LOCAL 115 UNA

NEWSLETTER

Fall 2019

United Nurses of Alberta

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, Arielle Hebert, Karen McComb (on leave), Laura Muenchrath, James Zachary
PRC Committee: Local 115 Executive, Laura Ashburn, Simone Foster, Mandy Hart, Cyrena Quinn, Nicole Thrasher (on leave)

Published by the United Nurses of Alberta Local 115 four times a year for our members

Editors

Local 115 Executive & Communications Committee

Local 115 Executive Team

A Moment with the Secretary

By Sheldon Vogt,
Local 115 Executive Secretary,
United Nurses of Alberta

It is an important time as a member of Local 115. A federal election looms and the campaign trail is busy with party leaders highlighting their platforms. UNA is a non-partisan organization yet is politically active and encourages and facilitates members to be the same. This Fall 2019 issue of the Local's newsletter includes material pertaining to the upcoming election. The purpose of this information is to help our members make informed decisions. We ask one thing of all you: Vote! This is your opportunity to have your voice heard.

I'd like to take a moment to highlight two important Local events. The next Local meeting is October 9th. Candidates running for the Provincial Executive team, as 1st & 2nd Vice President, will be in attendance to give a brief speech and participate in a Q&A. This in an excellent opportunity for members to pose questions to the future leaders of UNA. I would like to recognize the two current Provincial Executive members who are retiring after lengthy service records with UNA; Jane Sustrik and Daphne Wallace. I recall conversations with members last week who said of Jane, "she has a way of making you feel like you're her best friend", and of Daphne, "she's right in the thick of everything leading the way". Congratulations to both of you. We salute your dedication to the labour movement and wish you the very best in whatever comes next. Another event worthy of your calendar is the Local AGM November 13 (register through Eventbrite). This is your opportunity to be involved and engage in discussion regarding the trajectory of Local 115.

Jane and Daphne were both strong advocates for work-life balance and mental health. It reminds me of the following story shared from one of our members,

"As I walked up the hill to work, my mind was taking time to contemplate, question and criticize every life decision I've ever made. It felt as though everything in my life was a compounded problem that I was incapable of solving. I faced an internal implosion as I rounded the hill to the concrete fortress of FMC. I rested my arms and forehead against a window, trying to breathe. As I was propped against the cold glass, I was greeted with a "good morning" from an elderly frail-looking bald man wearing a hospital gown, pushing an IV pole, and wrapped in a hospital blanket. A bird was singing close to us and he looked in its direction with an expression of gratitude and peace on his face. It occurred to me that this man was a likely cancer patient and that this listening-to-the-bird moment may be the last time he would ever hear a bird sing. Moments later I found myself in front of a mirror in the coffee room just prior to stepping on the floor to start my shift. As I stared at my reflection, out of my mouth came words from the movie The Help, "You are beautiful, you are smart, and you are important". While I made it through the shift, I was acutely aware that I needed help. "

If you relate at all to this experience, I reflect the same to you now: You are beautiful, smart, and important. You are not alone. Our mental health matters. You matter. There are resources available to us. Call the Employee and Family Assistance Program at 1-877-273-3134. Call the Local 115 Executive team at 403-670-9960. We are here with you every step of the way.

In Solidarity,

Sheldon Vogt

Local 115 Executive Secretary

LOCAL 115 UNA

CLIMATE CHANGE AND HEALTH

IT'S TIME FOR NURSES TO ACT

-A Discussion Paper-

CFNU
CANADIAN FEDERATION OF NURSES UNIONS

Wanda Martin, RN, PhD
Lindsey Vold, RN, MN

JUNE 2019

INFORMATION PICKET
Fight back with AUPE

AUPE members and our supporters are standing up for all working Albertans. We're fighting for our contracts, our wages, and our rights.

THURSDAY October 10

11:30 am - 1:00 pm

AUPE
Alberta Union of Provincial Employees

WHO:
095/011,
all AHS staff,
...and their supporters

WHERE:
Outside the Peter Lougheed Centre on 36 Street, north of 26 Ave NE

Contact: David Choy chairlocal095@aupe.ca


S M T W T F S
OUR profession OUR jobs
wear white Wednesdays
United Nurses of Alberta
RN
RPN
RN

December 2018

SPOTLIGHT
ON THE ELECTION ACT

You can vote in elections

Alberta's Election Act ensures that all eligible voters are allowed sufficient time to vote on Election Day. Section 132 of the Election Act allows for three consecutive hours for the purpose of voting.

An Employee's regular work schedule may already allow for three consecutive hours while the polls are open (from 900 to 2000 on Election Day).

If a shift begins at 1200, or ends by 1700, an Employee will have the three hours required by legislation to vote and would not be entitled to take additional time off.

The provisions contained in Section 132 of the Election Act state:

(1) An Employee who is an elector qualified to vote shall, while the polls are open on polling day at an election or plebiscite, be allowed 3 consecutive hours for the purpose of casting the employee's vote.

(2) If the Employee's hours of employment do not allow for the 3 consecutive hours' absence, the Employee's Employer shall allow the Employee additional time for voting to provide the 3 consecutive hours, but the additional time for voting shall be granted at the convenience of the employer.

(3) No Employer may make any deduction from the pay of an Employee or impose on or exact from the Employee any penalty by reason of the Employee's absence from employment during the 3 consecutive hours referred to in subsection (1) or additional time granted under subsection (2).

Talk to your manager in advance to ensure you have the time off.

UNA
United Nurses of Alberta

Provincial Office: 780-425-1025 or 1-800-252-9394 • **Southern Alberta Regional Office:** 403-237-2377 or 1-800-661-1802 • **www.una.ab.ca**

Alberta Federation of Labour

MAKE A PLAN

WHAT YOU NEED TO KNOW TO VOTE IN THE FEDERAL ELECTION HERE IN ALBERTA

Did you know?

- *You can vote ANY day of the election up until October 15th?*
- *You can register to vote when you arrive at the polling station?*

Federal election rules are different than Alberta's recent provincial election. Find out more on how best to prepare to vote below.

WHO IS ELIGIBLE TO VOTE?

To be eligible to vote, you must be:

- a Canadian citizen
- at least 18 years of age on election day

You must be a registered voter to cast a ballot. To check if you are already on the electoral list, visit Election Canada's online voter registration service at ereg.elections.ca or contact them by phone at 1-800-463-6868.

Remember you can register to vote when you arrive at a polling station!

WHAT IDENTIFICATION DO YOU NEED TO VOTE?

To vote you need to prove your identity and address. There are three ways to do this:

1. ***Show one piece of ID** which proves your identity and current address.*
    - *Example: A driver's license with your current address.*
2. ***Show two pieces of ID** where both pieces must have your name and at least one must have your current address.*
    - *Example: Your health care card and your voter information card.*
    - *Example: Your student card and a utility bill.*

Note: Find a complete list of authorized ID and options is available here.

3. ***If you don't have ID***
    - *Vouching: You can still vote if you have a person who knows you and who lives in your poll (votes at your same polling station), vouch for you identity and address at the polling station.*
    - *Letter of Confirmation:*
        - *Letter from a public sector curator, public guardian or public trustee.*
        - *Letter of confirmation of residence from a First Nations band or reserve or an Inuit local authority.*
        - *Letter of confirmation from one of the following designated establishments: a student residence, seniors' residence, long-term care institution, shelter, soup kitchen, or a community-based residential facility.*

Alberta Federation of Labour

MAKE A PLAN

WHAT YOU NEED TO KNOW TO VOTE IN THE FEDERAL ELECTION HERE IN ALBERTA

Did you know?

- *There are four different ways to vote?*
- *You can vote ANY day of the election up until October 15th?*

USE ONE OF THESE FOUR WAYS TO VOTE:

1. On Election Day

Election Day is Monday, October 21, 2019.

Polls are open that day from 7:30 a.m. to 7:30 p.m. in Alberta.

2. At the Advance Polls

Advance Polls are open 9:00 a.m. to 9 p.m. daily on:

- Friday, October 11
- Saturday, October 12
- Sunday, October 13
- Monday, October 14

The address of your polling place will be on the voter information card that you will receive in the mail or you can also find your Advance Polling Station at www.elections.ca (after September 24th).

3. By Special Ballot

Needing another option? You can use a Special Ballot to vote right now! Special Ballots are already available in person at any Elections Canada Office from now until October 15th at 6:00 p.m.

You can find the office closest to you online here.

Elections Canada offices are open seven days a week:

- Monday to Friday: 9:00 a.m. – 9:00 p.m.
- Saturday: 9:00 a.m. – 6:00 p.m.
- Sunday: 12:00 noon – 4:00 p.m.

4. Request a Ballot by Mail

Special Ballots are also available by mail. Order yours before Tuesday, October 15th at 6:00 p.m. by mail using this online form.

FURTHER QUESTIONS?

Go online to Election Canada's Voter Information Service or you can always call the Elections Canada's toll-free number at 1-800-463-6868.

Federal Election 2019

PUBLIC HEALTH CARE CHEAT SHEET

Not all political commitments are equal. Here are some keywords to look for in parties' health care platforms.

