



NEWSLETTER

Fall-Winter 2023



United Nurses of Alberta



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For the latest updates on New Language in the Collective Agreement Check out the Negs Conference through UNANet!!

What is UNANet?

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

Zimbra:

- Get your own UNA Email Address! Zimbra provides you with a union email address,, _____@una.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 Zimbra Forums and Zimbra Briefcases including Negotiations, Member Resources, News, Local 115 Membership, PRC, OH&S and much more. The Zimbra Forums 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" Forum 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: <https://help.una.ca/using-unanet-the-process/>

Southern Alberta Regional Office

300-1422 Kensington Road NW
Calgary, AB T2N 3P9

Local Phone: (403) 670-9960
SARO Reception: (403) 237-2377
Toll Free: 1-800-661-1802

Local Executive E-mail:

local115exec@una.ca



<https://www.unalocal115.org/>

Local 115 Executive

President: Kevin Champagne
Vice-President: Erin Guyette
Secretary: Nicole Thrasher
Treasurer: Wanda Deadman

Local 115 Committees

Communications Committee: Erin Guyette (Chair), Rebecca Brown, Tony Huynh, Al Perreault
Grievance Committee: Local 115 Executive, Tricia Gibbs, Trisha Thibodeau
OH&S Committee: Kevin Champagne (Co-Chair), Nicole Thrasher (Co-Chair), Tony Huynh, Brenna Thiessen
PRC Committee: Erin Guyette (Chair), Sarah Blayney, Simone Foster, Anna Hu, Lien Krupity, Brenna McCarthy

Editors

Local 115 Executive & Communications Committee



Local 115 Executive Team

Local 115 Executive Message

By Erin Guyette
Local 115 Vice President,
United Nurses of Alberta



Greetings Local 115!

With the Alberta provincial election come and gone, one issue remains the focus of the news and the minds of Albertan residents - Healthcare. The UCP has promised improvements time and time again and continues to push an agenda towards privatization. However, with the roll-out of private labs and new guidelines to improve EMS response times, Albertans have been left feeling disappointed with promises left unfulfilled.

And so the questions that many nurses, including myself, may be asking themselves are: How can I make a difference? What can I do to make my voice heard?

Nurses can use our powerful collective voice to speak up and pressure the government to recognize our professional skills and knowledge that nurses bring to their jobs each and every day. We can convey the importance of safe and healthy workplaces for nurses and ask that our Employers be held accountable when conditions are unsafe.

Now more than ever, patients need effective and passionate advocates. Nurses are some of the most trusted spokespersons in health care. We must advocate not only for our patients but for ourselves. And as we prepare for bargaining of our Collective Agreement once again, I ask that each and every nurse take the time to think about what their priorities are and what language they would like to see.

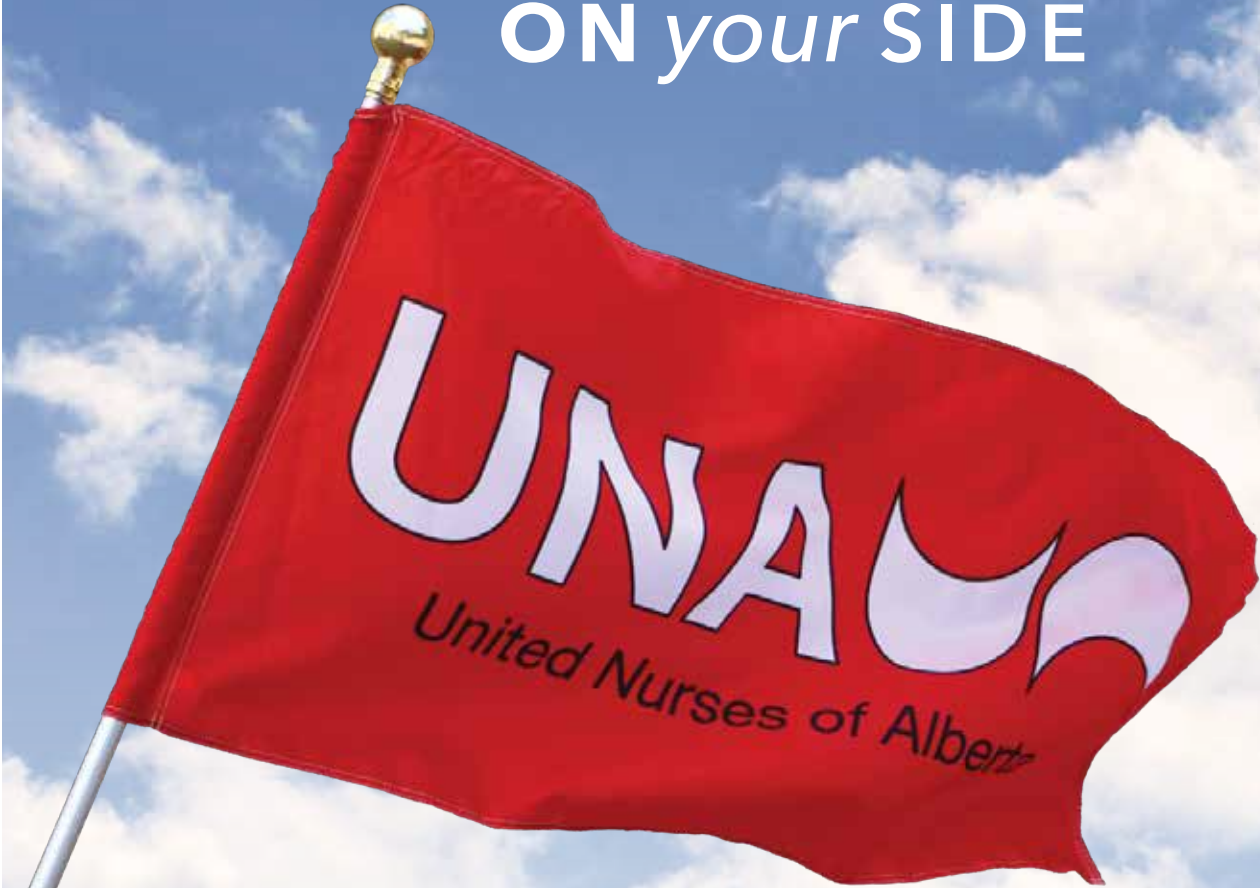
In solidarity,
At your side, on your side

Erin Guyette

Vice President Local 115
United Nurses of Alberta



AT *your* SIDE ON *your* SIDE



YOUR workplace representative

United Nurses of Alberta is the union for more than 30,000 Registered Nurses, Registered Psychiatric Nurses, and allied workers in Alberta. Since 1977, UNA has been an effective advocate for its duespayers, the nursing profession, and our public health care system.

www.una.ca
nurses@una.ca
1-800-252-9394

Where do you begin?

- 1** Fill out your membership form by clicking "Join UNA" on una.ca
- 2** Download the United Nurses of Alberta mobile app
- 3** Get involved in your UNA Local
- 4** Attend a UNA workshop

Funded education for UNA members:

- [Know Your Rights](#)
- [Dealing with Abuse](#)

www.una.ca/events

UNA represents duespayers in matters pertaining to:

- [Bargaining](#)
- [Professional Responsibility](#)
- [Employment Disputes](#)
- [Occupational Health & Safety](#)
- [Professional Licensing](#)
- [Short & Long-Term Disability](#)
- [Workers' Compensation](#)
- [Human Rights](#)



FOR MORE INFO, VISIT
introduction.una.ca

A guide to your UNA email



By Rebecca Brown,
Local 115 Communications Committee,
United Nurses of Alberta



Did you know that, as a member of the UNA, you have a free Zimbra email account available to you? Here is a brief “how to” guide so that you can take advantage of keeping all your union information in one place (as well as anything else you want.)

- To access your email, you have to first activate your UNANet account.
<https://help.una.ca/using-unanet-the-process/>
- If you haven't activated your account yet, the information on how to do that is here: [What is UNANet? How do I Login?](#)
- You will need the details that are on your current UNA membership card to set up your UNANet account.
- Note that Zimbra Mail works best with the Google Chrome browser.
- Once you have set up your account you can use any device to access Zimbra, just open Google Chrome and use the url <https://mail.una.ca>
- This will then open the sign in screen.
- Your full UNANet email address is your username, then just type in the password you chose when you activated your account.
- Zimbra works pretty much like any other email account and the best way to learn how it functions is to use it.
- Once signed in your session will remain active until it expires the next day. However, you can select the “stay signed in” option, so you do not have to sign in every time you restart the browser during that day.

- To prevent others from having access to your email account, you should always sign out when you are not using your computer. There is a drop-down bar for that purpose, to the right of your name.
- There is an excellent library of help topics to help get you started here: [Help and video tutorials](#) but please note that some features have not been activated by the UNA.

Your local executive and committee members will use your UNA account to send you the latest information, so it is a good tool to have access to. Go ahead, open your account, and get started!

Rebecca Brown

Local 115 Communications Committee
United Nurses of Alberta



S M T **W** T F S

OUR profession  OUR jobs

WWW

wear
white
Wednesdays



 *United Nurses of Alberta*

RN

RPN

**UNA
EDUCATION**

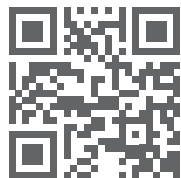
KNOW -YOUR- RIGHTS

This is a full-day provincially funded workshop for UNA members who have not previously taken it and are not Local Executives. In this workshop, UNA members will learn about the structure and role of their union and how to identify and report different types of workplace concerns while getting to know their collective agreement and workplace rights. Through a combination of discussions and activities, participants will gain the knowledge and confidence to address issues at work.



WORKSHOP DESCRIPTIONS

www.una.ca/memberresources/education



EVENTS CALENDAR (public)

www.una.ca/events



DMS REGISTRATION (must be logged in)

dms.una.ca/events/provincial

SAVE THE DATE



OUR VOICE. OUR TIME.

AAN'S 2024 CONFERENCE



MAY
2 & 3

EDMONTON



For more information on the 2024 Conference and much more, please scan the QR code.

Member Spotlight: Justine Reyes

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



Q: Can you provide a little background about yourself? Where are you from, what brought you into the world of nursing and what did that journey look like?

A: I was born and raised in Calgary. My parents immigrated here 47 years ago. As the story goes: they were on their way to Vancouver, and made a stop in Calgary, when they noticed that the hospitals here were hiring ... and here we are!

I graduated from the University of Calgary in 2008, but had started working in AHS a couple years earlier as a HCA. I've been fortunate to have spent the entirety of my nursing career at

the FMC ICU, which I love. When I applied to nursing I did not tell my mom, as she was the nurse of the family. My mom only found out I went into nursing when we went in to buy my textbooks. It was such a great surprise for her! I recently completed my Masters, am still in health care and still enjoying it!

Q: What was your Masters focus?

A: In two areas: my first focus was in teaching and education and my second focus was in health informatics and innovation. I have always been interested in how nurses learn at the bedside.

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Member Spotlight: Justine Reyes

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During my time within the ICU I have seen the implementation of three different computer charting systems.

It is always so interesting to see how front line staff adapt – I wondered if (computer) systems could have been taught differently? There is an impression that we nurses don't like or look forward to change (for example, with a new charting system), but the reality is that we haven't been engaged or had any input into the program development, even though we are the ones that will be using it the most.

I think I waited to complete my Masters because there wasn't a clear area of study for nursing involvement in technology.

Q: What do you do to maintain your mental health?

A: It is important to have people to talk to about how your day went. Also to have hobbies that are unrelated to ICU. My Masters program was a break from ICU, and allowed me to disconnect from that environment. My version of decompressing is staying busy with other things.

Q: How has the charting changed within the ICU? Do you think the (Connect Care) improvements have helped to prevent liability?

A: I feel that Connect Care will improve the charting in ICU. The biggest change I thought was the "charting with exception" model. We are taught to chart everything in nursing school. In Connect Care, it is charting "within defined limits". Initially, our charting will take longer as we are learning and understanding what these "defined limits" are. It is also about learning where we find the appropriate places to chart, but as we continue to use the system, I know that this will improve.

Q: How did you become a Connect Care Super User?

A: In the ICU they had asked 2-3 individuals from each team –people who they thought would enjoy or were familiar with computers. Previously, I have also taken courses on legal charting, which really supported my learning as a Connect Care Super User.

I was fortunate to have been able to work with individuals who had already gone through the Connect Care launch prior. It was nice to meet other people from different areas that we would have never gotten to speak with otherwise.

