

SPRING 2022 VOLUME 46, NUMBER 1

NEWS Bulletin



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a year for our members.

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PRESIDENT'S MESSAGE

LOOKING BACK AT TWO FRUSTRATING YEARS:

We all want to move forward, not back

■ **SO** much has happened in the past three months it's hard to decide what to mention first.

We achieved and ratified a new Provincial Collective Agreement. Now, negotiations are commencing for many of our long-term-care Locals.

Even as the fourth wave of the Delta variant of the COVID-19 virus abated, we were confronted by a new and more infectious variant, Omicron. This was an unprecedented challenge to our health care system and our professions. Many workplace vacancies continue to result as demands to work additional shifts and overtime exhausts and overwhelms our members.

Individuals have expressed frustration in many ways, at many levels, and throughout our province and country. The events in Ottawa and on Canada's border with the United States are evidence of their frustration and passion, which we can share even as we disagree about tactics and beliefs.

We have seen a rapid change in required protections – for example, removal of the single-site order, the end of the requirement to prove vaccine status, and mandatory use of masks. Soon isolation will only be recommended, not required, for individuals who test positive for COVID-19.

And, more recently, we have watched in horror the invasion of Ukraine by Russia.

As we marked the second anniversary of the COVID-19 pandemic, everyone is tired yet hopeful that our lives will soon return to “normal” – although, so far, there is not much consensus about what that means.

During provincial bargaining we talked about going forward, not back. In returning to normal, I believe it is important we embrace the same goal.

We want improved staffing and working conditions. We do not want the new normal to be diluted staffing mix and lowered staffing levels that have been intentionally foisted upon us through processes like Operational Best Practices, or by necessity in response to the overwhelming demands of the pandemic.

We want our public health care system – be it long-term care, community services, or acute care – enhanced, not undermined by for-profit activity.

We don't want workers to be forced to work at multiple sites to earn a decent living. We want our requests for personal time such as vacation, special leave and education to be respected.

We want and need more respect and tolerance, in our workplaces and our communities, not less.

I expect the past two years will be the subject of research for decades. They will be examined and studied by researchers in many different fields. How did the pandemic happen, how did we respond, what lessons did we learn, and what legacy have we inherited as a society?

Did we move forward or shift backwards?

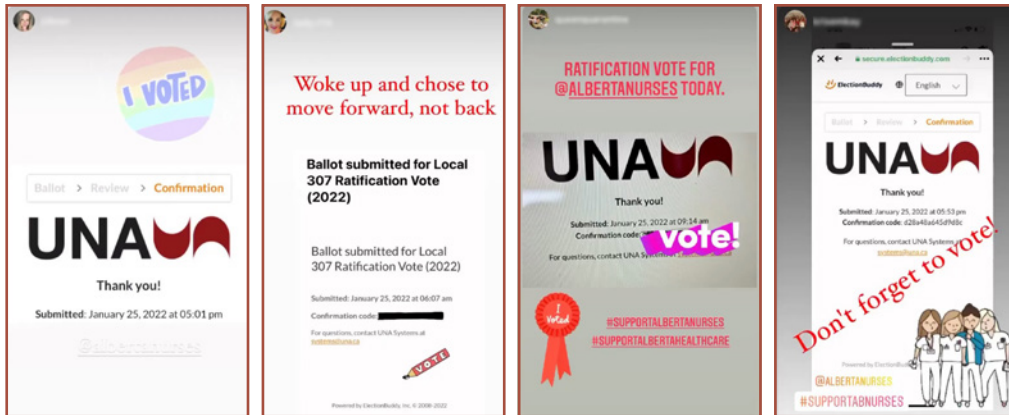
As we are surrounded by economic, political and workplace uncertainties beyond our individual control, there is one thing we can do: Be kind to those around us, those we work with, our families, and those we interact with in broader society.

I believe what we all want is to move forward, not back.

In Solidarity,

Heather Smith
President, United Nurses of Alberta

UNA members overwhelmingly ratify NEW PROVINCIAL COLLECTIVE AGREEMENT



"I am gratified that the members agreed with the bargaining committee's recommendation and voted by 87 per cent to ratify this agreement."

– Heather Smith

■ **ON** January 27, United Nurses of Alberta announced that members employed at Alberta Health Services, Covenant Health, Lamont Health Care, and The Bethany Group (Camrose) had overwhelmingly ratified a new four-year collective agreement.

"The Bargaining Committee felt strongly the Mediator's recommendation issued on December 21 was a fair deal that will benefit our members and also be fair to the people of Alberta," UNA President Heather Smith said in a statement to media that morning.

"I am gratified that the members agreed with the bargaining committee's recommendation and voted by 87 per cent to ratify this agreement," Smith said.

The ratification vote for the new contract, formally known as the Provincial Collective Agreement, was conducted using a secure Internet voting application throughout January 25 and 26 to prevent spread among members of the Omicron variant of the COVID-19 virus. Voting took place from 12:01 a.m. on the 25th to midnight on the 26th. The results were calculated and published on the morning of January 27.

The use of Internet voting was a historic first for UNA.

Ratification by the members of 130 affected UNA locals covered by the union's

largest agreement brought to a successful end one of the most prolonged and arduous negotiations in our union's 44-year history.

Because the Provincial Collective Agreement covers the bulk of UNA's membership, it tends to set the pattern for the other approximately 40 contracts negotiated by UNA, many of them with smaller private-sector or not-for-profit employers. All employees covered by the Provincial Collective Agreement are either Registered Nurses or Registered Psychiatric Nurses. However, in addition to RNs and RPNs, several of UNA's other locals also include a few members of allied health care occupations.

