OUTCOMES



CANADIAN FEDERATION  
OF NURSES UNIONS

nursesunions.ca

# Are You My Nurse?

By Lindsay Clarke,  
Local 115 Communications Committee,  
United Nurses of Alberta



This question, once upon a time, was not necessary. Registered Nurses were easily identifiable by their long dresses, white aprons and of course, their hats. Only over the past 30 years have RNs started blending in with other staff that work in various hospitals and clinics.

What was once easily identifiable, now, challenging to single out. It has become hard to differentiate between an RN and a unit clerk or housekeeper.

But why white? Many believe that wearing white goes back as far as Florence Nightingale but this isn't entirely true. Yes, Florence was the first to institute proper Nursing uniforms as a means to differentiate between trained and untrained nurses, but their uniforms were more a light blue and were fashioned closely to a nuns. It wasn't until the 1st World War when nurses became more involved in the front lines that they realized they needed lighter, easier to work with uniforms. This still involved a long dress but also the start of the white apron, hat and a cape. In the 1950s and 1960s, the dresses began to shorten and here is where the primarily white dress came into play. It is believed that the white was not instituted as an identifier so to speak, but more to show patient's that the nurse is "clean", "sanitary" and/or "sterile". It was in the 1980's that nurse's started moving toward wearing scrubs, and who can blame us? They're comfortable, durable and much easier to wear when doing CPR when you don't have to worry about your dress coming up.

The problem is that the identity of the RN became lost in the fabrics and cartoons of today's scrubs; so why not start wearing easily identifiable scrubs? Nobody is asking us to go back to skirts and hats, (you can if you'd like but I think hats are an IP & C nightmare).

Some provinces already have. Provinces like Nova

Scotia and Newfoundland and Labrador have their Registered Nurses wearing White tops and black bottoms. Nova Scotia ruled their nurses had to wear black and white scrubs and Newfoundland had a vote amongst the members of the RNUNL. The feedback from patients was positive. People were happy to easily identify who was providing them care. Other health care discipline provincial unions agreed that they would not wear the black and white so that this initiative would continue to help RNs be identified by the public.

Provinces are continuing to jump on the identity bandwagon. Some hospitals in Ontario have specific uniforms for their nurses and other provinces, such as Alberta, have encouraged their nurses to wear white, such as UNA's "Wear White Wednesdays" initiative. Many nurses are concerned about keeping the white clean but as someone who has worked in a province with black and white scrubs, it's not any harder than keeping a blue or green top clean, (Hydrogen Peroxide gets blood out really well). The risks of getting dirty are minimal to looking professional and having patients and families easily identify who their RN is and knowing that an RN is present, especially at a time when they should be.

Nursing is a respectable and honoured profession. The people who do this work should represent their profession by looking and acting like professionals. Wearing white helps with this. It can ease a patient's mind when an RN walks in the room and is easily identifiable as the leader of their care. It can also help answer that everlasting question, "are you my nurse?"

In Solidarity,

*Lindsay Clarke*

Local 115 Communications Committee

S M T **W** T F S

OUR profession  OUR jobs

WWW

wear  
**white**  
Wednesdays



 **United Nurses of Alberta**

**RN**

**RPN**

# Changes to Occupational Health and Safety Legislation



By Sheldon Vogt,  
Local 115 Communications Committee,  
United Nurses of Alberta



April 28th marked the annual day of mourning with communities across Alberta gathering together to commemorate the lives of those lost to workplace injury or illness. Sadly, in 2017, there were 166 Albertan workplace-related deaths; 166 too many.

The Occupational Health and Safety Act outlines the minimum standards to protect workers from workplace health and safety hazards. Modeled

after the British Factory Act from the 17th century and revised since its inception in 1884, advocates continue to lobby governments and law makers, stressing the importance of all-encompassing safe and healthy working conditions. For the first time over 40 years, new Occupational Health and Safety legislation has been introduced with a three-phased roll-out scheduled in January, June and September of 2018.