Q: What did you take away from the implementation of Connect Care?

A: Nurses need the opportunity to practice in context. Providing nurses the opportunity to utilize the charting system in a practice/clinical area allows that individual to put their learning into context.

I noticed that there were a lot of staff who did not get the opportunity to practice in an environment that allowed them to safely try out the system.

Q: The fifth wave of Connect Care launch was considered a success. Do you feel this is reflective of your experience?

A: It was a success! There were lots of additional support staff available to help address the controlled chaos. The unit's capacity briefly decreased to 30. The overall ICU team was open to the change in charting system and in using the "ticket system" to share noted deficiencies (and potential learnings). It was good to be part of the fifth wave, as it had already allowed many of the "behind the scene supports" to work out the kinks in the system in the previous waves.

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Member Spotlight: Justine Reyes

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Q: Walk me through a typical day as an ICU nurse.

A: My day starts at 0715h. Once we get our patient assignment for the day, I start by getting a full patient head-to-toe assignment done, which usually takes about 15-20 minutes. Then you are out of the fire into the frying pan. By mid-morning we complete rounds, get the orders for the day, and plan for procedures and “road trips”. In between all of this, we fit in patient care needs. The thing that I like about the ICU is that you are very busy with hourly tasks.

Q: Does the ICU utilize a LPN model?

A: When I first started in the ICU, LPN’s were used to support complex dressing changes. That has since shifted over the years. Currently we have three Health Care Aides as support per 12 hour shift.

Q: During the height of the pandemic what were some of the changes in the ICU?

A: The ICU went from 33 funded beds with three overcapacity spaces to 70 beds at the height of COVID. The patient-to-nurse ratio increased to 2:1, with patient acuity being much higher. When COVID peaked, I was doubled with patients that were both on CRRT and on 3-4 pressors. I was thankful for the helpers that had been redeployed to ICU, as I know I would not have had the time to even prepare the required drips and still get everything else done without their help.

Q: Can you share your thoughts on the role of the RNs that were reassigned or redeployed to the ICU?

A: I would say a big thank you (!) for coming and helping us out. I know a lot of you did not have a choice. Thank you for being open to completing the difficult tasks we ask of you. Also, thank you for the camaraderie, we could not have done it without you!

Now that COVID has settled slightly, I like being able to see the same redeployed individuals I

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Member Spotlight: Justine Reyes

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worked with during the COVID peaks throughout the hospital and saying ‘hi’.

It was also amazing to see that many of the redeployed staff chose to stay and work with us here. I can’t image a scarier time to learn in the ICU.

Q: What has been your experience with Agency nurses?

A: We had 6-7 agency nurses that worked with us. They get a full assignment, but they don’t take patients with advance competencies. If we didn’t know beforehand, we would have never even guessed that they were hired as agency nurses. We are so grateful for them, as they helped us not to be tripled. We actually did know that they were being paid more to do the same work, so as a result we lost a few staff to agency nursing elsewhere.

Q: Many Nurses have become aware of much higher salaries being offered elsewhere, and leaving for these positions can be both a tempting and tough decision to face. What keeps you at the FMC ICU?

A: For sure the team I work with – I love my colleagues. They are super supportive, and we became very close during the pandemic. There are also so many opportunities to learn and I enjoy the challenge. I am currently looking for something that has less night shifts – I am starting to realize that the older I get, shift work becomes a just a little more harder.

Q: What training would you recommend to help people feel prepared in the ICU?

A: It will depend on the back ground of the nurse. Many of our nurses that come from inpatient acute care units, emergency departments or PACU generally have a smoother transition into critical care, than say, those that have a community



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Member Spotlight: Justine Reyes

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nursing background. Taking advanced certifications like ACLS and TNCC would make more sense only once you have been in the ICU for a period of time.

If you have a good preceptor and have internalized your OPPACA (which is the provincial orientation program to critical care – something all new hires go through) training well, you will succeed regardless of your prior experiences.

Q: If you had the opportunity to speak to a new hire or a nurse interested in working in the ICU, what would you say?

A: I would encourage them to shadow on the various teams. This allows you to meet the staff working on that team. If a team isn't a good fit, don't be afraid to ask for a different one. You will

have to invest a lot of time to be/feel prepared in the ICU.

Q: If you were able to go back in time and give yourself advice for your first ICU shift, what would it be?

A: It's okay to cry. The ICU is an emotional place for people. As nurses we often try to emotionally separate ourselves from the patients and families that we care for – their stay in ICU is often the worst period of their lives. It is okay to be impacted by our patients, it is okay to be sad, but remember, it is important not to attach ourselves to that sadness.

You can be sad about outcomes (which is natural), but in the end, if I know I did and tried my best for my patients and families, that is still considered a positive nursing outcome in my books nonetheless.

Q: How can we address the health human resource crisis?

A: We have to make nursing attractive. We also need to make educating, teaching and mentoring a positive experience – this creates an environment that allows staff to stay connected to the practice areas that they love.

Q: In the next few years there will likely be many changes to the health system. What do you feel would be a positive changes for health care?

A: I would like to see more frontline nurses in leadership positions. I want to see nurses and the nursing profession making a difference and influencing provincial and federal decisions that are driving health policy.

December 2018

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 5: Dues, Deductions
And Union Business**
UNA Provincial Collective Agreement

Provincial contract gives UNA Locals time for new member orientation

The Provincial Collective Agreement ensures that time is made available for UNA Locals to hold new member orientation presentations.

Article 5.05 (a) describes the right of locals to make a bi-weekly presentation of up to 45 minutes to new Employees with respect to the structure of the Local as well as their rights, responsibilities and benefits under the Collective Agreement.

The contract also states that attendance at the presentation shall not be compulsory, that an Employer representative may be present at such presentation and that Employees will suffer no loss of regular earnings as a result of attending the presentation.

The Local needs to provide at least 14 working days advance notice to the Employer of the date, time and place for each presentation.

This article was first introduced into the collective agreement in 2013. It is now the responsibility of UNA Locals to set the date, time and place for each presentation. If your local has not done so, please contact your Employer to make necessary arrangements.

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

January 2022

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 14: Promotions,
Transfers and Vacancies**
UNA Provincial Collective Agreement

28-Day Notice Period Does Not Apply to Transfers

Employees who successfully apply for a position with the same Employer will transfer from one position to another. They do not resign a position to accept another position. Therefore, the requirement to provide 28 days' notice set out in Article 23.10 of the UNA Provincial Collective Agreement does not apply to a transfer because the Employee does not resign.

If your current manager tells you that you cannot leave your current position for 28 days then we suggest you ask your hiring manager to discuss the transfer with your current manager. Article 14.01(d)(vi) states that a commencement date must be included in a posting and "may be altered by mutual agreement between the Employee and the Employer."

If after your hiring manager speaks with your current manager, you are unable to mutually agree to amend the commencement date, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394.



Maternity, Parental and Adoption Leave Fact Sheet

The following is a guide to maximizing the benefits UNA has acquired for its members through extensive bargaining. This streamlined information is provided to help you accomplish a successful maternity and parental leave and to maximize the benefits available to you under your Collective Agreement and applicable legislation.

There are different aspects to Maternity and Parental Leave:

- | | |
|---|---------------------------------------|
| Sick time before the birth of the baby, if necessary. | Payment through Employment Insurance. |
| Unpaid Leave of Absence from your employment. | Top up benefits through the SUB Plan. |

Sick Time

If you are medically unable to work leading up to the birth of your child, you are entitled to access your sick time and/or disability benefits.

To begin sick leave prior to the Maternity LOA/ Delivery date, have a physician write you a sick note clearly explaining you are no longer able to work due to pregnancy related health concerns. Give the note to your manager or Abilities Management at which point you should be placed on sick leave and paid out of your sick bank until your delivery date and commencement of your Maternity LOA. If you do not have sufficient time in your sick bank you may need to transition to Short Term disability benefits and have your doctor complete forms from the Insurance Company.

If you experience any problems with having your sick leave approved, please contact your Local office or Labour Relations Officer for assistance with the process.

You are also entitled to begin your maternity leave as early as 12 weeks before the expected date of delivery. However, if you are beginning maternity leave because you are not feeling well enough to work and have disability benefits, you should look to sick leave as an option before starting maternity leave early. This will maximize the time you can spend with your baby and the benefits you are entitled to.

Leave of Absence

There are two available leaves of absence under the Collective Agreement: Maternity and Adoption/Parental.

Maternity

Under the Collective Agreement you are entitled to an unpaid leave for Maternity Leave for up to 18 months. If you would like a longer leave, you will need to discuss this with the Employer and have them agree to a longer leave. Maternity Leave will commence at the latest, upon the date of delivery.

The leave of absence is an unpaid leave. To qualify for the leave, you must have completed 90 days of employment and provide the Employer with at least 2 weeks notice where possible.

We recommend that once you are comfortable sharing the news with your manager, you provide your manager with a written request for a maternity leave of absence with the estimated date of delivery. The manager will complete the leave of absence request form and forward it to Human Resources. The HR Benefits Department will then mail you a Maternity Leave Package, which will include: Information Guide & Frequently Asked Questions, Check Lists, Benefits Cost/Coverage Form, SUB Plan Application Form and Benefits Changes Request Form.

After your delivery, please advise the HR Contact Centre and your Manager of your date of delivery as soon as possible. Your Record of Employment will then be electronically submitted to Service Canada so you can receive EI benefits.

Benefits While on Leave

For maternity leave, healthcare benefits (e.g. dental, disability, health etc.) are compulsory during the valid post delivery health period (~ 6-8 weeks). Cost is split and pre-payment through payroll deduction can be arranged if enough notice is given. If payment is not received prior to going on leave and/or arrangements for prepayment have not been made, benefits will be waived following the compulsory portion of the LOA with the outstanding balance recovered from your first paycheck upon returning to work.

For maternity leave, upon completion of the valid post delivery health period (~ 6-8 weeks), benefits become optional. Following the valid health related portion, the next 12 week period is optional and the premium cost share continues for those 12 weeks. For adoption and parental leave, for the first 12 weeks of leave you can make arrangements to prepay your share of benefit premiums prior to the commencement of your leave and the premium cost share will

Adoption/Parental Leave of Absence

Under the Collective Agreement, you are entitled to an unpaid leave for up to 18 months when you adopt a child or for parenting duties following the birth of a child.

We recommend you advise your manager as early as possible with a written request for an adoption or parental leave of absence with an estimated date you would like to commence your leave. The manager will complete the leave of absence request form and forward it to Human Resources. You should receive a Leave Package from HR.

As long as you have made the application for leave and it was been approved you can then commence your adoption leave with one (1) day's notice. Make sure to keep your manager up-to-date on the adoption proceedings.

You may commence parental leave with one (1) day's notice as long as you have applied for the leave at least 12 weeks prior to the expected date of delivery.

continue for the 12 weeks.

For the remainder of your LOA you can choose to continue or discontinue the same benefits coverage selected in the 12 week optional period but you will pay 100% of the premiums. Your decision on benefits, once submitted, is final.

Any terminated benefit coverage will be reinstated when you return and are actively at work. To be actively at work to your regular duties and hours in your work rotation. Life, AD&D and Disability coverage are reinstated immediately. Supplementary Health and Dental resume the first of the month following your return.

HR Contact Centre Information:

Phone: 1- 877-511-4455

Email: hrcontactcentre@albertahealthservices.ca

Return to Work from Leave of Absence

An employee on a leave of absence for maternity, adoption or parental must provide the employer with at least two (2) weeks' written notice of readiness to return to work.

Employment Insurance

To be eligible for Employment Insurance, you must have 600 hours of insurable employment in the last 52 weeks (or the period since the start of your last claim, whichever is shorter) to qualify. You can check your pay stubs and look for EI premium deductions from your gross income. In 2020, for every \$100 earned the employer will deduct \$1.58 to a maximum of \$856.36 for the entire year.

There are 2 parts to EI benefits: Maternity Benefits and Parental Benefits. Maternity Benefits can be directly followed by Parental Benefits and you can apply for both at once.

Maternity benefits are only available to the person who is away from work because they are pregnant or have recently given birth. Maternity benefits are up to 15 weeks. To receive benefits, proof of pregnancy is required by signing a statement declaring the expected/actual delivery date.

Parental benefits are available to the parents of a newborn or newly adopted child. There are 2 options: Standard and Extended. Parental benefits can be split between parents and parents can receive their weeks of benefits at the same time or one after another. Once you start receiving parental benefits you cannot change options.

