



Summer 2019

NEWSLETTER



United Nurses of Alberta



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For the Latest Contract Interpretation Discussion Check out the FirstClass Contract Issues 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>

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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
Grievance Committee: Local 115 Executive,
 Martin d'Entremont, Peggy Giddings
OH&S Committee: Local 115 Executive,
 Kathleen Hamnett (on leave), Karen McComb
 (on leave), Laura Muenchrath, James Zachary
PRC Committee: Local 115 Executive, Laura Ashburn,
 Simone Foster, Mandy Hart, Andrew Lafreniere,
 Cyrena Quinn, Nicole Thrasher (on leave)

Editors

Local 115 Executive &
 Communications Committee



Local 115 Executive Team

Negotiate, Not Legislate!

By Kevin Champagne,
Local 115 President,
United Nurses of Alberta



Summer is upon us and the beauty of the province is in full bloom. As I sit here feeling the warmth of the sun on my skin through the open window, I realize how fortunate I have been to represent the Registered Nurses of Local 115. The work you do impacts each and every life you touch and makes the

health care system work in Alberta. Thank you for your dedication and care.

Health care in Alberta is about to face some significant challenges now the United Conservative Party (UCP) has formed a majority government. The party leader and Premier Jason Kenney are set to launch what he has called the summer of repeal. Much of this government's agenda is to focus on undoing changes made by the previous New Democratic Party (NDP) government.

How does this impact you? The NDP government introduced legislation that supported pension plans, occupational health and safety, childcare, and minimum wages. Know we are poised to move backwards under the UCP.

United Nurses of Alberta negotiated language in our current collective agreement to revisit the RN pay salary in its third year. AHS and UNA had an obligation to meet to discuss wage adjustments and, if agreement could not be reached after March 31st, 2019, the matter would be brought before an arbitrator. Dates were scheduled according to the deadline outlined in the contract. The arbitration on the wage reopener should have been heard by June 30th but the employer requested an adjournment. UNA did not agree to an adjournment and were surprised when the employer did not show to the scheduled meeting. UNA submitted a complaint to the Labour Relations Board (LRB) in May outlining concerns the government had interfered with the process of collective bargaining. Upon review of UNA's submission, the LRB determined they did not have the jurisdic-

tion to hear the matter. In response, UNA has since filed a complaint to the court of appeals.

Alberta's UCP government pushed Bill 9, the Public Sector Wage Arbitration Deferral Act, through the legislature on June 20th, after limiting debate to nine hours and refusing to listen to opposition MLAs.

At this time there is no plan to move forward with the wage reopener arbitration as outlined in the negotiated collective agreement. The government awaits a report from the blue-ribbon panel identifying Alberta's financial position over the next four months. The panel led by Dr. McKinnon, who published a report in 2017 suggesting the Alberta government "consult" with unions, then passed legislation on a bargaining mandate suggesting roll backs of at least 2 percent.

Time will only tell if Alberta nurses will face further wage freezes and rollbacks. It is clear, we will face new pressures and the road ahead is rocky. Now, more than ever, I ask you to stay informed and to actively use your voice to tell the government to negotiate not legislate. Collectively we can make a difference.

In Solidarity,

Kevin Champagne

Local 115 President



May 2015

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 19: Sick Leave**
UNA Provincial Collective Agreement

Submitting proof of illness to the employer and its agents

Under Article 19.04 of the United Nurses of Alberta Provincial Collective Agreement, employees requesting sick leave may be required to submit satisfactory proof to their employer of any illness, non-occupational accident or quarantine when circumstances make it reasonable to do so.

If an employee is applying for short-term or long-term disability, they may be required to submit satisfactory proof to the agent of the employer, the insurance company, when circumstances make it reasonable to do so.

If an employer requires an employee to provide proof of illness, such as a physician's note, the employer must reimburse the Employee for any costs for that information.

Employees should be cautious about providing the employer with access to personal medical information. The employer could attempt to use the information to limit sick leave. An employee is not obligated to sign any medical information release form for the employer.

**United Nurses of Alberta**

THINKING ABOUT RETIREMENT?

ANSWERS TO YOUR QUESTIONS ARE AVAILABLE, ONLINE AND IN PERSON

In Alberta in 2017, a Registered Nurse retires almost every day!

United Nurses of Alberta members who are approaching retirement often have many questions. These include:

What do I need to do to get ready for retirement?

Should I inform my manager when I plan to retire?

When should I contact the Local Authorities Pension Plan (LAPP)?

What should I do about my vacation?



July 2017

UNA is ready to help, and so is the Local Authorities Pension Plan (LAPP), which has valuable online resources.

UNA's pensions expert, Labour Relations Officer Richard West, recommends the following actions and expectations in preparation for retirement:

- ⚙️ Confirm your personal details with LAPP through LAPP's mypensionplan.ca website, or by contacting LAPP
- ⚙️ Pick a retirement date – a date at the start of the month is recommended
- ⚙️ Notify your employer if you are still contributing to LAPP
- ⚙️ Give both your employer and LAPP 90 days' notice to ensure they have time to complete your paperwork
- ⚙️ Remember when you give your 90 days' notice that you are also required to give 28 days' notice of your resignation to your manager
- ⚙️ When you receive your Retirement Benefits Statement, read it and choose your pension option
- ⚙️ Use vacation to transition to retirement, but in most cases work your last few days
- ⚙️ Expect your first payment 30 days after your pension start date
- ⚙️ Expect your pension payment thereafter on last last business day of the month (except in December, when it will be before December 25)

FOR MORE INFORMATION, VISIT OR CONTACT THE FOLLOWING RESOURCES:

* lapp.ca/page/retirement-tools

* mypensionplan.ca

* Canadian Retirement Income Calculator

canada.ca/en/services/benefits/publicpensions/cpp/retirement-income-calculator.html

* Richard West, UNA pensions advisor

780-425-1025 in Edmonton, 1-800-252-9394 throughout Alberta, or rwest@una.ab.ca

TWO LETTERS THAT MAKE A VITAL DIFFERENCE TO YOUR CARE

RN

YourRN.ca



Member Spotlight: Neil Hermanson

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



Neil Hermanson is a Registered Nurse working in the Intensive Care Unit at Foothills Medical Centre. A calm presence encircles a quick-witted, caring, honest, and seasoned professional, honed through overcoming adversity and a stout devotion to the nursing profession. His journey has led him from rural areas to urban Alberta, moulding him into a balanced nursing leader and gifted communicator who has fulfilled a number of roles, but arguably none more preferred than that of a mentor to the younger nursing generation. He shares the nursing profession with his wife of 24 years, Caroline, is a dedicated father of two young men, an endearing pet owner, and embodies the meaning of Bujinkan; the enlightened warrior.