Highlights include but are not limited to, establishing three basic rights for workers, outlining Health and Safety program and Health and Safety Committee requirements, clarifying roles and responsibilities of stakeholders, identifying workplace injury/incident/fatality reporting requirements, modernizing the appeals process, enhancing compensation for injured workers and their families, and redefining OH&S terminology aimed to standardize language federally, with special attention given to addressing harassment and violence.

While the public perception of the Registered Nurse can be limited to hospitals, the arm of the RN extends well beyond, stretching into institutions, homes, schools, workplaces and clinics, from urban centers to the remotest of areas. The extensive variety of our workplace environments leads to a diverse multitude of workplace health and safety hazards. Arguably the change that most impacts working Registered Nurses is the introduction of the three basic rights for workers which include, the right to refuse dangerous work, the right to know, and the right to participate.

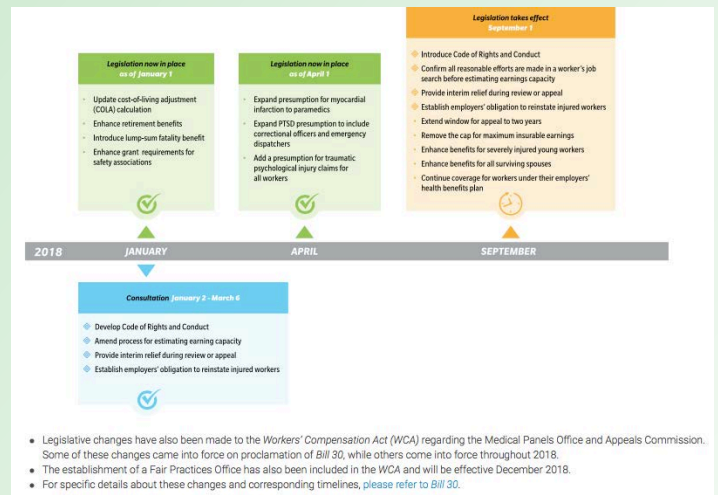
**Right to Refuse Dangerous Work:** Although dangerous work may present differently between workplace environments, it can surface at any time anywhere and it is vital RNs take a leading role in identifying dangerous work and protecting their personal safety by exercising their right to refuse. Employees are protected from retribution for exercising this right while Employers must investigate the concern in cooperation with Joint Workplace Health and Safety Committees.

**Right to Know:** Employers must inform Employees about potential workplace hazards and provide direct on-site access to hazard information.

**Right to Participate:** Employees have the right to be involved in workplace health and safety discussions and participate in health and safety committees.

Alberta Health Services identifies safety as one of its core values and expresses commitment to creating a safe and healthy work environment that is, “compliant with the Alberta Occupational Health and Safety Act and meets or exceeds other applicable legislation, standards, government directives, and industry best practices.”

166 Albertan families were changed forever last year, and the continued growth of health and safety culture is critical to reducing incidents of workplace injury or illness in the future. While Employers may demonstrate commitment to adhering to health and safety requirements and can be held accountable for their part in violations of health and safety legislation, the person most responsible for your health and safety is you. Complete UNA OH&S forms, submit AHS’ mysafetynet reports, know the location of Hazard Identification, Assessment and Control (HIAC) documents and request frequent updates, ask questions, get involved in health and safety committees and most importantly, know your rights!



## Resources

[http://www.assembly.ab.ca/ISYS/LADDAR\\_files/docs/bills/bill/legislation/29/session\\_3/20170302\\_bill-030.pdf](http://www.assembly.ab.ca/ISYS/LADDAR_files/docs/bills/bill/legislation/29/session_3/20170302_bill-030.pdf)

<https://www.alberta.ca/ohs-changes.aspx>

<https://www.alberta.ca/assets/documents/ohs-changes-highlights.pdf>

<https://myahs.ca/insite/962.asp>

In Solidarity,

*Sheldon Vogt*

UNA Local 115  
Executive Secretary

# Repetitive Strain Injury (RSI) — work shouldn't hurt

RSI is an umbrella term for injuries to soft tissues (muscles, tendons and nerves) of the neck, upper and lower back, shoulders, wrists, arms and hand. Alberta's Health Care Industry has been identified as having one of the highest rates of repetitive strain injuries in the province.