The new agreement, which runs from April 1, 2020, to March 31, 2024, includes:

- 4.25-per-cent pay increases over the life of the agreement. Alberta nurses will remain the highest paid in Canada.
- Conversion of current semi-annual lump-sum payments to the wage grid.
- A one-time lump-sum payment of 1 per cent for 2021 in recognition of nurses' contributions during the pandemic.
- Enhanced psychological and mental health supports.
- Creation of a union-employer provincial workload advisory committee.

□ CONTINUED ON PAGE 4

“Our members and their colleagues have been holding Alberta’s health care system together, and it is a relief to have reached an agreement with the assistance of the government-appointed Mediator.”

– Heather Smith

- Implementation of a Rural Capacity Investment Fund, which will allocate \$5 million a year to recruitment and retention strategies in rural and remote areas of the province, and \$2.5 million a year for relocation assistance.

A copy of the Provincial Collective Agreement may now be downloaded from UNA’s website, una.ca, or from the free UNA App, which can be downloaded to your smartphone from the Apple Store or Google Play.

After initial meetings of the UNA Bargaining Committee in late 2019, negotiations began in early 2020 with AHS negotiators demanding wage cuts and many rollbacks to the collective agreement.

“Alberta Health Services’ willingness to move away from its initial demands for 3-per-cent across-the-board wage cuts and to drop its efforts to impose more than 200 rollbacks made this agreement possible,” said UNA Labour Relations Director David Harrigan, who led the union bargaining committee.

Negotiations were also delayed by the practical matter of trying to work during a public health emergency and the unpopularity with the public of some of the UCP’s health care policies, including the hard line AHS was taking with nurses through orders given by the government to its bargaining team.

On August 26, with the employer also seeking the elimination of lump-sum payments in UNA’s previous agreement that would have cost members the equivalent of an additional 2-per-cent a year in pay, the UNA Bargaining Committee communicated to AHS negotiators that the union was prepared to withdraw all proposals for essential services agreements that by law had to be completed before either party could call for Mediation.

By agreeing to the employer’s essential services proposals, UNA opened the door to immediate formal Mediation of the collective agreement under Section 65 of the Alberta Labour Relations Code. In the

absence of a formal agreement reached through Mediation, that would have allowed the parties to exercise their strike or lockout rights after the statutory cooling off period.

UNA submitted its agreement to the employer essential services proposals to the Alberta Labour Relations Board the same day.

On September 7, the bargaining teams met again, and this time the employer tabled a new proposal with the approval of the government that dropped most of the rollbacks it had previously sought as well as the across-the-board pay cuts the government had been demanding since the start of negotiations in 2020.

Mediation commenced on September 10, and Mediator Lyle Kanee issued a report containing his recommendations on December 22.

Also on December 22, the union bargaining committee recommended that members ratify agreement.

President Smith said that the time that “this agreement recognizes the hard work and sacrifices of Alberta’s RNs and RPNs throughout the pandemic. Our members and their colleagues have been holding Alberta’s health care system together, and it is a relief to have reached an agreement with the assistance of the government-appointed Mediator.”

The Mediator’s recommendations were presented formally to UNA members at a virtual Reporting Meeting on January 7, 2022. The delegates from affected locals at the Reporting Meeting overwhelmingly voted to recommend ratification of the Mediator’s report.

Reporting Meeting participants also urged the union to hold an online ratification vote for the first time in UNA’s history because of the concern about the impact on members and the health care system of the Omicron variant of the COVID-19 virus.

Negotiations for the next collective agreement will likely commence in late 2023. 

AHS drops consultation with front-line workers on single-site staffing policy

■ **DESPITE** large and growing outbreaks of Omicron variant COVID-19, in mid-January Chief Medical Officer of Health Deena Hinshaw indicated she intended to end Alberta's single-site staffing policy early without further consulting front-line unions.

Alberta health care unions were deeply involved in the implementation of the policy since early months of the pandemic. Talks on implementing the single-site order began in April 2020. Talks on how to eliminate the order began in July 2020 and concluded in November 2021.

But Hinshaw signalled she would proceed ahead of schedule and consult only with care facility operators, their commercial association, and Alberta Health Services staff.

The single-site order was rescinded on February 16. Staff are no longer restricted from working across multiple long-term-care or designated-supportive-living facilities.

In addition, as of the same date, Confirmed Outbreak Orders were rescinded. Staff are no longer restricted from working multiple LTC, DSL lodge, or hospice facilities when there is a confirmed outbreak.

Responding to a query by United Nurses of Alberta Labour Relations Director David Harrigan about the plan to move away from the single-site staffing policy, which was put in place to prevent the spread of COVID-19 between worksites by infected health care workers, Hinshaw pointed to the needs of facility operators.

"Operators are signaling the need to consider lifting all or some the restrictions potentially sooner than February 16, 2022, in order to access staff to fill gaps created by Omicron-related absences and enable the onsite re-orientation of staff that will be returning to their work site(s) after a near two year absence," Hinshaw wrote in an email addressed to Harrigan.

In her response, Hinshaw said an advisory team made up only of "continuing care association leads and operator representatives" plus AHS zone leads, human resources representatives, and other officials had been set up "to monitor the process of returning staff to their previous positions and report on any emerging challenges from the field."

Union representatives were not invited, and there was no indication Hinshaw was interested in continuing the consultative role unions like UNA had played from the start.

"It is very troubling that the chief medical officer of health apparently plans to cut out the front-line professionals who understand the infection-control needs of their workplaces," said UNA President Heather Smith at the time.

"Allowing workers at multiple sites may save money training new employees, but it brings with it the high risks of heightened illness and death rates among vulnerable people in care," she added.