KEEP IT PUBLIC

LOOK FOR

- Support public health care
- Stop for-profit health care
- Address wait times
- Improve access
- Enforce the Canada Health Act

BE WARY OF

- Encouraging health care "choices" – it's often a code word for increased privatization of health care services
- Two-tiered system

FUND IT FAIRLY

LOOK FOR

- Increase federal funding
- Tie health care dollars to health care services
- Enforce the Canada Health Act

BE WARY OF

- No mention of funding
- Austerity measures
- Cuts to services

EXPAND IT

PHARMACARE

LOOK FOR

- A plan that is:
- Universal
- Public
- Comprehensive
- Accessible
- Portable

BE WARY OF

- No mention of a national pharmacare plan
- A public/private system
- Only "filling in the gaps" - e.g. with a program that provides pharmacare only for a certain demographic
- Reducing the price of medication through bulk purchasing only
- Allowing provinces to opt out

SENIORS' CARE

LOOK FOR

- National strategy
- Improve access and quality of care
- Additional funding tied to national standards

BE WARY OF

- No mention of a seniors' care strategy
- No additional resources to address the shortfalls - e.g. money only for "new" programs
- Increased privatization - e.g. building new private facilities or Public-Private Partnerships (P3s)

VOTING TO IMPROVE PUBLIC HEALTH CARE

QUESTIONS FOR CANDIDATES

1 If elected, will your party create a public, universal pharmacare program as recommended by the Advisory Council on the Implementation of National Pharmacare?

Currently, 3.6 million Canadians can't afford to fill their prescriptions. Canada is the only country with a universal public health care system that doesn't cover prescription medication. The current system is unfair and unsustainable. No one should have to choose between putting food on the table and buying the medications they need. Medication should be covered like other health services. When people fill their prescriptions, we should be asking for their health cards, not their credit cards.

2 Do you support public health care? Will you take action to stop for-profit, private health care?

Our public health care system is based on five important principles laid out in the Canada Health Act: universality, accessibility, comprehensiveness, portability and public administration. These principles work together to ensure that health care is delivered based on people's needs and not on their ability to pay. The federal government should enforce the Act to ensure that health care remains accessible to all.

Health care services should be focused around patients, not on making profits. For-profit, private health care is threatening our public system by taking resources and staff away from it. This results in longer wait times across the country.

3 Will you be a public health care champion by asking the federal government to provide the provinces and territories with adequate and stable funding for health care?

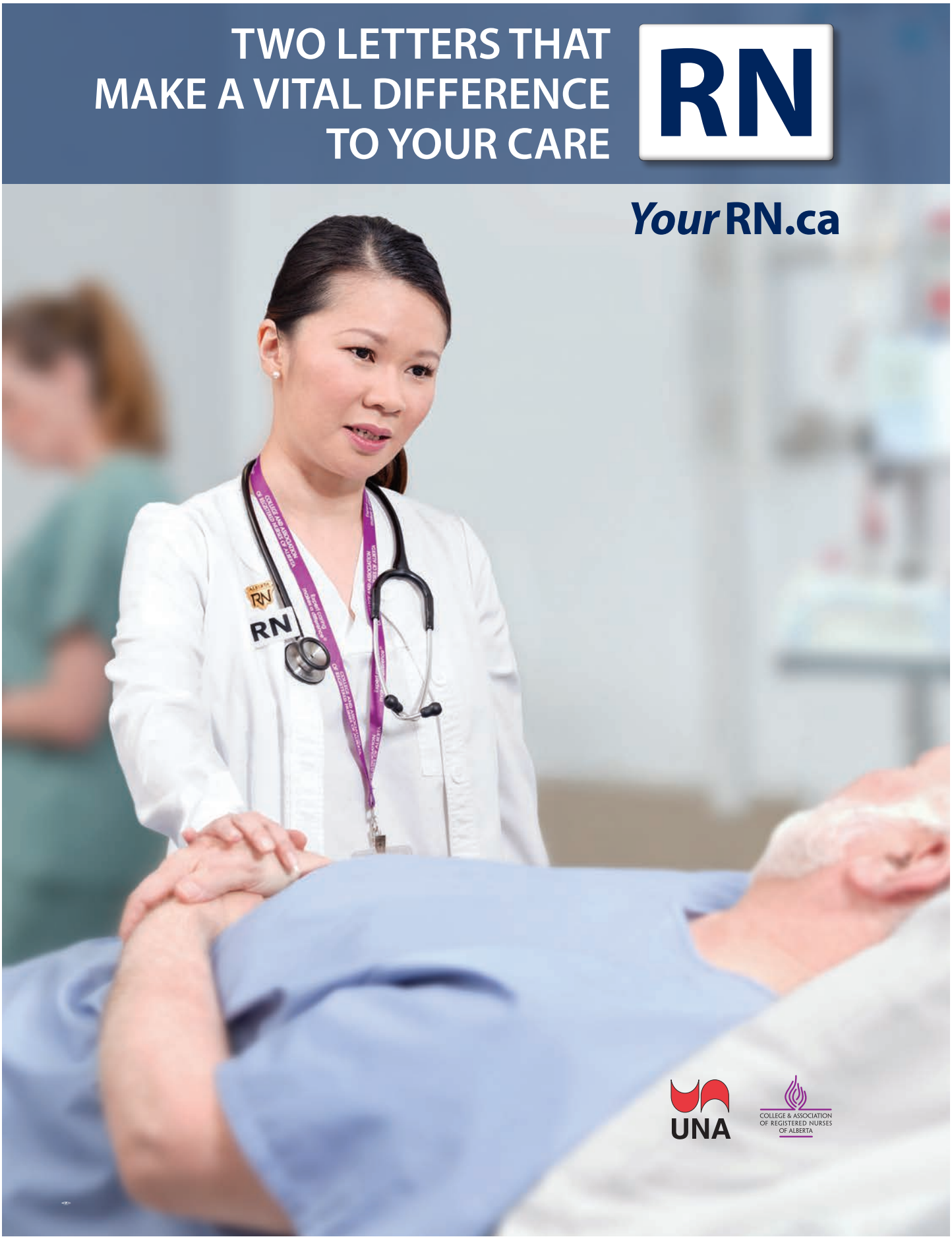
Public health care costs increase annually based on several factors including inflation, the aging population and new technologies. Health care funding in Canada hasn't been keeping pace with these changes. For far too long, the system has been underfunded. To ensure people across Canada can access the same quality of public health care, the federal government should pay its fair share, ensure federal dollars are spent on public health care and commit to meeting the real costs of health care.

4 If elected, will your party create a national seniors' care strategy so seniors across the country can age with dignity and respect? Will this strategy tie federal funding to consistent standards of care?

Seniors' care often falls outside the scope of the Canada Health Act, which primarily covers services provided by doctors and hospitals. Wait times, eligibility criteria and out-of-pocket expenses for seniors' care vary greatly across the country. A lot of seniors' care is provided by for-profit facilities, and not everyone can afford it. The federal government should adopt a national seniors' care strategy to ensure everyone in Canada can access quality seniors' care.

Canadian Health Coalition / Coalition canadienne de la santé

healthcoalition.ca Canadian Health Coalition @healthcoalition


TWO LETTERS THAT
MAKE A VITAL DIFFERENCE
TO YOUR CARE
RN
YourRN.ca
RN
UNA
COLLEGE & ASSOCIATION
OF REGISTERED NURSES
OF ALBERTA

Member Spotlight: Alanna Rutherford

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

Alanna Rutherford in a Registered Nurse working on Unit 21 at the FMC. Influenced by parents in the public health field, she has embarked on a nursing journey which has led her to the area of mental health. Her passion for mental health nursing is evident not only in her work in hospital but also in her educational endeavours as she prepares to defend her master's thesis. She is the oldest sibling of three, a practitioner of the Brazilian martial art Capoeira, and an avid world traveller.

Q: Where did you go to Nursing school and where was your first job?

A: I went to nursing school in Queens in Kingston, Ontario. During school, I went to England one summer to work and stay with family. I loved it so I started going back for Christmas', school breaks and summers. I had pretty much moved there during nursing school. After I graduated, I moved there permanently but I couldn't work as an RN because I was told I needed a year's worth of full-time RN experience in Canada before they'd give a me a nursing license. I worked as what was called a Senior Health Care Aide. It's similar to an LPN role except we cannot give medications.

Q: What's the family connection to England?

A: I have an aunt there that lives in Cheltenham. My mother was born in Cambridge while my grandfather was studying his PhD. A couple of months after my mother was born, my grandfather finished his PhD and they moved back home to Trinidad and Tobago in the Caribbean.

Q: What brought the family to Canada?

A: My mother came to Canada for university and that's when she met my dad. Our family moved to Prince Albert, Saskatchewan. I left for university and my family moved to Saskatoon after I left. My sister moved to Calgary to study criminal justice at Mount Royal and my brother became a pharmacy assistant. When I returned from England, my family was in Calgary, so I stayed.

Q: Where was your first Registered Nursing job?

A: In a rural hospital in Drumheller. At the time there was a hiring freeze. I kept applying and was fortunate to get a job on Unit 32 at FMC. As it frequently happens on Unit 32, someone from Unit 21 called and asked if we would come down and start an IV. I started talking to the nurses and saw how much they liked working mental health. I sent the manager an email and was called for an interview. I began working casually until a line came up and I got the job.

Q: What was it that led you to choose nursing as a career?

A: Both of my parents worked in environmental public health. They worked closely with public health nurses. When my mom explained to me the role of the public health nurse, I was surprised to learn that nurses worked outside of the hospital. Funny enough I ended up working as a nurse in the hospital.

continued on next page...

Member Spotlight: Alanna Rutherford

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Q: Tell me about Unit 21?