Q: Where would you say you're from?

A: I've spent time all over western Canada. I was born in Prince Rupert, B.C. where it seems to rain 370 days of the year. My dad worked for the railway which led us to northern Manitoba. He eventually transferred into the oil fields and we ended up in the Lloydminster area. The first big oil bust happened in '86 and that was when my dad got involved in natural gas which brought us down to the Lethbridge area. I finished high school in southern Alberta.

Q: Did you begin nursing school right out of high school?

A: Almost. I applied and got accepted into the nursing program at Lethbridge Community College right out of high school when I was 17. At the time the nursing program was a two- or three-year diploma. I was only prepared to do two. Ultimately, I turned them down because I just wasn't ready. It's bizarre to think I could've been a 20-year-old RN.

Q: Tell me about your journey into nursing school...

A: I ended up in Fairview because I didn't know what I was doing. I applied to nursing school in Grand Prairie and got shut down. I pumped gas and went to the college and upgraded some courses. The following year my mom and I applied at the same time and she got in as a mature

student. I was put on the waitlist at like two-thousand-and-something, so I decided last minute I would do what kids call a pre-med program. I ended up in my second semester knowing I didn't want to be a doctor; I wanted to be a nurse. The next year I got accepted three weeks after the program had already started. My mom was in her third year and they said, "oh your mom can help you out with your first-year stuff". I tried my best that semester, but I started too far behind and it just didn't work. It was a sad moment for me and the program director. I went to Mexico for three months to volunteer work which didn't play out as expected but I met some really interesting people and had a great time. Most importantly I came back with the determination that I was going to be a nurse. I applied the following year, got in, and the rest is history.

Q: Did the same program director help secure your admission?

A: The relationship helped. She understood how incredibly difficult it was to be successful entering a program three weeks behind. She became my counsellor and advocate. Whenever I was truly stuck, I would go to her and she would guide me along. That previous experience was an important time for me; to not succeed the way I had expected. That failure was important. It helped me realize how important being a nurse was to me.

continued on next page...

Member Spotlight: Neil Hermanson...continued from previous page

Q: Where was your first job and what was your first shift like?

A: I actually had a casual position in Grand Prairie right out of school. In one moment, I was a student and in the next, an RN, and all of the things I wasn't allowed to do as a student, I was expected to know how to do as an RN. My colleague and I were responsible for twenty-two patients and thank goodness they knew what they were doing because I wasn't ready. I worked three nightshifts with no breaks. You don't drink water because there's no time to go to the bathroom. There's no time to eat. You do assessments, pass out meds, do charting, pass out more meds, give report, then go home and crash in your bed. You're so tired and then you get up and do it all over again. I stepped away after the three shifts and it was awhile before I ever returned.

Q: Is there anyone you would consider a mentor that helped you along the way?

A: Yes. My next job was as a casual in Spirit River at a little community hospital. I was fortunate to work with the same nurse every day. They ran me through everything. They taught me how to slow down, how to see things as they were, and how to stay calm in a crisis. It was the beginning of my understanding of the mentoring program and the importance of the connection you have with your colleagues. I am who I am as a Registered Nurse because of them.

Q: How did you come to be in the ICU at FMC?

A: I returned to Grand Prairie about two-and-a-half years later working in the hospital as a medical float nurse for the entire site. This led to experiences covering in PACU and the ICU where I show up and have no idea what I'm doing. It was great exposure but there was no theory; no background. Talk about sympathetic overdrive. I remember asking what the difference was between anterior and posterior. They didn't have the resources. You couldn't just call an expert to ask what's going on. Another nurse I worked with was introduced in the same manner. We were both terrified. We were constantly asking questions and depended on each other for support. That was my introduction to the importance of relationships in managing critical care situations. In 2000, a friend of mine worked in the ICU at the PLC and introduced me to the manager. Our house in Grand Prairie sold in two weeks and off we moved to Calgary.



I worked there 5 years before taking a position in Apheresis at FMC where I stayed for a year before starting part-time in the ICU.

Q: Tell me about the ICU at FMC...

A: There are three teams separated into pods A, B & C with a total of twenty-eight funded beds. Pod A is medical surgical, B pod is primarily long-term patients, and C pod is neuro trauma. A typical day is twelve hours with three head-to-toe assessments and multidisciplinary rounds which take approximately 30-45 minutes per patient. We

adapt patient treatment based on orders from rounds and provide frequent updates to family. We help each other with stabilizing unstable patients and spend time mixing new infusions through ongoing basic care. We primary nurse in ICU but we team primary nurse. The more experienced nurses use every opportunity to pass down their knowledge. If I mentor a junior nurse really well, when I end up in ICU as a patient, I feel good knowing they know how to provide me the best care. I support less experienced colleagues because someone did that for me.

Q: What special certifications or skills best prepare a Registered Nurse to work in the ICU?