1. **Standard Parental Benefits** are for up to 40 weeks, but one parent cannot receive more than 35 weeks of standard benefits.
2. **Extended Parental Benefits** are for up to 69 weeks but one parent cannot receive more than 61 weeks of extended benefits.

Examples:

1. Chris and Alex are having a baby. Chris gives birth to the baby and takes the full 15 weeks of maternity benefits. Chris and Alex choose standard parental benefits and they each take 20 weeks at the same time to care for their child.

2. Chris and Alex are adopting a child. They choose to take extended parental benefits. Chris takes 39 weeks and Alex can take up to 30 weeks of extended parental benefits to care for their child.

For 2020, the maximum yearly insurable income is \$54,800. For maternity and standard parental benefits the basic rate of EI benefits is 55% of your average weekly income, the most a person is eligible to receive is \$573 weekly. For extended parental benefits the basic rate of EI benefits is 33% of your average weekly income, the most a person is eligible to receive is \$344 weekly.

Application for Employment Insurance can be made online and takes approximately 60 minutes to complete. An application should be completed as soon as possible after your last shift worked as applicants risk losing benefits if applying later than 4 weeks after their last day of work. When applying you will require your social insurance number (and the SIN of the other parent if you plan to share benefits), mother's maiden name, mailing and residential address, direct deposit banking information, employment information from all employers over the previous 52 week period and the expected or actual date of birth of the child. For adoption you will need the date your child was placed with you and the full name and address of the agency handling the adoption.

A Record of Employment (ROE) is required to complete the EI application. AHS automatically processes and sends the ROE to Service Canada once all worked and/or sick hours are paid. Casual employees MUST request their ROE from the Human Resources Benefits Department.

EI pay begins within 28 days following receipt of the application and all supporting documentation.

Service Canada Contact Info:

Online: www.servicecanada.gc.ca

Phone: 1-800-206-7218

SUB Plan

The SUB plan is a wage "top up" offered during the **valid health related period** post delivery. Starting on your date of delivery you may be eligible for the SUB Plan supplement.

To receive the SUB plan top up, you must be eligible for sick leave benefits. To be eligible, you must be a regular full time, regular part-time or temporary employee. Casual employees do not qualify.

If you are in receipt of EI maternity benefits, the plan will top up your earnings for the valid health related period post delivery. If you do not qualify for the EI maternity benefits, the SUB plan will pay the equivalent of the EI maternity benefits and SUB top up for the valid post delivery health related period.

Typically, the valid health related period post delivery is 6 weeks for a vaginal birth and 8 weeks for a C-Section. The SUB plan and valid health related period can be extended up to 17 weeks with medical evidence. In cases where the valid health related period extends longer than 17 weeks, employees revert back to receiving sick leave or short term/long term disability if no sick hours remain.

To claim the SUB top up of 95%, you MUST HAVE BANKED SICK TIME. An employee seeking 6 weeks of 95% SUB plan top up, must have 6 weeks of banked sick time on the date of delivery. An employee seeking 8 weeks of 95% SUB plan top up, must have 8 weeks of banked sick time on the date of delivery.

Sick hours are required to be in your bank, but are not used while receiving SUB plan top up. Once sick leave is exhausted, the SUB plan tops up to 66.67% of your regular weekly earnings.

To apply for the SUB top up, have your physician complete their section of the application approximately 6 weeks post delivery. Submit the completed application and a copy of your EI Maternity leave benefit payment information. Completed SUB plan applications MUST be submitted within 6 months of the delivery date or will not be processed.

SUB plan claims are processed after the valid health related period post delivery and are paid in one lump sum by direct deposit through AHS payroll.

Putting You and Your Mental Health **FIRST**



Nicole Thrasher
Local 115 Secretary
United Nurses of Alberta

You report to work today, exhausted.

For the last 5 shifts that you were working, you either had to miss your breaks or extend your shift because of high workload and understaffing. You had to leave (potentially) sick kids at home with family or, with uncertainty, bring them to your childcare provider (sometimes, even at last minutes' notice). Despite all of these pressures – in and out of the workplace – you still show up at work to be present to your patients.

When was the last time you checked in with your psychological self at work?

How often are we carrying the weight of having to be a loving parent, a dependable spouse, a caring friend, in addition to being a safe, competent and reliable care provider and co-worker? With all the pressures and emotional turmoil that the workplace can bring, are we still able to report to work as our complete and true selves?



In a Just Workplace Culture that encourages us to speak openly about the safety issues we face, do we feel that we are equipped and able to do so? Have you considered reporting your workplace stressors for the impact that it's having on your mental well-being? Did you know that you can?

The concept of psychological safety, particularly in healthcare, is at the forefront of many discussions within Occupational Health and Safety (OH&S) and with the Employer.

Putting You and Your Mental Health **FIRST** *...continued from previous page*



Generally speaking, Psychological Safety is defined as “protection of our mental health”. This would include: 1) recognizing psychological hazards in the workplace, 2) feeling safe to report them and 3) supporting one another to promote, prevent and correct these hazards.

Incidents of psychological injury towards staff are on the rise. However, it is because of your reporting of these concerns that we are gaining momentum on many fronts.

Despite all the pressures that you face in the workplace, I would like to take this opportunity to thank YOU, the UNA membership, for bringing your safety concerns forward through the UNA OH&S reporting process and AHS MySafetyNet. We have heard you. Without reporting, we would not have understood the extent of your concerns, nor know what you need in order to build a psychologically healthier workplace.

You have told us that:

- Unsafe (short) staffing and high workloads are causing increasing amounts of stress to workers.
- Workplace bullying and harassment is still a concerning and prevalent issue.
- Threatening behaviors from patients and visitors are increasing and impacting your ability to work safely.
- Inadequate security coverage and lengthy response times are causing increasing fear and anxiety among staff.
- Ongoing organizational change is causing heightened feelings of stress and uncertainty.



Because of the impact that these concerns has had on the wellbeing of workers, your Local 115 OH&S committee is advocating strongly for solutions like:

- Mandatory Nonviolent Crisis Intervention training for staff.
- Increased security presence and transparent reporting of any (security) data that may concern staff safety.

Putting You and Your Mental Health FIRST *...continued from previous page*

- Greater police presence and stronger relationships with the Calgary Police Service.
- Improved education for staff on the hazards present in your areas and the means to control them (HIAC).
- Enforcement of “zero tolerance for abuse” policies, with support from Protective Services.
- Enhanced debriefing processes for staff.

UNA will continue to ensure that your concerns will be heard among all levels of leadership at both the FMC site and at the Provincial Joint Workplace Health and Safety Committee.

Please continue to submit your psychological safety concerns. Your Local 115 OH&S Committee is dedicated and prepared to assist you through the reporting process. Our goal is to promote and protect the value of psychological wellbeing within the workplace – we cannot do this without your engagement.



Small ripples create big waves and effect change. Together we can build a psychologically safe environment which all of us can thrive in.



HOW TO SAY NO

Being responsible for yourself means you need to be able to say no. If you rarely say no, it means other people are charting your course in life. Below are strategies for saying no respectfully and assertively.

FORMULATE YOUR POSITION BEFORE YOU SPEAK	DO NOT FEEL COMPELLED TO EXPLAIN OR RATIONALIZE YOUR "NO"	BE YOUR OWN ADVOCATE	REPEAT, REPEAT, REPEAT
<p>Know what you are or are not willing to do before you respond. If you are unsure, state that you need some time to think about the request.</p>	<p>Often we contrive reasons why we cannot comply with a request. Rather, we should feel comfortable with our own decisions and verbalize them as choices, not reasons or excuses.</p>	<p>Every so often people make decisions and then need others to comply in order to make the decision a reality. Remember that just because someone else has personally committed to a project or idea, you are not compelled to do so, regardless of how worthy the project may seem.</p>	<p>Be prepared to state your "no" several times before it is heard and accepted. You do not need to rephrase your "no" each time; simply restating that you are not able to help out is sufficient.</p>

<p>NO</p>	<p>"I am not able to do that." "I am not taking on any more commitments."</p>
<p>NO & VALIDATION (AND REASON IF YOU CHOOSE)</p>	<p>"I can see you are in a difficult position." "It sounds important to you."</p>



LOCAL ANNUAL GENERAL MEETING



Nominations and Voting For:

- > Local **Vice President**
- > Local **Secretary**

- > **PRC** Committee
- > **OH&S** Committee
- > **Communications** Committee

The Event Will Be Held On

TUESDAY
November 14, 2023



START AT
1600 HR - 1800 HR



VIA
ZOOM



Discussion on

- > **LAST** meeting before provincial DSM
- > A **year** in **review**
- > **Vote** for your Executive
- > **Approve** your annual **budget**

DRAWS, SWAG AND MORE



SCAN HERE!



REGISTER NOW VIA QR



Questions or info?
local115exec@una.ca



Nomination for Local Executive Position

Nominations are open to anyone who is a Member in good standing of the applicable UNA District.

Position: President Secretary Secretary/Treasurer
 Vice-President Treasurer Other _____

Name and address of nominee:

_____		_____	
NAME (PLEASE PRINT)		ADDRESS	
_____		_____	_____
		CITY	POSTAL CODE

If elected I am willing to serve:

SIGNATURE

Name and address of two (2) Members in good standing, of the applicable Local, nominating the nominee:

_____		_____	
NAME (PLEASE PRINT)		ADDRESS	
_____		_____	_____
SIGNATURE		CITY	POSTAL CODE

_____		_____	
NAME (PLEASE PRINT)		ADDRESS	
_____		_____	_____
SIGNATURE		CITY	POSTAL CODE

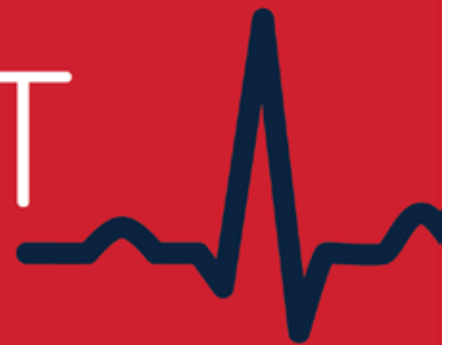
****NOTE:** It is the responsibility of the Nominee to confirm the receipt of the nomination form.

FOR OFFICE USE ONLY	
RECEIVED BY:	_____
DATE & TIME:	_____

RESPECT

RETAIN

RECRUIT



February 2019

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 30**
UNA Provincial Collective Agreement

Casual Employees eligible for overtime

when they work in excess 147.25 hours in a four week period

The UNA Provincial Collective Agreement makes provision for payment at overtime rates for Employees working casual who work more than full-time hours.

Article 30.03 of the UNA Provincial Collective Agreement states:

- (a) (v) A Casual Employee shall be entitled to overtime worked in excess of 147.25 hours averaged over a four (4) week period starting October 6, 2014. (with a starting point established as the first day of the first pay period following 90 days from the date of ratification of this Collective Agreement).

If an Employee works more than full-time hours over a four-week period (147.25 hours), then those extra hours must be paid at the overtime rate of 2X the basic rate of pay.

The beginning of the four-week period will vary depending on when the Employer's pay period starts.

For casual Employees whose home site is Alberta Hospital Edmonton, the University of Alberta Hospital or who are covered by the Mental Health Clinics Addendum, overtime over the four-week period commences after 155 hours.