A: It's an adult inpatient psychiatric unit. We tend to get the more acutely ill patients just because we have the capacity to take them. Patients are under the primary care of a psychiatrist. Care planning is primarily focused on managing behaviour. The high observation rooms are for individuals that cannot cohabitate. We trial them on unit and are hopeful for a successful reintegration. A trusting relationship between patients and staff is vital.

Q: Talk about the admission process to Unit 21…

A: The majority of people are admitted with a mental health diagnosis, but some have yet to be diagnosed and are exhibiting clinical symptoms that suggest a mental health condition. Patients most commonly come from the Psychiatric Emergency Department. They are assessed to determine the psychiatric issue and the need for hospitalization. The physician or resident in Psych Emerg admits the person to the place with the next available bed. It's not until the patient is assessed on unit by a psychiatrist that they have an attending physician.

Q: Walk me through a typical work day on Unit 21…

A: I do a round with all my patients and introduce myself. I let them know to call me if they need anything. I prepare and administer medication. With every patient on every shift you have to do a mental status examination. I sit down with them and ask them questions about their mental health. I have some freedom with the questions I ask and tailor them to fit the patient. We also have to do a suicide risk assessment on every patient. It's a structured tool and helps us identify who is at risk. Lots of our time is spent documenting. There is a common misconception that mental health is less acute than other areas of the hospital. I've actually had more codes in mental health than I have had in medicine. We've had patients disclose to us that they've swallowed objects and we have to involve the OR team. It's really not that uncommon. There never is a dull moment.

Q: Are patients ever moved to other sites to assist with their care?

A: They can be transferred to another site when it will help with their recovery. It also helps prevent staff burnout and is used to allocate resources better. For example, I remember one person who couldn't be near other people, so they took up the entire high observation area which blocked the other beds. That's a situation where they would move that individual to another more appropriate site.

Q: What services exist for those who show up to Psych ED and aren't admitted?

A: There's a short stay unit at the PLC and a crisis stabilization unit at RGH. The crisis stabilization unit is for people who don't require long term hospitalization but maybe just need a day or two to stabilize. The goal is to have people admitted for a maximum of 24 hours. Transport is arranged for those needing it.

Q: What mental health training have you received?

A: I spent two days with CNE when I was hired on Unit 21 who went through stuff like diagnosis, documentation requirements, etc. Then there's mental health orientation. The management team on Unit 21 is extremely supportive of education and put me through a couple of courses. We get paid for our ACE modules rather than being told to find time to do them on shift. A couple of days ago there was a suicide awareness conference and they said the first 20 people to express interest to go would be granted time off to attend. They even arranged coverage. I'm currently taking my master's in nursing. My thesis is looking at discrimination towards people with mental illness in non-mental health care hospital settings. I'll be set to defend my thesis in a month or two.

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

A: I love hearing people's stories. My job is to sit with them and get to know them. In medicine I rarely had the time. You establish a relationship with your patients. I've always loved mental health. I just found it super interesting. The skills I've gained from mental health are phenomenal. The environment I work in is fantastic. I feel supported by my management team. I can approach them with questions or concerns at any time. I like going to work.

Q: What do you like to do for fun?

A: I do Capoeira. Capoeira comes from Brazil and it's a great close-knit community. When I moved to Calgary I didn't know anyone. I wanted to try something new to get in shape. I just turned up to a class one day and fell in love with it. I just went to a Capoeira event in Hong Kong last year. I don't compete but I do participate in seminars. They bring instructors in from all over the world.

continued on next page...

Member Spotlight: Alanna Rutherford

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Q: Where else have you travelled?

A: I've probably been to about 40 countries. I traveled to the Caribbean a lot as a child. Living in England gave me the opportunity to travel. It's so affordable to spend just a weekend here or there. I'd get home leading into my time off and just look online for seat sales. It was fun to say, well I guess I'm going to Switzerland this weekend, and have nothing else planned. I really enjoy the people in Ireland. Lebanon was great for the culture. It was unlike anywhere I've been before. Italy was good for the food. If you're looking for beaches, obviously the Caribbean is the place to go. I'd say Barbados is probably best. Maybe also the Gill Islands near Bali. I want to travel to South Africa next. My good friend is from Botswana. I've heard a lot about it. Maybe I'll stop in Madagascar and Zanzibar.

Q: Do you speak any other languages?

A: No. I tried to learn Portuguese. I understood more than I could speak. I took lessons for a year but sometimes you realize you just have to give up (laughs).

Q: Anything else you like to do in the Calgary area?

A: I like working out. I have the cutest Italian miniature greyhound puppy named Biscuit. I like walking him, taking him to the dog park, and going on hikes.

Q: What's your favourite book/TV show /Movie/Restaurant?

A: My favourite author is Irvin Welsh. He wrote Trainspotting. I like documentaries and really like ones about nature and science. The series Through the Wormhole comes to mind. There is also one called Invictus that is excellent. My favourite movie is probably Trainspotting. My favourite foods are sushi and Indian. I also found out I like Mexican food after travelling to Mexico.

Q: What advice would you give yourself as new nurse?

A: Do what you love right away. Don't wait.

Q: Where do you see yourself in 5 years?

A: I'm not really sure but know I'll pursue further education. I love to learn.

Q: What is your greatest challenge in the workplace?

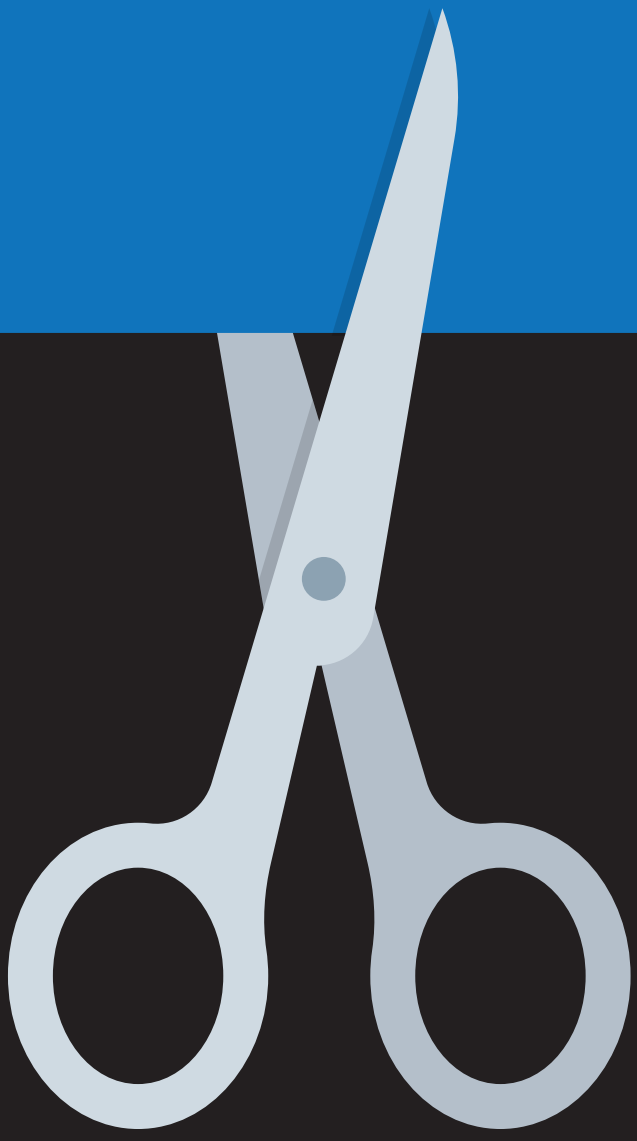
A: Shift work. It's exhausting. The older I get the harder it becomes.

Q: Why is the union important to you?

A: The union provides us with a sense of protection. It's nice to know I have a place to go if something isn't right or if I have a concern about a patient, mismanagement, or bad practices. The union is our advocate and protects our wages and our jobs. Without them who's to say someone wouldn't try to have us replaced.

CUTTING THROUGH THE BLUE RIBBON

A Balanced Look at Alberta's Finances



PARKLAND INSTITUTE

Bob Ascah, Trevor Harrison and Richard E. Mueller

PUBLIC HEALTH CARE 2019

Friends of Medicare

#VoteHealthCare

TIPS FOR COMPLETING A
Professional Responsibility Concern Form (PRCF)

General

- Complete the form as soon as possible after observation.
- Print or write legibly if using a paper form.
- Complete all the fields on the form that you have information for.
- Electronic submission of the form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc
- DO NOT use names of patients/residents/clients, staff, doctors, or others on the form.
- Discuss the issue with your immediate Manager, Supervisor, or Manager on call as soon as possible after the observation. Provide them with a copy of the PRCF if it has been completed.

Detailed Description of the Incident/Issue

- Provide measureable facts and be as specific as possible.
- Describe the hazard or potential risk to patients/residents/clients (e.g. were assessments or medications delayed or were you not able to adhere to the standard of care because of workload).
- Describe anything you or your co-workers did to mitigate the potential hazard/risk to patients/resident/clients.

RLS (or other incident report) completed?

- Indicate whether you filled out a RLS or other incident report form on the same issue.
- RLS is a voluntary reporting system.
- You are under no obligation to indicate whether you filled out a RLS report on the PRCF.

Recommendations

- Number your recommendations in order of priority.
- Be as specific as possible (e.g. add 4 hours of RN support to evening shift on Saturday and Sundays from 1900-2300).
- Think outside of the box to identify all potential solutions to the issue. Purpose: Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational, human support systems, and the resources necessary for safe, competent, and ethical nursing care.
- Employers and the United Nurses of Alberta have agreed that it is of mutual benefit to find resolutions to issues of concern including the safety and quality of Patient/Resident/Client care.