A: The best preparation for the ICU is a strong background in medical or surgical nursing. Time on neurosurgery and trauma surgery floors helps immensely. Pharmacology and ECG interpretation, temporary venous pacing, central and arterial line use and care are some of the entry level skills obtained in orientation. Later comes training with pulmonary artery catheters, continuous renal replacement therapy (CRRT), advanced trauma care, burn care and Code Blue. It's always good to have ongoing education in trauma, burns, sepsis, organ failure and care for organ donating patients. After some time, charge and outreach training may be available.

Q: How do RNs working in the ICU cope with the stress and emotions that accompany the most acute department in the hospital?

A: I remember the experience of my first patient death in the ICU. I had a conversation with the patient where they said that if/when they became ventilator dependent, to give them something to keep them comfortable and allow them to pass. They were directing their own care.

continued on next page...

Member Spotlight: Neil Hermanson...continued from previous page

It was empowering and beautiful in a really weird ICU way. The family was there, and we were supportive through the patient's passing into the next state of their existence. That'll stay with me forever. You can start to ask yourself things like, is this affecting me somehow? Am I becoming immune to the human condition at the end of a patient's life?



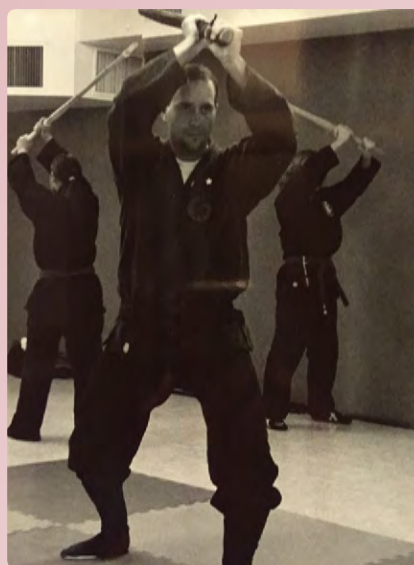
Do I have the ability to be emotionally connected yet professionally distant enough so I can deliver the best care to the next patient? Including family in the care of their loved one is critical. They are the experts on who this person is. I let them guide me. I tell them what I'm going to do and how I can help their loved one. It's a relationship that seems a simple thing but is vitally important. A healthy work-life balance is also extremely important.

Q: What's the biggest challenge facing the ICU at FMC?

A: Financial challenges. There are two sides to the coin. On one side money shouldn't influence our decisions when providing the best patient care possible. On the other side, we have a finite amount of resources with which to provide that care. Research demonstrates there are cases individuals don't recover from yet at times we continue to pursue aggressive treatments. We need to be fiscally responsibly when making our decisions as a care team. Another challenge is the expectations individuals have of the medical system. People assume they go to the hospital with an illness, get fixed, and leave at the same baseline they were when they started. Rarely from the ICU do people return to their previous baseline. They often have a new baseline and have to be comfortable with that new baseline.

Q: What do you like to do in Calgary in your spare time?

A: Bujinkan. I've been training since 1998. It's a Japanese martial art based off of nine curriculums in a combination of ninjutsu and bujutsu. There's a lot of weapons training. There's also an aspect of bujinkan called taijutsu, which is like the grandfather of jujitsu which came from China which came from India. It's interesting to see how it's travelled. It's good for the mind and body. I enjoy being the student. I also like



restaurants and live music. I recently saw Metric and July Talk at the Corral.

Q: What's your greatest challenge in the workplace?

A: The rapidity of change. I'm having to learn to let things flow and come as they happen. I like to have my finger on the pulse and I like things to be perfect but it's not always possible. I'm learning that some things take

longer and that we can adjust as we go along. I don't like jumping in with both feet and wondering what fluid I'm standing in.

Q: What's your favourite restaurant? Book? TV Show? Movie? Place to shop? Place to vacation?

A: Right now, I like the Keg. I'm a sci-fi fan but I'm currently enjoying Leonard Cohen's last book before he passed called *The Flame*. I watch Netflix and am currently re-watching *Altered Carbon*. I don't know about a favourite, but I just recently watched the movie *John Wick 3*. I like shopping at the Home Depot. I've got my Pinterest going with all the projects I want to do. I like Tofino on Vancouver Island. We'll go back there this summer. They have great restaurants. It's so clean and completely chill. I'd love to open a little B&B there and try and learn how to surf.

Q: Where do you see yourself in 10 years?

A: Working casually in the ICU or doing something entirely different. I've always joked I'd end up at Starbucks making lattes and working at Chapters because I love books. Maybe I'll become an arborist.

Q: What advice would you give a new Registered Nurse?

A: Ask questions until you understand. Don't quit. Keep asking.

Q: Why is the union important to you?

A: The union gives us good protection for us to do our job and allows us to earn what we're worth. It helps us understand and navigate a massive profession. Last AGM they were talking about how far we've come in the last 40 years. It was really good to look at where we started and where we are today. The horizon is limitless with UNA when we continue to improve upon healthy communication with AHS.



