

# UNA AGM

October 28, 29 and 30

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# NEWS Bulletin UNA



United Nurses of Alberta



**PROUD TO BE  
NURSES  
PROUD TO BE  
CANADIAN**

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**PRESIDENT'S MESSAGE**



## Proud to stand up for public health care and proud to be Canadian!

■ **DESPITE** the wonderful weather we are experiencing this September, we know fall will soon be here and the “s” word we dare not speak will be upon us.

The future of public health care is on the minds of nurses and should be on the minds of Albertans. The provincial government's decision to drastically restructure Alberta Health Services is creating confusion for Albertans and is a distraction for nurses wanting to focus on providing the best patient care possible.

It's that focus on patient care that UNA had in mind when we launched our new advertising campaign, Alberta Needs Care. The new campaign focuses on capacity building in the public health care system. Nurses know that more capacity — more staff, more beds, and more hospitals — is what's needed to ensure Albertans get the best patient care possible. UNA members will see campaign billboards across the province, hear radio ads on a station near you, and can find out more about the campaign at [AlbertaNeedsCare.ca](http://AlbertaNeedsCare.ca).

A threat to building that capacity is looming: the push by right-wing groups to separate Alberta from Canada.

Separatism is something that nurses should be concerned about because it could have a drastic negative impact on the health care system we work in everyday.

Leaving Canada would cause incredible economic and financial turmoil for our families and communities and send a shock wave through our health care system. Alberta's health care directly benefits from billions of dollars from the federal government and is protected by the principles of the Canada Health Act. Leaving Canada means federal funding would disappear along with the federal law that protects Alberta's publicly-funded and publicly-operated health care system from becoming a victim of mass privatization.

Instead of tearing down what we have already built, we should be building capacity and working to build a stronger Canada. Increasing capacity also means drawing on the strengths of Canada's publicly-funded and publicly-operated universal health care system.

**We are proud Canadians and proud Albertans. Now is the time for nurses to speak up for capacity in our health care system and for Alberta's place in Canada.**

In Solidarity,

Heather Smith

President, United Nurses of Alberta 🍁

**Front Cover Photo:**

Members of UNA Local 96 from the Northern Lights Regional Health Centre in Fort McMurray were proud to wave the Maple Leaf flag and celebrate our country at the annual Canada Day parade on July 1.

# PAYROLL TRANSFER DATE

for Acute Care Alberta, Primary Care Alberta  
and Recovery Alberta set for **DECEMBER 22**

- **UNITED** Nurses of Alberta has received confirmation from Alberta Health Services that December 22, 2025 will be the payroll transfer date on which employees of Recovery Alberta, Acute Care Alberta, and Primary Care Alberta will be migrated from the AHS payroll to their new employer-specific payroll groups.

Affected employees will note the following changes on December 22:

- The e-People system will clearly reflect the new employers
- The “Post Payroll Transition” terms of the Transition Agreements signed between the parties will apply.
- AHS, RA, ACA and PCA will become separate bargaining units for purposes of applying and administering the Collective Agreement, except as specifically amended in the “Post Payroll Transition” terms of the Transition Agreement or the Collective Agreements.

The employers are developing collective agreement-specific FAQs related

to administration of the collective agreement and transition agreements resulting from these payroll transfers.

The payroll transfer dates for Assisted Living Alberta, Cancer Care Alberta, Emergency Health Services, and Give Life Alberta have not been determined by the employer. Employees of those organizations will remain on AHS payroll until a payroll transition date is determined.

UNA will continue to share information about the position transfers and payroll transfers affecting UNA members as we receive it. Members can find updates on the Acute Care Alberta, Assisted Living Alberta, Primary Care Alberta, and Recovery Alberta transfer pages on the UNA website. 🍷



<https://www.una.ca/acutecarealberta>



<https://www.una.ca/assistedlivingalberta>



<https://www.una.ca/primarycarealberta>



<https://www.una.ca/recoveryalberta>

United Nurses of Alberta members joined picket lines in solidarity with Air Canada workers represented by CUPE who are fighting for fairness and respect from Canada's largest airline company. These workers are asking Air Canada to accept the most basic concept in any workplace – that workers should be paid for the work they do.





# Alberta should remain in CANADA

■ **THE** Forever Canadian campaign has launched a very straight-forward and yet important petition question:

**Do you agree that Alberta should remain in Canada?**

If the Forever Canadian petitions collects enough valid signatures by October 28 then a province-wide referendum could be held asking Albertans if they want to remain in Canada.

The campaign is running through to October 28. Forever Canadian perfectly aligns with the strong unity statement passed unanimously by delegates at the

Alberta Federation of Labour convention in April 2025.

Separatism is something that nurses should be concerned about because it could have a drastic negative impact on the health care system we work in everyday.

United Nurses of Alberta supporting the Forever Canadian initiative aligns with the objectives of UNA's constitution: the advancement of the social, economic and general welfare of nurses and other allied personnel and the promotion of the highest standards of health care.

**By opposing separation, UNA defends not only its members but also the principles of solidarity and fairness that define Canada's labour movement.**

## Cuts to health care funding and losing the Canada Health Act

Leaving Canada would cause incredible economic and financial turmoil for our families and communities and would send a shock wave through our health care system. Alberta's health care directly benefits from billions of dollars from the federal government and is protected by the principles of the Canada Health Act. Leaving Canada would mean federal funding would disappear along with the federal law that protects Alberta's publicly-funded and publicly-operated health care system from becoming a victim of mass privatization.

## Threats to pensions and retirement security

Alberta's potential withdrawal from the Canada Pension Plan and economic turmoil that would damage the Local Authorities Pension Plan threatens the retirement security of UNA members. The CPP is a nationally managed, stable, and proven system that provides reliable benefits. Pulling workers out of the CPP and moving them into a new Alberta Pension Plan would be riskier, with flawed projections and uncertain long-term sustainability. UNA members could face benefit reductions, higher administrative costs, and the inability to port the pension to other Canadian provinces.

□ CONTINUED ON PAGE 5



## Economic instability and job insecurity

Alberta's economy benefits from being part of a larger national economy. Separation would disrupt trade, investment, and federal health funding, potentially leading to job losses and economic instability. For UNA members and their families, this could mean reduced job security, hiring freezes, and even layoffs, especially if provincial revenues decline due to transition costs and economic uncertainty.

## Losing federal labour protections

Alberta's labour laws operate within the framework of federal standards and protections. Separation could lead to the erosion of workers' rights, including employment insurance, workplace health & safety regulations, and fair wage policies. UNA members could lose crucial protections that are enforced nationally, leaving them vulnerable to weaker provincial laws.

## Skyrocketing cost of living and inflation

Separation would introduce new costs, such as establishing a provincial currency, tax system, and regulatory bodies. These transition expenses could lead to higher taxes and inflation, eroding the wages and purchasing power of UNA members. For example, the recent bargaining gains, such as wage increases, could be negated by rising living costs.

## Slamming the door shut on job mobility

Canadian citizenship provides mobility rights, allowing nurses to work and retire anywhere in Canada. Separation would close the door on that movement, restrict job opportunities, and complicate nursing registration

processes. This would particularly impact members with families in other provinces or those seeking job opportunities outside of Alberta.

## Weakening collective bargaining and worker rights

Alberta's labour relations are governed by the Alberta Labour Relations Code, which aligns with federal principles. Separation could result in legislative changes that undermine collective bargaining, union certification, and the rights of workers to take job action. UNA's ability to negotiate fair agreements, like the recent ratified contract with wage increases and benefits, could be compromised.

## Severing connections to the national labour movement

Unions are stronger when they stand together across provincial lines. Separation would isolate Alberta nurses from national labour movements. UNA plays an important role in national organizations like the Canadian Federation of Nurses Unions, and provincial organizations like the Alberta Federation of Labour, to advocate for workers' rights. Leaving Canada would fracture these alliances and weaken the voice of nurses in the labour movement.