Smith noted that the outbreak of Severe Acute Respiratory Syndrome in 2003 shows that allowing workers to move between worksites is a recipe for spreading infection.

Hinshaw expressed "confidence in the suite of many protective measures in place in continuing care facilities to lessen the introduction and transmission of COVID-19, above and beyond the single site staffing restriction." 🍷

"Allowing workers at multiple sites may save money training new employees, but it brings with it the high risks of heightened illness and death rates among vulnerable people in care."

-Heather Smith



Chief Medical Officer Dr. Deena Hinshaw, accompanied by Premier Jason Kenney, gives an update on COVID-19 in Alberta.

UNA to UCP: Fix the nursing shortage and strengthen public health care

■ **WHILE** acknowledging that the provincial budget released on February 25 did not reduce health care spending, United Nurses of Alberta raised concerns about how those dollars would be spent.

The union was particularly concerned about plans by Alberta's United Conservative Party government to subsidize private for-profit surgical companies.

"After two years on the front lines of the COVID-19 pandemic, Alberta's nurses are looking to the government to strengthen public health care and fix the staffing crisis that has impacted patient care in every region of Alberta," said UNA President Heather Smith.

UNA remains deeply concerned that the UCP government is using a significant amount of public funding to subsidize for-profit surgical companies through the "Alberta Surgical Initiative," rather than addressing the real issues facing the health care system, such as short-staffing.

"Instead of looking for ways to subsidize for-profit surgical companies, the government should focus on increasing the capacity of the existing fair and efficient public health care system," Smith said. "This is not 'the best possible value for our tax dollars.'"

Smith pointed to a similar private surgery program in Saskatchewan that has resulted


in longer wait times for patients and a high-profile for-profit surgical company in Calgary that went bankrupt a decade ago, leaving the public health care system to pick up the pieces.

"When there is a limited number of nurses and surgeons and you pull some from the public system, it doesn't improve access, it tends to increase wait times," Smith said. "Alberta should invest in public health care, rather than looking for ways to subsidize for-profit surgical companies."

"The public system can meet our needs if we invest in it," she said.

While Finance Minister Travis Toews recognized the remarkable contributions of Alberta's nurses during his Budget Speech, his words would be more meaningful if the budget included a plan to address the current staffing crisis and improve retention and recruitment of nurses in all regions of the province, Smith said.

Although Premier Jason Kenney had promised a historic investments in health care, the budget came with a planned 2.7 per cent increase in health spending compared to last year's allotment, or about \$600 million more.

The former NDP government increased health spending by three per cent per year during its last two fiscal years in office, which were 2017-18 and 2018-19. 

UNA MEMBERS AT REVERA RATIFY NEW AGREEMENT


■ **MEMBERS** of United Nurses of Alberta employed by Revera Long Term Care have voted to ratify a new collective agreement.

The new agreement covers UNA members represented by Locals 107 at Mount Royal Care Centre, 137 at Riverview/AgeCare Valleyview, 210 at Bow-Crest Care Centre, 235 at South Terrace Continuing Care

Centre, and 401 at Miller Crossing. The new agreement also applies to members at Jasper Place Care Centre, who are represented by the union but have not yet been organized into their own individual local.

Highlights of the new agreement, which was ratified through an electronic vote, include improved

provisions governing Professional Responsibility Concerns that allow the locals to access a third-party mediator, and an increase to professional fee reimbursement.

UNA locals continue negotiations with other long-term care operators, including Intercare Corporate Group Inc. and Chantelle Management Ltd. 

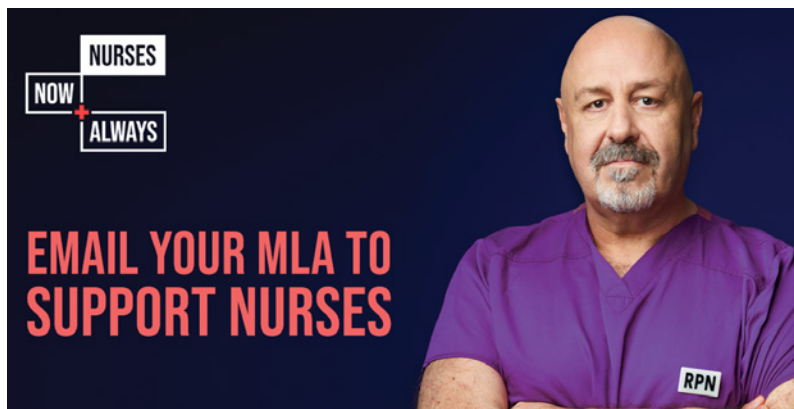
Nurses Now & Always campaign reaches tens of thousands of Albertans

■ **TENS** of thousands of Albertans have engaged with United Nurses of Alberta's Nurses Now & Always online advertising and digital organization campaign.

Through actions taken on social media and the neednurses.ca website, thousands of Albertans have phoned and emailed their MLAs and written letters to the editor of their local newspapers demanding the United Conservative Party government invest in public health care and fix the nurse staffing crisis.

More than 6,000 Albertans sent their messages of thanks to Alberta's nurses for their work on the front lines of the COVID-19 pandemic over the past two years.

While online advertising has been paused due to government restrictions on this type



of advertising during the Fort McMurray-Lac La Biche by-election, members can expect to see a new round of digital ads from UNA after the March 15 vote.

UNA members and members of the public can take action and join the email list at neednurses.ca. 🍷

With threats on the rise, employees have a right to protection

■ **WITH** threats of violence and intimidation against health care workers on the rise since the beginning of the COVID-19 pandemic, it's important for nurses to remember that employers are required to provide safe workplaces for their employees.