THE FUTURE OF ALBERTA'S LABOUR MARKET

The Role of Immigration,
Migration, and Developing
Existing Human Capital

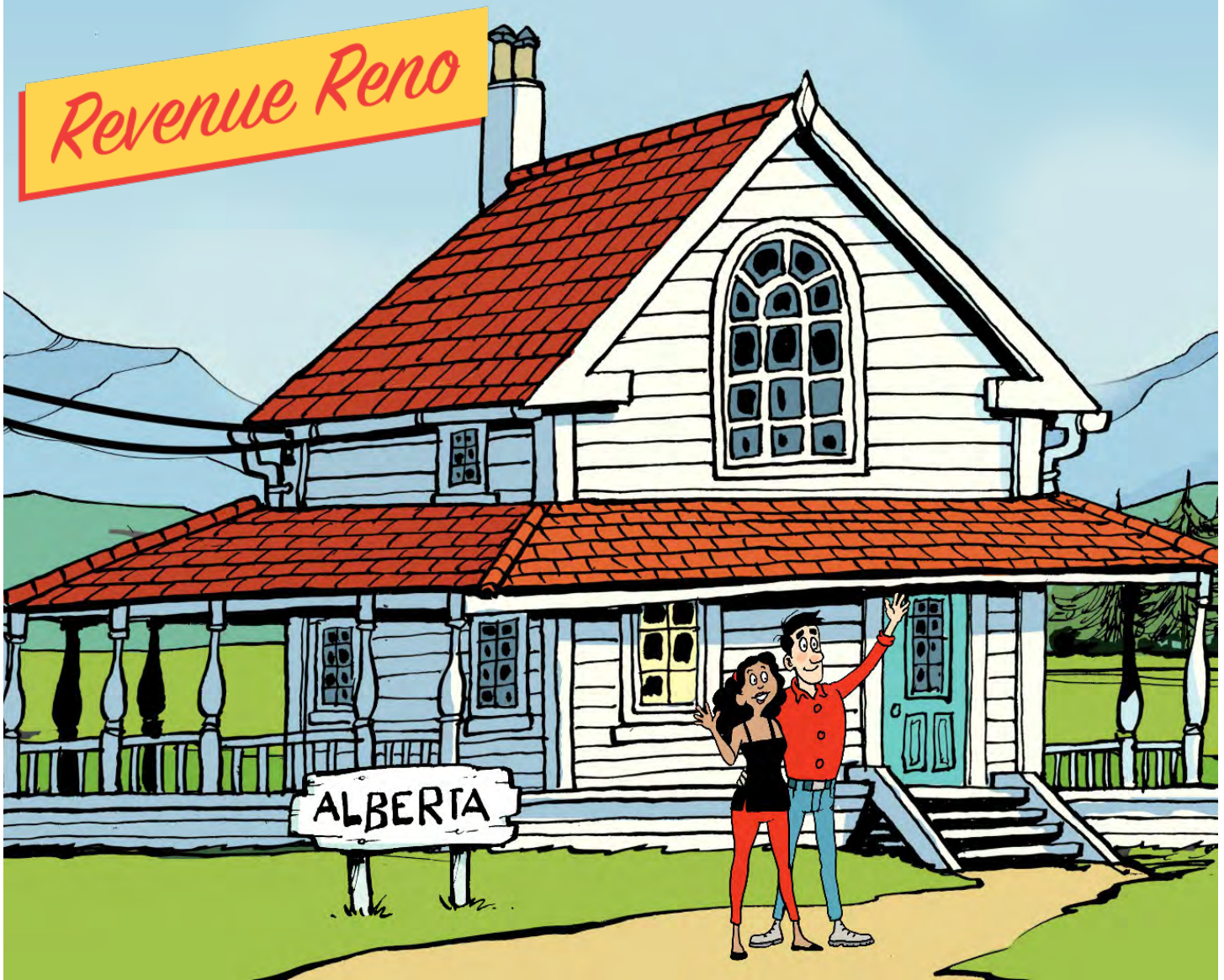


Richard E. Mueller

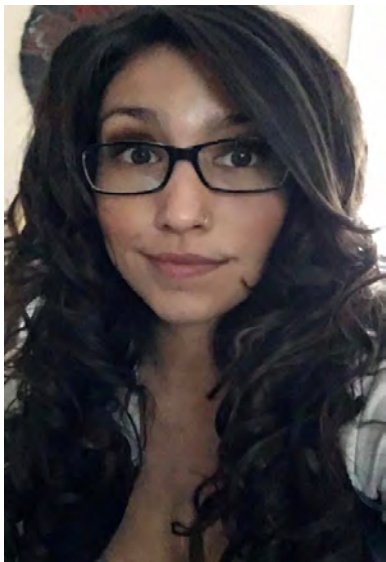


Public Interest Alberta

Advocating for a Better Alberta for All



Public Interest Alberta Annual Report 2017 - 2018



Hi, My name's Simone Foster and I'm an RN on Unit 32 at FMC. I began my career in Nursing in psychiatry at both RGH and PLC and still work there casually. The experience has been invaluable in my work now on the medical/surgical floors! I have also worked in Rural Emerg, L&D and acute care. In my spare time I like running, hiking,

riding my motorbike, writing poetry and spending time with my family and friends. For me, the Professional Responsibility Committee is an opportunity to help serve fellow Nurses on a larger level as I believe strongly in professional unity and camaraderie. Working with the PRC process allows for learning opportunities to improve and build upon the already great care that we provide to our patients. It is also a way to provide support to nurses that believe that we can always improve on our care. It is herein that lies the beauty of what we do as health care providers: caring for somebody's somebody. If there is a way that you believe that we can do it better, I want to be a part of the process to help because one day, that somebody's somebody might be one of mine, one of yours, or yourself.



Hello! My name is Laura Ashburn, and I have 16 years of nursing experience, having worked on PCU 36, the Medical Teaching Unit, at Foothills Medical Centre. We are a multi-disciplinary team that specializes in Internal Medicine and we strive to provide a very high standard of care to acute and chronically ill patients and their

families. I look forward to serving on the PRC Committee not only to give back to the nursing profession, but to advocate for a highest standard of care and working conditions outside of my front-line nursing practice.



My name is Mandy Hart, proud UNA member since 2006. I have been nursing for 20 years. I completed my LPN program in 1999 from Bow Valley College and my Bachelor of Nursing Degree in 2006 from Athabasca University and the Mount Royal College program. When

choosing a career, I loved the variety and portability nursing had to offer within the profession. I never wanted a "boring and repetitive Job". I can confidently say nursing has lived up to my expectations. My career has been far from boring! My nursing experience includes caring for patients that are only seconds old, taking their first breath to patients as old as 104, taking their last breath. I have provided nursing care in a variety of healthcare settings varying from nursing homes, patient homes, call centers, urban and rural hospitals and urgent care centers. I have nursed as far north as Whitehorse, Yukon, and as far south as Claresholm, AB. Each area facing its own unique challenges. Within AHS, I've worked at 8th & 8th, Sheldon Chumir and Airdrie urgent care centers, Health Link, pulmonary/ medical teaching and labour & delivery at the PLC. I currently hold position on Unit 18 at FMC, and a casual position at Airdrie urgent care. I look forward to assisting our members regarding any issue that impacts their ability to provide safe, high quality nursing care.