## Risking Indigenous & Treaty Rights

Unilateral separation would create legal chaos over treaty obligations and Indigenous land rights. Many First Nations may choose to remain part of Canada, leading to jurisdictional conflicts with serious social and legal consequences.

Petitions must be signed in-person. A list of petition signing locations can be found at <https://www.forever-canadian.ca>. 🍷

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[www.forever-canadian.ca](http://www.forever-canadian.ca)

# Alberta Registered Nurses and Registered Psychiatric Nurses now have **presumptive coverage for PTSD**

By Dave Cournoyer  
UNA Communications Advisor

## Historic change hailed as huge step forward for members of the nursing profession



■ **AS** a result of an agreement reached in collective bargaining by United Nurses of Alberta, the provincial cabinet has restored presumptive coverage for post-traumatic stress disorder and other traumatic mental health injuries to Registered Nurses, Registered Psychiatric Nurses, Graduate Nurses, and undergraduate nurses.

Nurses were previously extended presumptive coverage by the NDP government in 2017 but were removed in legislative changes made by the UCP government in 2020.

The Order in Council directing the important change was signed on July 23 by Jobs, Economy, Trade and Immigration Minister Joseph Schow after years of advocacy by front-line nurses, who had argued they were the only important occupational group of first responders who did not have presumptive coverage for psychological injuries.

As a result, they will no longer be forced to wait for – or be denied – access to Workers' Compensation benefits after experiencing traumatic events while on the job.

Extending this coverage to nurses means the Workers' Compensation Board will presume that a nurse's PTSD diagnosis was caused by the nurse's work, unless the contrary

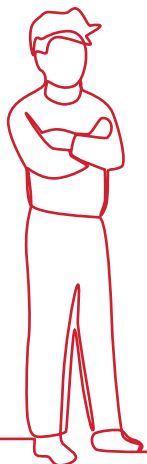
is proved, UNA Labour Relations Director David Harrigan explained.

Harrigan, who served as the union's chief negotiator in the last round of bargaining, noted that the change also means that psychological injuries other than PTSD will be presumed to be caused by work when the nurse establishes that a traumatic event in the workplace took place, unless there is proof of a non-work cause.

"The government promised to make this change in bargaining, and we were very pleased to learn that they had fulfilled their commitment with this cabinet order," Harrigan said on July 24.

"This means nurses now have the same coverage already extended to other first responders such as police, firefighters, emergency medical workers, dispatchers, and correctional officers," he said, noting that all other groups that had already received this status were dominated by male workers.

"Extending presumptive coverage to nurses is a historically significant change and a huge step forward for all members of the nursing profession," said Harrigan, who is also a Registered Psychiatric Nurse. 🍷






# ALBERTA NEEDS CARE A CAMPAIGN FOR ALL OF US

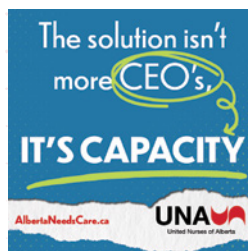
■ **HEALTH** care touches every Albertan, whether it's the birth of a child, an emergency, or the care we count on as we age. That's why the United Nurses of Alberta has launched a new campaign, Alberta Needs Care, to shine a light on what's happening in our health system and why it matters to you.

**The Problem:** Alberta's health care system is stretched to its limits. Underfunding and staffing shortages mean longer waits, fewer resources, and burned-out nurses and health care workers. At the same time, the government is shifting toward for-profit care, a model that raises costs, limits access and leaves too many people behind.

**The Solution:** Capacity! Real care comes from building up the system we all rely on by investing in health workers, improving hospitals and rural access, and keeping care public, safe, and accessible, no matter your income or postal code.

The Alberta Needs Care campaign is everywhere. It's online at **AlbertaNeedsCare.ca**, on billboards, buses, and trains, in hockey rinks, on radio and TV, and at community events.

Because at the end of the day, this isn't just about hospitals or policies. It's about you, your family, and every Albertan. The message is simple: **Alberta Needs Care. And the solution is capacity.** 



By **Camelia Guthrie**  
Communications Advisor



albertaneedscare.ca



Alberta's nurses were loud and proud at the Calgary Pride Parade on August 31, 2025.

## UNA proudly stands with 2SLGBTQIA+ members at Pride events all year round

UNA's Pride Equity Caucus was created to be a safe space for UNA members, where open dialogue can occur on issues and challenges that affect members who identify as 2SLGBTQIA+

■ **ALBERTA'S** nurses were loud and proud at the Calgary Pride Parade. United Nurses of Alberta was proud to stand with our 2SLGBTQIA+ members during Pride Week in Calgary.

Pride is a time to celebrate the vibrant diversity of 2SLGBTQIA+ communities, reflect on the progress made towards equality, and to recognize the work that still needs to be done.

UNA commits to fighting prejudice in all its forms so that 2SLGBTQIA+ people can always feel safe, valued, loved and welcomed, especially when seeking care. By participating in Pride events, supporting 2SLGBTQIA+ organizations, and standing up for equality, we can all contribute to a more inclusive and accepting society.

UNA's Pride Caucus was created to be a safe space for UNA members, where open dialogue can occur on issues and challenges that affect members who identify as 2SLGBTQIA+. We strive

to empower and aid 2SLGBTQIA+ members and their allies. The equity caucus meets annually at the Provincial Annual General meeting.

To contact the Pride Caucus, please email [pride@una.ca](mailto:pride@una.ca). 🌈

### **NEW UNA EQUITY CAUCUSES ESTABLISHED TO SERVE MEMBERS**

■ **UNA** members who identify as Indigenous workers or workers with disability are invited to contact UNA new equity caucuses to serve their needs.

The Indigenous Workers Caucus can be contacted at [IndigenousWorkers@UNA.ca](mailto:IndigenousWorkers@UNA.ca).

The Workers with Disability Caucus may be contacted at [WWD@UNA.ca](mailto:WWD@UNA.ca). 🌈







## UNA 2025 Annual General Meeting SET FOR OCTOBER 28-30

■ **UNA'S** 2025 Annual General Meeting will be held on October 28, 29 and 30 in Edmonton. The theme is *"Alberta's Nurses Make It Better."*

Including delegates, observers, staff, and guests, more than 1,000 people are expected to attend the event at Edmonton EXPO Centre, which will include a recommitment to the shared journey of reconciliation made at the biennial convention of the Canadian Federation of Nurses Unions in June.

In June, delegates from nurses' unions across Canada unanimously adopted the resolution acknowledging the nursing profession's responsibility for truth, reconciliation and dismantling racism against Indigenous people in health care during their gathering in Niagara Falls.

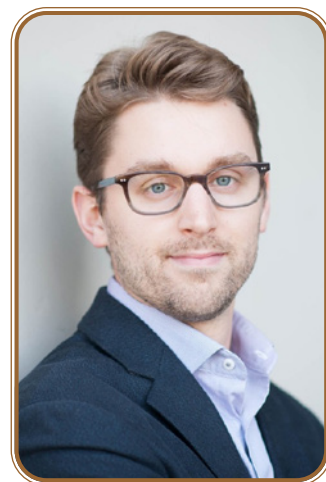
Delegates will hear reports from President Heather Smith, Secretary-Treasurer Christina Doktor, and Labour Relations Director David Harrigan on Tuesday, October 28.

The AGM will then hear from keynote speaker Andrew Longhurst, political economist, health policy researcher and prominent media commentator. As allegations of political interference in private health care contracts rock Alberta's health care system, Longhurst will provide critical context about how privatization has increased costs, prolonged wait times, and undermined public hospitals.

In a closed-door session on the afternoon of Day 1, members will have the opportunity to question the Executive Board about the administration of the union.

Formal moderated discussions on Wednesday and Thursday will consider issues in public health care and Indigenous health care.