Employers must also educate all employees about how to report health and safety problems they experience or see developing, including the potential for workplace violence such as anti-vaccination protests and individual threats that target nurses.

Any UNA member that encounters any such threat or targeted action should immediately make an assessment of whether there is imminent danger putting them at risk of death or serious physical harm.

If there is imminent danger, immediately contact your local police department or RCMP.

If there is no imminent danger, call AHS Protective Services and make them aware of the threat or targeted action.

If one of these protests occurs outside your workplace, contact Protective Services immediately.

Members are being asked to contact Protective Services even when the local police or RCMP are called in order to ensure that the employer assesses and, where necessary, remains present if local police leave the scene.

UNA members employed by a non-AHS employer should contact the local police or RCMP and notify management and their employer's security services of any threats.

When a threat occurs, don't forget, you can ask for a safe walk to your vehicle. 🍷



Government moved quickly to end COVID-19-mitigation measures

■ **ALMOST** all COVID-19 mitigation measures have now been eliminated in Alberta.

Health care workers, teachers and many Albertans were disturbed and angered when Premier Jason Kenney appeared to cave in to outlaw truckers blockading the border and anti-vaccination MLAs in his own caucus and rapidly removed mandated COVID-19 protections in early February.

Kenney described the changes as a “return to normal” and “a careful and prudent plan to phase out public health measures.”

But most health care professionals reacted with shock at the apparent haste of the government, with many accusing the premier of pandering to his party's base in order shore up support in the United Conservative Party's leadership review scheduled to take place on April 9 in Red Deer.

“It's not evidence-based and it's irresponsible and reckless. We urge the government to take a more cautious approach regarding the safety protocols in schools.”

– Heather Smith

At a news conference on February 8, Kenney announced the government would immediately stop requiring restaurants and other businesses comply with the government's Restrictions Exemption Program (REP) and lift capacity limitations on most hospitality, sports and entertainment venues.

On March 1, almost all remaining pandemic mitigation measures were lifted under what the government described as a three-step plan.

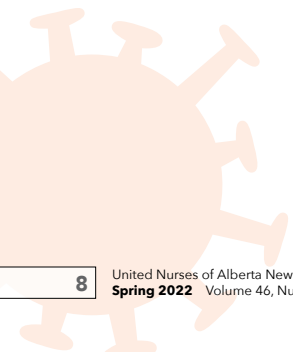
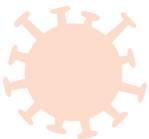
Only masking requirements on public transit and in some health care facilities remained in effect.

“It is way too premature,” UNA President Heather Smith said in media interviews. “It's not evidence-based and it's irresponsible and reckless. We urge the government to take a more cautious approach regarding the safety protocols in schools.”

Other representatives of front-line workers expressed similar concerns.

Kenney said the threat of COVID-19 to public health no longer outweighs the negative effects of health restrictions on society. “Now is the time to begin learning to live with COVID.”

News reports on March 1 said that a draft document obtained by Global News indicated Alberta Health Services would also drop the COVID-19 vaccination mandate for staff working in health care facilities. Physicians and public health experts said the move would unnecessarily endanger vulnerable patients' lives. 🍷



PUBLIC HEALTH CARE FOES USE COVID-19 AS EXCUSE TO PUSH PRIVATIZATION

■ **OPPONENTS** of public health care are moving quickly to frame Canadian provincial governments' inadequate responses to the pandemic as justification for more privatization.

Free editorial content provided to major media outlets by right-wing think tanks has been popping up, making the misleading case that privatization and so-called public-private partnerships (P3s) are solutions to the difficulties faced by understaffed Canadian hospitals and long-term-care facilities had responding to COVID-19.

Last spring, a group Canadian organizations associated with the decades-long campaign against public health care published a pamphlet about "life after COVID" that argued Canada needs to cut taxes, sell off public assets, cut public sector pay, dismantle the CBC, and a host of other right-wing panaceas so that we can afford to be prepared for the next pandemic.

The solutions they offered specifically for health care included "bringing in the entrepreneurs," "cutting red tape," extending private health care into new areas like blood-plasma collection, offering more telemedicine, and de-skilling the medical workforce – with dire predictions about what will happen if we fail to follow such market-fundamentalist prescriptions.

The flaws in these formulaic arguments are well understood.

In Alberta, Saskatchewan and Ontario, surgery backlogs caused by pandemic stresses on the health care system have

been used to justify expanding privatized surgical services.

Writing in the *Calgary Herald*, Red Deer emergency physician Thara Kumar and Toronto emergency doctor Danyaal Raza said legislation passed by the United Conservative Party in July 2020 "may go down as one of the biggest moves towards investor-driven, for-profit health care, in the history of medicare."

"Premier Kenney and Minister Shandro are resurrecting their agenda to corporatize Alberta's health care, hoping to avoid public scrutiny by burying the changes within a massive omnibus bill, and introducing it while people are distracted by the worst global pandemic in 100 years," the two board members of Canadians Doctors for Medicare said.

As the Canadian Health Coalition points out, private, for-profit medical clinics focus on making money for their shareholders.

To maximize profits, they only accept the healthiest and wealthiest patients, often refusing services to the elderly or those with chronic conditions. If patients get sick or complications arise, they are dumped on the public health care system so that private clinics don't lose money.

So while private health care takes medical staff and resources away from the public system, the majority of patients must face longer wait times for needed care.

The record shows that it costs less and gets better results for governments to borrow funds at the lower rates available to them to finance major public projects instead of relying on P3s for financing.