Your PRC UNA Committee Members

Nicole Thrasher, U47B Apheresis
Wayne Stopa, Vice-President (Co-chair)
Andrew Lafreniere, U94 CVICU
Cyrena Quinn, U103A CICU
Simone Foster, U32
Mandy Hart, U18
Laura Ashburn, U36

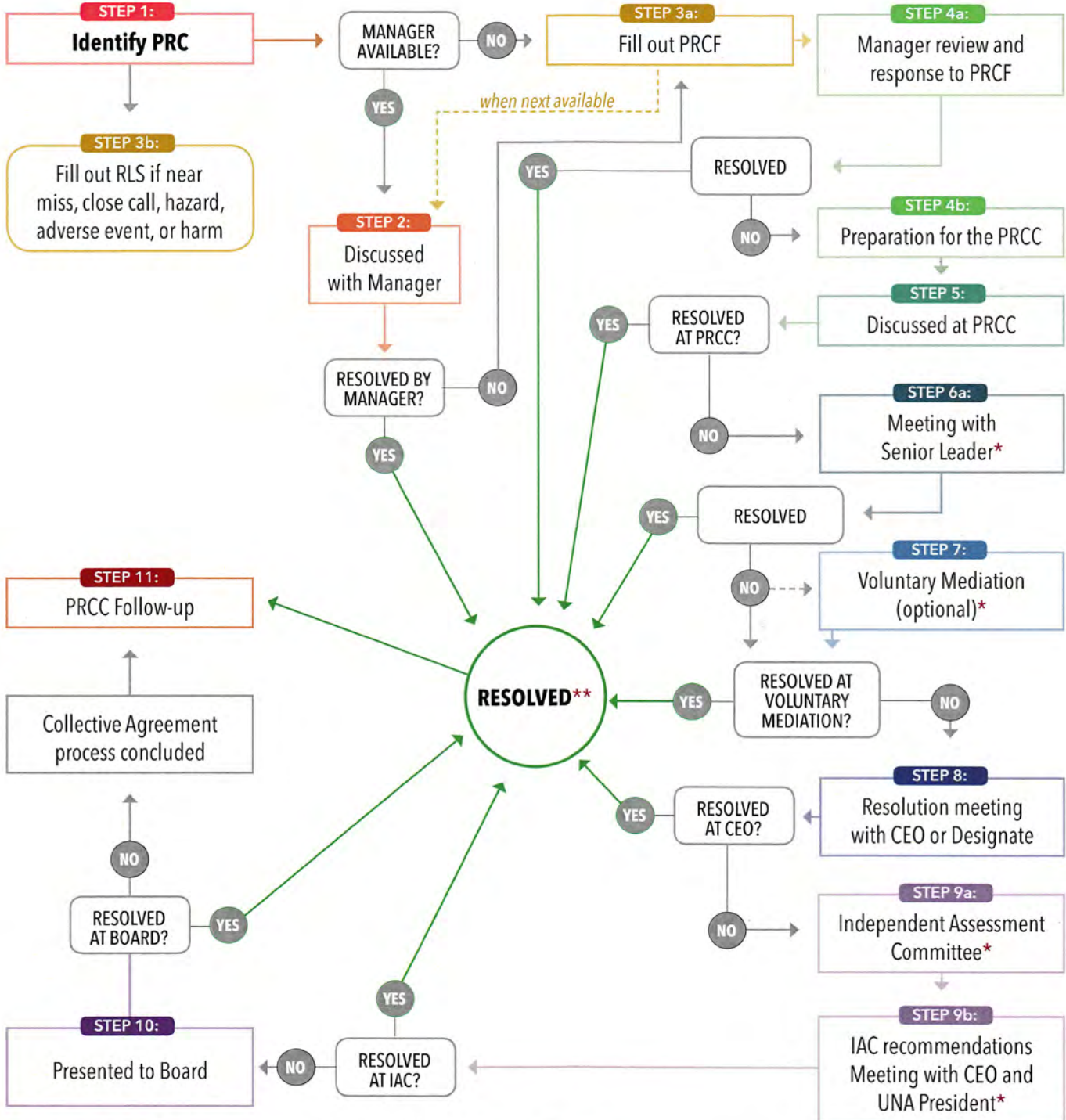
Our Email: 115prc@una.ab.ca





Professional Responsibility PROCESS

PRC – Professional Responsibility Concern
PRCF – Professional Responsibility Concern Form
PRCC – Professional Responsibility Concern Committee



*New steps added in 2018 (Collective Agreement between Alberta Health Services, Covenant Health, Lamont Healthcare Centre, The Bethany Group (Camrose) and United Nurses of Alberta. April 1, 2017 – March 31, 2020.)

**36.01 (t): When the parties succeed in reaching a resolution of the issue(s), the agreement shall be confirmed in writing by the parties. If either party fails to implement or adhere to said resolution, the failure to adhere or implement shall be subject to the provisions of Article 32: Dispute Resolution Process.

DEMENTIA



A public health priority

What are the symptoms?

- Difficulties with everyday tasks
- Confusion in familiar environments
- Difficulty with words and numbers
- Memory loss
- Changes in mood and behaviour

Who is affected?

Nearly 10 million new cases every year

One every 3 seconds

50 million people worldwide

Set to triple by 2050

Year	Number of people (million)
2015	50
2030	82
2050	152

What is the cause?

Conditions that affect the brain, such as Alzheimer's disease, stroke or head injury



What does it cost?