The AGM's business will conclude at 4:30 p.m. on October 30. 🍁



Andrew Longhurst

# ALL WORKPLACES HAVE HAZARDS TO MENTAL WELLNESS, AS WELL AS PHYSICAL HEALTH

**Reporting psychological incidents, injuries, and near misses is as important as reporting physical, chemical, and biological ones**

**By Heather Leask**  
UNA OHS Advisor

■ IT is a truth universally acknowledged that all workplaces have hazards workers may face. The most commonly acknowledged fall within physical, chemical, or biological hazards – things that we can see, smell, or objectively measure.

But what about hazards that are more difficult to measure because their impacts are subjective, such as an emotional reactions or effects on the mental wellness of workers?

Psychological health and safety “is part of the way working conditions and management practices are structured and the way decisions are made and communicated,” according to the National Standard of Canada, developed by the CSA Group, formerly the Canadian Standards Association.

Workplace psychological health and safety is a relatively new concept. Not because it was unknown that work or the workplace could impact a worker’s psychological wellness, but because of the age-old stigma associated with mental health and employer reliance on an Employee Family Assistance Program (EFAP) as the only tool required.

Mental health stigma has contributed to workers being reluctant to report incidents, not recognizing signs of

psychological injury in themselves, and reluctance to access care.

Combating stigma in the workplace is difficult but possible. It requires organizational commitment, buy-in by leadership, and supportive action by individuals to influence culture shift. Examples include avoiding stigmatizing language when discussing mental health concerns, supporting and encouraging access to resources, self-awareness of our own mental wellness, and encouraging reporting of workplace concerns.

EFAP was long seen as the primary or only employer obligation toward mental health protection. When the National Standard for Psychological Health and Safety in the Workplace was published in 2013 by the CSA, however, a definitive shift began in recognition of the fact more prevention and protection was needed.

“The workplace plays a large part in daily life and is therefore an important component in maintaining and promoting these human needs,” the CSA’s national standard for workplace psychological health and safety said. “Both the workplace and the individual have a shared responsibility for maintaining and improving that well-being because of the diversity of influences on a person’s psychological well-being.”

Combating stigma  
in the workplace  
is difficult  
but possible.

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"Both the workplace and the individual have a shared responsibility for maintaining and improving that well-being because of the diversity of influences on a person's psychological well-being."

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CSA Standards are science-based and regularly reviewed. Though the national standard is voluntary, many unions, including UNA, have negotiate obligations for employers to implement it into their workplaces. Some of the factors identified by the CSA are shown in the table below:

### Psychosocial Risk Factors

#### PSYCHOLOGICAL SUPPORT



Involvement and Influence

#### ORGANIZATIONAL CULTURE



Workload Management

#### CLEAR LEADERSHIP AND EXPECTATIONS



Engagement

#### CIVILITY AND RESPECT



Work/Life Balance

#### PSYCHOLOGICAL JOB DEMANDS



Psychological Protection from Violence, Bullying, and Harassment

#### GROWTH AND DEVELOPMENT



Protection of Physical Safety

#### RECOGNITION AND REWARD



Other Chronic Stressors as Identified by Workers

### Healthcare Specific Psychosocial Risk Factors

#### SUPPORT FOR PSYCHOLOGICAL SELF-CARE



Protection from Moral Distress

UNA Occupational Health and Safety Advisors, Professional Responsibility Concern Advisors, and Labour Relations Officers all play an active role in this important work. PRC staff advocate for patient safety and safe staffing; LROs can assist with workplace harassment concerns.

Thanks to UNA's efforts in the last round of bargaining, Registered Nurses, Registered Psychiatric Nurses, Graduate Nurses, and undergraduate nurses represented by our union now have presumptive Workers Compensation coverage for post-traumatic stress disorder (PTSD) and other traumatic mental health injuries.

### Reporting psychological injuries

Reporting psychological incidents, injuries, and near misses is as important as reporting physical, chemical, and biological ones.

For employers to be held accountable for hazards, they must be aware of concerns and incidents. Alberta OHS legislation obligates workers to report concerns and incidents to their employer. This should be done through your workplace incident reporting system, such as MySafetyNet (MSN), and members can request the complete report that includes identified corrective actions.

UNA members are also encouraged to complete the UNA OHS Form to keep your union, local and Joint Worksite Health and Safety Committee in the loop about problems and able to develop recommendations for resolution. 🍷

CSA Standards are science-based and regularly reviewed.





# Local 73 resolves numerous staffing PRCs in WESTLOCK'S EMERGENCY DEPARTMENT

■ **UNITED** Nurses of Alberta Local 73 at the Westlock Health Care Centre has resolved 74 Professional Responsibility Concerns filed since 2018 related to staffing issues in the rural hospital's Emergency Department.

"We were burning out fast. It was horrible to have to leave patients to wait for basic care. That is not what we do as Registered Nurses."

- Rachael Schiller

"The moral distress experienced by ER nurses stemming from their inability to provide the level of care they aspired to due to time limitations was becoming increasingly evident," said Local 73 President Rachael Schiller. "We were burning out fast. It was horrible to have to leave patients to wait for basic care. That is not what we do as Registered Nurses."

The submission of PRCs requires significant time and effort, and without the comprehensive documentation provided by each submission, "we would not have been able to advance our formal request," Schiller said, acknowledging "the collaboration among management, senior leaders, and Local 73 throughout this process."

"We are pleased to announce the establishment of a permanent 24/7 LPN position in the emergency department," she said, thanking Local vice-president Amanda Brock and UNA Labour

Relations Officer Tracee Cowan for the key roles they played in the process.

After correspondence and meetings about the concerns in the fall of 2024, Alberta Health Services agreed to a list of measures required to respond to the PRCs about the volume and acuity of visits to the ED as well as resulting staffing concerns in the department.

On staffing, AHS secured resources to add a permanent 24/7 LPN position to the department, building off an augmentation of 20 LPN hours per day that was piloted on the site and had been scheduled to end at the end of December 2024.

The employer also agreed to a variety of measures to monitor and respond to Emergency Department workflow, patient acuity, and staffing levels with a commitment to adding additional staff when necessary to deal with surges in activity.

Hospital leadership also agreed to support participation by new staff to attend such programs as Foundations in Rural Emergency Nursing, Canadian Triage Assessment System and Advance Cardiac Life Support. Overcapacity protocols and IV therapy scheduling were updated to improve workflow throughout the week.

On April 25, UNA informed Alberta Health Services that it had assessed the changes and concluded they resolved the PRCs. Four days later, AHS interim VP of clinical operations, Stacey Greening, formally acknowledging UNA's agreement, successfully bringing the process to an end. 🇺🇦



# THE POWER OF ENGAGEMENT AND SUPPORT IS EASIER THAN YOU THINK

■ **ENGAGEMENT** and support are priorities for every UNA local, and rightly so!

We know that many members don't actively engage with their local for various reasons. Sometimes, there's no immediate need to reach out, or life and work keep priorities elsewhere.

A crucial truth remains, though: the more connected locals are with their dues-paying members, the more likely those members are to reach out when they have questions or need help.

Over the past year, almost 100 local executive officers have participated in UNA's Engagement and Support Workshop.

This workshop empowers locals to critically assess how they interact with their dues-payers. We delve into identifying local strengths, pinpointing areas for growth, and exploring effective communication strategies, resources, and barriers to engagement.

One of the workshop's most powerful features is the dynamic exchange of ideas among participants. Locals share innovative approaches, celebrate successes, and frankly discuss how they've overcome challenges.

Among the truly inspiring initiatives discussed in the workshop have been:

- A Christmas murder mystery night
- Paint nights
- Rallies and information pickets
- Visits to politicians
- Cooking classes

Effective engagement begins the very first day a new employee walks through the door.

A friendly introduction – with essential resources, critical details such as pay rates, seniority dates, and the matching RRSP/TFSA – has a significant impact, both for the new hire and the local.

When we have an engaged membership, it's significantly easier to unite and mobilize individuals when a unified voice is needed on an important issue.