LOCAL 115 UNA
United Nurses of Alberta

Professional Responsibility Concern Form
(PRCF)

Electronic submission of this form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc

ALL sections of this PRC MUST be completed. A PRC representative will be in contact with you within two weeks to follow-up on your PRC.
For more information on completing a PRC, go to https://una.ab.ca/memberresources/professionalresponsibility

Worksite: _____ Unit: _____

Local File#
Date Rec'd

Reporter Name(s): _____ ☐ Individual ☐ Group

Manager's Name & Title: _____

It is expected that a Manager will be notified about the PRC concern to allow the manager the opportunity to address the issue. Discuss exceptions to this requirement with your UNA PRC representative.

Manager/Manager-on-call contacted? ☐ Yes ☐ No Date _____ Time _____

Reason Manager not contacted: _____

Name of Manager/Supervisor contacted: _____

When did the incident/issue occur? Date _____ Time _____ Shift _____

REQUIRED **What Patient Safety or Quality of Care Concern was Impacted by this Situation?**
In other words, what is the general reason for filing this PRC. Keep this section brief.

REQUIRED **Detailed Description of Situation/Issue/Concern**
Do not use names of patients, residents, clients, staff, doctors, or others

☐ See 2nd page (attach 2nd page if you need additional room)

Purpose

Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organization and human support systems, and the resources necessary for safe, competent, and ethical nursing care.

United Nurses of Alberta
Local 115
300-1422, Kensington Road NW
Calgary, Alberta T2N 3P9

(403) 670-9660 phone
(403) 263-2908 fax
115prc@una.ab.ca
www.una.ab.ca

James Cooke, MA, RN
Co-Chair, PRC Joint Committee
jcooke@una.ab.ca

RLS (or other incident report) completed? ☐ Yes ☐ No RLS/Incident Report#: _____ If known
This form does not replace the Employers' incident reporting form/system. RLS is a voluntary reporting system.

Is staffing a factor for this issue? ☐ Yes ☐ No Were any medications missed/late? ☐ Yes ☐ No

Were any assessments done late? ☐ Yes ☐ No Did you miss any breaks? ☐ Yes ☐ No

REQUIRED **Recommendations/Potential Solutions You Would Propose**
What is needed to prevent this situation or issue from occurring again? What are the potential solutions that solve this problem?

Name (Printed) _____

Designation: ☐ RN ☐ RPN ☐ LPN ☐ Other (Specify) _____

Signature _____ Date PRC Submitted _____

REQUIRED Personal E-Mail _____ Cell ph _____
A UNA PRC representative will be in contact with you. Do not use AHS email or work phone as UNA is unable to communicate with you via work email/phone.

EDUCATION

CUTS ARE COMING

In May 2019, Premier Kenney and the UCP-majority government of Alberta struck a Blue Ribbon Panel to review Alberta's finances and recommend a plan to balance the budget – only looking at the expenditure side of the equation. The panel released their report on September 3 and it is disastrous for the public services that all Albertans need and rely on.

Like Ralph Klein before them, Premier Kenny, Finance Minister Toews, and former Saskatchewan Finance Minister and Blue Ribbon Panel Chair Janice MacKinnon are repeating the talking point "Alberta has a spending problem" to justify making extreme cuts to public services and infrastructure.

The truth is, **Alberta has a revenue problem.** Due to decades of insufficient taxation and overreliance on resource revenues, there is a shortfall of up to $14.1 billion dollars annually in the province – that's about Alberta's annual spending on K-12 and post-secondary education, combined.

In line with her historical precedent of closing hospitals, ending the Saskatchewan children's dental plan and universal drug program, and slashing funding to schools, hospitals, universities, and local governments, MacKinnon's report is recommending:

- Cutting and privatizing health care
- Cutting public sector workers' wages, but giving raises to managers
- Cutting and commercializing post-secondary education
- Cutting funding to K-12 education

All in, the panel is recommending **cuts of over 14% in all areas of government spending over the next four years** when we consider population growth and inflation. During the election, Jason Kenney promised front-line services would be protected, but how can that be possible with these massive cuts on the horizon?

It's obvious that the Blue Ribbon Panel is serving as the political cover the UCP needs to make unpopular and drastic cuts to education, health care, and other valuable public services in their upcoming budget, and this predictable report proves it.

Public services need to be strengthened, not cut, especially in times of economic uncertainty and precarity. Albertans deserve to know if they get sick, they'll get high-quality medical care and that their children will have the opportunity to develop their full potential in classrooms that are a reasonable size and have appropriate resources and supports. Alberta parents need access to high-quality, affordable, and accessible child care. We won't give up the fight for our public services.

Public Interest Alberta
Advocating for a Better Alberta for All

SOCIAL PROGRAMS — HEALTH CARE

PARKLAND INSTITUTE'S 23RD ANNUAL CONFERENCE

POPULISM AND ITS DISCONTENTS

November 15–17, 2019

UNIVERSITY OF ALBERTA

Authoritarian right-wing governments in many countries – Hungary, India, Italy, Poland, and Turkey, not to mention Donald Trump's America – have claimed the banner of populism. Canada has not been immune to this global populist wave, as evidenced by the election of Doug Ford in Ontario and Jason Kenney in Alberta. What explains the recent success of right-wing parties in seizing the populist mantle away from the progressive left? Is right-wing populism actually a mask for authoritarian rule? Parkland Institute's 23rd Annual Conference seeks to answer the riddle of right-wing populism: what it is, how it emerged, where it might be leading, and the possibilities for the return of a progressive form of populism.

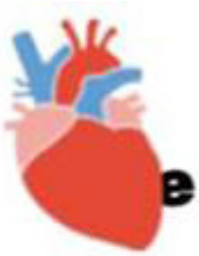
FEATURING

Mark Kingwell
Emily Laxer
Dawn Lavell-Harvard
Kelly Gordon
Demond Drummer
Erika Shaker

PARKLAND INSTITUTE

FOR MORE INFORMATION OR TO REGISTER, VISIT

PARKLANDCONFERENCE.CA



e Nurses!

Until November 15th, Nurses will enjoy a variety of discounts

Including

10% off Select Exam review books

10% off Select reference books

10%-20% off Stethoscopes

20% off Trade books

20% off Toys and Games

Plus more!

University of Calgary Medical Bookstore

3330 Hospital Drive NW

Health Science Centre

Foothills Hospital Campus

403-220-6863

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*

UNA
United Nurses of Alberta

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@thecdlc.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
COMPLETED
$8
Affiliates / $40 Spouse

Health & Safety
M
COMPLETED
$6
Affiliates

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

Revised April 2019

Abuse Violence Harassment

GET HELP

TAKE A STAND

TALK TO US

1.800.252.9394

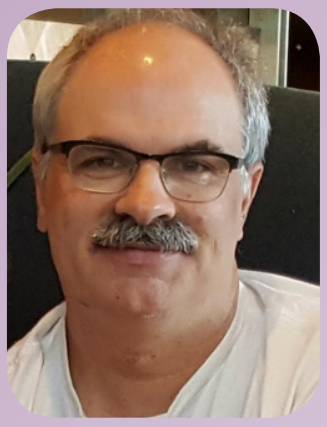
United Nurses of Alberta
www.una.ab.ca

OH&S

Provincial Office: 780.425.1025/1.800.252.9394 Southern Alberta Regional Office: 403.237.2377/1.800.661.1802 www.una.ab.ca

Statistically Challenging

By James Zachary,
Local 115 OH&S Committee,
United Nurses of Alberta



I've always had an interest in workplace injury statistics in healthcare and am fascinated at the data in Alberta. Most of us carry on merrily about our work without ever considering we could get injured, and then it happens. Suddenly and unexpectedly we fall, slip, tweak our back, hurt our shoulder, get hit, slapped or kicked, work extended hours to the point of exhaustion, or experience moral distress which challenges our mental health. It doesn't take much and we're at greater risk the longer we work. Injuries can and do happen!

This article will briefly discuss the reason for tracking workplace incident/injury statistics before reviewing some of the data to investigate what age groups are affected, the types of injuries sustained, and where injuries occur. We will also discuss best practices when an injury occurs. Data in this article is provided by the Government of Alberta titled, "2017 Workplace Injury, Diseases, and Fatality Statistics Provincial Summary" written in December of 2018 and found online at **https://open.alberta.ca/dataset/c1c1b935-a5d5-456a-b86c-c9986fa5542d/resource/4572192b-df67-4aef-b85b-7eb21c417f65/download/2017-workplace-injury-disease-and-fatality-statistics.pdf.** Findings are based on 2016 and 2017 studies.

Why do we look at statistical information? The Government of Alberta states, "Alberta Occupational Health and Safety (OHS) provides legislation, policy development, and program delivery to ensure safe and healthy workplaces for Albertans. OHS partners with employers, industry safety associations, workers, unions, and other key stake holders to prevent worker injury, disease, and death." This information is used not only in planning budgets but serves to raise public awareness. It also assists with triggering workplace inspections to ensure employers and employees are following OHS legislation, and to perform serious incident investigations when incidents/injuries occur.

In 2017 there was an increase in injuries in all major sectors except for the agriculture and forestry industries which decreased from 2016. It is noted that, "the highest increase in disabling injuries was in the public sector," which includes the provincial and municipal government, education, and health services. It is also noted the public sector had the highest lost time claim rates as well.