2015 US\$818 billion: estimated costs to society in 2015

2030 US\$2 trillion

Majority of people who will develop dementia will be in **low- and middle-income countries**

Families and friends provide most of the care

Carers experience physical, emotional and financial stress

The Global Action Plan on the Public Health Response to Dementia 2017 - 2025

Vision

A world in which dementia is prevented and people with dementia and their carers live well and receive the care and support they need to fulfil their potential with dignity, respect, autonomy and equality.

Goal

To improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries.

The seven action areas and targets

Dementia as a public health priority



By 2025, 75% of countries have national policies, strategies, plans or frameworks for dementia

Dementia awareness and friendliness



By 2025, 100% of countries have a functioning public-awareness campaign on dementia
By 2025, 50% of countries have at least one dementia-friendly initiative

Dementia risk reduction



Risk reduction targets identified in the Global action plan for prevention and control of noncommunicable diseases 2013-2020 are achieved

Dementia diagnosis, treatment & care



By 2025, 50% of people with dementia are diagnosed, in at least 50% of countries

Support for dementia carers



By 2025, 75% of countries provide support and training for carers and families

Information systems for dementia



By 2025, 50% of countries routinely collect data on core dementia indicators

Dementia research and innovation



Global research output on dementia doubles between 2017 and 2025



**CALGARY & DISTRICT LABOUR COUNCIL
8TH ANNUAL**

Charity Golf Tournament Sat. Aug. 31, 2019

**INCLUDES GREEN
FEES (18 HOLES)
POWER CART
& LUNCH**

\$125 | 8:00 AM

Collicutt Siding Golf Club
1025 Western Drive, Crossfield
Proceeds to the United Way



Register by August 23
admin@thecdlc.ca | 405-262-2390
www.thecdlc.ca | #321, 3132-26 St. NE Calgary, AB TTY 6Z1



**\$10,000
HOLE-IN-ONE
CONTEST!**



STAMPEDE BBQ

☆☆☆ 2019 ☆☆☆

Come join us
for a free BBQ



WEDNESDAY

JULY 10

11:00 AM - 1:00 PM



EVERYONE WELCOME

UNA Southern Alberta Regional Office
1422 Kensington Rd NW



Abuse Violence Harassment

GET HELP

TAKE A STAND

TALK TO US

1.800.252.9394



United Nurses of Alberta
www.una.ab.ca





CDLC 2019 Workshops



Courses held at the CDLC Office unless otherwise noted
#321, 3132-26 St. NE Calgary

Registration deadline is 2 weeks before
each course REGISTER at
admin@thecdcl.ca or 403-262-2390.

Remit payment with registration.

Make cheque payable to Calgary & District Labour Council.

EXCEPTION: Instructors Training Registration is through the CLC website only. Go to canadianlabour.ca/labour-education

Lunch is provided – Please let us know any dietary restrictions when registering

Pre-Retirement Course

M

\$8

Affiliates / \$40 Spouse

COMPLETED

Health & Safety

M

\$6

Affiliates

COMPLETED

Instructors Training

June 17 - 20 (4 days)

In \$

\$2

COMPLETED

Location: UFCW 401

Building, 46 Hopewell Way

Calgary

Shop Steward Level 2

September 27 & 28

\$60 Affiliates/\$100 Non-

Affiliates

Pre-Retirement Course

November 23 & 24

\$80 Affiliates/\$120 Non-

Affiliates / \$40 Spouse

9th Floor, 10611 - 98 Avenue NW
EDMONTON AB T5K 2P7

Suite 900, 9925 - 109 Street NW
EDMONTON AB T5K 2J8

JOINT COMMUNICATION

Multi-Employer/UNA Collective Agreement

Guidelines Regarding

Booking and Cancellation of Shifts

By Casual Employees and Employers

January 19, 2007

Casual Employees and Employers have expressed significant concerns with the booking and cancelling of shifts involving Casual Employees with short notice. The Multi-Employer/UNA Joint Committee recommends the following guidelines related to this issue:

The Impact

When the Employee Cancels - When a Casual Employee has booked a shift, cancelling at the last moment leaves the Employer little time to find a replacement. This could result in the unit/program operating short-staffed thereby creating additional work and stress on other Employees and impacting patient care. Alternatively, if a replacement can be found on short notice, overtime payment is often required. This may cause the unit/program to run over budget and could, in the longer term, negatively impact staffing options and patient care.

When the Employer Cancels - When an Employer books a Casual Employee for a shift as a precaution against anticipated absences or increases in workload and then cancels at the last moment when it appears the Casual Employee won't be needed, this creates problems for the Casual Employee. The Casual Employee may have missed out on other opportunities to work, they may have made arrangements to deal with personal issues such as childcare that are difficult to change or they may have cancelled or rescheduled personal life events or appointments that are important to them.

Both the above scenarios can cause a great deal of angst, distrust and negativity in the workplace.

In addition, there tends to be a spiral effect as Employers and Casual Employees may start booking multiple shifts to protect themselves against potential shift cancellations.

Application of the Collective Agreement

In the current staffing environment, Casual Employees have multiple opportunities for accepting work. Since Casual Employees can only be scheduled with their consent, there is nothing prohibiting them from changing their consent if they receive multiple requests to work the same shift.

Under the Collective Agreement (Article 30.03(a) (i)), Casual Employees can only be scheduled more than seven days in advance if they are relieving another Employee for an absence of three months or less or for a specific job.

Where the Employer cancels a shift after the Casual Employee has reported to work, the Employee is entitled to 4 hours pay at basic rate of pay.

It is not a breach of the Collective Agreement for either the Casual Employee or the Employer to cancel the shift, even on short notice, provided it occurs prior to reporting for the shift. Even though it is not a violation of the Collective Agreement, there is a significant impact for Employees, Managers and patients/residents/clients.