UNA 
United Nurses of Alberta

30-Casual Employees eligible for overtime

4 Week Shift Cycle for Casual Employees

Overtime is paid once 147.25 hours have been worked



2023	
Mon 2023-01-16	Sun 2023-02-12
Mon 2023-02-13	Sun 2023-03-12
Mon 2023-03-13	Sun 2023-04-09
Mon 2023-04-10	Sun 2023-05-07
Mon 2023-05-08	Sun 2023-06-04
Mon 2023-06-05	Sun 2023-07-02
Mon 2023-07-03	Sun 2023-07-30
Mon 2023-07-31	Sun 2023-08-27
Mon 2023-08-28	Sun 2023-09-24
Mon 2023-09-25	Sun 2023-10-22
Mon 2023-10-23	Sun 2023-11-19
Mon 2023-11-20	Sun 2023-12-17
Mon 2023-12-18	Sun 2024-01-14

2024	
Mon 2024-01-15	Sun 2024-02-11
Mon 2024-02-12	Sun 2024-03-10
Mon 2024-03-11	Sun 2024-04-07
Mon 2024-04-08	Sun 2024-05-05
Mon 2024-05-06	Sun 2024-06-02
Mon 2024-06-03	Sun 2024-06-30
Mon 2024-07-01	Sun 2024-07-28
Mon 2024-07-29	Sun 2024-08-25
Mon 2024-08-26	Sun 2024-09-22
Mon 2024-09-23	Sun 2024-10-20
Mon 2024-10-21	Sun 2024-11-17
Mon 2024-11-18	Sun 2024-12-15
Mon 2024-12-16	Sun 2025-01-12

2025	
Mon 2025-01-13	Sun 2025-02-09
Mon 2025-02-10	Sun 2025-03-09
Mon 2025-03-10	Sun 2025-04-06
Mon 2025-04-07	Sun 2025-05-04
Mon 2025-05-05	Sun 2025-06-01
Mon 2025-06-02	Sun 2025-06-29
Mon 2025-06-30	Sun 2025-07-27
Mon 2025-07-28	Sun 2025-08-24
Mon 2025-08-25	Sun 2025-09-21
Mon 2025-09-22	Sun 2025-10-19
Mon 2025-10-20	Sun 2025-11-16
Mon 2025-11-17	Sun 2025-12-14
Mon 2025-12-15	Sun 2026-01-11

**06
December,
2023**

**National Day of Remembrance and Action on
*Violence Against Women***

A lobbying event for the Bow Valley Women's Emergency Shelter
and the AWO Taan Healing Lodge Emergency Shelter.

Sponsored by the Calgary & District Labour Council.

Location: CDLC Office #321, 3132 - 26 St. NE Calgary at 6 pm.

A donation to the shelters at the door is suggested




admin@thecdlic.ca





WE WANT TO HEAR
FROM YOU!

UNA Young Workers Caucus



Email us to get involved!

YOUNGWORKERS@UNA.CA



Concerned about misconduct at AHS?



Call the Safe Disclosure Line

1-800-661-9675

A confidential 24/7 external service



REPORTING CONCERNS

MAY 2022

United Nurses of Alberta encourages duespayers to bring forward concerns regarding patient/client/resident quality of care, staff safety, and workplace rights. You are advised to discuss concerns with your immediate supervisor and follow applicable employer reporting processes. You can report the concern to UNA using the reporting process(es) that best fit your concern. If in doubt, fill it out! Contact your UNA Local or a UNA office for assistance.

What type of concern is it?

PROFESSIONAL RESPONSIBILITY CONCERN (PRC)

PRCs relate to patient/resident/client safety and quality of care and can be reported to UNA on our mobile app or website. PRCs commonly include:

- staffing/skill mix
- workload/assignments
- communication
- equipment/technology
- space/environment where care is delivered
- policies/procedures
- orientation/training



OCCUPATIONAL HEALTH & SAFETY (OH&S) CONCERN

OH&S concerns relate to the health and safety of workers and can be reported to UNA on our mobile app or website. OH&S concerns commonly include:

- equipment/PPE
- security
- verbal/physical violence
- space/environment
- debriefing of incidents
- emergency response/preparedness
- orientation/training



COLLECTIVE AGREEMENT CONCERN

Concerns regarding how the collective agreement is being applied can be reported to UNA by contacting your UNA Local or a UNA office. Collective agreement concerns commonly include:

- pay/allowances
- benefits
- scheduling
- overtime
- vacation/leave requests
- vacancies/transfers
- disability insurance/WCB
- workplace accommodations



PROFESSIONAL RESPONSIBILITY CONCERNS (PRC)



Your professional Standards and Code of Ethics dictate that you must advocate for the resources and supports required to provide safe, competent, and ethical nursing care. The PRC process provides you an avenue to safely raise concerns relative to patient/resident/client care.

Common examples of PRCs include concerns about staffing or skill mix, workload/ assignments, communication, equipment or technology, space or environment where care is to be delivered, policies and procedures, orientation, and training.

WHAT CONSTITUTES A PRC?

You identify a situation, condition, policy, piece of equipment, or action in your work environment that is:

- > impacting your ability to deliver safe, competent, or ethical nursing care and/or
- > directly posing a risk or has caused harm to a patient

PROCESS

1. **Discuss the issue with your immediate supervisor/manager.**
2. **Fill out a Professional Responsibility Concern Form (PRCF).**
3. If the PRC remains unresolved after discussing it with your Manager, the PRCF will be discussed at the joint UNA/Employer Professional Responsibility Concern Committee (PRCC) for your site/workplace.
4. UNA has the right to Advance unresolved PRCs to the Employer CEO, an external Independent Assessment Committee, and the Employer Governing Board, if necessary.

After submitting the PRCF to your Local, be prepared to stay involved. Your Local PRCC representatives may contact you to gather more information, invite you to a PRCC meeting to speak to your concern, share the Employer response to your PRCF, and discuss potential resolutions.

Defend YOUR CPP!



Calgary & District Labour Council
#321, 3132-26 St. NE Calgary AB T1Y 6Z1

Call

Write

Email

Meet at the CDLC office, we will supply you with all you need to help you get the message to your MLA's.

From 6 to 9 pm on these dates:

October 25, November 1, 7, 15, 22, 29, December 5 & 13

ALBERTA PENSION PLAN FACT CHECK

Alberta Premier Danielle Smith wants to take Alberta out of the Canada Pension Plan (CPP). It's a foolish and foolhardy idea that risks the retirement security of all Albertans.

According to opinion polling, most Albertans oppose this break up of the CPP. To change opinion, Smith and the UCP are telling some real whoppers.

HERE ARE THE FACTS:

SMITH MYTH: Alberta's share of the Canadian Pension Plan funds in 2027 will be 53% of the CPP assets (\$334 billion).

REALITY: It's absurd to think Alberta can take 53% of the assets managed by the CPP. Experts have ridiculed this number, and questioned the legal, practical, and moral ability of Alberta to secure these assets. If their formula was applied to every province, the total taken out of the CPP would be well above 100% of all the money.

SMITH MYTH: Alberta will be able to draw \$334 billion from the Canada Pension Plan to form the base fund of a new Alberta Pension Plan.

REALITY: The other provinces will never agree to pull 53% of the funds from the CPP. The federal government and the other provinces simply won't let this happen.

Economists have estimated the maximum amount an Alberta Pension Plan could ask for would be somewhere between 10% and 20%.

SMITH MYTH: The benefits of an Alberta Pension Plan will be higher, and contributions will be lower.

REALITY: The rates are based on the 53% withdrawal. Since that is an impossible scenario, lower contributions and higher pension benefits will never happen.

Even with this unrealistic assumption, the government's report still shows the cost of an Alberta Pension Plan coming into line with the Canada Pension Plan over time.

SMITH MYTH: Under an Alberta Pension Plan, I can get a \$5,000-\$10,000 retirement bonus.

REALITY: This sounds good, but like the lower rates and higher benefits promise, this type of benefit is based on flawed calculations that will never become reality.

SMITH MYTH: We will be able to take an Alberta Pension Plan with us wherever we live in Canada.

REALITY: Portability of an Alberta Plan is in no way guaranteed. The CPP would need to accept a portability agreement with a potential Alberta Pension Plan. The rest of the country will not be in a mood to negotiate with Alberta if we break up a successful pension plan. If portability is not achieved, workers who move to or from a different province during their working years risk a smaller pension in retirement.

SMITH MYTH: The Alberta Pension Plan would be more stable than the Canadian Pension Plan.

REALITY: Experts estimate the CPP is sustainable in its current form for at least the next 75 years.

Risk pooled with larger groups creates stability. Bigger pension plans are safer than smaller ones.

The claim that an Alberta plan would be more stable is based on the ability to withdraw 53% of the money from the CPP. As discussed above, this number has been ridiculed by experts, along with the ability of Alberta to actually access these assets.

SMITH MYTH: The Alberta Pension Plan will have better investment returns and will be able to invest in Alberta.

Large pension funds invest all over Canada and all over the world, seeking out the best opportunities to make money. The Canada Pension Plan invests in many Alberta companies and assets.

In fact, investments managed by the Alberta government have had much lower long-term returns than the Canada Pension Plan.

CONCLUSION: The CPP is one of the most successful pension plans in the world. Danielle Smith's plan is based on shaky assumptions and very faulty math. We are all better off if we reject this UCP scheme.



Albertans need pharmacare

Canada is the only developed country with a universal health care system that does not provide universal coverage of medically necessary prescriptions. Our universal public health care system effectively ends as soon as a patient is handed a prescription to fill. There are currently too many financial barriers preventing seniors and chronically ill Albertans from obtaining medications that keep them healthy and out of the hospital. We need a pharmacare program that ensures everyone has access to affordable and safe prescription drugs.

Here are the facts:

A national formulary would result in better and safer drugs.

Current research shows that only about 1 out of every 10 new drugs offer therapeutic advantage over medicines currently on the market. New medicines do not need to be an improvement on those already on the market, they just need to be better than a placebo. Further, pharmaceutical expenditure on research in development has been steadily falling in the last 30 years, now accounting for only 4.1% of pharmaceutical profits.

A national, evidence-based formulary created free from political and industry influence would ensure that all Canadians, regardless of income or location would have access to the safest and most effective prescription drugs.

It would save lives.

Hundreds of Canadians suffer a premature death every year because of barriers to accessing their medications, while thousands more experience avoidable health deterioration as a result. An estimated 420 working-aged Canadians with diabetes die each year because they don't have adequate access to their medications.

Currently, 21% of Albertan households experience cost-related barriers to accessing their medications. A national pharmacare program would ensure that every Canadian has access to the life-saving drugs they need.

It would save us money.

We pay the second highest price for pharmaceutical medicines in the world. The federal government, provinces, territories, and hospitals all negotiate separately with pharmaceutical companies for the price of medicines, resulting in \$7.3 billion in squandered health care dollars each year. This is not to mention the downstream costs in increased hospitalizations due to inadequate access and cost-related nonadherence to necessary prescription medicines.

Bulk bargaining and combined purchasing power allows for the negotiation of better prices from pharmaceutical and generic manufacturers. If we implemented a national pharmacare program, we would see a projected yearly savings of \$9 billion for employers and \$7.1 billion for households.



A fill-in-the-gaps model won't work.

We already have a patchwork of private and public drug plans — more than 100 public drug plans and 113,000 private plans across the country, meaning cost and access varies drastically based on things like your age, your place of employment, or the province you live in. Alberta alone has 23 public drug and supplementary benefit plans, and yet one in three of working Albertans have no health benefits. Additionally, these plans often have high deductibles, co-pays, and caps on remittances, meaning that even with drug benefits, medications remain unaffordable for many.

Only a universal, single-payer program would ensure that every Canadian had access to the medications they need, regardless of their age, income, location, or marital status, while saving employers and households billions of dollars every year.

We need the provinces and territories to opt in.

The Advisory Council for the Implementation of National Pharmacare has recommended that the federal government provide incremental funding support to provincial and territorial governments to expand coverage and implementing pharmacare within their jurisdictions. Health care is a provincial jurisdiction, and so the premiers want to ensure that they have the ability to opt-out of the federal program. When Canada's premiers met in December, Jason Kenney was sure to reiterate his desire that Alberta retain the right to opt out unconditionally from a national pharmacare program.

However, piecemeal support across the country would not only undermine the universality of the program, but would diminish many of the positive impacts of a nation-wide program, including lessening our ability to save money via bulk bargaining for the best prices for prescription drugs.

Polls have shown that 9 in 10 Albertans agree that we need pharmacare. As the federal government makes its decisions about how and when a national public drug plan will be implemented, it is up to us to make sure that our provincial government knows that we want in.

Send an email to your MLA, Premier Jason Kenney, and Health Minister Tyler Shandro, and let them know why it is important to you that they support national, universal pharmacare for ALL Albertans.

Visit www.friendsofmedicare.org/ABpharmacare to make your voice heard!



Friends of Medicare



@FriendsMedicare



www.friendsofmedicare.org

Workers Have 4 Basic Health and Safety Rights

WHAT ARE YOUR RIGHTS?

Updated April 2022

1 Right to Know
 Your employer must tell you about your health and safety rights. They must identify hazards at work, and give you the training, instruction, supervision and equipment you need to work safely.

2 Right to Participate
 You have the right to be involved in your own health and safety, and your co-workers' health and safety. This can include becoming the Health and Safety Representative (HS Rep) at your workplace, or a member of your joint worksite Health and Safety Committee (HSC).

3 Right to Refuse Dangerous Work
 You have the right to refuse work you believe poses a serious and immediate threat (undue hazard) to yourself or others.