All worker age groups across the spectrum are affected, from age 15, up to and past the age of 65. Workers aged 45 to 54 had the highest lost time injuries. Young workers aged 15 to 24 had the highest disabling frequency rate and workers age 65 years old and over had the highest number of fatalities and frequency rate. In nearly all age groups men are injured more than women and have a higher lost time rate.

The provincial work force increased 1.4% in 2017 and so did the injuries. Lost time claims rose 5.7%. Modified work claims rose 8.1%. Disabling injuries rose 8.6%. In education and healthcare industries alone, lost times claims increased 8.1% and disabling injury claims rose 9.6%.

Lost time claims for the types of Injuries reported were bodily reaction/exertion (41%), contact with objects/equipment (20.6%), falls (20.5%), exposure to harmful substances (7.3%), transportation accidents (5.3%), assaults and violent acts (4.3%), and others (0.9%). It is reported that 91.6% of lost time claims result from traumatic injuries.

The part of the body most affected was the trunk, with back injuries having the highest lost time claim at 21.7% compared to 14.6% for the rest of the trunk. Upper extremities reported 20.7% of total injuries. Lower extremities had 19.7%. Head injuries reported 10.6%. The rest of body from neck to body systems reported 12.5%.

These statistics can appear staggering and prompt the question, what are the steps to protecting myself and my future? Most importantly, REPORT ALL WORKPLACE INCIDENTS/INJURIES!

The Worker's Compensation Board (WCB) states that once an injury is reported, the claim remains open until the worker is healed. If an injury doesn't heal, the claim will remain open even past the time a permanent disability claim is made. So, if you require treatment years after the initial incident occurs, treatment will be available. For example, if your injury gives you a 4% payout but 5 years later a more extensive treatment is required affecting 6% of the total body of the same injury, then a further payout of 2% will be compensated and so on and so on. It cannot be understated; it is critically important to report all workplace incidents/injuries.

Follow these three steps:

1. Take action. Get first-aid treatment or emergency response care
2. Tell your supervisor immediately
3. Report the incident/injury ASAP, preferably before leaving work

You must inform your assessing physician or clinic that your injury was sustained in the workplace. Next, complete a WCB Worker Report of Injury or Occupational Disease at **https://rr.wcb.ab.ca/public/worker/create** as soon as possible following the incident/injury. Your doctor and employer will complete and send documents to WCB who then assigns you a Case Manager. The assigned Case Manager from WCB will contact you and have you submit further paperwork. Most documents are online, and your Case Manager will assist you.

To report a workplace incident/injury, file a report through the Alberta Health Services' MySafetyNet (MSN) system found on Insite. Next, file a United Nurses of Alberta OHS form found either in your UNA unit binder or online at **https://dms.una.ca/forms/ohs**. Completed hard-copy forms can be faxed to the Local 115 Executive (403-263-2908), scanned and emailed (**local115exec@una.ca**), or delivered to the UNA mailbox on the ground floor of Foothills Medical Centre. Also, never hesitate to call your Local for assistance at any time (403-670-9960).

Statistically injuries are on the increase, especially as we get older, providing some great challenges in our everyday lives and in our province. We must take an active role in our own health and safety and utilize the resources available to us. The individual most responsible for your safety is you.

Shift Work and Your Health

For many years researchers have been examining the effects of shift work on worker health and safety. Statistics Canada found that 25.5 percent of full time workers work shifts other than day shifts. Many of those workers are employed in the health care industry.

What is shift work?

Shift work is defined as employment outside of regular daytime work and includes:

- regular evening schedules (beginning after 15:00 hrs and ending before 24:00)
- regular night schedules (beginning after 23:00 hrs and before 11:00)
- rotating shift schedules (day to evening and/or night)
- split shift (two distinct work periods in one day)
- on call (no pre-arranged shift schedule)
- irregular shifts

What are the effects of shift work?

Many human physical functions follow a daily rhythm (circadian rhythms) which are coordinated to allow for high activity and functioning during the day and low activity at night. An example is body temperature, which is highest during the afternoon and early evening (before 18:00 hrs) and lowest in the early morning (04:00 to sunrise).

Shifts that fall outside of daylight hours can lead to chronic fatigue due to insomnia and/or non-restorative sleep and other health problems such as:

- cancer
- cardiovascular disease
- sleep disorders
- pregnancy complications
- gastrointestinal disorders
- psychological distress
- diabetes
- workplace injury due to fatigue (including motor vehicle accidents)

Shift work and sleep

Numerous studies have reported findings of sleep disruption associated with shift work. Sleep disruption includes reduced sleep duration and/or sleep quality. Night shift workers are trying to sleep when the circadian pattern promotes alertness so they are sleep fewer hours between shifts and to get less restorative sleep. This can result in fatigue and impaired functioning and work performance.

Cancer and shift work

Cancer has been liked to shift work and workers who work night shifts have been found to have significantly lower levels of melatonin.

Melatonin is produced and secreted by the pineal gland, which is stimulated by darkness and suppressed by light as perceived by the retina. Researchers have found that melatonin inhibits the development and/or growth of tumors in a variety of experimental animal models and that it can also repair DNA that has been damaged.

A 2006 U.S. study on a group of nurses who worked rotating night shifts (at least three nights per month in addition to day or evening shifts) researchers found that those with more than 20 years of working rotating night shifts had 79 percent higher risk of developing breast cancer than nurses who did not work nights.

In another study of female nurses they found evidence of an elevated risk of colorectal cancer for nurses who have worked rotating night shifts for 15 years or more. Studies of male workers in Japan found that working rotating night shifts was linked a significantly higher risk of prostrate cancer.

How can we reduce the adverse effects of shift work?

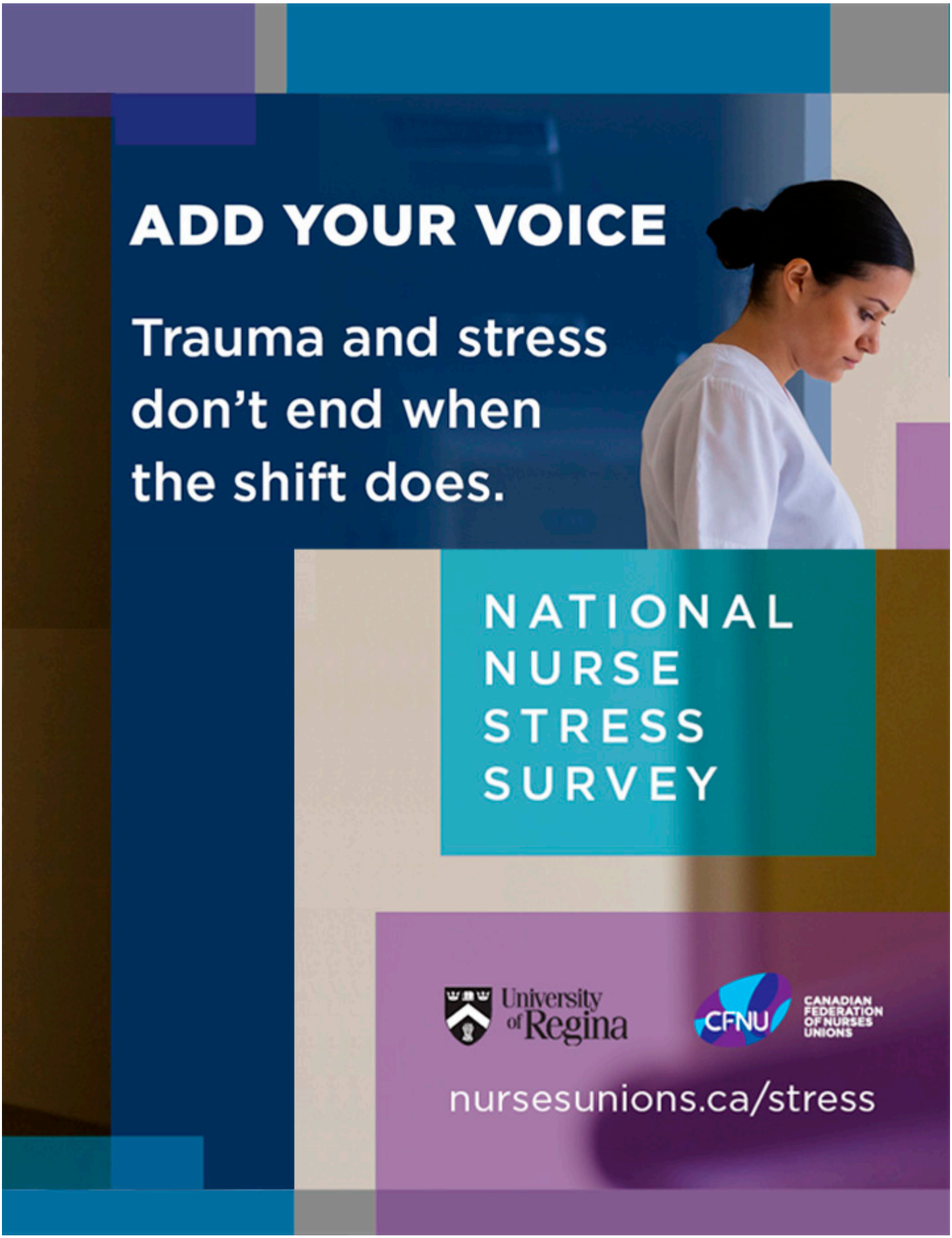
Researchers have developed a number of recommendations for controlling the adverse health effects of shift work.