We strongly encourage local officers and unit/ward representatives to consider attending the Engagement and Support workshop. Be prepared to dream big, share your ideas and successes, and, if you're not careful, you might even have some fun! These workshops is an investment in the strength and future of your local. 🍷



By Duane McEwan  
UNA Educator

The more connected locals are with their dues-paying members, the more likely those members are to reach out when they have questions or need help.

## Alberta Association of Nurses affiliates with CNA

■ **THE** Alberta Association of Nurses says it is now an organizational affiliate of the Canadian Nurses Association.

As a result of the affiliation, AAN said it has purchased a corporate membership in the CNA that will provide AAN members

with a general membership in the CNA as part of their AAN membership fee.

As a result, all active AAN members will have access to:

- Exclusive CNA nursing updates and resources

- Invitations to CNA webinars and events
- A wide range of benefits from both organizations

The association is found online at [albertanursing.ca/](http://albertanursing.ca/) 🍷

# Surgeries in Ecuador and education in India

## UNA MEMBERS DESCRIBE THEIR EXPERIENCES ABROAD

RNs Aanchal Dhawan and Ruhil Campbell were among 22 recipients of UNA International Solidarity Grants



**"I truly hope the information we shared continues to spread and empower others, because health literacy can truly save lives."**

- Aanchal Dhawan

■ **REFLECTING** on her experience this year in her native India, RN Aanchal Dhawan recalled how even basic health education can have a powerful impact.

Dhawan, a member of Local 413, Edmonton Corrections, returned to India for four weeks in May 2025 to support a medical education initiative focused on underserved and vulnerable communities in New Delhi.

The clinic – operated by Dhawan's aunt and uncle, both physicians – offered

free courses in CPR, basic first aid, advanced first aid and maintaining overall health, she wrote in her report to UNA after receiving a \$1,000 International Solidarity Grant from the union. The clinic continues to offer a weekly free clinic for the community.

Maintaining overall health, she recalled, "was the most personal class to me. ... We talked about nutrition, hydration, physical activity, sleep, mental health and the importance of hygiene and preventative care."

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“Many participants had never been exposed to this kind of holistic health information before,” she said. Groups of five to 20 people attended the free classes for six days a week. “Many of the people who attended were houseless or lacked access to any form of health care. Some had untreated wounds of illnesses that we were able to address on the spot.”

Dhawan noted that “many participants had never attended school, yet they were so engaged and asked thoughtful questions. It broke my heart to see how much potential sat in that room – people who could have been doctors or nurses themselves if only they’d been given the opportunity.”

“I truly hope the information we shared continues to spread and empower others, because health literacy can truly save lives.”

Meanwhile, RN Ruhil Campbell of Local 33 at the Royal Alexandra Hospital in Edmonton described her role in a five-day surgical mission performing total and bi-lateral hip replacements in Cuenca, Ecuador.

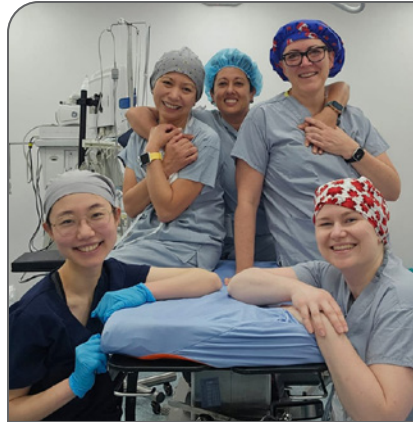
“I was again made acutely aware of how fortunate Canadians are and how much we, as medical professionals, can give, and in fact owe, to those around the world who are not fortunate enough to live in a country where high-quality surgical care is an expected part of life.

While the trip was fun and educational, Campbell noted in her report, “what can never be forgotten is the incredible effect we had on some amazingly brave and resilient people” – like the 23-year-old veterinarian who suffered a broken hip in a fall as a young teen. “She now has a new hip and hopefully her life will be forever changed,” Campbell wrote.

A crisis was averted when the hospital at which the two Canadian teams from Alberta and British Columbia had

planned to do their work at the last minute was unavailable.

“The team had to scramble to find an alternate, acceptable location,” she remembered. Fortunately, the team was able to find another location that, “while not ideal, we were able to make it work with the help of dedicated hospital staff.”



“What can never be forgotten is the incredible effect we had on some amazingly brave and resilient people.” – Ruhil Campbell



The unexpected crisis brought the teams closer together, she said.

Both nurses were among the 22 UNA members who received International Solidarity Grants for travel between January 1 and June 30 this year, said UNA Second Vice-President Karen Kuprys. Applications for that window had to be filed by Dec. 31, 2024. 🍷

Photos from the Surgical Mission in Cuenca from Ruhil Campbell.



# MASSIVE, CHAOTIC REORGANIZATION OF HEALTH CARE CONTINUES, directly impacting 5,000 UNA members this fall

■ **UNITED** Nurses of Alberta reported on July 16 it had been informed that effective September 1 close to 5,000 positions held by Registered Nurses represented by the union have been identified for transfer from Alberta Health Services to new agencies set up in the provincial government's massive reorganization of Alberta Health Services.

They are among more than 20,000 health care employees being shuffled by the government to new employers at Assisted Living Alberta and Acute Care Alberta, both provincial health agencies, and to three provincial Crown corporations overseen by Acute Care Alberta – Emergency Health Services, Cancer Care Alberta, and Give Life Alberta.

The government said numbers of UNA members affected by the transfers to new employers would break down as follows:

- 3,969 to the Assisted Living Alberta
- 936 to the Cancer Care Alberta
- 56 to the Emergency Health Services

No UNA members would be transferred to Give life Alberta or directly to Acute Care Alberta this fall, the government said.

The changes raise many serious concerns for UNA and its members. In addition to the chaos caused by this restructuring on nurses and their ability to deliver the best patient care possible within the public health care system, many of the details of the transfers were not made clear at the time.

The Letter of Understanding signed by United Nurses of Alberta and AHS

on May 31, 2024, which is now part of the Provincial Collective Agreement, retains and expands the rights of employees affected by the creation of new provincial health agencies and provincial health corporations.

The transfers of positions held by members from AHS will be treated as a successorship as outlined in legislation, which means their current collective agreement will continue to apply

Accordingly, the government said the transfers of positions held by members from AHS will be treated as a successorship as outlined in legislation, which means their current collective agreement will continue to apply.

Day-to-day work for staff transitioning will be the same and they will continue to use the same systems and processes, including Connect Care and e-People, UNA was also told.

The announcement was part of the Alberta government's ongoing restructuring of publicly owned and operated Alberta Health Services into four separate sector-based provincial health agencies: Primary Care Alberta (covering physicians and public health), Acute Care Alberta (hospitals and other facilities), Recovery Alberta (mental health and addiction), and Assisted Living Alberta (continuing care).

UNA is seeking clarity from the government and the employers and will update members as quickly as possible. 🍷



# Theresa Tam, Canada's face of public health through the pandemic, steps down

■ **DR. THERESA TAM** – who became a household name through the pandemic – stepped down on June 20 as Canada's Chief Public Health Officer.

Nurses across Canada extended their heartfelt appreciation for the eight years she spent in the important federal position.

Tam guided the country through multiple public health crises and unprecedented challenges after her appointment in 2017 – including COVID-19, H1N1, Ebola, and mpox.

As Canada's top national health leader, she was instrumental in the country's response to the COVID-19 pandemic and oversaw Canada's largest-ever vaccination campaign.

Educated as a pediatric infectious disease physician, Tam joined the federal government's public health team around the time measles was thought to have been eliminated in 1998.

Tam told *The Canadian Press* she hopes Canadians will remember the pandemic as a time communities responded to public health mitigation measures including COVID-19 vaccinations that prevented the toll from being much worse in this country.

She told interviewers that we are living through a critical time when Canada needs to stand up for science and combat disinformation amid the anti-public-health measures taken by the Trump Administration in the United States. She called Canada's more effective approach to the pandemic proof that Canada can save lives by taking a different approach to public health crises than the United States.