4 Right to Be Free from Reprisal
 You can't be disciplined or punished for using your workplace rights. If you are, you have the right to file a Disciplinary Action Complaint (DAC) through Alberta's OHS Contact Centre (see below). If you belong to a union, you can file a complaint through your union's grievance procedure.

Most workers in Alberta are covered under Alberta's Occupational Health and Safety Act, Regulation and Code.

Some workers are Federally regulated, and their Health and Safety rights are covered under the Canada Labour Code Part II.

Workers belonging to a union may have additional Health and Safety protection under their Collective Bargaining Agreement.

Exposure to workplace hazards is preventable, and it is the employer's responsibility to ensure a safe and healthy workplace.

Workers have a responsibility to follow the health and safety rules, to not cause or participate in harassment, bullying or violence, and to report unsafe work conditions.

Unsure of your rights or how they work?

You can contact the Alberta Government's **Occupational Health and Safety (OHS) Contact Centre.**

Tel. 780-415-8690 (Edmonton) or Toll Free 1-866-415-8690

You may phone the OHS Contact Centre at any time.
 Your call can be confidential.



ALBERTA WORKERS' HEALTH CENTRE

Information, Education and Empowerment for Workers

Phone: **780-486-9009**
 Toll-Free: **1-888-729-4879**

www.workershealthcentre.ca



THE CONTENTS OF THIS FACT SHEET ARE FOR INFORMATION PURPOSES ONLY. NOT INTENDED AS LEGAL ADVICE.

Workers have the Right to Know about the dangers of their jobs

AND HOW THEY ARE PROTECTED

Updated April 2022

Employers must tell you about your health and safety rights. They must identify hazards at work, eliminate or control all hazards, and ensure you have the equipment and training you need to work safely.

Here are some important elements of a worker's Right to Know:

1 Hazard Assessment

A Hazard Assessment is identifying the dangers you could be exposed to while doing your job, and how you are protected from them.

Workers should be involved in a Hazard Assessment when you first start a job, or when the work changes. Some workers whose job tasks or locations change frequently may need more regular Hazard Assessments.

2 Personal Protective Equipment (PPE)

A common way of protecting workers from workplace hazards is by requiring workers to wear protective equipment. Examples of PPE include hearing protection, gloves, goggles, hard hats, steel toed boots, masks, reflective vests and fall protection harnesses. PPE need to be the right kind of protection for the job, and they need to fit properly.

PPE can offer important protection for a worker, but should not be the only method used. Hazards should be eliminated wherever possible, or controlled in such a way that they never come in contact with the worker.

3 Training

You should receive safety training when you first start any job or when new work processes are introduced. This should include safe work procedures, proper (and safe) use of PPE, and the reporting process for injuries, illnesses and serious incidents. Some jobs may require specific training for things like First Aid, confined spaces, and work with certain hazardous substances. Health and Safety Committee (HSC) members and Health and Safety Representatives (HS Reps) also have requirements for training.

4 Emergency protocols

Employers are required to have an emergency evacuation plan in place, as well as First Aid kits and designated personnel trained in First Aid. Requirements may be different depending on your workplace's size, location and other factors.

Every workplace is potentially dangerous, and every job may expose workers to different types of hazards.

Workplace Hazards

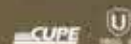
- A hazard is something that can hurt you
- Some hazards can injure or make you sick right away, with others it might take years

Note: *It is important that workers follow the health and safety rules of your workplace, such as wearing proper PPE, even if you think there may be a more effective way of controlling a hazard. Your Health and Safety Committee (HSC) or Health and Safety Representative (HS Rep) can help make recommendations for better worker protection, and your union (if you have one) can negotiate for better protection in your Collective Bargaining Agreement.*

 CONTINUED OVER 

ALBERTA WORKERS' HEALTH CENTRE

Information, Education and Empowerment for Workers

 Phone: **780-486-9009**
 Toll-Free: **1-888-729-4879**
www.workershealthcentre.ca


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Workers have the Right to Know about the dangers of their jobs

AND HOW THEY ARE PROTECTED

5 Workplace Hazardous Materials Information System (WHMIS)

Some hazards are required by law to be clearly labeled. These include controlled substances like solvents, cleaning agents, compressed gases, explosive or flammable materials, biohazards, and others.

WHMIS includes labels with pictograms that can warn us of hazardous materials. WHMIS also requires Safety Data Sheets (SDSs) for controlled substances, which list detailed hazard information, including safe handling and emergency measures.

Note: Some products available to consumers [such as household cleaners purchased from a grocery store and used in a workplace] do not require the same kind of labeling, but they could still be hazardous.

6 Right to ask for information

Sometimes your supervisor or employer might forget to provide you with Health and Safety information. You can ask them things like these 13 questions:

- | | |
|--|---|
| 1 What are the dangers of my job? | 8 What are the emergency procedures and where is the emergency equipment? |
| 2 Who will be training me in job safety? | 9 How do I report a health and safety issue? |
| 3 Is there any safety equipment [PPE] I need to wear? Do I have to buy it? | 10 Do we have health and safety meetings? |
| 4 Who do I ask if I have health and safety questions? | 11 What is our harassment and violence policy? |
| 5 What are my health and safety responsibilities? | 12 Am I covered by the Workers' Compensation Board (WCB)? |
| 6 What do I do if a co-worker or I get hurt? | 13 Do I have a union, and if yes, who is my Union Steward? |
| 7 Do we have a first aid kit? Is there a First Aid Officer? | |

For more information about your Workplace Health and Safety rights and responsibilities under Alberta's Occupational Health and Safety (OHS) laws, and to report dangerous work:

Contact the Alberta Government's
Occupational Health and Safety (OHS) Contact Centre.

Tel. 780-415-8690 (Edmonton) or Toll Free 1-866-415-8690

You may phone the OHS Contact Centre at any time. Your call can be confidential.

Hazardous Materials Pictograms

WHMIS 2015

-  **Flame over Circle**
Oxidizer
-  **Flame**
Flammable, Self-Reacting, Pyrophoric, Self-heating, In Contact With Water, Emits Flammable Gases, Organic Peroxide
-  **Exploding Bomb**
Explosive*, Self-Reacting (severe), Organic Peroxide (severe)
-  **Gas Cylinder**
Gas Under Pressure
-  **Skull and Crossbones**
Acute Toxicity (fatal or toxic)
-  **Corrosion**
Serious Eye Damage, Skin Corrosion, Corrosive to Metals
-  **Exclamation Mark**
Irritation (skin or eyes), Skin Sensitization, Acute Toxicity (harmful), Specific Target Organ Toxicity (drowsiness or dizziness, or respiratory irritation), Hazardous to the Ozone Layer*
-  **Health Hazard**
Carcinogenicity, Respiratory Sensitization, Reproductive Toxicity, Target Organ Toxicity, Germ Cell Mutagenicity, Aspiration Hazard
-  **Environment**
Aquatic Toxicity*
-  **Biohazardous**
Biohazardous Infectious Materials

* NOT REQUIRED BY WHMIS 2015, BUT MAY BE USED

SOURCE: Canadian Centre for Occupational Health and Safety



ALBERTA WORKERS' HEALTH CENTRE

Information, Education and Empowerment for Workers

Phone: 780-486-9009
Toll-Free: 1-888-729-4879
www.workershealthcentre.ca



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Workers have the Right to Participate

IN THEIR OWN HEALTH AND SAFETY

Updated April 2022

The Right to Participate – being involved and having a say in your own health and safety – is important because workers are the ones doing the job and are the ones who will be affected if exposed to hazards.

1 Health and Safety Committees (HSCs)

A joint Health and Safety Committee (HSC) is required by employers who have 20 or more regularly employed workers. A site-specific HSC is required for work sites with multiple employers that have 20 or more regularly employed workers.

An HSC is made up of a worker and an employer co-chair, and other worker and employer members. At least half of the committee must be made up of workers. Worker members should be selected by workers, and/or by the union (in unionized workplaces).

An HSC should meet regularly to discuss health and safety issues of the workplace, respond to health and safety concerns and suggestions from workers, participate in the Hazard Assessment, review the employer's work site inspection documentation and make recommendations to the employer to make things safer.

The committee is required to develop written Terms of Reference that may also include specific timelines and additional duties such as:

- participation in the development, implementation and evaluation of programs
- conducting and monitoring workplace inspections
- participating in incident investigations
- follow-up on progress made and monitoring program effectiveness

2 Health and Safety Representatives (HS Reps)

A Health and Safety Representative (HS Rep) is required by employers who have between 5-19 regularly employed workers. A site-specific HS Rep is required for work sites with multiple employers that have 5-19 regularly employed workers. The HS Rep is a worker not associated with management. However, the HS Rep is designated by the employer (after consulting with the union in unionized workplaces). An HS Rep carries out some of the same duties as a committee.

**Work sites with Prime Contractors do not require an HSC or HS Rep. This includes Construction work sites, Oil and Gas work sites or other class of work sites designated by a Director. However, Prime Contractors must ensure a system of OHS compliance, including how workers and employers will cooperate on health and safety, and designate a person for the purposes of ensuring cooperation between workers and employers.*

Both HSCs and HS Reps have important responsibilities in supporting workers who use their Right to Refuse Dangerous Work.

(see our Right to Refuse fact sheet)

HSC and HS Rep Training

HSC members and HS Reps must be trained in the following:

- the duties and responsibilities of co-chairs and members on the HSC and of the HS Rep
- the obligations of work site parties
- the rights of workers

HSC members and HS Reps are considered to be at work while performing their duties or participating in required training.

(section 199.3 of the OHS Code)

The Alberta Occupational Health and Safety Act, Regulation and Code sets out the minimum legal requirements for HSCs and HS Reps. Some workplaces adopt practices that go above these minimum requirements, and workers in unionized workplaces may have additional requirements set out in their Collective Bargaining Agreement.

CONTINUED OVER 



ALBERTA WORKERS' HEALTH CENTRE

Information, Education and Empowerment for Workers

Phone: 780-486-9009
Toll-Free: 1-888-729-4879

www.workershealthcentre.ca



THE CONTENTS OF THIS FACT SHEET ARE FOR INFORMATION PURPOSES ONLY. NOT INTENDED AS LEGAL ADVICE.

Workers have the Right to Participate

IN THEIR OWN HEALTH AND SAFETY

3 Worker participation in Hazard Assessment, Elimination and Control

Hazard Assessments are required by employers. A Hazard Assessment identifies the potential dangers of your job and how you are protected from those dangers. Workers should be involved in a Hazard Assessment when you first start a job or when the work changes. Some workers whose job tasks or locations change frequently may need more regular Hazard Assessments.

Once a hazard has been identified, it should be eliminated or properly controlled to protect the worker. Getting rid of the hazard or making sure that it can never reach the worker is the most effective way of protecting people, rather than relying only on Personal Protective Equipment (PPE) or training a worker to "be safe." [These kinds of solutions do nothing to deal with the actual hazard.] A useful tool is called the Hierarchy of Controls.

4 Workers can participate in Health and Safety in many ways:

- asking supervisors questions like: What are the dangers of my job? How can I do this job safely?
- raising Health and Safety concerns, suggesting solutions
- being involved on the HSC or as an HS Rep
- thinking about the most effective way to protect workers from hazards (using the Hierarchy of Controls)
- being involved in choosing the worker HSC members or HS Rep
- using the Right to Refuse dangerous work
- getting involved in union health and safety activities [in unionized workplaces]
- talking about health and safety with family, friends, co-workers and others
- contacting the Occupational Health and Safety Contact Centre with any questions

For more information on HSCs and HS Reps, and to report dangerous work:

Contact the Alberta Government's
**Occupational Health and Safety
(OHS) Contact Centre.**

Tel. 780-415-8690 (Edmonton) or Toll Free 1-866-415-8690

You may phone the OHS Contact Centre at any time. Your call can be confidential.

"An employer must involve affected workers in the hazard assessment and in the control or elimination of the hazards identified."

Section 8(1) of the OHS Code

Hierarchy of Controls



SOURCE: NIOSH



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HEALTH CENTRE**

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Workers Have the Right to Refuse Dangerous Work

[under Alberta's Occupational Health and Safety Act, Section 17]

HOW DOES IT WORK?

Updated April 2022

1 You have been asked to do something you believe poses a serious and immediate threat (undue hazard) to yourself or others.

2 You report to your supervisor, employer or other designated person that you are using your right to refuse because it is dangerous.