- restricting successive evening or night shifts to three shifts
- avoiding permanent night shifts
- using forward or clockwise rotation in rotating shifts (day to evening or day to night)
- provide adequate rest time (greater than 11 hours) between shifts
- eliminate early shift start times (before 07:00 hrs)
- avoid using caffeine and eat healthy foods
- modify workplace lighting or wear goggles (filter out short wavelength light)
- allow naps for night shift workers

OH&S

ALERTS

United Nurses of Alberta

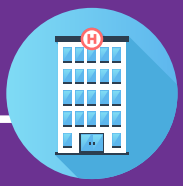

ADD YOUR VOICE
Trauma and stress don't end when the shift does.
NATIONAL NURSE STRESS SURVEY
University of Regina
CFNU
CANADIAN FEDERATION OF NURSES UNIONS
nursesunions.ca/stress

MENTAL HEALTH BY THE NUMBERS:

Prevalence and access

10 to 20% of children and youth[2] (estimated 1.2 million people[3]) are affected by mental illness.

56% and 47% - rate of increase in the number of emergency department visits and hospitalizations, respectively, of children and youth (5-24) seeking help for mental disorders between 2006-2007 and 2015-2016.[6]



70% of mental health problems or illnesses have their onset in childhood, adolescence, or young adulthood, making it more likely those affected will become adults with mental health issues.[5]

Less than 20% of children and youth receive appropriate treatment.[4]

20% of children and youth will develop a mental illness by age 25.[7]

50% of family doctor's time is spent on mental health issues or illnesses.[16]

6.6% of college and university students report having engaged in self harm (cutting, bruising or burning themselves) over a 12-month period.[11]

More than 28% - the proportion of individuals aged 20-29 who will experience a mental illness in any given year.[8]

$50 billion - estimated annual cost of mental illness in Canada.[17]

$200 billion - the estimated lifetime economic cost of childhood mental health problems and illnesses.[15]

4 out of 10 (43%) – proportion of people in Canada who experience a mental health problem or illness over the course of a lifetime.[12]

1 in 5 people experience a mental health problem or illness in any given year.[13]

100% - almost everyone in Canada is affected by mental health issues at some point in their lives if one includes the impact of untreated mental health problems or illnesses upon family, friends, and caregivers.[14]

Suicide among First Nations youth is 5 to 7 times the non-First Nations rate.[10]

Suicide among Inuit children & teenagers is 30 times the non-Inuit rate.[9]


I PROMISE
TO MAKE
BREAST CANCER
BEATABLE

BREAST CANCER IN CANADA

BREAST CANCER develops in the cells of the breast tissue. When these cells change or no longer behave normally, they may lead to benign tumours (non-cancerous). In some cases, the changes may cause malignant breast tumours (cancerous).

THE DATA

BREAST CANCER IS THE **3rd** MOST COMMON CANCER IN CANADA

1 in 8 WOMEN

WILL BE DIAGNOSED WITH BREAST CANCER IN THEIR LIFETIME

ABOUT **26,300** WOMEN WILL BE DIAGNOSED WITH BREAST CANCER IN 2017

BREAST CANCER IS THE **#1** CANCER IN WOMEN

83% OCCUR IN WOMEN AGED 50+

RISK FACTORS

- AGE
- FAMILY HISTORY
- BRCA GENE MUTATIONS
- REPRODUCTIVE STATUS (E.G. LATE MENOPAUSE)
- HORMONE EXPOSURES (E.G. ESTROGEN)
- ALCOHOL
- OBESITY

SCREENING AND DETECTION

70% of breast cancer cases are diagnosed early in their development, **AT STAGE I AND II***

87% of Canadian women diagnosed with breast cancer **SURVIVE 5 OR MORE YEARS**

Routine breast cancer screening with mammography every 2 to 3 years is recommended for women aged 50 to 74. Screening guidelines are available from the **Canadian Task Force on Preventive Health Care.**

For more facts about breast cancer visit:
www.Canada.ca and Search: breast cancer

Like us on Facebook: Public Health Agency of Canada
Follow us on Twitter: @PHAC_GC

Data Sources: Canadian Cancer Statistics 2017; Statistics Canada, Canadian Cancer Registry CANSIM Table 103-0554; Canadian Partnership Against Cancer Cancerview.ca – 2017 Cancer System Performance Report.

* Cancer stage distribution is based on eight provinces and does not include Quebec or Ontario.

Public Health Agency of Canada | Agence de la santé publique du Canada

CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

 | Cat.: HP35-83/1-2017E-PDF | ISBN: 978-0-660-08545-6 | Pub.: 170068

JOINT COMMUNICATION
Multi-Employer/UNA Collective Agreement

LOU #11
Re: Lump Sum Payment (LSP)

November 2015

The current Multi-Employer/UNA Collective Agreement (2013-2017) includes a provision that provides a semi-annual payment to Full and Part-time Employees.

Payment of the lump sum for each qualifying period will occur on the following schedule;

Hours worked between April 1, 2015 and September 30, 2015- paid on October 28, 2015

Hours worked between October 1, 2015 and March 31, 2016- paid on April 27, 2016

Hours worked between April 1, 2016 and September 30, 2016- paid on October 26, 2016

Hours worked between October 1, 2016 and March 31, 2017- paid on April 26, 2017

If you are on leave during scheduled payment dates, you will receive any deferred payments when you return to work, in lieu of the regular payment schedule.

1. Full Time Employees

Full Time Employees at work receive full LSP according to schedule.

2. Part Time Employees

Part Time Employees' Lump Sum calculations are based on FTE and additional hours worked within each qualifying period.
Part Time Employees who do not work for the entirety of the qualifying period are paid based on FTE only, subject to the provisions of deferral below.

3. Deferral of Lump Sum Payment (LSP)

A deferral process has been established in the event that an Employee is on unpaid leave for the pay period in which the LSP is paid to Employees:

- If the Employee is on an unpaid absence for more than a single, six-month, qualifying period the deferral is limited to a single LSP. When the Employee is

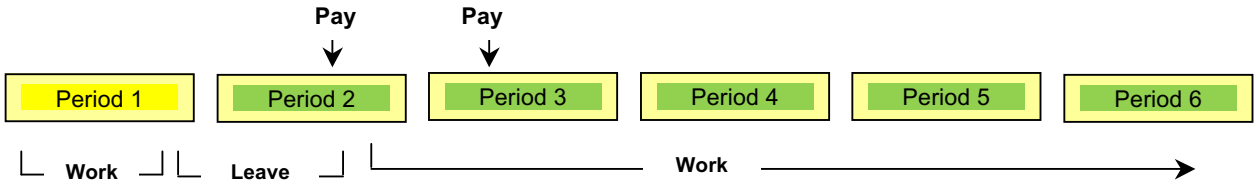
absent for more than one six-month period, it is always the latest LSP for which payment is deferred until their return to work.

- If the Employee does not return to work following such an absence, they will be paid out for the LSP periods where they had paid hours (i.e. the LSP period prior to the commencement of the leave) plus the pro-rated LSP for the six-month period in which their termination becomes effective.

4. Deferral Examples (EACH "PERIOD" IS 6 MONTHS)

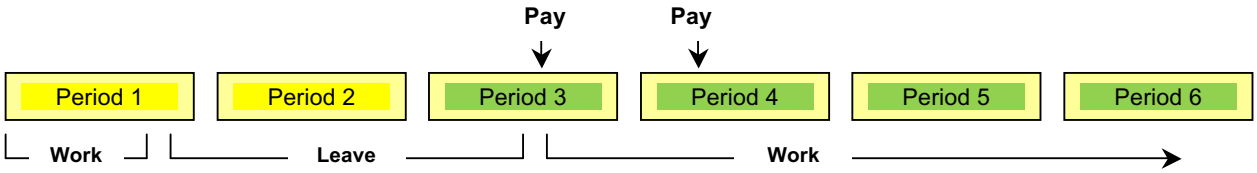
Example 1:

- **Work**: Part of Period 1.
- **Leave:** For the rest of Period 1 and part of Period 2, and then return to regular work in Period 2 and continue to work.
- **Paid**: The lump sum for Period 1 would be paid upon return to work in Period 2. Lump sum for Period 2 would be paid according to schedule.



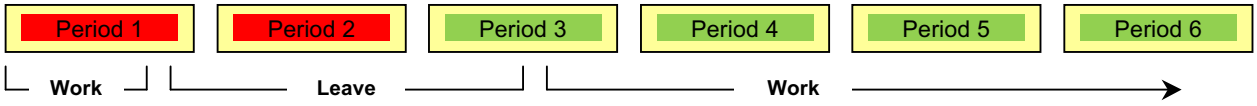
Example 2:

- **Work**: Part of Period 1.
- **PAID Leave:** For the rest of Period 1, all of Period 2 and return to regular work in Period 3.
- **Paid:** Lump sums for Periods 1 and 2 would be paid upon return to work in Period 3. Lump sum for Period 3 would be paid according to schedule.