□ CONTINUED ON PAGE 11

AHS, Covenant Health, and major health care unions released updated PPE joint statement in late December

■ **UNITED** Nurses of Alberta, the Alberta Union of Provincial Employees, the Health Sciences Association of Alberta and employers Alberta Health Services and Covenant Health issued an important joint statement on the safe and effective use of personal protective equipment on December 23, 2021.

The joint statement, driven by the unions' and employers' collective response to the continuing COVID-19 pandemic, was intended to reflect the evolving evidence on COVID-19 transmission and to further simplify PPE guidance for health care workers in Alberta.

The updated document incorporates a number of perspectives, including the precautionary principle and evolving guidance from the World Health Organization.

The parties acknowledged that data and evidence have continued to accumulate as the COVID-19 pandemic unfolded, and jointly committed to reviewing and updating the revised position statement as necessary to reflect changes in relevant data.

The December 23 revision was specifically intended to provide early interim guidance as the Omicron variant of COVID-19 circulates in Canada.

The updated joint agreement sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

Throughout the COVID-19 pandemic, access to appropriate PPE has been a key factor in protecting the health and safety of health care workers by helping to prevent exposure to and transmission of COVID-19 as they provide high-quality care to Albertans.

All parties also committed to continuing to work together to address issues and solve problems as they arise. A copy of the joint statement is available on UNA's website, una.ca. 🇨🇦



<https://www.flickr.com/photos/mnmswan/>

Albertan and Canadian nurses have answered the call, all through the long pandemic

NATIONAL
NURSES
WEEK

#WeAnswerTheCall

■ This year, the Canadian Nurses Association has declared the theme of National Nurses Week to be #WeAnswerTheCall – which is an apt summation of how the members of United Nurses of Alberta have responded to the two pandemic years Canada’s nurses have just experienced.

Canadian nurses worked heroically through pandemic – in the face of a sometimes vicious reaction to public health measures by some politicians and members of the public.

The history of COVID-19 illustrates the courage and commitment of nurses and the vital role they play in our country’s communities.

Nurses Week falls every year in the week that includes May 12, the birthday of Florence Nightingale, the British nurse who rose to prominence during the Crimean War (1853-1856).

The image of “the Lady with the Lamp” tending to wounded soldiers became an icon of Victorian culture. She is credited with being the inventor of the modern nursing profession.

This year, the official observance of National Nurses Week will run from Monday, May 9, to Sunday, May 15.

“United Nurses of Alberta has traditionally used Nurses Week to celebrate the contribution to health care made by Alberta’s nurses and to thank them for the vital work they do every hour of every day for Albertans,” said President Heather Smith.

“This year we will do the same, with the added acknowledgement that nurses and their co-workers in health care have showed their courage and fortitude by going to work for their patients in the face of the most serious pandemic in a century.

“In good times and bad, Alberta’s nurses are at your side and on your side.” 🍷

Canadian nurses worked heroically through pandemic – in the face of a sometimes vicious reaction to public health measures.

□ CONTINUED FROM PAGE 9

In the short-term, P3s mean the government doesn’t have to pay the full cost of building new facilities. But in the long-run, they cost the public more money because we end up paying private companies to rent our own medical facilities.

And in the end, the public bears all the risks anyway. If health care P3s and privatized companies go broke, governments end up holding the bag – plus the costs of having to step in and ensure essential services continue to be offered.

In Australia, meanwhile, private hospitals that make their money doing profitable easy surgeries have exploited the pandemic to blackmail state governments by demanding extra money to keep their facilities open when they lost for-profit surgical work because of the need to provide beds for COVID-19 patients.

Last year, Australian state governments were signing “private hospital COVID-19 partnership agreements” with private health care companies at a cost of an estimated \$1.3 billion (Australian) “to ensure their viability, in return for maintenance and capacity” during the COVID-19 crisis, *The Conversation* reported.

Also in 2020, Healthe Care, Australia’s third-largest private hospital operator, threatened to close dozens of hospitals across the country and lay off thousands of health care workers unless the government forked over cash to replace their profits from elective surgery, *The Guardian* reported.

Other Australian private-hospital operators warned they would do the same thing. 🍷

UNA MOBILE APP

passes more than 20,000 downloads

■ **UNITED** Nurses of Alberta's mobile app has now passed an important milestone with more than 20,000 downloads.

The app gives UNA members access to useful features like an electronic membership card, and the Report-a-Concern section, where they can identify professional responsibility and occupational health and safety concerns, as well as ask questions about their collective agreements.

A push notifications feature gives updates on the status of expense claims, leaves of absence requests, and other related items.

The UNA App continues to provide instant access to all UNA collective agreements; Spotlights, which outline contract areas where members experience particular problems; resources, which include policies, procedures and guides; the latest news, updated automatically when the UNA website is updated; and secure entry for local executives to UNA's membership database.

Members can download the UNA app in the Apple App Store and Google Play. 📱



Criminal Code amended to target those who intimidate or interfere with health care workers

■ **AMENDMENTS** to the Criminal Code of Canada that came into effect in mid-January target individuals who use fear to impede health care workers in the performance of their duties or people seeking access to health care facilities.

The amendments make it an offence to engage in any conduct with the intent to provoke a state of fear in order to impede someone from obtaining health services, a health professional performing their duties, or anyone assisting a health professional providing that assistance.

A specific new offence prohibits intentional obstruction or interference with another

person's lawful access to a place at which health services are provided by a health professional, except where the person is attending at the place for the purpose only of obtaining or communicating information.

Persons found guilty of these offences could be liable to imprisonment for up to 10 years. Interference in the ability of health care workers and people assisting them to deliver health care service can also be considered aggravating factors to be considered in the sentencing of individuals charged with other offences. 📱

UNA AWARDS SCHOLARSHIPS to next generation of Alberta nurses

■ **UNITED** Nurses of Alberta is proud to have awarded its annual nursing scholarships of \$1,000 to nursing students from across Alberta, as well as a \$1,000 Canadian Federation of Nursing Unions Scholarship.