## What are the symptoms of RSI?

The symptoms of RSI are as follows:

- Pain dull ache
- Loss of sensation (numbness), especially at night
- tingling and burning sensation
- tenderness
- swelling around the wrist/hand
- dry shiny palm
- "pins and needles" discomfort
- loss of ability to grasp items
- impaired thumb and finger dexterity
- ganglion near tendon or joint
- muscle weakness and fatigue
- muscle spasm
- joint restriction/loss of movement
- aches/pain

If you think that you have any of the symptoms of RSI, you should begin recording these symptoms immediately. Note what symptoms you are experiencing and when they occur. Make note of any changes to your job duties and/or work environment.

## What are the types of RSI?

The term repetitive strain injury is used to describe a number of different diagnoses:

- tendinitis
- tenosynovitis
- carpal tunnel syndrome
- de Quervain's
- lateral epicondylitis (tennis elbow)
- medial epicondylitis (golfer's elbow)
- rotator cuff syndrome
- bursitis
- thoracic outlet syndrome
- tension neck syndrome
- Dupuytren's contracture

## What causes RSIs?

Workplace repetitive strain injuries are caused by a number of factors. In some cases a single factor is the cause but in a many instances there are several factors that cause the RSI. These factors include:

- rapid repetitive movements
- lack of job variation
- inadequate rest breaks
- awkward working positions
- poor tool and equipment design
- increased workload or work hours
- supervision that causes workers to work faster or do more
- monitoring of time management
- compulsory overtime
- vibration
- forceful or awkward grip
- excessive force
- lack of control over work

## How can RSI be prevented?

RSIs are preventable. The goal of a RSI prevention program should be to make the job fit the worker rather than have the worker fit the job.

1. **Early recognition of symptoms** – report your symptoms immediately to your OH&S representative and see your doctor.
2. **Workstation/equipment redesign** – tools, equipment and workstations must be designed to meet the physical needs of the worker. This is known as ergonomic design
3. **Job redesign** – your job should include a variety of duties and you need to have regular rest breaks. Workload should be managed through ensuring proper staffing levels.
4. **Education/Training** – employees and employers must be educated in the proper application of ergonomics
5. **Workplace investigation** – all workplace injuries and illness must be investigated. The focus of the investigation should be to identify the "root causes" of the injury or illness and corrective action taken.

## What can I do?

- Report any symptoms of RSI to your doctor and your supervisor as soon as possible – don't wait until you are unable to work.
- Contact your UNA OH&S representative and fill out a UNA OH&S report form



# A L E R T S



United Nurses of Alberta



## JOINT COMMUNICATION

AHS/UNA Collective Agreement

### Sharing an employee's medical information beyond the Ability Management department

May 8, 2018

Over the years there have been a number of arbitration decisions about employee medical information and privacy. As a result of these decisions, Alberta Health Services houses all employee medical information in the Ability Management department.

At times though, it may be helpful or necessary to share employee medical information beyond the Ability Management department. Doing so is particularly helpful to expedite resolution to an employee issue, or in circumstances where there has been some difficulty in finding appropriate accommodation for an employee.

The Employer and the Union have reached an agreement that will govern when employee medical information is shared beyond the Ability Management department.

In summary, the agreement establishes processes to ensure that sharing of an employee's medical information is done carefully, only when necessary, and only with the employee's informed consent.

**Please remember that most cases will not require medical information to be released beyond the Ability Management department.**

#### Medical forms:

- Medical forms (or a list of questions) provided to an employee from the Ability Management department will no longer include authorization for release of information.
- An employee can either take the form to her/his physician (and/or treatment provider), or request to have the Ability Management department send the form directly to her/his physician (copying the employee).
- An employee can either return the form (and any other medical information) to the Ability Management department, or request her/his physician send it directly to the Ability Management department.

#### Sharing information with an AHS medical consultant:

- In order to share an employee's medical information with a contracted medical consultant, consent must first be obtained from the employee (via email, or by telephone in those cases whereby email is not used by the employee) as follows:

Sharing an employee's medical information beyond the  
Ability Management department  
April 2018

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"I would like to share your medical information that was provided by your physician dated X with the assigned medical consultant retained by AHS for review and consultation. Please indicate whether I have your permission to do so."