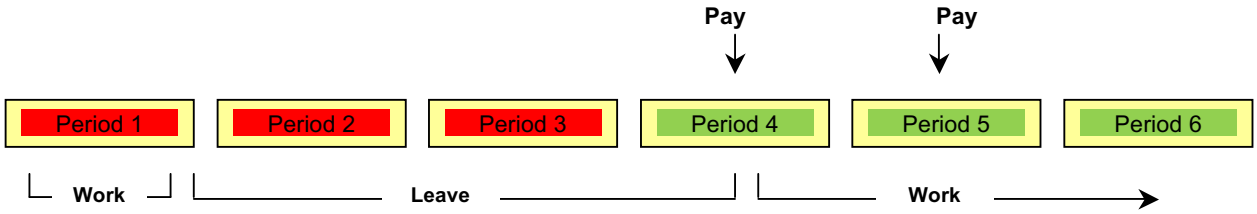
Example 3:

- **Work**: Part of Period 1.
- **UNPAID Leave:** For the rest of Period 1, all of Period 2 and return to regular work in Period 3.
- **Paid:** Lump sums for Periods 1 and 2 would be paid upon return to work in Period 3. Lump sum for Period 3 would be paid according to schedule.



Example 4:

- **Work:** Part of Period 1.
- **UNPAID Leave:** Rest of Period 1, all of Periods 2 and 3, return to regular work in Period 4.
- **Paid:** Lump sums for Periods 1 and 3 paid upon return to work in Period 4. Period 2 lump sum not paid because only one complete period can be deferred, and that is the most recent period (Period 3). Lump sum for Period 4 paid according to schedule.



AHS/UNA Collective Agreement LOU# 11
Lump Sum Payment (LSP)

UNA Joint Communication
Multi-Employer/UNA Collective Agreement re: LOU #11 Lump Sum Payment

	Lump Sum Payment
Additional hours worked and paid at the basic rate of pay For Part Time Employees only	Included
Regularly scheduled hours worked and paid at the basic rate of pay	Included
Overtime hours	Excluded
Call back	Excluded
Hours worked on a Named Holiday	Included (at 1x)
Paid sick leave	Included
Health related portion of maternity leave (paid sick leave)	Included
Paid leaves of absence of less than one month (e.g. bereavement leave, special leave)	Included
Paid leaves of absence of greater than one month	Included
WCB absences – with top-up	Included
Paid Union leave of absence	Included
Paid vacation	Included
Unpaid leaves of absence of less than one month	Subject to deferral
Unpaid leaves of absence of greater than one month	Subject to deferral
WCB absences – without top-up (unpaid sick leave)	Subject to deferral
Education leave (up to 24 months)	Subject to deferral
Unpaid Union leaves of absence	Subject to deferral
Short term disability	Subject to deferral
Long term disability	Subject to deferral

Green- WORK hours
Yellow- PAID LEAVE
Red- UNPAID LEAVE

If you have any questions, please contact your AHS HR Advisor or UNA Labour Relations Officer.

For the Union:
David Harrigan
Director of Labour Relations
United Nurses of Alberta
800-252-9394

For the Employers:
Kim LeBlanc
Lead Negotiator
Alberta Health Services
403-943-1410

It takes a community to prevent a fall: We all have a role to play!

November is Fall Prevention Month.

Falls are the leading cause of injury among older adults and one-third of those who fall will never return home.*

The Fall Prevention Month website has:

- Pre-planned activities, posters and social media posts
- Resources you need to make a difference in your community

Together, we can help keep people active, independent, injury-free and healthy.

Find out more and download these resources at www.fallpreventionmonth.ca

FALL PREVENTION MONTH
WE ALL HAVE A ROLE TO PLAY

*Data Source: Statistics Canada: Health at a Glance, https://www150.statcan.gc.ca/n1/pub/82-624-x/2014001/article/14010-eng.htm. Adapted by the Ontario Neurotrauma Foundation

Finding Balance

FALL FACTS

Stay Independent. Prevent Falls.

1 OUT OF **3** ALBERTANS **OVER 65**

1 OUT OF **2** ALBERTANS **OVER 80**

WILL FALL AT LEAST **ONCE** A YEAR[1]

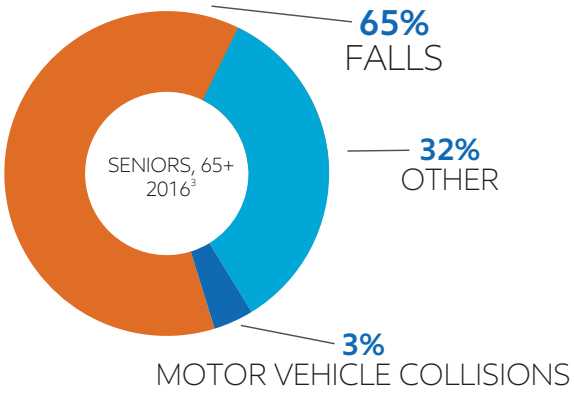
95% OF ALL HIP FRACTURES & **40%** OF ALL NURSING HOME ADMISSIONS ARE A DIRECT RESULT OF **FALLING**[1]

86 Emergency Department Visits Each Day[3]

24 Fall-related Hospital Admissions Each Day[3]

CALENDAR 23 DAYS

THE **AVERAGE** LENGTH OF STAY **IN HOSPITAL** DUE TO A FALL IS **3 WEEKS**[2]



FALLS ARE THE **LEADING** CAUSE OF INJURIES AMONGST SENIORS[3]

There were about 9,000 fall-related hospital admissions in 2016.

FALLS **COST** ALBERTANS OVER **$280 MILLION**

EVERY YEAR IN HOSPITAL ADMISSIONS AND EMERGENCY DEPARTMENT VISITS[2]

AVERAGE COST OF FALLS[2]:

Hospital Admissions:
- AGED 65+: **$23,600**
- AGED <65: $12,800

Emergency Department Visits:
- AGED 65+: **$676**
- AGED <65: $323

Public Health Agency of Canada. Seniors' Falls in Canada: Second Report. Ottawa: Public Health Agency of Canada; 2014
2016/2017 Alberta Health, Analytics and Performance Reporting Branch. Data received August 2018. Costs are based on RIW.
Injury Prevention Centre, Edmonton [Database]. Accessed November 2017. Unpublished data available upon request.

Find out what actions you can take to prevent falls and stay independent.
findingbalancealberta.ca

This study is based in part on data provided by Alberta Health. The interpretation and conclusions contained herein are those of the researchers and do not necessarily represent the views of the Government of Alberta. Neither the Government of Alberta nor Alberta Health expresses any opinion in relation to this study.

REV: 08-2018

INJURY PREVENTION CENTRE
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Canadian Health Coalition / Coalition canadienne de la santé

MYTHBUSTER

A National Public Drug Plan

There is a growing movement in Canada to finish some of the left-over business of ensuring everyone has public health care coverage from cradle to grave. The first step is to ensure everyone can afford their prescription medication through the creation of a comprehensive National Public Drug Plan (NPDP).

In Canada, one in ten people can't afford to adhere to their prescription medications and 10 per cent have no public or private drug insurance. In a study comparing eleven developed countries, Canada has the second highest rate of people reporting that they cannot afford to take their medications as prescribed.1 Canadians are resorting to skipping pills, sharing medication or going to emergency rooms to access medicine for which they already have a prescription. In this mythbuster we examine common myths about a NPDP.

1. CANADA CAN'T AFFORD A NATIONAL PUBLIC DRUG PLAN

In fact, Canada can't afford to not have a NPDP. We pay the second highest price for brand name pharmaceutical medicines in the world and the highest price for generic medicines. The federal government, provinces, territories, and hospitals all negotiate separately with pharmaceutical companies for the price of medicines. This ignores even the most basic understandings of economics of scale by saving costs. Bulk purchasing and combined purchasing power allows for the negotiation of better prices from pharmaceutical and generic manufacturers.

The increase in drug prices often outpaces all other health care spending. In 2014, forty-three per cent ($12.5 billion) of prescription drug spending was paid by the public sector, an increase of 9.2% from the year before. This means more and more tax dollars are being spent every year on prescription medication and not on other needed social services.2

Payments for medication made through private insurers totaled $10.4 billion in 2014. Most private insurance is provided by employers. This leaves workers with lower wages and the constraints on negotiating other benefits. Twenty-two per cent ($6.5 billion) of prescription medication costs were paid directly out-of-pocket that year.3

If Canada had a single purchaser for medications who shared the cost with provinces, territories, employers, and tax payers, collectively we would save $11.5 billion a year and we could provide medicines to everyone.

2. NEW MEDICINE IS BETTER MEDICINE

Current research shows that only about 1 out of every 10 drugs marketed offer therapeutic advantage over medicines currently on the market.4 Pharmaceutical companies can charge high prices for all new medicines with no market competition for the length of their 20-year patent. This provides a strong incentive for companies to develop drugs that are very similar to ones already on the market and find a new use for them. A small change to the ingredients in a drug or its use results in a new 20-year patent.

New medicines do not need to be an improvement on those already on the market, they just need to be better than a placebo. New medicine is often not better than medicine already available, it just costs more money.

3. I WOULD NOT BENEFIT FROM SUCH A PLAN AS MY MEDICINE IS ALREADY COVERED FOR FREE BY MY EMPLOYER

Work based drug plans in Canada cover 60% of Canadians.5 Few of these plans cover 100% of the costs, most have deductibles and co-pays, often with maximum payout limits. Those are the costs workers see. What is not transparent is the increases to salaries and other benefits that workers miss out on because of the rapidly rising costs of drug benefit plans.

With a NPDP people will also have more freedom to change jobs without worrying about losing drug benefits for them and their family. When workers get laid off, couples separate, or people retire, they won't have to worry about losing access to needed medicines.

ACKNOWLEDGEMENT

This document was supported by a grant from the Ken and Debbie Rubin Public Advocacy Fund. It summarizes the presentations made at the Canadian Health Coalition's policy conference A Prescription for Equity: A National Public Drug Plan, held in Ottawa in April 2017.