Joint Committee Recommendations

1. **Minimize the occurrence of shift cancellations** - The Multi-Employer/UNA Joint Committee encourages all Employees and Employers to exercise reasonable judgment and consider the impact of their decisions when faced with these scenarios. Employees and Employers are urged to only cancel a shift where a casual Employee is already booked in the event there is an unanticipated development that would change the availability of the shift or the Employee's availability for the shift.
2. **Consider alternatives** - Employers are also urged to consider the long term impact on the availability and commitment of Casual Employees in areas where shifts are routinely offered and then later cancelled. When unanticipated situations do arise, (for example the sick employee that the Casual Employee was to replace returns to work earlier than anticipated) improved coordination between various areas of the Employer may assist in ensuring that the Casual Employee is offered alternative opportunities to work rather than simply having the booked shift(s) cancelled.
3. **Communicate** - Use communication, consideration and understanding. While we encourage Employees and Employers to avoid canceling shifts, there may be times when it is absolutely necessary to cancel a shift with short notice. Please

4. communicate with the other party as far in advance as possible. Communication is the key. Please be considerate of the circumstances around the need to cancel. In the absence of effective communications Employees and Employers may question the reliability of each other. Effective communication will improve both the quality of patient care and the relationships within the workplace.

NOTE: Collective Agreement provisions for Part-time Employees are different than those applicable to casual Employees. However, the Joint Committee encourages Employees and Employers to apply the same considerations as described above when booking and cancelling additional shifts for Part-time Employees.

If you have any questions regarding these guidelines, please contact:

For the Union:

David Harrigan
Director of Labour Relations
United Nurses of Alberta
1-800-252-9394

For the Employers:

Cory Galway
Senior Negotiator
HBA Services
(403) 281-8510



40TH ANNIVERSARY GALA

*Celebrating 40 years of advancing the fight
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www.friendsofmedicare.org/40th_anniversary



THE BIG MONEY CLUB

Revealing the Players and Their Campaign to Stop Pharmacare



CANADIAN
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Sharon Batt, PhD

MARCH 2019

**IT'S TIME
PRESCRIPTION
DRUGS BE
CONSIDERED
PART OF OUR
PUBLIC HEALTH
CARE SYSTEM**



Why Canada Needs Universal Public Pharmacare

Did You Know?

- Canada is the only country in the world with a public health care system that doesn't include prescription medication.
- Among OECD countries, Canada pays some of the highest prices for medication.
- One in four households can't afford the medicines they need. That means people are getting sicker and having to visit the doctor and hospital more often.



Canada's Patchwork of Drug Plans

Private plans

Most Canadians have partial drug coverage through work-based insurance plans. They usually have to pay part of the cost of their medication. They risk losing their coverage if they change or lose their jobs or they retire. There are over 100 000 private drug plans in Canada with different levels of coverage.

Public plans

Only 1/3 of Canadians are covered by public drug plans, which vary across the country. There are over 100 public drug plans with different levels of coverage.

No plan

Many Canadians, including those who are self-employed, have no drug coverage at all. They often have to go without the medications they need.

Advantages of Universal Public Pharmacare

- With greater bargaining power, Canada could negotiate lower prices for medication. We could save up to \$11.4 billion per year.
- Prescription medication would be covered like other health services. Canadians could fill their prescriptions just by showing their health card.
- There would be no deductibles, co-payments or insurance forms.
- No one would be excluded.

Canada's National Public Drug Plan Should Be:

- **Universal**
- **Accessible**
- **Comprehensive**
- **Publicly-administered**
- **Portable**





The Economic Benefits of Public Universal Pharmacare

In addition to providing health benefits, a universal public drug plan would provide Canada with many economic benefits.

- Prescription medication prices would be much lower. Instead of having over 100 000 different drug plans across the country, there would be one national drug plan. We could therefore bargain more effectively to lower medication costs. We would also save by eliminating the administration fees associated with having so many drug plans.
- Employers would save \$9 billion every year by not having to pay for work-based drug plans. This would enhance the competitiveness of Canadian companies. It would be an incentive for business growth and increased employment.
- Savings for families would total \$7.1 billion every year, which is how much Canadians are currently paying for their medication. People would have more money to invest in themselves, to improve their standard of living, start or expand a small business, or pay down their debts.



Overall spending by the federal government would increase only modestly (between 2 and 2.6 percent) to fund pharmacare. This would be an investment in the health of Canadians and in the country's economy. No new taxes would be required. Payroll taxes discourage job creation, and increases in the GST are unfair. There shouldn't be deductibles or co-pays since they prevent people from accessing the medications they need.

Leadership by the federal government is critical to induce the provinces to get on board and follow national standards. The federal government should fund at least fifty percent of pharmacare, with the provinces covering the rest. This is how hospitals and doctors are funded. The federal government has much greater financial capacity to spend on programs than the provinces do.

The insurance industry and its supporters have proposed a "fill-in-the-gaps model". This means leaving the thousands of different drug plans in place and just adding a public plan for those who lack coverage. But this would maintain all the disadvantages of the current system: high drug prices, uneven drug coverage, and unaffordable deductibles and co-pays.

To reap the economic benefits of pharmacare, we need a national public drug plan that is universal, accessible, comprehensive, and portable. There is no economic reason preventing Canada from joining all the other OECD countries that include prescription drugs in their universal public health care plans. Canada needs pharmacare now.

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END SEXUAL HARASSMENT AND VIOLENCE



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Violence at Work

Violence in the workplace is often thought to be limited to a physical assault. In fact, it is any act in which a person is abused, threatened, intimidated or assaulted during her or his employment.

What is workplace violence?

- ▲ **threatening behavior** - such as shaking fists, throwing objects or destroying property
- ▲ **verbal or written threats** – any expression of an intent to inflict harm
- ▲ **harassment** – any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities.
- ▲ **verbal abuse** – swearing, insults or condescending language
- ▲ **physical attacks** – hitting, shoving, pushing or kicking

What workplace factors increase the risk of violence?