- In the event consent is NOT obtained from the employee, medical information may be provided to the medical consultant without names or identifying information.

**Physician-to-Physician consultations:**

- In certain circumstances, it may be determined that a direct consultation with the employee's physician would assist with the review of the medical information. If so, the Ability Management department will engage HR Business Partnerships (HRBP), and a Union representative will be contacted to discuss. The Employer will request the employee's consent, in a form agreed to by the Employer, employee and Union, prior to the Physician-to-Physician consultation.

**Sharing information with a Human Resources representative:**

- It may be useful for representatives within Human Resources to review the medical information, for example, when looking for placements related to accommodation.
- In order to share an employee's medical information with a Human Resources representative, consent must first be obtained from the employee (via email, or by telephone in those cases whereby email is not used by the employee) as follows:

"Your assigned individual Human Resources representative (and his/her supervisor, if support and direction is required), and/or assigned individual Labour Relations representative have asked for information on your file to assist them with your X (e.g. job accommodation/return to work). I would like to share your medical information that was provided by your physician dated Y with the assigned individual Human Resources representative and/or assigned individual Labour Relations representative for their review and consultation. You are encouraged to discuss this request with your union representative. Please advise whether I have your permission to do so."

If you have any questions, please contact your representative identified below:

**For the Union:**

David Harrigan  
Director of Labour Relations  
**United Nurses of Alberta**  
780-425-1025  
[dharrigan@una.ab.ca](mailto:dharrigan@una.ab.ca)

**For the Employer:**

Kim LeBlanc  
Lead Negotiator  
Negotiations and Labour Relations  
**Alberta Health Services**  
403-943-1410  
[kim.leblanc@ahs.ca](mailto:kim.leblanc@ahs.ca)

# Canada Day is never on a Sunday

Under the federal Holidays Act, Canada Day is on July 1 unless that date falls on a Sunday, in which case Canada Day is on July 2.

Employees working on Sunday, July 1, will receive the Basic Rate of Pay. Employees working on the Monday, July 2, will receive x1.5 the Basic Rate of Pay.

Under Article 18.06 (c) of the Provincial Collective Agreement, when a Named Holiday falls on a Friday or a Monday, an Employee scheduled for days of rest on the adjacent weekend shall, where possible, be granted the Named Holiday off duty.

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







# Nomination For Local 115 Committee Positions

## Committee:

**Occupational Health and Safety**

**Professional Responsibility Concern**

(Nominations are open to anyone who is a UNA Member of Local 115 in good standing)

## Name and Address of Nominee:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

If Elected, I Am Willing To Serve:

\_\_\_\_\_

Signature of Nominee

## Name And Address of Two (2) Members of The Local, Who Are In Good Standing, Nominating The Nominee:

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Address

\_\_\_\_\_

Signature

For Office Use Only  
Received by: \_\_\_\_\_  
Date and Time: \_\_\_\_\_



# United Nurses of Alberta

## NOMINATION FOR LOCAL EXECUTIVE POSITIONS

- POSITION:**
- PRESIDENT**
  - VICE-PRESIDENT**
  - SECRETARY**
  - TREASURER**
  - SECRETARY/TREASURER**
  - OTHER \_\_\_\_\_**

(Nominations are open to anyone who is a Member in good standing of the applicable UNA Local)

### NAME AND ADDRESS OF NOMINEE:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

IF ELECTED, I AM WILLING TO SERVE:

\_\_\_\_\_  
SIGNATURE OF NOMINEE

### NAME AND ADDRESS OF TWO (2) MEMBERS OF THE LOCAL, WHO ARE IN GOOD STANDING, NOMINATING THE NOMINEE:

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

**For Office Use Only**

Received by: \_\_\_\_\_

Date and Time: \_\_\_\_\_



## ***Want to get more involved with your Union? Mark your calendar with these upcoming events!***

**The Calgary District Labour Council (CDLC)/ Unifor 4050 7th Annual Charity Golf Tournament: September 1st.** \$125 registration fee which includes 18 holes of golf, ½ a power cart, and lunch. At the Collicut Siding Golf Club. Shot-gun start at 8am. Proceeds go to the United Way. Registration deadline is August 24th. Email [admin@thecdcl.ca](mailto:admin@thecdcl.ca) or visit <http://www.thecdcl.ca> for more information.