4. A PUBLIC PLAN WILL DENY PEOPLE ACCESS TO IMPORTANT NEW DRUGS

Between 1990 and 2009, 4-5% of new drugs in four different five- year periods (1990-94, 1995-99, 2000-04, 2005-09) were pulled off the shelf after being approved by Health Canada.6 As we mentioned in myth #2 new drugs are often not better than medicines already available. Prescribers in Canada are often unable to access complete information on new drugs because Health Canada deems the information proprietary. In order to assess which medications have significant therapeutic benefits and are safe for patients, prescribers need more information.

A group of prescribers and patients should be established to review new medications and using evidence decide if those medicines should be recommended to Health Canada for inclusion on a national formulary.

A NPDP will not deny people access to new medication, but it will make sure people have access to safe medication.

5. IF WE DON'T PAY THE HIGHEST PRICES, WE MIGHT NOT HAVE ACCESS TO MEDICINES WHEN THERE ARE SHORTAGES

A NPDP can help prevent prescription drug shortages in Canada. Countries with a NPDP like New Zealand have built clauses into their contracts with pharmaceutical companies that ensure they receive priority access to medications when shortages occur. Canada currently has no arrangement for priority access.

6. WE SHOULD MODEL A NATIONAL PUBLIC DRUG PLAN AFTER QUEBEC'S PROVINCIAL PLAN AND INCLUDE PRIVATE INSURANCE

Quebec's pharmacare system relies on private insurance plans. These plans often have high deductibles, co-pays, caps on remittances, and they only want healthy subscribers lowering their odds of having very expensive plan members. Those with pre-existing conditions have challenges getting private coverage, and if they can get insured, it is often at unaffordable rates.

Despite having mandatory prescription insurance, 12 per cent of Quebecois cannot afford to take their medications as prescribed.7 A NPDP needs to be modeled like access to hospitals and doctors in Canada — everyone has access to the medicine they need with no private fees.

7. IF WE PAY DRUG COMPANIES LESS MONEY, WE'LL LOSE RESEARCH AND DEVELOPMENT (R&D) JOBS IN CANADA

This has long been argued by pharmaceutical companies. In 1987, Canada struck a deal with pharmaceutical companies that we would increase the length of patent exclusivity to 10-years. In exchange, pharmaceutical companies had to increase their investment in Canadian R&D from 5-10% of their profits. In 1993, Canada again extended patents, this time to 20 years.8 But since 1987, pharmaceutical expenditure on R&D in Canada has actually fallen. In 2014, R&D investments from pharmaceutical profits hit an all-time low of 4.3%. They rose by just 0.1% in 2015.9 Longer patents have not meant increased R&D expenditure in Canada.

The United Kingdom has a universal pharmacare program. They also have two global pharmaceutical companies who invest at least 4 billion pounds in R&D in the UK every year.10 In fact, in 2016, GlaxoSmithKline and AstraZeneca invested 7.5 billion pounds in R&D which accounted for 45 per cent of all corporate R&D in the UK that year.11

8. WITH CATASTROPHIC COVERAGE IN EVERY PROVINCE AND TERRITORY, EVERYONE IS COVERED IF THEY NEED IT

While all provinces and territories offer catastrophic drug programs, coverage varies widely across the country with differences in premiums, co-payments, and deductibles. This leads to large inequality across Canada with different accessibility and affordability depending on where you live, and still leaves many people unable to afford their medication.

9. MAKING PEOPLE PAY A SMALL FEE WOULD HELP FUND SUCH A PLAN AND DISCOURAGE OVERUSE

A co-payment of just $2 has been found to deter people from accessing needed medication.12 Northern Ireland, Scotland, and Wales have pharmacare programs with no co-pays or deductibles. Ensuring everyone can access the medication they need requires removing as many financial barriers as possible.

10. WE CAN JUST CHANGE OUR COMPARATOR COUNTRIES TO SAVE MONEY, WE DON'T NEED A UNIVERSAL PLAN

Canada looks to the highest paying comparator countries (like the US and Germany) when setting our own prices for medicines. Using cheaper comparator countries would lower the price of medicines in Canada by about $4.5 billion. But this is a far cry from a universal system which makes medicine accessible to all. The implementation of a full NPDP could result in nearly triple those savings while ensuring everyone has the medication they need.

11. ACCESS TO MEDICINE IS A PRIVILEGE

The World Health Organization declared access to medicine a human right in 2000.13

12. FREE DRUGS WILL LEAD TO AN OVERMEDICATED POPULATION

A similar argument was made in Canada when public health care was first introduced: if physician and hospital care is free, everyone will use it all the time. For the vast majority of the population, going to the doctor or the hospital is not something they look forward to. We trust prescribers to be the gatekeepers of the health care system and ensure those who need it have access. We need to do the same with prescription medication and expect prescribers to prescribe responsibly.

More than anecdotal, studies of systems that have eliminated financial barriers to prescription medication have shown little increase in use. As of 2007, Wales eliminated all copayments for medication. Since then Wales has experienced a minimal increase in drug prescription and researchers say this increase may not be a direct result of the abolition of copayments.14

If a NPDP were implemented correctly Canada could experience a decrease in prescriptions. Currently populations like senior population are over prescribed.15 Giving prescribers better information and using evidence to inform drug use can decrease inappropriate prescribing. An example of more knowledge leading to fewer prescriptions can be found with the BC Therapeutics Initiative.16

13. PROVINCES AND TERRITORIES CAN DO IT TOGETHER, THE FEDERAL GOVERNMENT DOESN'T HAVE A ROLE

The provinces and territories are working together now on creating a common drug formulary and bulk purchasing some drugs. But to make the extensive changes that are needed, to bring in new drug safety measures and to apply the principles and criteria of the Canada Health Act in ensuring everyone has equal access, the provinces and territories need federal leadership. The federal government is also a major purchaser of prescription medication in Canada covering medicine for first nations, RCMP, federal inmates, military and veterans, and refugees. To capitalise on our economies of scale, all provincial, territorial and federal governments should be involved.

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LEXICON

Catastrophic drug programs
Government insurance models that protect individuals from drug expenses that threaten their financial security or cause "undue financial hardship." Each province/territory sets their own threshold.

Co-pay
A common feature of many health insurance plans where the insured pays out-of-pocket amount for medicine or health care services, usually around 20% of the cost of medicine.

Common drug formulary
A list of commonly prescribed and available medications.

Deductible
The amount of money an individual pays for expenses before their insurance plan starts to pay.

Payout limit
The insurance company often sets a maximum amount it will refund over a one year period.

Pharmacare
Term used to describe universal coverage of prescription drugs in Canada.

Placebo
A substance that has no therapeutic effect, used as a control in testing new drugs.

ABOUT THE CANADIAN HEALTH COALITION

Since 1979, the Canadian Health Coalition advocates for the preservation and improvement of universal public health care across Canada. We're a coalition of national organizations representing nurses, health care workers, seniors, churches, social justice organizations, women, and trade unions, as well as affiliated coalitions in 9 provinces and 1 territory.

healthcoalition.ca

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Men are facing a health crisis that isn't being talked about. They're dying too young. Much before their time.

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Choose the moustache that will grace your face. Trucker, regent, connoisseur or wisp? Check out the options at movember.com

2. BE BRAVE

The first few days, even weeks, can be uncomfortable as your Mo takes shape. Ride it out to encourage donations.

3. IGNORE THE ITCHING

Remind yourself that men have endured worse in the past. You can stand a little face tickle.

4. SHAPE YOUR MOUSTACHE

Get across all the proper grooming techniques. A great Mo comes down to great grooming.

5. NURTURE IT AND KEEP IT CLEAN

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MOUSTACHE STYLE GUIDE

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Preceptor Allowance

An Employee assigned by her Employer to a Preceptor role is entitled to receive a 65 cents an hour allowance when working with Registered Student Nurses.

Article 16.06 of the UNA Collective Agreement states:

(a.) The Employer shall establish a roster on which Employees may indicate their interest in performing preceptor duties. In assigning preceptor duties, the Employer shall first consider the Employees on the roster.

(b.) A Registered Nurse of Registered Psychiatric Nurse assigned by the Employer as a preceptor shall receive an additional 65¢ per hour.

(c.) "Preceptor" shall mean a Registered Nurse or Registered Psychiatric Nurse who is assigned to supervise, educate or evaluate students.

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

Local 115 Meetings: 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.

United Nurses of Alberta Provincial Annual General Meeting: October 22nd – 24th. The ultimate governing body of the United Nurses of Alberta is its Annual General Meeting. At the AGM, policies are established, the budget is determined, and officers are elected by delegates. UNA's next Annual General Meeting will be held on October 22, 23, and 24, 2019 at the Edmonton Expo Centre. UNA members should visit UNA's FirstClass 'AGM 2019' conference 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's AGM will be in the auditorium at the Tom Baker Cancer Centre (Room CC104) from 1500-1900. Register at **eventbrite.ca**. 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.

Parkland Institute's Annual Conference: November 15th – 17th. Parkland Institute is a provincial non-partisan research center 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: October 29th, November 8th (tentative), December 4th (tentative) & 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**.

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 winter publication for more.

Please Post

United Nurses of Alberta

LOCAL 115 UNA

Annual General Meeting

Wednesday, November 13th, 2019
15:00 – 19:00
Tom Baker Cancer Centre Auditorium (Room CC104)

Notice of Monthly Meetings

October 9th & December 11th
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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