3 Your employer must inform the HSC or HS Rep [if there is one] as soon as possible. Then your employer must:

- Inspect the danger
- Take action to fix the danger
- Write a report of the work refusal, inspection, and actions taken (if they determined it was dangerous)
- Give a copy of the report to you and the HSC or HS Rep (if there is one)

The supervisor might send you to do another job for a short time. You cannot lose pay.

Your employer can require you to resume work or assign another worker to do the job if they have fixed the danger immediately, or conducted an inspection and given you a written report that it is safe.

If you still believe you are in danger, or you believe your employer has not carried out their work refusal obligations, you can continue to refuse and go to Step 4.

4 You can file a complaint with the Alberta Government's **Occupational Health and Safety (OHS) Contact Centre.**

Tel. 780-415-8690 (Edmonton) or Toll Free 1-866-415-8690

You may phone the OHS Contact Centre at any time during the Refusal process. Your call can be confidential.

You cannot be fired for using your right to refuse dangerous work.

If you are disciplined for using your Health and Safety rights, you can file a Disciplinary Action Complaint through Alberta's OHS Contact Centre. If you belong to a union where you work, Disciplinary Action Complaints are handled through the Grievance Procedure in your Collective Bargaining Agreement.

NEW!

Does your workplace have an **HSC** or **HS Rep**?

HSC

A joint Health and Safety Committee is required by employers who have 20 or more workers*. An HSC is made up of a worker and an employer co-chair, and at least 2 other members. At least half of the committee must be chosen by and made up of workers.

HS Rep

A Health and Safety Representative is required by employers who have 5-19 workers*. The HS Rep is a worker who is chosen by other workers.

* Work sites with Prime Contractors do not require an HSC or HS Rep, but must ensure a system of OHS compliance and designate a person for the purposes of ensuring H&S cooperation between workers and employers.

If the employer learns that OHS has been notified, the employer must advise (in writing) any other worker assigned to do the task: of the first worker's refusal, the reason for the refusal, and the reason why, in the opinion of the employer, the work is not an undue hazard.



ALBERTA WORKERS' HEALTH CENTRE

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MEET YOUR OH&S TEAM



Kevin Champagne

Your Local 115 Occupational Health and Safety Committee is here to ensure **employers** provide you with a **healthy** and **safe** work environment.

We are here to **support, advocate** and **represent** UNA members in all matters of workplace safety.



Nicole Thrasher

The **most** effective way to address any concerns related to your personal safety at work, occupational or workplace hazards is by **filing a formal OH&S complaint** (see below)



Brenna Thiessen

Your **collective agreement** outlines a process that allows us to seek for a **resolution!**

WANT MORE RESOURCES?



Reporting OH&S Concerns



OH&S Member Resources



PRC, OH&S or CA Concerns?



Tony Huynh

Want to report an OH&S concern? Contact us at: local115ohs@una.ca, scan the **QR Code** to the right or go to: <https://dms.una.ca/forms/ohs>



Dealing with conflict?

SHIFT JUDGEMENT TO CURIOSITY



Notice what happened.



Become curious about their intention.



Assume the best about the other person.

January 2022

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 17.03: Time of Vacation**
UNA Provincial Collective Agreement

Off Planner Vacation Requests

According to Article 17.03(b)(ii) of the UNA Provincial Collective Agreement, when an Employee submits a request in writing after April 30 for vacation, the Employer shall indicate approval or disapproval in writing of the vacation request within 14 days of the request.

Each request submitted by an Employee must be assessed on a case-by-case basis. If your manager says they are not approving any "off planner" or "ad hoc" requests, then they are not assessing each request. Such blanket denials are arbitrary and contravene the requirements of the Collective Agreement.

In addition, it is not the responsibility of an Employee to find coverage for their vacation. The manager or their staffing office is responsible to do so.

If you believe a vacation request has been denied unreasonably, please contact your UNA local executive or Labour Relations Officer at 1-800-252-9394.

UNA 
United Nurses of Alberta

November 2018

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 17.03**
UNA Provincial Collective Agreement

Vacation approval delayed or pending?

At most UNA sites, the Employer must inform the Employee of approval or denial of her requests on the vacation planner by April 30.

If there is a delay in the approval beyond the deadline, or if the Employer says it is pending, the Employee should consider her vacation denied and initiate a grievance immediately.

If an Employee believes vacation time has been inappropriately assigned, she may also seek to file a grievance.

For example, if an Employee has applied for a week block vacation and the Employer approves Monday and Tuesday, but not Wednesday, and approves Thursday and Saturday, but not Friday, that is effectively a denial of her vacation. The Employee should grieve this type of denial.

The grievances should be filed within 10 days (excluding weekends and named holidays) of April 30 or from the day you were informed of vacation decisions, whichever is earlier.

The UNA Provincial Collective Agreement does not provide for a standing, or pending vacation request. If circumstances change such that a previously denied vacation period becomes available, the Employee will need to submit a new vacation request for consideration.

UNA 
United Nurses of Alberta

T-Vacation approval delayed or pending



CALLED INTO A MEETING BY YOUR EMPLOYER?

If your Employer calls you into a meeting, you may be nervous or unsure of what to expect. You have rights at work, including the right to fair treatment and the right to representation by UNA. Meetings with your Employer do not necessarily require UNA representation; contact UNA if you have questions or concerns.

At your side. On your side.

WHEN CALLED INTO A MEETING, YOU SHOULD

Ask what will be discussed

Ask who will be attending

Bring a pen and paper to take notes

Ask if the meeting could lead to discipline if you're unsure

IF THE MEETING COULD LEAD TO DISCIPLINE

Insist on having a UNA representative present

Contact your UNA Local Executive or a UNA office right away

Ensure you receive advance notice (typically a minimum of 24 hours)

IF THE MEETING IS REGARDING AN ACCOMMODATION, DISABILITY, OR RETURN TO WORK

Insist on having a UNA representative present

Contact your UNA Local Executive or a UNA office right away

Speak with your UNA representative before disclosing any medical information to your Employer

IN ANY MEETING WITH YOUR EMPLOYER

Be honest

Think before answering

Ask for information, clarification, or time to think if needed

If you don't remember, say so

Request UNA representation at any time in the meeting if needed

Document your request for UNA representation in your notes

CONTACT YOUR LOCAL
local115exec@una.ca
403-670-9960

CNPS Canadian Nurses Protective Society

CNPS – YOUR PROFESSIONAL LIABILITY PROTECTION PROVIDER

More than liability protection, throughout your career.

The Canadian Nurses Protective Society (CNPS) was created by nurses for nurses so that they could have a source of professional liability protection specifically tailored to manage unexpected legal challenges that may occur in nursing practice. The CNPS serves over 140,000 nurse beneficiaries of all designations across all provinces and territories.

Professional Liability Protection and Assistance with Legal Proceedings

All licensed nursing professionals practicing in Canada are required by their nursing regulator to hold an acceptable source of professional liability protection in the event of allegations of professional negligence. CNPS beneficiaries can be eligible for assistance with legal proceedings arising from nursing practice in Canada (additional registration is required for regulatory investigations): claims and civil proceedings, criminal investigations and prosecutions, statutory offences, and witness appearances.*

Legal Advice

In your busy nursing practice, complex and difficult situations can arise. You may be asked to provide a written statement to the police. Or a patient could ask you to administer a medication that is not approved for use in Canada. When such situations arise in your practice, the CNPS is only a call away. Our legal counsel is there to provide confidential advice and assistance.

Continuing Education

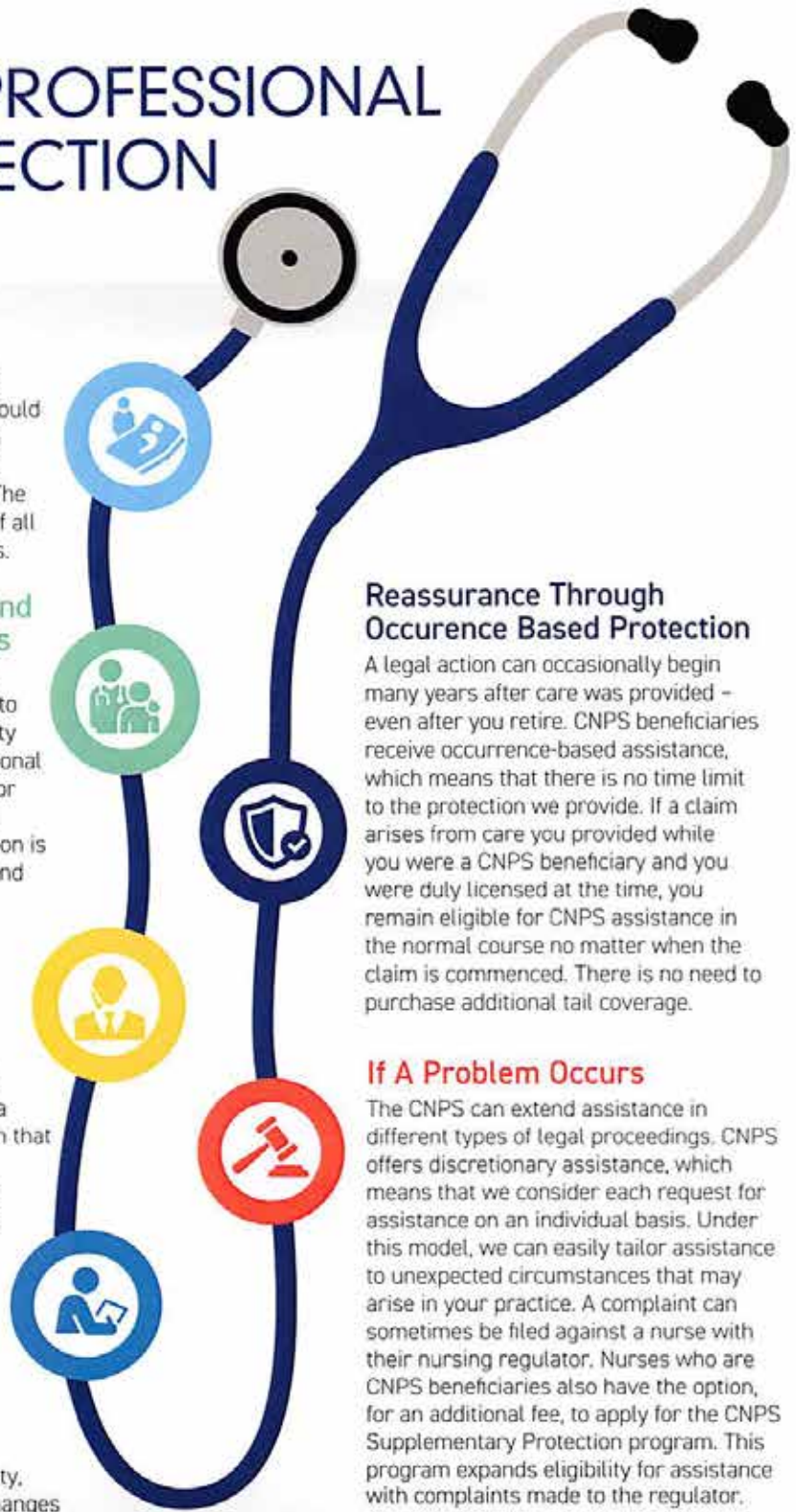
In any profession, it is important to build on your knowledge by continuously learning about changes in your field of expertise. The CNPS provides free webinars, articles, case studies and other educational materials that support risk management, promote patient safety, or can help you better understand legislative changes that may impact your profession.

Reassurance Through Occurrence Based Protection

A legal action can occasionally begin many years after care was provided – even after you retire. CNPS beneficiaries receive occurrence-based assistance, which means that there is no time limit to the protection we provide. If a claim arises from care you provided while you were a CNPS beneficiary and you were duly licensed at the time, you remain eligible for CNPS assistance in the normal course no matter when the claim is commenced. There is no need to purchase additional tail coverage.

If A Problem Occurs

The CNPS can extend assistance in different types of legal proceedings. CNPS offers discretionary assistance, which means that we consider each request for assistance on an individual basis. Under this model, we can easily tailor assistance to unexpected circumstances that may arise in your practice. A complaint can sometimes be filed against a nurse with their nursing regulator. Nurses who are CNPS beneficiaries also have the option, for an additional fee, to apply for the CNPS Supplementary Protection program. This program expands eligibility for assistance with complaints made to the regulator.



*Certain conditions may apply. Please visit www.cnps.ca/services/pip-core/ for more information.