"Her emphasis on health equity and public health renewal has been important in advancing the health and wellbeing of Canadians," CFNU President Linda Silas in a news release on the eve of Tam's retirement from the job. 🍷



Dr. Theresa Tam

"Her emphasis on health equity and public health renewal has been important in advancing the health and wellbeing of Canadians." – Linda Silas

UNA executive officers and members joined health care advocates to send a loud and clear message to the federal government: "Keep your pharmacare promise!" The September 9 rally organized by Friends of Medicare was held outside the Westin Hotel in downtown Edmonton where Prime Minister Mark Carney and Liberal MPs met for their annual caucus retreat.





By Lee Coughlan  
UNA Manager of Labour  
Relations (Edmonton)

# Mental Health and Human Rights:

## Inclusive workplaces play a crucial role

■ **MAKING** room for inclusive workplaces is a significant factor in an employee's psychological health and wellbeing at work.

UNA locals and Labour Relations Officers provide support to members who are returning to the workplace and may require the employer or union to accommodate a restriction. Sometimes the member recognizes a deterioration in mental well-being and has already requested accommodation. In other circumstances, LROs and Local representatives may recognize potential symptoms of poor mental health and prompt difficult conversations with members, using empathy and non-judgment to explore whether an illness may be contributing to poor performance or poor behaviours in the workplace.

In some circumstances, the member and LRO may agree to seek an independent assessment and the union will assist to connect the member with a treatment provider and pay reasonable costs for assessments that will assist UNA to support their member in the workplace.

If you are facing challenges in the workplace due to mental illness, contact an LRO or Local representative and ask them whether and how the duty to accommodate might apply to your situation. It may be that there are simple steps that can be taken immediately, or it may be that they provide you with options to consider in the future. The earlier our members understand how to make a request for

accommodation and what is possible through the accommodation process, the easier it will be to manage a successful return to work. Examples of the changes that have been made to accommodate medically supported mental health restrictions may include scheduling changes (for example, not working more than two days in a row), a reduction in hours, change to another practice setting that is more predictable, slow paced or has more supports and resources to staff, and resources for neurodiverse individuals.

To request accommodation, an employee must provide sufficient documentation from a health care provider to identify restrictions that require accommodation. This can lead to disputes with respect to whether the medical documentation is clear, adequate, and supports the requested intervention. For example, physicians sometimes specify a unit or position the employee should be placed in when the necessary documentation is about the restrictions. LROs may assist to gather medical documentation from current treatment providers to clarify the restrictions and needs of the employee based on their mental illness.

Where existing medical information is insufficient or contradictory, LROs may assist the member to arrange an independent medical examination to clarify potential triggers or restrictions in the workplace. This may also assist with support for STD/LTD and/or WCB claims. 🍷



We have a dedicated Mental Health resources webpage on UNA's website that lists several resources available to members:  
[www.una.ca/memberresources/mentalhealth](http://www.una.ca/memberresources/mentalhealth)





# LAPP pensions are an important part of members' **RETIREMENT PLANS**



■ **A STAFF** Nurse working in the public sector at the top increment with the Long Service Pay Adjustment and 35 years of Local Authorities Pension Plan pensionable service who retires in December 2025 will receive a single lifetime pension of almost \$5,000 a month.

That pension will increase each year by 60 per cent of the Alberta annual inflation rate.

Public-sector Staff Nurses with less than two years of LAPP pensionable service can retire as early as age 55 and as late as December 31 of the year in which they turn 71.

LAPP pension calculations are based on age, years of LAPP pensionable service and five consecutive years average earnings of a full-time employee, even if the member works part time.

## Accessing your LAPP

To commence their LAPP, an employee must end their pension-eligible position by fully resigning, resigning and moving to casual, or moving to a regular position of fewer than 14 hours per week average.

The Provincial Collective Agreement requires that employees to provide management with a minimum of 28 days' written notice of their intention to resign.

An email to your manager is normally sufficient. Most members do not provide longer notice periods because resignations can only be rescinded in very rare circumstances.

Members are told by LAPP and AHS to provide 90 days' notice of retirement. This is just a recommendation, not a requirement. With 90 days' notice, most members will receive their first LAPP payment within 30 days of retirement. With no notice, members will still be paid back to their commencement date, but processing the pension application may take 90 days.

A member can apply for their retirement to either LAPP or AHS/Covenant. UNA recommends sending the employer's Retirement Notice Form and the LAPP Retirement Application to AHS/Covenant as they are normally helpful and efficient processing applications for LAPP. UNA has been assured that employees transferring to the new health care pillar organizations will continue to participate in the LAPP and new employees will be eligible to enrol in LAPP.

## LAPP early retirement reduction

Members can access an unreduced pension upon reaching age 65 or the "85 Factor" – age plus years of pensionable service that add up to 85.

Members can commence LAPP as early as age 55. For each year prior to age 65 or less than the 85 Factor, the LAPP is reduced by 3 per cent. By comparison, the Canada Pension Plan reduces its members' pensions by 7.2 per cent per year (0.6 per cent per month).

LAPP calculations are based on age, years of LAPP pensionable service and five consecutive years average earnings of a full-time employee, even if the member works part time.

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It is not uncommon for LAPP members to access their pension before age 65 but to delay CPP until age 65. This is a good discussion to have with a financial advisor.

If a person is over 55 and no longer contributing to LAPP, it is normally good value to commence the LAPP pension even if there is an early retirement reduction.

### Working after commencing LAPP

Once the LAPP has commenced, a person can return to work without restrictions but can no longer contribute to LAPP.

Members who resign to access their LAPP can apply for positions but will

not have access to their seniority in the job competition. Once successful in competing for a regular or temporary position, a member's seniority is returned to them.

### A note on LAPP eligibility

Only UNA members who work in the public sector qualify for the LAPP pension. Regular position of 30 hours per week or more on average are required to participate in LAPP. Regular positions of 14 to 30 hours per week have the option of participating in LAPP, as do employees working an average of 30-plus hours per week in a position with an expected duration of at least six months with AHS, or at least 12 months with Covenant. 🍷



# UNA donations

## SUPPORT EMERGENCY MEDICAL CARE IN CONFLICT ZONES, WILDFIRE RELIEF

■ **UNA** made significant donations in June to support emergency medical care in conflict zones and wildfire relief in Canada.

At their June meeting, members of UNA's Provincial Executive Board, which includes front-line nurses from communities across Alberta, voted to approve a \$10,000 donation to efforts by Doctors Without Borders/Médecins Sans Frontières (MSF) in Palestine and a \$30,000 donation for humanitarian relief in conflict zones including Haiti and Sudan.

Founded in 1971, MSF is a charity with a long history of working in countries facing health crises as a result of conflict. MSF provides assistance based on

need, regardless of ethnicity, gender, religion or political affiliation. Private donors provide about 90 per cent of the organization's funding.

The Executive Board approved a \$20,000 donation to the Canadian Red Cross, which is using the funds for immediate and ongoing relief, recovery and resilience efforts in response to wildfires in Canada and for future community preparedness and risk reduction for natural disaster events.

More than 25,000 Albertans were evacuated from their communities because of wildfires last year and thousands were forced to leave their communities across the Western provinces in the spring of 2025. 🍷

MSF provides assistance based on need, regardless of ethnicity, gender, religion or political affiliation.



# LABOUR DAY SEPTEMBER 1, 2025



Nurses across Alberta were celebrating Labour Day at events in their communities on September 1. Honouring the hard work and achievements of Canadian workers, UNA First Vice-President Danielle Larivee and Second Vice-President Karen Kuprys joined UNA members and co-workers from other unions at Labour Day BBQs in Red Deer and Fort McMurray.



## UNA Provincial Collective Agreement BENEFITS PACKAGE UPDATED

■ **THE** benefits package for members under the UNA Provincial Collective Agreement has been updated to reflect changes in the new collective agreement.