Applicants must be related to a UNA member or associate member, have completed an application, and written a short essay answering the question, “Why is the PRC process important to Alberta Nurses?”

THIS YEAR'S SCHOLARSHIP RECIPIENTS ARE:

A Emilia Bazar from MacEwan University, who was sponsored by Hannah Bazar from Local 301 (University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute)

B Jady Bunbury from the University of Alberta, who was sponsored by Renne Bunbury from Local 79 (Edmonton General Continuing Care Centre & Grey Nuns Community Hospital)

C Hayden Devoy from Lethbridge College, who was sponsored by Tenna Devoy from Local 120 (Lethbridge Health Centre)

D Tate Dunham from the University of Alberta, who was sponsored by Karen Dunham from Local 301 (University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute)

E Katie Gregus from Lethbridge College, who was sponsored by Kimberly Adams from Local 58 (Three Hills Health Care Centre)

F Isabella Hagen from Mount Royal University, who was sponsored by Andrea Hagen from Local 149 (Whitecourt Healthcare Centre/Whitecourt Community)

G Eron Muel from the University of Calgary, who was sponsored by Helen Muel from Local 115 (Foothills Medical Centre)

H Kailey Ness from the University of Alberta, who was sponsored by Gwen Schubert from Local 196 (Edmonton Community)

I Jason Riabko from Medicine Hat College, who was sponsored by Regan Kenny from Local 211 (Calgary Community)

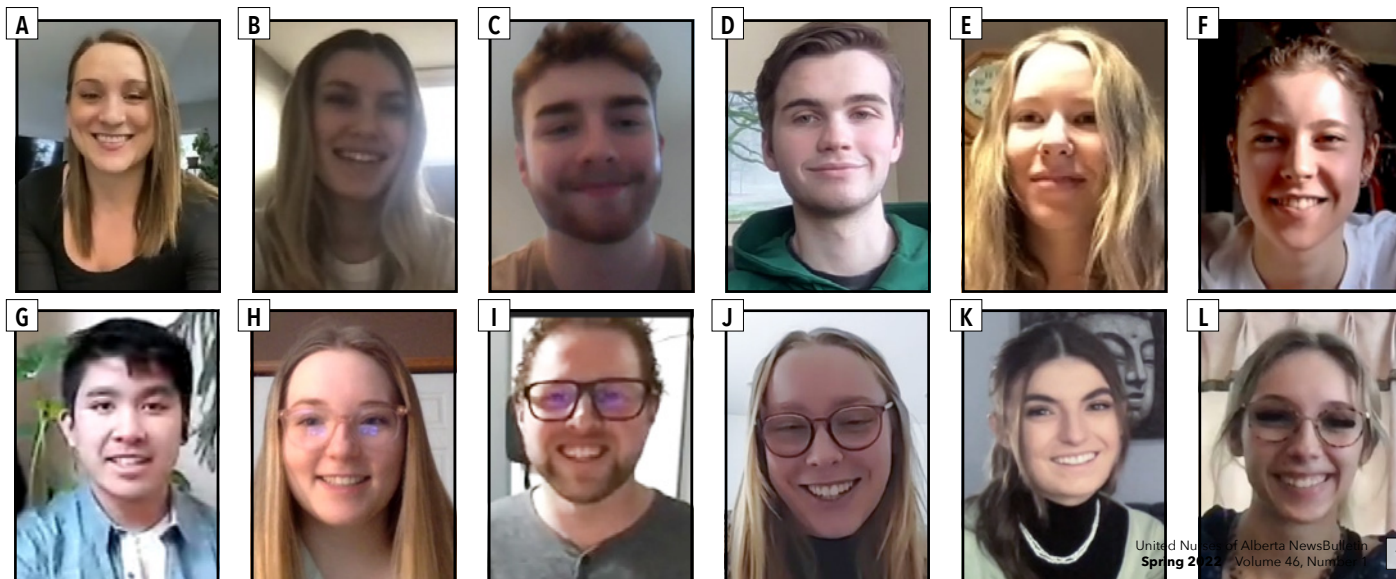
J Lanie Stafford from the University of Alberta, who was sponsored by Trudi Saby from UNA Local 43 (Olds Health Centre)

K Kate Takats from the University of Alberta, who was sponsored by Laurel Takats from Local 33 (Royal Alexandra Hospital)

L University of Alberta student **Natalya Shewchuk** was the recipient of the Canadian Federation of Nurses Unions Nursing Education Scholarship. Her scholarship application was sponsored by Yvana Shewchuk from Local 301 (University Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute). 🍷

APPLY FOR A UNA Scholarship

Applications for this year's UNA Nursing Education Scholarship will be accepted until **Oct. 15, 2022**.
Applications and additional information can be found at:
www.una.ca/memberresources/scholarships. 🍷



This year, you deserve to take some time for yourself

By Dewey Funk
UNA OHS Advisor



■ **EACH** April 28, we take time to reflect on those who have lost their lives or have been injured at work in the previous year.

Health care is the industry that is hidden from society. It is an industry that cares for people, not one that produces consumer goods for sale. It is a place where people go when they are sick or injured, with expectations they will receive quality care and compassion.

In Canada, health care is viewed as a basic human right.

Through the Professional Responsibility Concern (PRC) process in UNA's collective agreements, nurses are able to advocate for the rights of their patients to ensure the quality of care they receive meets their expectations.