FOR MORE INFORMATION

ABOUT CNPS SERVICES, VISIT:

www.cnps.ca | 1-800-267-3390

STOP THE BLEEDING IN CANADA'S HEALTH WORKFORCE

RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT

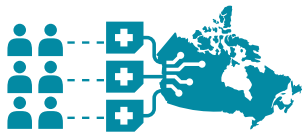
Short-Term Recommendations



\$300 million over 3 years to provide health-care workers with retention incentives: free mental health care, retention bonuses for senior nurses, student loan forgiveness, tax incentives, and incentives for those willing to study and practice in hard-to-staff areas.

\$300 million over 3 years to help provinces and territories optimize workloads: safer staffing ratios, support for child-care and elder-care, and increased administrative, clerical and cleaning staff in nursing settings, which will unlock more time for care.

Medium and Long-Term Recommendations



\$50 million over 4 years to establish a national health workforce body to collect high-quality data to support health workforce planning at regional levels.



Create a national mental health strategy for health-care workers, including funding for mental health supports and pan-Canadian monitoring on worker wellness.



Increase training and education for health-care workers: Fund expansions of nursing/medical schools and professional programs; increase capacity for clinical placements for new students.

Canada will be short 60,000 nurses by 2022. CNA predicted over 10 years ago that this crisis would occur.¹ In many parts of the country, there simply aren't enough nurses to provide care for those who need it.

Canada will face another public health emergency unless immediate action is taken. The COVID-19 pandemic has made nursing shortages much worse. Health-care workers are exhausted and demoralized. Widespread burnout is creating difficult working conditions that will persist long after the pandemic.²

THE FEDERAL GOVERNMENT NEEDS TO ACT NOW TO SUPPORT HEALTH-CARE WORKERS

STOP THE BLEEDING IN CANADA'S HEALTH WORKFORCE

NURSING SHORTAGES



60% of nurses intend to leave their jobs.³



118,200 job vacancies in health care and social assistance.⁴



85% increase in job vacancies for registered nurses and registered psychiatric nurses.⁵

MENTAL HEALTH BURDEN



94% of nurses are experiencing burnout.⁶



Over 60% of health-care workers reported severe burnout in 2021, double pre-pandemic levels.⁷

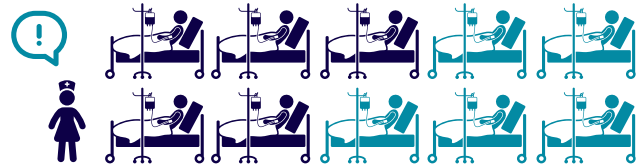


20% of frontline health-care workers have thought about suicide, 6% have planned an attempt.⁸

SEVERE NURSING SHORTAGE EXAMPLES:



- New Brunswick:** 854 nursing vacancies⁹
- Ontario:** 4x increase in nursing vacancies¹⁰
- Quebec:** 4,000 nurses quit in 2020¹¹
- British Columbia:** 24,000 nurses needed by 2029¹²
- Manitoba:** 2,000 nursing vacancies¹³
- N.W.T.:** 22% nursing vacancies at Yellowknife hospital¹⁴



IN IDEAL CONDITIONS, ONE NURSE WILL CARE FOR 4-5 HOSPITAL PATIENTS. BUT IN SOME PARTS OF CANADA, ONE NURSE IS CARING FOR 10 PATIENTS. THIS IS DANGEROUS FOR PATIENTS AND MAKES NURSE BURNOUT WORSE.

NURSING SHORTAGES DIRECTLY IMPACT PATIENTS

- Delayed medical procedures
- Closed emergency rooms and other practice settings
- Increased wait times
- Increased patient travel to access care (up to 300 kms)

WHY NURSES ARE LEAVING, MOVING TO PART-TIME, OR RETIRING EARLY

- Poor mental health and lack of access to supports
- Unbearable and unsafe workloads
- Chronic understaffing and poor working conditions
- Dangerous nurse-to-patient ratios
- Inability to take a day off or a break
- Suspended vacations

About the Canadian Nurses Association (CNA)

CNA is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses, retired nurses, and nursing students across all 13 provinces and territories.

Contact information

Lucas Veiga
 Lead, Government Relations
 lveiga@cna-aiic.ca
 613-237-2159 ext. 525

STOP THE BLEEDING IN CANADA'S HEALTH WORKFORCE

ENDNOTES

1. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/RN_Highlights_e.pdf
2. <https://covid19-sciencetable.ca/sciencebrief/burnout-in-hospital-based-healthcare-workers-during-covid-19/>
3. August 2020 CFNU: <https://nursesunions.ca/research/outlook-on-nursing/>
4. <https://www150.statcan.gc.ca/n1/daily-quotidien/211220/dq211220a-eng.htm>
5. <https://www150.statcan.gc.ca/n1/daily-quotidien/210921/dq210921a-eng.htm>
6. https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL.pdf
7. <https://covid19-sciencetable.ca/sciencebrief/burnout-in-hospital-based-healthcare-workers-during-covid-19/>
8. <https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/60eca927e7718717d7659361/1626122538301/FINAL+-+MHRC+Mental+Health+During+COVID+Poll+7+Report.pdf>
9. <https://www.cbc.ca/news/canada/new-brunswick/nurses-healthcare-new-brunswick-1.6100022#:~:text=New%20Brunswick-,At%20least%20854%20nursing%20jobs%20vacant%20in%20New%20Brunswick%2C%20up,%2C%20says%20the%20nurses'%20union.>
10. https://rnao.ca/sites/default/files/2021-11/QPOR%202021%20RN%20HR%20Crisis%20PAB%20Final.pdf?_ga=2.37898538.828137632.1644346889-1036211281.1643834413
11. <https://montreal.ctvnews.ca/nurses-leaving-quebec-public-healthcare-system-in-droves-during-pandemic-report-1.5301132>
12. <https://www.bcnu.org/news-and-events/news/2021/canadas-nurses-national-day-of-action>
13. <https://www.cbc.ca/news/canada/manitoba/agency-nurses-hours-worked-doubled-causing-resentment-1.6192925>
14. <https://worldrepublicnews.com/nwt-minister-of-health-apologizes-to-families-affected-by-suspension-of-delivery-services-at-stanton-hospital/>



WORKING STRONGER

**Alberta's Workplace
Mental Health Conference**

October 22 & 23, 2024

**TRANSFORM PIXELS TO PICTURES.
Create a vibrant image of
workplace mental health.**



EMPLOYEE REPORTING TIP SHEET



Report Work Related Incidents and Contact Ability Management

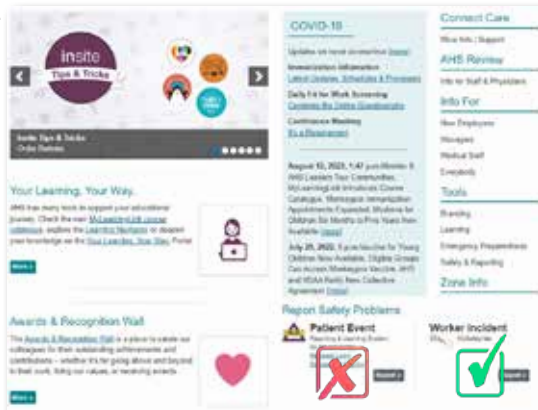
1. Open Insite

Click the Microsoft **Edge** icon in the Windows taskbar to open the AHS Insite page.



2. Go to MySafetyNet

Looking on the right side of the Insite page, scroll down the page until you find the **Worker Incident MySafetyNet** logo and click the **Report >** button.



NOTE: Make sure you click the Worker Incident Report button and not the Patient Event Report button. RLS is used to report patient incidents.

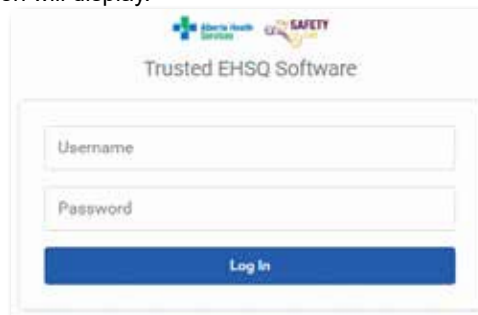
3. Open MySafetyNet

Click the **Employee Login** link.

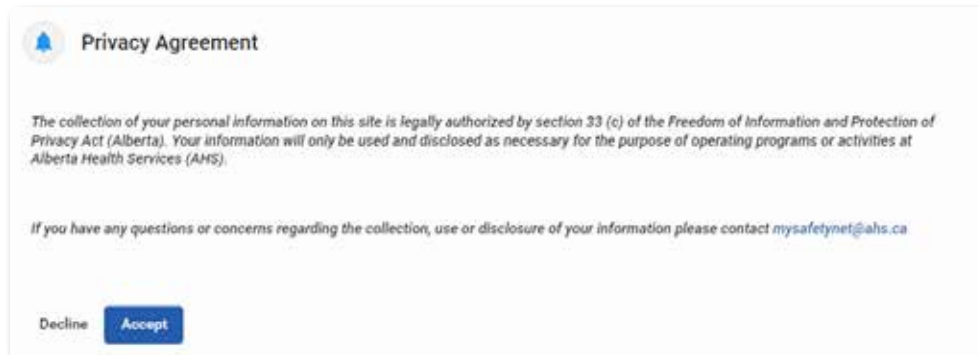


4. Enter your login info

Enter the same AHS username and password you use to log onto your AHS computer. Click the **Log In** button. The MySafetyNet home screen will display.



The Privacy Agreement statement will display each time you log into MySafetyNet. Read the statement and click **Accept**.



EMPLOYEE REPORTING TIP SHEET



Click here to report an incident.
See below for details.

Please pick one of the following options:

Click here to review resources on incident reporting in MySafetyNet.



Click here to learn How to Report an Incident.



Click here to Report an Incident.



New Ability Management - Non-Work-Related Absence Request

If you require a non-work related absence from work, click here to submit a questionnaire to Ability Management. An Ability Advisor will contact you.

Please complete assigned tasks. All incomplete tasks requiring your attention will be identified by a grey number icon in the top right corner of the task picture icon.

Click here to review and complete actions assigned to you.



Action



Incident Reports

Click here to review your *Previously Submitted* incidents.
** In Progress is not active in MSN and will appear blank.*



My Records

Click here to view your current respirator fit test records.

Reporting Safety Incidents

1. Select the appropriate incident option from the four (4) options.



2. Follow the instructions to complete the incident report. All fields with a red asteric (*) are required.

Person with Injury or Illness (Search by Employee # OR Last Name, First Name) *

3. When all information is entered, scroll to the top of the page and click **Submit**.

Portal - Event Reporting - Injury/Illness Submit



Accessing LAPP Disability

(not including WCB)

Definitions of disability:

Canada Life (AHS) and Sunlife (Covenant Health) Long Term Disability (LTD) continues after 30 months of disability, if the Employee is unable to engage in any gainful employment for which the Employee has the minimum qualifications.

Canada Pension Disability:

To qualify for a disability benefit under the Canada Pension Plan (CPP), a disability must be both "severe" and "prolonged", and it must prevent you from being able to work at any job on a regular basis. The amount of the CPP-D benefits monthly is \$1,542 (2023).

Severe means that you have a mental or physical disability that regularly stops you from doing any type of substantially gainful work.

Prolonged means that your disability is long-term and of indefinite duration or is likely to result in death.

Consideration

The member must resign to access LAPP disability. The consequence of resigning prior to 30 months of disability is the loss of the no cost employer supplied Supplemental Health and Dental Benefits. For many nurses, their benefit plan is not easily replaceable in the marketplace. Some employees can tolerate reduced coverage and calculate the utility of losing benefits and finding their own benefit plan in exchange for the higher monthly income.

The LAPP Disability application is only processed if the member resigns their employment. There is small risk that the member does not qualify for LAPP Disability. The normal analysis is that a person in receipt of CPP Disability will qualify for LAPP Disability. Employees accessing LAPP Disability can access the application form from AHS. Forms submitted by the Employer are processed somewhat quicker than submitting a request directly to LAPP.

Calculations will vary according to actual earnings and entitlements.

Local Authorities Pension Plan Disability:

LAPP members can access LAPP disability if they are permanently and totally disabled (incapable of any work). Accepted claims will receive an unreduced pension at any age based on the member's years of pensionable service. LAPP disability pension will be paid as if you are age 65.