Changes include:

- Diabetic blood testing monitors are now available through the pharmacy with direct billing – previously these were eligible for reimbursement only.
- Flash Glucose monitors amended to remove the insulin dependency requirement.
- Massage benefits amended to include a flat \$1,000/year maximum with no per visit limit.

- Removal of physician's written order for diabetic equipment and supplies. This includes the removal of the 3000-test strip limit as this is no longer relevant with the removal of the physicians written order. (This item is applicable to AHS and Lamont only.)

Information on Alberta Blue Cross ID cards has been amended to align with Blue Cross' current practice of providing ID cards electronically. This new process was implemented across all Alberta Blue Cross clients.

Details are outlined in the benefit plan booklets published by Alberta Health Services and Covenant Health. 🍷



AHS Booklet:  
[www.una.ca/document/ahs\\_una\\_benefits](http://www.una.ca/document/ahs_una_benefits)



Covenant Booklet:  
[www.una.ca/document/covenant\\_una\\_benefits](http://www.una.ca/document/covenant_una_benefits)



Bridget Faherty  
in 2002

# Bridget Faherty

remembered as devoted  
nurse and UNA activist

Among her many talents, Faherty was a passionate quilter, and her quilt marking UNA's 20<sup>th</sup> anniversary in 1997 can be found in UNA's Provincial Office in Edmonton.

**BRIDGET** Faherty was a nurse, musician, educator, amateur thespian, and for many years a devoted UNA activist.

Born on August 14, 1962, in Vancouver, Faherty grew up in British Columbia before her move to Alberta. As the first of five children, her family obituary noted, she came naturally to her chosen role as a Registered Nurse.

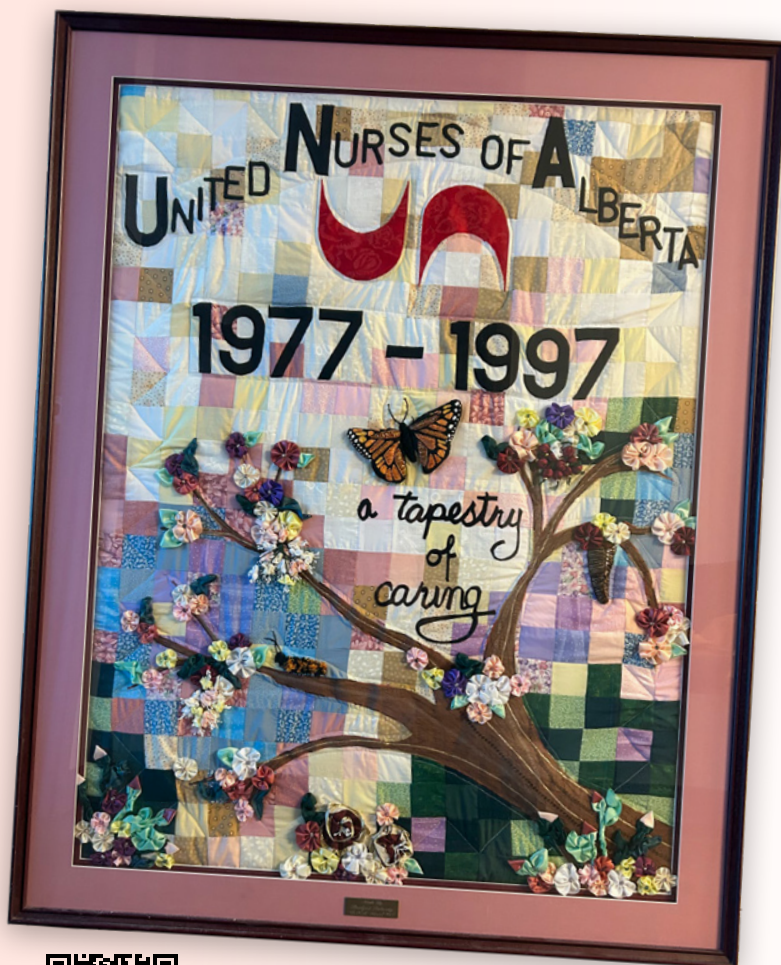
Bridget was a valuable member of our negotiating teams during the difficult Klein years," said UNA President Heather Smith "She was the "number person" we all relied on, including the employers."

"While Bridget was elected by North District she always represented the interests of UNA members across the province," Smith said.

Faherty, who was 62 when she passed suddenly in a highway mishap in B.C. on August 11, is remembered fondly in Grande Prairie where for many years she was a pillar of Local 37, serving as on the UNA Executive Board and Negotiating Committee through much of the late 1990s and early 2000s. She was a member of the Negotiating Committee during the 1997 strike vote.

After graduating in Nursing from Grande Prairie Regional College in 1988, Faherty worked at the Queen Elizabeth II Hospital in Labour and Delivery, where North District Representative Jerry Macdonald remembered, "among other births she attended, she was in the delivery room when our youngest daughter was born, in June 1990."

She later worked in the ICU at the QEII Hospital, before transferring to a position with Local 207, Grande Prairie Community. After that, she worked for a spell as a nurse educator in Calgary, and more recently as a remote flight nurse with Keewatin Air, which operates medical flights in the N.W.T. and Nunavut. 🍷



Family Obituary

<https://peacecountrysun.remembering.ca/obituary/bridget-faherty-1093039576>



# LONGTIME CALGARY LRO BEGINS WELL-DESERVED RETIREMENT

■ **A FAMILIAR** face to many UNA members and staff has left the union to enjoy a well-earned retirement. Peggy Giddings retired on July 1, 2025 after 32 years working for UNA at the Southern Alberta Regional Office in Calgary.

Giddings served in many roles since starting with UNA in 1993, most recently as an Labour Relations Officer. Starting in a temporary LRO position in 2009, Giddings transitioned into a permanent LRO role in 2011. She was involved in organizing many new bargaining units in Calgary and southern Alberta during her time with UNA.

“Her tenacity and determination has benefited UNA staff and many UNA members and locals,” said UNA manager Jeannine Arbour. “She will be missed for being a relationship builder and effective problem solver.”

LRO Ron Pasquale described Giddings as “an invaluable resource of information around the DMS and UNA policy and procedures” and “always the first one to put up her hand if someone asked for help.”

UNA thanks Giddings for her years of tireless dedicated service to Alberta’s nurses and wishes her the happiest and healthiest of retirements. 🍷



“She will be missed for being a relationship builder and effective problem solver.”

– Jeannine Arbour

Peggy Giddings at her retirement celebration.

## CNA urges premiers to HARMONIZE NURSING REGULATION

■ **AS** Canada’s premiers gathered for the Council of the Federation meeting on July 21, the Canadian Nurses Association urged governments to take immediate action to harmonize nursing regulation across jurisdictions.

Calling this an essential step to strengthen Canada’s internal labour market, support the health system, and bolster economic resilience, CNA

President Kimberly LeBlanc said, “fragmented nursing licensure and regulation limit the mobility of our health workforce and delay care.”

CNA said its call aligns with its policy paper, *Building a Healthier Canada, Powered by Nurses*, which urges governments to unlock the full potential of nurses to meet growing population health needs. 🍷



<https://www.cna-aiic.ca/en/policy-advocacy/2025-federal-election-platform>



**By Linda Silas**  
President, Canadian  
Federation of Nurses Unions

# NURSES ARE A SAFETY-CRITICAL WORKFORCE – *THEY NEED TO BE TREATED THAT WAY!*

**When nurses report their workplaces are regularly overcapacity, we know health care planning has gone wrong**

■ **WHEN** you take a flight, you know there are enough pilots available to staff the plane, they are only flying for reasonable hours, and they've had adequate rest. This is because pilots are considered a safety-critical workforce, where the consequences of not having adequate pilots would put passengers at risk.