**The Calgary District Labour Council's (CDLC) 10th Annual Labour Day BBQ: September 3rd.** The CDLC is the voice of labour in Calgary. Their diversity of knowledge and experience has joined to strongly uphold the principles of unionism and create solidarity in the struggle to improve the working lives of all people. Join the CDLC for some live music and free food from 11am – 2pm at Calgary Olympic Plaza (228 – 8 Ave. SE). See visit <http://www.thecdcl.ca> for more information.

**The Calgary Pride Parade: September 2nd.** From 11am – 1pm, the United Nurses of Alberta will be walking in the Calgary Pride Parade with the Alberta Federation of Labour. All families, friends, pets, and allies welcome! Any questions, comments or how to get involved please email [huynh.d.tony@gmail.com](mailto:huynh.d.tony@gmail.com) or [pride@una.ab.ca](mailto:pride@una.ab.ca).

**Parkland Institute's Annual Conference: November 16th – 18th.** Parkland Institute is a provincial non-partisan research centre located within the Faculty of Arts at the University of Alberta. The Institute studies economic, social, cultural, and political issues facing Albertans and Canadians, using the perspective of political economy. The research results are widely shared and intended to promote discussion on issues identified in the research. This year will be Parkland's 22nd annual conference held in Edmonton and the University of Alberta. See <https://www.parklandconference.ca> for more information.

**South Central District Meetings: September 20th & December 13th.** UNA Locals are grouped into five geographically based districts – North, North Central, Central, South Central and South. Presidents of UNA locals attend regular District Meetings where they share information, compare challenges and develop strategies. Please contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca) for more information.

**Know Your Rights Workshop: September 18th, October 30th & December 14th.** The “Know Your Rights” workshop offers new members, or members who are considering becoming active in their Local, a chance to learn about their union and their rights in the workplace. During the day, participants will explore UNA's relevance to their own lives and understand the goals, philosophy, and functioning of UNA. It provides participants with the tools to protect their rights and opportunities to engage more effectively with UNA. See <http://una.ab.ca/events> for more information and register through DMS or contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca).

**Dealing with Abuse Workshop: September 26th.** The “Dealing with Abuse” workshop is designed to provide participants with an understanding of the various types of workplace abuse and that abuse in any form is unacceptable. It will also encourage participants to take appropriate action if they are the targets of abuse, to provide support to co-workers who have been abused, and to provide participants with the tools to advocate for the prevention of workplace abuse. See <http://una.ab.ca/events> for more information and register through DMS or contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca).

**Local 115 Annual General Meeting: November 14th.** Local 115 serves UNA members at FMC Hospital, UofC (Faculty of Medicine), GWHC, Fanning & NW Dialysis, SCHC Dialysis / Urgent Care / Mental Health. The AGM is where the Local identifies strategic priorities and allocates the budget for the upcoming year. Come and learn more about what your union does for you. For more information contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca).

**Local 115 Meetings: September 12th, October 10th, November 14th (AGM) & December 12th.** All meetings are held at Foothills Medical Centre from 1600 – 1800 (AGM length and times subject to change) and all members are welcome. Come and voice your work-related concerns! See reverse cover, Local 115's Facebook page <https://www.facebook.com/UnitedNursesofAlbertaLocal115/> or contact us at [local115exec@una.ab.ca](mailto:local115exec@una.ab.ca) for more information.

Please  
Post



**United Nurses of Alberta**



## **Annual General Meeting**

Wednesday, November 14, 2018

13:00 – 17:00

Foothills Medical Center Room AGW4A-B

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### **Notice of Monthly Meetings:**

September 12th (Room AGW4A-B) / October 10th  
(Room AGW2) / December 12th (Room AGW4A-B)

16:00 - 18:00

403-670-9960

local115exec@una.ab.ca

www.local115.wordpress.com



UnitedNursesofAlbertaLocal115



@UNALocal115