- ▲ working with the public
- ▲ handling money, valuables or prescription drugs
- ▲ providing health care, advise or education
- ▲ working with unstable or volatile persons
- ▲ working in small numbers or working alone
- ▲ working in community-based settings
- ▲ working during periods of intense organizational change
- ▲ working in uncontrolled environments (home care, mental health outreach)
- ▲ working in Emergency or walk-in clinics
- ▲ working night shift or during stat holidays

What are your rights?

For the purposes of the OHS Code, violence is defined as the threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury.

Employer must ensure that workplace violence is considered a hazard. They are obligated to perform hazard assessment – prevention is preferable to intervention

The assessment is to identify:

- aspects of the workplace that may enhance opportunities for violence
- individuals at high risk

- the need for controls Employees must receive training in: how to recognize workplace violence, policy & procedures to minimize or eliminate violence, appropriate response to violence, procedures for reporting, investigating and documenting incidents

What about harassment?

The Code does not include harassment. However, most of UNA collective agreements include a provision that the employer have a harassment policy in place and that it be reviewed annually (revised if deemed appropriate) by the Occupational Health and Safety Committee.

Policy should inform workers about:

- what behavior management considers inappropriate and unacceptable in the workplace
- what to do when incidents covered by the policy occur
- contacts for reporting any incidents
- management commitment to deal with incidents of harassment in the workplace

What works?

- assigning at least two workers to high risk areas
- increasing lighting to eliminate hidden corners
- install protective barriers
- ensure that effective communication and security devices are in place
- providing workplace violence training
- providing support for victims of violence
- controlling access

What can you do?

- ▲ report incidents of workplace violence to your supervisor and your local OH&S representative – fill out a UNA OH&S form.
- ▲ contact your UNA local representative to assist you if you have been harassed – they can assist you to file a harassment complaint.
- ▲ request that your employer carry out a workplace assessment to identify risk factors for violence before you or a colleague become a victim of violence.



**A
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United Nurses of Alberta

CDLC 11th Annual LABOUR DAY BBQ

- ➡ LIVE MUSIC
- ➡ FREE FOOD
- ➡ FREE BOOKS
- ➡ FAMILY EVENT
- ➡ All are WELCOME

MONDAY, SEPTEMBER 2, 2019

11 am to 2 pm

Calgary Olympic Plaza
228-8 Ave. SE Calgary



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 **United Nurses of Alberta**

RN

RPN

Overtime should be paid for time spent correcting Employer payroll errors

When Employers make payroll errors, Employees are entitled to expect the Employer will correct them in a timely manner.

Unfortunately, it is not unusual for Employees to be required to devote significant time and effort to fixing payroll errors.

Since a fundamental obligation of any Employer is to provide accurate and timely pay to their Employees, UNA does not believe any Employee should have to spend their free time trying to correct an Employer's error.

So if you experience a payroll error, UNA encourages you to immediately advise your manager if you require time during a scheduled shift to address it. If management is unwilling unable to provide appropriate scheduled time, UNA encourages you to request overtime for the time you must spend to correct the error.

UNA may be able to take the position the Employer has unreasonably denied a request for overtime, allowing us to pursue appropriate payment through the grievance process. For a grievance to succeed, you will need to record details of dates, times and the efforts you spent trying dealing with the problem and provide them to UNA.

Whether you wish to seek overtime or not, if you are finding it difficult to have your Employer correct a payroll error, contact UNA for assistance. Your UNA local executive or Labour Relations Officer can be reached at 1-800-252-9394.



United Nurses of Alberta



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

Local 115 Meetings: September 11th, October 9th, December 11th. All meetings will be held at Foothills Medical Centre in room AGW 4A-B from 1600 – 1800. 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 for more information.

Local 115 Annual General Meeting: November 13th. 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. This year AGM will be in the auditorium at the Tom Baker Cancer Centre. The official meeting time has yet to be announced and will align with past practice of extending over four hours during the late afternoon/early evening. Come and learn more about what your union does for you. For more information contact us at local115exec@una.ab.ca.

UNA Demand Setting 2019: November 19th – 21st. Before the expiry date of any UNA collective agreement, affected members can attend demand setting meetings at which the locals determine their bargaining proposals. This is the process through which UNA's members democratically decide their priorities in bargaining. This is an event you certainly don't want to miss. Contact the Local Executive at local115exec@una.ab.ca for your nomination form and visit una.ab.ca for more.

The Calgary Pride Parade: September 1st. From 11am – 1pm, the United Nurses of Alberta will be marching in the Calgary Pride Parade. All families, friends, pets, and allies welcome! It's the most colourful event of the year and the signature event that colours all of downtown Calgary with rainbows and smiles! Any questions, comments or how to get involved please email huynh.d.tony@gmail.com or pride@una.ab.ca.

The Calgary District Labour Council 8th Annual Charity Golf Tournament: August 31st. \$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 23rd. Email admin@thecdcl.ca or visit <http://www.thecdcl.ca> for more information.

The Calgary District Labour Council's (CDLC) 11th Annual Labour Day BBQ: September 2nd. 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.

Parkland Institute's Annual Conference: November 15th – 17th. 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 23rd annual conference held in Edmonton and the University of Alberta. See <https://www.parklandconference.ca> for more information.

Know Your Rights Workshop: September 17th, October 29th & December 19th. The "Know Your Rights" workshop offers new members, or members who 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.

Dealing with Abuse Workshop: September 17th & September 18th. 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.

South Central District Meetings: September 27th & December 12th. 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 for more information.

Keep an eye out for our fall publication for more.

Please Post



United Nurses of Alberta



Notice of Monthly Meetings

September 11th, 2019, October 9th,
December 11th, 2019

16:00 – 18:00

Foothills Medical Center Room AGW4A-B

403-670-9960

local115exec@una.ab.ca

www.local115.wordpress.com



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