The lives of patients are in the hands of hundreds of thousands of nurses across the country – in acute care, home care, long-term care and community health – 24 hours a day, seven days a week. Nursing, too, is a safety-critical workforce. Yet time and time again, nurses have been asked to do more than less.

When two in three nurses report that their workplaces are regularly overcapacity, we know health care planning has gone wrong. You are expected to manage more patients, take on excessive overtime and work longer shifts, all with fewer resources and unsustainable patient loads.

The population of Canada is aging, and medical complexity is rising. But this increase in demand for health care has not been matched by an increase in staffing.

The result is a workforce spread so thin that cracks appear and patients fall

through. The Canadian Institute for Health Information reports that one in 17 hospital stays results in at least one patient safety incident, such as a medication error, fall or infection.

Safe nurse-patient ratios have the power to reverse these trends. This is the key to better outcomes for patients, and better retention of nurses. This solution hinges on creating healthy, supportive work environments with reasonable workloads, so that you can provide each and every patient with the best care possible.

Similarly, safe hours of work protect nurses' health and the quality of care they are able to deliver. No one is working at their best after 16 hours on the job. Pilots and even truck drivers already have protections around consecutive hours of work – surely patients are the most precious cargo of all.

We cannot continue to accept unsafe health care working conditions as the norm, especially when there are known concrete evidence-backed solutions that would turn the tide on the health care crisis and improve our public health care system for both workers and patients. Decisions about nurse staffing must be based on safety, not dollars and cents.

We cannot  
continue to  
accept unsafe  
health care  
working  
conditions as  
the norm...

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WHEN KNOWLEDGE MEETS KNOW-HOW



# STAFFING DECISIONS MUST BE BASED ON SAFETY,

## NURSING UNION LEADERS TELL CANADIAN PREMIERS

■ **PATIENT** safety was the focus of discussions between Canadian nurse union leaders including UNA First Vice-President Danielle Larivee and the country's premiers at the July 22 policy breakfast meeting hosted by the Canadian Federation of Nurses Unions during the Council of the Federation meeting in Huntsville, Ontario.

"Safe patient care relies on a strong nursing workforce with safe working

conditions," CFNU President Linda Silas told the gathering. "We know that in many health care settings, those working conditions are not being met."

"Nursing is a safety-critical workforce, which demands staffing policies that protect patient safety," she said. "It's up to us – government leaders, employers and unions – to ensure nurses have the basics they need to provide patients with quality and safe care."

"Safe patient care relies on a strong nursing workforce with safe working conditions." -

Linda Silas

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UNA First Vice-President Danielle Larivee and Alberta Federation of Labour President Gil McGowan.



UNA's Danielle Larivee and Premier Danielle Smith discuss what needs to happen to improve safe staffing and safe patient care in Alberta's public health care system.

□ CFNU CONTINUED FROM PAGE 24

This is the message CFNU and UNA VP Danielle Larivee took to premiers in July. Together, we're calling on all levels of government to collaborate on implementing these life-saving solutions. Combined with a pan-Canadian approach to health workforce planning, we can ensure our public health care system is one of the best in the world.

We know these solutions will only work if there is adequate funding to implement them. That's why the CFNU is pushing our new federal government to

champion public health care – a true nation-building project that benefits everyone. Together, we have sent hundreds of letters to Prime Minister Carney, urging him to prioritize health care in his next budget.

We won't stop there. Politicians need to feel the heat, and your nurse union leaders are bringing the fire.

*In unwavering solidarity,*

*Linda Silas, CFNU President* 🍷

CFNU called on provincial and territorial governments to work collaboratively with Ottawa, unions and health employers to implement measures that would support patient safety across the country.

Nurse union leaders were accompanied to the annual premiers' get-together by health care workforce experts Alison Leary and Jennifer Zelmer for a presentation on the connection between nurse staffing and patient safety.

Leary is chair of Healthcare and Workforce Modelling at London South Bank University and a senior consultant for the World Health Organisation. Dr. Zelmer is inaugural president and CEO of Healthcare Excellence Canada and an adjunct faculty member of the University of Victoria.

Leary emphasized to premiers from almost every province and territory that minimum staffing mandates are about managing risk, not a workforce model. In health care, this means managing patient safety risks. Pilots are a safety-critical workforce, where the absence of adequate pilots or pilots' unsafe working hours pose significant risk to passengers. Nurses and their patients have no such protections.

"The importance of retention of experienced nurses was highlighted when Dr. Leary identified proficiency as a key factor in achieving safety," Larivee said.

CFNU called on provincial and territorial governments to work collaboratively with Ottawa, unions and health employers to implement measures that would support patient safety across the country.

Evidence-backed solutions advocated by the CFNU include:

- Minimum nurse-patient ratios to address unsustainable workloads and improve patient care
- Mandated safe hours of work to protect the health of nurses and the quality of care they can deliver
- A nationwide approach to workforce planning data to ensure access to our public health care system is strong for generations to come 🍷

## Protect, engage and respect nurses to keep them: CFNU REPORT



[nursesunions.ca/wp-content/uploads/2025/08/FullReport\\_TodaysNurse\\_Final\\_Aug25.pdf](https://nursesunions.ca/wp-content/uploads/2025/08/FullReport_TodaysNurse_Final_Aug25.pdf)

■ **IT IS** essential to protect, engage and respect the current and future nursing workforce to improve retention and make nursing in Canada sustainable for the future, says a new report from the Canadian Federation of Nurses Unions.

*Today's Nurse: What contemporary Canadian nurses need to stay in the workforce for the longevity of their career* includes detailed recommendations guided by those three key principles. The report was authored by Dr. Kim McMillan, RN, PhD, CHPCN(C), an Associate Professor of Nursing at the University of Ottawa.

The report is based on qualitative focus group methodology with nurses' voices at the centre. Across nine provinces, 22 focus groups were conducted both in-person and virtually. The sessions

were guided by one broad question: "What do you need to stay in the nursing workforce, in Canada, until you wish to retire?"

"Every focus group quickly evolved into discussions of nurses' moral distress and moral injury," McMillan said. "When we attend to nurses' central needs – to be protected, to be engaged and to be respected – we will also attend to nurses' needs for morally congruent nursing care, care that is provided in ways that align with nurses' deeply held moral commitments."

In a 2025 survey of CFNU members, nurses pointed to enforced minimum nurse-patient ratios as the top influence that would keep them in their jobs. 🍷



# Canadian mental health organization names UNA activist for national award

■ **THE** Canadian Alliance on Mental Illness and Mental Health has named UNA Local 183 President Michael Perry, RPN, the recipient of the organization's 2025 Champion of Mental Health Award in the Workplace category.

Perry was nominated for his tireless advocacy to strengthen mental health safety within Alberta's health care system and labour movement, CAMIMH said.

"From championing workplace psychological health guidelines to expanding psychiatric nursing programs nationwide, your leadership has improved the lives of health care workers and patients alike," the organization told Perry, who works at Alberta Hospital Edmonton.

"Michael is a passionate and unrelenting advocate for mental health in nursing in Alberta." -

Heather Smith.

"Michael is a passionate and unrelenting advocate for mental health nursing in Alberta," said UNA President Heather Smith.

Educated at the University of Calgary and MacEwan University, Perry leads his local's Occupational Health and Safety Committee, co-chairs its Professional Responsibility and Education committees, and acts as Grievance Lead. Among other roles, he founded and has chaired UNA's Mental Health Workers and Pride caucuses.

Through these platforms, Perry has championed the adoption of the



Psychological Safety Standard in various work settings in Alberta, and specifically Alberta's psychiatric and mental health workplaces. He has also advanced national advocacy for expanding Registered Psychiatric Nursing practice across Canada's provinces and territories.

CAMIMH will be presented with the award on October 6 in Ottawa. CAMIMH is an alliance of 15 mental health groups comprised of health care providers and organizations that represent people with mental illness, their families and caregivers. 🇺🇦

# COVID-19 vaccinations will be provided at NO COST TO UNA MEMBERS

■ **THE** Alberta Government has announced that all UNA members will be provided with the COVID-19 vaccine free of charge.