Hidden behind the masks and face shields made necessary by the COVID-19 pandemic is the key component that holds the entire health care system together: *You ... Alberta's nurses.*

COVID ensured that hospitals were pushed to their limits. Imagine, we were actually on the verge of having to implement triage protocols! The army was called in to assist. Pandemic Response Units are now open to ensure public access to health care.

What was the cost? Not in dollars, but the human cost.

The human cost of the COVID pandemic lies behind the mandatory masks, eyewear, gowns and gloves. You can see the tired eyes of nurses as they endure chronic short-staffing, endless overtime shifts – receiving 37 robocalls to pick up a shift, and feeling guilty because they know their

co-workers are working short and they so desperately need a day off.

Nurses and other health care workers are contracting COVID from the Omicron variant of the virus in such numbers that governments across Canada recognized they must do something to protect the workforce.

But the “protection” measure they chose was to cut the mandatory isolation period from 10 days to five so nurses could return to work more quickly!

Yes, “protection” consisted of ordering nurses back to work. It was almost as if nurses were not allowed to get sick! How many nurses will needlessly suffer from long COVID as a result of this policy because they cared for the sick and injured? For how long?

The psychological impact on nurses is finally being recognized and talked about in public. I have spoken to nurses who went to their vehicles after their shift and wept. Then they went home and put on a happy face for their kids – while they continued to worry about the quality of patient care.

Some nurses who cared for the sick and injured are broken. They may never come back to work.

This year on April 28 I will go to the Monument to Alberta's Broken Families in Edmonton's Grant Notley Park and reflect on the sacrifices that you, the hidden framework that holds up Alberta's health care system, have made for us, the public, at your expense.

In 2022, take some time for yourself. You deserve it. You're an important person!

Dewey Funk 🍷

Some nurses who cared for the sick and injured are broken. They may never come back to work.



A brother's memory

By Lee Coughlan
Manager, Labour Relations

■ **LAST** year April 28 was a day like no other for my family. My brother, Ryan, passed away on April 1 after a fatal workplace accident on March 31. I have shared many memories of my brother since that fateful day. This is about how I experienced losing my brother to a workplace accident.

My brother and I had an arrangement. He fixed things and built things. Useful skills that came up often. I was responsible for human interactions – less common. Neither of us had a clue how to do what the other could.

Dealing with life insurance and WCB claims was a way for me to grieve. It likely made things more difficult for my brother's union but it was good for me. I want to thank his union, the International Association of Machinists and Aerospace Workers, Local 99, for its support and especially for giving me the space to work through my grief. I hope I would have been as respectful as they were if the roles were reversed. I also want to recognize the generous benefits, life and accident death plans they negotiated for their members. I'm glad my brother had a union to fight for his family before and after he passed. Our family cherished his co-workers' stories of Ryan at work. They made us smile.

UNA's leadership encouraged me to take more time to care for myself and not to rush me back to work. As a union activist I know this is not true of every workplace. For a time it was hard to think straight and emotions came in waves. I am proud to say that I continue to access psychological services; yet another benefit of working in a unionized workplace. The acute period of grief moved aside surprisingly quickly. It still wasn't easy. Just different. Eventually, the time off was less about an inability to do my job, and more about wanting to be available to my family. I took that time.



Lee Coughlan, foreground at left, and his brother, Ryan.

It is a privilege to have had that time. As a union activist I appreciate that it should not be a privilege. Every workplace should care for its employees.

Every level of the United Nurses of Alberta helped me through this tragedy. I was never prouder to represent RNs and RPNs. What you did under impossible conditions was heroic. To the staff I work with every day: you did everything and more to remind me of friendships that stretched beyond collegiality. It was a connection I needed. Thank you all for caring for my brother, my family and me in our darkest hour.

This April 28, at last, I will be taking a moment at the Monument of Broken Families in Grant Notley Park to acknowledge my brother and especially the family that remains. I leave you with the words I spoke to each of my nieces and nephews: *take care of yourself, and take care of each other.* In solidarity. 🍷

I'm glad my brother had a union to fight for his family before and after he passed.

LET'S TALK OPENLY ABOUT BURNOUT



By Linda Silas
President, Canadian
Federation of Nurses Unions

AFTER nearly two years of supporting Canadians on the front lines of a pandemic, it's no surprise that many health care workers across the country are struggling with burnout.

Even pre-pandemic, one in four nurses in Canada were screening positive for clinical burnout, according to a 2019 CFNU study on nurses' mental health.

In casual conversation, it's not uncommon for people to conflate burnout with exhaustion. Burnout, however, is a psychological response to chronic workplace stressors. There are three key dimensions of burnout: overwhelming exhaustion, feelings of cynicism and detachment from work, and a sense of ineffectiveness and lack of accomplishment.

Anyone paying attention can see the incredible strain the COVID-19 pandemic has put on Canada's already thinly stretched health care system and the workers who are holding it together. Not only are nurses on the front lines of the pandemic, but they shoulder the weight of keeping their patients, themselves and their families safe.

While working too much is one factor at play, burnout is ultimately a consequence of untenable working conditions. We know nurses' conditions were already challenging before the pandemic – COVID-19 just made a bad situation worse.

This pandemic has highlighted the deep cracks in our health care system that were created by years of chronic understaffing. Increased overtime, workplace violence, haphazard access to personal protective equipment, the inability to take time off – all have real consequences on nurses and their patients.

Exhaustion is only one of the ways burnout manifests. Nurses may find themselves feeling cynical about working during the pandemic, reacting sarcastically to others, or lacking motivation. In nurses, burnout can also lead to compassion fatigue: a deep emotional exhaustion that makes you feel detached from your work.