The insurance provider normally requests employees that are on LTD to apply for CPP Disability. Income from CPP Disability directly offsets income from the insurance provider so employees receive a maximum payment from the insurance provider and CPP Disability of

66 2/3% of their former regular earnings.

LAPP has a disability component which is considered to be "indirect income" by the insurance providers. The insurance provider rules allow Employees to retain up to 85% of their pre-disability regular earnings when combining the insurance provider and LAPP Disability (or regular LAPP pension).

Example 2023:

55 years full time nurse at top increment, + LSPA + BScN = \$102,379/year

The LTD benefits from the insurance provider 66.7% = \$5,690 /month

CPP Disability (2023) (direct offset) = \$1,542/month

Total from income insurance provider \$4,148 + CPP Disability \$1,542 = \$5690/month

LTD Benefits + LAPP Disability (indirect offset) allows the member to retain a maximum of 85% of former earnings = \$7,252/month

This pay is contingent on the amount of LAPP earned. The LAPP Disability pays the earned pension to a member at any age as if the member is age 65. In the example used a member at the top rate would need at least 12 years of pensionable service to access approximately an additional \$1572/month.

A nurse at the top rate with 20 years of pensionable service would currently receive about \$2700/month from LAPP upon attaining age 65.

If a full time person qualified for LTD benefits, LAPP Disability and CPP Disability in 2023, the person would receive three incomes:

CPP Disability \$1,542/month

LAPP Disability \$2,700/month

LTD benefits \$3,010/month

Total = \$7,252/month

In this example the insurance provider saved \$1,138/month when the member accesses LAPP disability, but the member gains \$1,572/month income.

November 2018

SPOTLIGHT
 ON YOUR UNA CONTRACT

Article 18
 UNA Provincial Collective Agreement

Overtime and Call Back worked on a Named Holiday

The UNA Collective Agreement applies the following provisions to situations where Employees work overtime or are called back on a Named Holiday:

SITUATION	PAYMENT AND CALCULATION
Overtime worked on a regular Named Holiday	2 1/2x Basic Rate of Pay for overtime hours worked (1x for working + 1x overtime + 1/2x Named Holiday)
Overtime worked on a "Super Stat" (ie: Christmas Day or August Civic Holiday)	3x Basic Rate of Pay for overtime hours worked (1x for working + 1x overtime + 1x Named Holiday)
Call Back on a regular Named Holiday	2 1/2x Basic Rate of Pay for hours actually worked on the Call Back (1x for working + 1x overtime + 1/2 Named Holiday)
Call Back on a "Super Stat"	3x Basic Rate of Pay for hours actually worked on the Call Back (1x for working + 1x overtime + 1x Named Holiday)

Under Article 18, the following days are Named Holidays: New Year's Day, Alberta Family Day, Good Friday, Victoria Day, Canada Day, Labour Day, Thanksgiving Day, Remembrance Day, Boxing Day. "Super Stats" are named as Christmas Day and August Civic Holiday.



5 Ways to Improve Equity in Your Workplace



1 Acknowledge that you simply can't afford not to make equity a priority.

As a leader, you have an opportunity to influence or direct the culture, tone, priorities, and direction of those you serve. You also have the chance to laterally impact leadership and others who influence direction. It is in the best interests of your organization to create a culture where workers feel safe, respected, fairly treated, and enabled and motivated to flourish. Not only is this good for business – it is also the right thing to do.



2 Set your sights on leading... not just compliance.

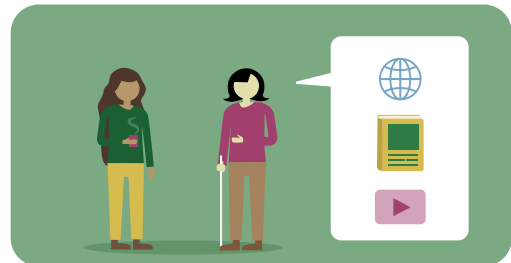
In terms of managing risk, there is a minimum standard expectation for leaders as they protect the rights of all workers and ensure an environment that is free from discrimination.

Minimal legal compliance is your duty, but you can also do better – seek to gain a reputation as a great employer where every person can feel safe. Be an organization where inequities are talked about and addressed and where all employees like coming to work.



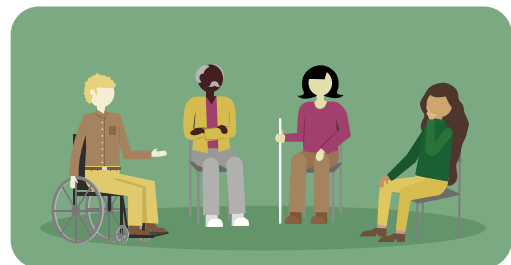
3 Be open to learning about matters of equity.

Acknowledge that we are all on a journey of growing in our understanding of equity, diversity, and inclusion at work. This is particularly important for those who lack lived experience of being impacted by oppression, racism, inequity, ableism, or workplace harassment. Create a work environment where there is opportunity for feedback and honest reflection. If your workforce lacks visible diversity, ask why, find answers, and commit to solving the problem.



4 Establish an equity and inclusion working group.

Create a working group to initiate an equity audit and then inform, develop, implement, and monitor an equity and human rights strategy for your organization. Make the group matter to the life of your organization – provide resources, support, and time for them to meet on a regular basis during work hours. Roll up your sleeves and participate in this work.



5 Set targets, collect data, and create an accountability framework.

Ultimately, words have to translate into meaningful, positive action that produces results. The tone must be set at the top by senior leaders in the organization. They must “walk the walk” and actually set targets, collect data, measure progress and impact, keep the topic top-of-mind, and make it matter across the entire organization – every day, throughout every department, and in every interaction.





Mobile tools to promote mental wellness

Looking for ways to deal with COVID-related stress and anxiety?
Access these services and tools right from your phone.

Mental Health Helpline

Confidential information and service referral for all mental health concerns. Available toll-free 24/7 at:
1-877-303-2642



Text4Hope

Receive daily texts to help you identify and adjust your negative thoughts, feelings and behaviours due to COVID-19. To subscribe, text **COVID19HOPE** to **393939**.

5 questions to ask when choosing a mental health app



Who developed the app?

Look for reliable organizations like universities, governments, and mental health services.



Is there evidence that the app is effective?

Read the app description to see if it uses evidence-based practices (such as cognitive behavioural therapy).



Is there a privacy policy?

Make sure you're comfortable with how your data may be used (stored, shared, or sold).



Can you share your results with others?

Some apps allow you to download and share your data. Look for this feature if you want to involve your healthcare team with your status and progress.



Will you use the app long-term?

Do the activities fit into your lifestyle? Do you find the app engaging and appealing?

5 free and evidence-based apps to try

1 **Headspace**

Headspace includes hundreds of guided meditations on a wide range of topics, including sleep, focus, and exercise. The free version is limited, but includes a COVID-19 collection called Weathering the Storm.



2 **MindShift CBT**

Uses proven strategies based on cognitive behavioural therapy to help you learn to relax and take charge of your anxiety.

3 **Sanvello**

Offers tools to help ease stress and anxiety, including a daily mood tracker, relaxation audio recordings, and peer support.

4 **Happify**

Complete happiness activities based on the principles of positive psychology, cognitive behavioural therapy, and mindfulness.



5 **Wysa**

Wysa keeps track of your mood with friendly chats and helps you fight stress and anxiety with tailored tools and exercises.

For more information, see:

- [AHS novel coronavirus \(COVID-19\)](#)
- [AHS Addiction and Mental Health Mobile Application Directory](#)

Mobile Tools to Promote Mental Wellness
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December 2018

SPOTLIGHT
ON YOUR UNA CONTRACT**Article 29: Pension Plan**
UNA Provincial Collective Agreement

UNA members urged to claim their 2-per-cent RRSP or TFSA supplement

Members of the United Nurses of Alberta need to be aware their Employer has agreed to contribute to a supplemental pension plan in the form of a Registered Retirement Savings Plan or Tax Free Savings Account contribution.

UNA strongly recommends that all members who are regular employees act to take advantage of this provision if they haven't done so. It is a benefit they cannot receive without taking specific action to enroll. So without acting, employees are going without a 2 per cent retirement income supplement to their salary that they are entitled to receive under the collective agreement.

Article 29.05 of the UNA Provincial Collective Agreement

- (a) The Employer shall provide a supplemental pension plan in the form of a Registered Retirement Savings Plan (RRSP) or Tax-Free Savings Account (TFSA). Employees shall determine the allocation to either a RRSP or TFSA. Employees may change their allocation effective April 1st of each year.
- (b) Effective on the Employee's date of enrollment, a Regular Employee shall have the right to contribute up to 2% of his or her regular earnings into the RRSP or TFSA until December 31st of the year the Employee turns 71. The Employer shall match the Employee's contributions into the RRSP or the TFSA.
- (c) A Regular Employee who, by virtue of his or her age, no longer qualifies under Article 29.05(b), shall receive an additional 2% of her or his regular earnings.
- (d) "Earnings" as defined in Article 29.05(b) above, will include WCB earnings until such time that the Employee exhausts his or her sick leave credits and is deemed to be on sick leave without pay.

The agreement does require that employees contribute 2 per cent of their salary for the employer to match, and employees need to enroll in the program for the employer to contribute this money. No UNA member should go without funds for their retirement that their Employer has agreed to contribute.

This supplemental pension is not available to temporary or casual employees.

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





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

Dealing with Abuse Workshop: February 29th, 2024 & October 9th, 2024. 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. This is a full-day workshop and is provincially funded for all UNA members who have not previously taken it. See <https://dms.una.ca/events> for more information and register through DMS or contact us at local115exec@una.ca.

Boundaries & Self-Care: December 7th, 2023; February 8th, 2024; April 9th, 2024; & June 19th, 2024. This 3 hour workshop provides basic information on types of stress and anxiety, their effects on nurses, and how to develop some basic self-care strategies. It is grounded in evidence-based practices and utilizes discussion and activities, so be ready to explore personal well-being. This is a locally funded half day virtual workshop for all UNA Local 115 members who have not previously taken it. See <https://dms.una.ca/events> for more information and register through DMS or contact us at local115exec@una.ca.

Know Your Rights Workshop: November 8th, 2023; December 5th, 2023, February 13th, 2024; & March 19th, 2024. 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. This is a full-day workshop and is provincially funded for all UNA members who have not previously taken it. See <https://dms.una.ca/events> for more information and register through DMS or contact us at local115exec@una.ca.

Engagement & Support Workshop: February 27th, 2024 & November 26th, 2024. In this workshop, Unit/Office Representatives and Local Executive members will come together to develop their practices in membership outreach, engagement, and support. Through large and small group discussions, activities, and scenarios, participants will identify ways to improve member outreach, to overcome barriers to participation, and to engage members in their local, while gaining a better understanding of the relationship between different local positions. Participants will also identify ways to support members through workplace concerns. This workshop is designed for Unit/Office Representatives. Unit/Office Representatives, where possible, should take Know Your Rights before taking this workshop. This is a full-day workshop and is provincially funded for all UNA members who have not previously taken it. See <https://dms.una.ca/events> for more information and register through DMS. Interested in becoming a Unit/Office Representative and taking the course? Contact us at local115exec@una.ca.

South Central District Meetings: December 14th, 2023; March 14th, 2024; June 27th, 2024; & October 3rd, 2024. 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.ca for more information.

Taking Action: November 28th, 2023; March 26th, 2024; & October 10th, 2024. Unit/Office Representatives and Local Executive members will learn about the steps in building a strong foundation for collective action and will explore how to have issue-based conversations. Participants will also discuss strategies for member engagement in collective action and explore types of actions and the components of a successful action. This is a full-day workshop and is provincially funded for Unit/Office Representatives who have not previously taken it. See <https://dms.una.ca/events> for more information and register through DMS or contact us at local115exec@una.ca.

Please
Post



United Nurses of Alberta



LOCAL 115

UNA

Notice of Monthly Meetings:

Local 115 Meetings: November 14th Zoom,
December 13th Zoom, February 14th Zoom,
March 12th In Person & April 10th Zoom.

Due to changing health situation, either in person or Zoom meetings will be utilized. Meeting details will be emailed the week before the meeting. All members are welcome.

Come and voice your work-related concerns!

Contact us at local115exec@una.ca for more information
or to update your email!

403-670-9960

local115exec@una.ca

www.unalocal115.org



UnitedNursesofAlbertaLocal115

Join the Member's Only Closed Group – UNA Local 115 Foothills Medical Centre (Group)



@UNALocal115