"A lot of people expect there's going to be another surge of COVID coming in the fall,"

- David Harrigan

This was a partial reversal of the government's policy two months earlier when the government said most Albertans including health care workers would have to pay for the vaccine if they wanted it and would have to sign up on an online site to indicate their wish to be immunized.

The change applies to all health care workers employed by AHS, Covenant Health, Recovery Alberta, Shared Services Alberta, Primary Care Alberta, Assisted Living Alberta, and Acute Care Alberta – including Cancer Care Alberta, Emergency Health Services, and Give Life Alberta. It also applies to employees working in community care, continuing care, supportive living, and corrections.

"A lot of people expect there's going to be another surge of COVID coming in the fall," UNA Labour Relations Director David Harrigan told the CBC. "Putting up barriers for particularly health-care workers that are working with the compromised patients, we thought was very unrealistic." ❧



## Alberta led North American MEASLES RESURGENCE

The province had more cases per capita than the United States, and India

■ **ALBERTA** is leading the resurgence of measles in North America.

In early July, reported measles cases in Alberta were the highest per capita in North America and summertime cases pushed the count even higher.

By the start of September, the number of cases had surpassed 1,800, compared with 1,454 confirmed measles cases in the entire United States in the same time frame, according to

data from the U.S. Centres for Disease Control and Prevention.

"We have a situation basically in which the province wasn't properly prepared or led and which has slow walked virtually everything," former Chief Medical Officer of Health Dr. James Talbot told *The Tyee*. "If they had had this kind of response to the forest fires in Alberta – that same kind of slow don't worry about it and you know this is all individual choice – the province would be a smoking ruin by now." ❧

By the start of September, the number of cases had surpassed 1,800.



# UNA and AHS agree to extend NORTH ZONE LOCUM PROGRAM to December 31, 2025

■ **UNITED** Nurses of Alberta and Alberta Health Services agreed to a short-term extension of the North Zone Locum Program Letter of Understanding until December 31, 2025 in order to allow for the negotiation of a province-wide program. The Letter of Understanding had been scheduled to expire on September 25, 2025.

The locum program enables nurses to work for short-term periods of less than 12 months to address high staffing needs in Northern Alberta.

A Letter of Understanding signed in 2022 saw a locum premium of \$25 per hour paid to nurses working temporarily in the AHS North Zone. Nurses who

accept assignments in rural parts of the region outside the cities of Grande Prairie and Fort McMurray receive an additional \$50 per day throughout their locum, whether or not they have a scheduled shift that day. These terms have been extended and will remain in place.

The northern locum program first signed in 2012 focuses on providing RNs and RPNs short-term assignments of less than 12 months to help meet staffing needs in the north. UNA and AHS have recently agreed to expand the program to include the Central and South Zones, with negotiations for the expansion of the program to begin soon. 🍷

The northern locum program focuses on providing RNs and RPNs short-term assignments of less than 12 months to help meet staffing needs in the north.



2025 LoU



2022 LoU

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## Temporary position with new employers Before separate payroll systems are introduced: UNA AND AHS RELEASE JOINT COMMUNICATION

■ **UNITED** Nurses of Alberta and Alberta Health Services released a joint communication on July 22 with information for employees who take temporary positions with different employers after the new provincial health agencies or provincial health corporations have been established, but prior to the introduction of the separate payroll systems.

This joint communication builds on the Letter of Understanding *RE: Health Care Re-Focusing ("Transition Agreement")* included in the UNA Provincial Collective Agreement that governs the transition of employees

from AHS to any of the new provincial health agencies. This applies to AHS, Recovery Alberta, Primary Care Alberta, Assisted Living Alberta and Acute Care Alberta (ACA) and will also apply to Cancer Care Alberta, Give Life Alberta and Emergency Health Services when they transition from AHS to ACA.

UNA members are encouraged to read the joint communication and contact their Local Executive or Labour Relations Officer if they have questions or concerns.

To read the full joint communication, use the QR Code with this story. 🍷



Joint Statement

## PART-TIME UNA MEMBERS

# should check to ensure Designated Days of Rest are properly recorded

■ **PART-TIME** United Nurses of Alberta members employed by Alberta Health Services or any of the new public sector employers that were once part of AHS are urged make sure their Designated Days of Rest (DDR) remain in the employer's records if they agree to work on their DDR for straight time and move their DDR to another day.

shift has been properly recorded and your X-Day has not been lost.

If you discover you have not received credit for a DDR that you have worked, inform your supervisor and contact your UNA Local Executive or Labour Relations Officer as soon as possible at **1-800-252-9394**.

In Article 30 of UNA's Provincial Collective Agreement, DDRs are scheduled days off, typically two consecutive days. They are meant to ensure nurses have regular periods of rest and are not simply cancellable.

DDR's can be exchanged by mutual agreement between the nurse and the Employer. 🍷

In Article 30 of UNA's Provincial Collective Agreement, DDRs are scheduled days off, typically two consecutive days.

With a new scheduling system implemented by AHS, UNA understands that part-time employees of AHS, Recovery Alberta, Primary Care Alberta, and Shared Services Alberta, have lost their DDR, also known as an X-Day, in such circumstances.

So, if you have worked on your DDR, you need to check to ensure that the

Alberta nurses know that the health care system works best when everyone who works in the health care system sticks together! That's why UNA First Vice President Danielle Larivee, Second Vice President Karen Kuprys and UNA Local 301 representative Cassandra Allred joined AUPE Local 54 members at their practice picket outside the University of Alberta Hospital on August 8, 2025.



# Full Reimbursement for REGISTRATION & REQUIRED PROFESSIONAL LIABILITY INSURANCE

■ **UNDER** the current Provincial Collective Agreement, Employees will receive 100-per-cent reimbursement for both their Professional College Registration fee and mandatory professional liability insurance under the Health Professions Act.

This is a significant improvement. Under the previous Provincial Collective Agreement, Employers did not cover the insurance costs and reimbursed only \$250 of registration fees.

To qualify, Employees must have worked 684.6 regular hours in the previous fiscal year. For details on what qualifies as regular hours, please refer to Clause 35.06 of the current Provincial Collective Agreement. Additional provisions apply for those working for multiple Employers.

A draft of the current Provincial Collective Agreement is available on the UNA website and UNA app. 🍷

**KNOW**  
*your*  
**Rights**



Report from  
Director of Labour Relations  
**David Harrigan**

## Spotlights shine a light on CONTRACT IMPROVEMENTS

■ **AS** a result of the ratification of a new Provincial Collective Agreement earlier this year, UNA has updated a handful of Spotlight posters to reflect new improvements to the contract. Updated Spotlights include:

- Article 8: Paying out Overtime hours
- Article 9: Get paid for every hour on-call
- Article 9: 14 days' notice for changes to on-call period

- Article 16: Preceptor Allowance
- Article 16: Working In Charge?
- Article 30: Casual Employees eligible for overtime when they work in excess 147.25 hours in a four-week period

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

If you have additional questions, please contact your Local Executives or Labour Relations Office at 1-800-252-9394.

All Spotlight posters can be found on the UNA website.

[www.una.ca/  
collectiveagreements/  
spotlights](http://www.una.ca/collectiveagreements/spotlights)



## UNA and Carewest agree to bring 2 locals into Carewest Collective Agreement

■ **UNITED** Nurses of Alberta and Carewest ratified agreements in July to transition Local 430 at Carewest George Boyak and Local 431 at Carewest Garrison Green into the Carewest Collective Agreement.

Carewest provides long-term care, rehabilitation and recovery services, and community programs and services at 10 sites in the Calgary area.

The agreement allows both groups to align with the rest of the Carewest's locals for the next round of bargaining. 🍷



# ALBERTA NEEDS CARE

**AlbertaNeedsCare.ca**