As people in a caring profession, these symptoms don't align with how we view ourselves. No one goes into nursing hoping to feel detached from their work and their patients. This dichotomy between our sense of identity and the eroding effects of burnout can be all the more distressing.

At CFNU, we are deeply committed to destigmatizing mental health conditions.

At CFNU, we are deeply committed to destigmatizing mental health conditions. It is even more important now, when we consider the innumerable traumas that we have all suffered over the last two years. Destigmatizing not only means talking openly about mental health issues, but also creating safe spaces in which to hold these conversations.

I know as well as anyone that nurses are tough as nails. On the flip side, it can be hard for us to admit when we need help. We need to change the culture; we need to accept that needing help isn't a sign of weakness, it's simply being human.

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WHEN KNOWLEDGE MEETS KNOW-HOW



A special ceremony was held at UNA's Provincial Office in Edmonton in November to present Local 80 member and long-time activist Marie Corns, above, with the UNA Bread & Roses award announced in October. At right, Second and First VPs Cameron Westhead and Danielle Larivee, Corns with her son Caleb Hoveland, Secretary Treasurer Karen Craik, and President Heather Smith.

CFNU vows to keep up pressure for NATIONAL PHARMACARE PROGRAM

■ **THE** Canadian Federation of Nurses Unions and numerous civil society organizations vow to keep up the pressure on the federal Liberals to fulfill their promises to introduce a universal pharmacare program by including it in the upcoming 2022 Federal Budget.

A December 7 letter from CFNU signed by various labour, health and advocacy organizations called on Prime Minister Justin Trudeau, the ministers of finance and health, and the president of the Treasury Board of Canada to introduce a national, universal single-payer, public pharmacare program as recommended by the government's own Advisory Council on the Implementation of National Pharmacare.

"It's time for the federal government to stop putting the profits of big pharma and insurance companies before the millions of Canadians who struggle to afford the drugs they need," said CFNU President Linda Silas.



"With our health care under unprecedented strain, there has never been a more pressing time to ensure everyone in Canada has access to prescription medications that can keep them out of our hospitals and living healthier lives," said Silas.

CFNU has advocated for universal, single-payer pharmacare for decades, citing extensive evidence that such a program will expand access to medicines, improve health outcomes, and save our prescription drug system billions of dollars.

"I urge Prime Minister Trudeau to put people's health before corporate mega-profits, or our economy and social fabric will continue to suffer – as the pandemic has made painfully clear," Silas concluded. 🍷

"It's time for the federal government to stop putting the profits of big pharma and insurance companies before the millions of Canadians who struggle to afford the drugs they need."

– CFNU President Linda Silas



PRC PROCESS HELPS resolve difficult situation at Wetaskiwin Hospital

| By UNA PRC Staff |

■ **INVESTIGATIONS** into serious adverse health events in many countries reveal that clinical health professionals who attempt to speak up about hazards and harm face negative consequences including being labelled a “trouble-maker;” marginalization, intimidation, bullying, discipline up to and including dismissal, and personal and mental health consequences.

In Alberta, despite the legal protection provided by the Professional Responsibility language in UNA’s collective agreements, nurses working in the Wetaskiwin Hospital endured a culture of intimidation and fear over a period of years.

In Alberta, despite the legal protection provided by the Professional Responsibility language in UNA’s collective agreements, nurses working in the Wetaskiwin Hospital endured a culture of intimidation and fear over a period of years.

Former Local President Randi Lynn Schmidt did her best to support colleagues as she heard from nurses, many of whom were making plans to leave. Many hesitated to report PRCs because they witnessed retaliation against those who did. PRC Committee meetings were often unpleasant as nurses who presented safety concerns faced implications they were inadequate.

Employer representatives responded with statements like, “well that’s just not going to happen,” preventing meaningful discussion of patient safety and staffing

concerns. At Step 2 of the PRC process, nurses were often discouraged from documenting patient safety concerns.

Many PRC best practices were also not followed. For example, management responses were not regularly provided to the committee and the PRC tracking sheet was not properly maintained, leading to confusion and disagreement about the status of unresolved PRCs.

While planning her own move to another province, Schmidt recruited other UNA members to learn about the PRC process and to take leadership roles in the Local.

With support from UNA’s PRC Advisor, Local PRC Committee members advocated for a joint union-management education session. This prompted changes in management behaviour and record keeping at the Committee

With the support of LRO Duane McEwan, more than 70 nurses documented what had happened to them personally and what they had witnessed over several months. These were presented to Senior Zone Management and a Trauma-Informed Investigation was conducted. The Senior Zone Officer met with those who had documented concerns and acknowledged management behaviour the nurses had described violated AHS values.

The employer agreed to address the following themes:

- Preferential treatment for friends in hiring practices
- Bullying, harassment and disrespectful comments during PRC meetings

□ CONTINUED ON PAGE 19

To this end, the CFNU has partnered with Wellness Together Canada and other organizations to offer different mental health programs developed with health care workers in mind. It's our hope that these programs can offer health care workers a safe space to open up – to engage with these difficult issues alongside a supportive community of peers.

Additionally, Wellness Together Canada, the Canadian Psychological Association and Kids Help Phone have all stepped up during the pandemic to offer psychological support to health care workers.

Meanwhile, CFNU is fighting for better, healthier and more humane working

conditions. Addressing the root causes of the nursing shortage will go a long way toward achieving sustainable workloads and strengthening safe patient care.

Our work is to care for others – to bring patients back to wellness; this shouldn't come at the expense of our own health.

If you need help, please reach out! 🍷

For more information on mental health resources available to health care workers, please visit: nursesunions.ca/covid19selfcare

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- Adherence to the precautionary principle in PPE use
- Examination of staff transfers and turnover rates
- Staff involvement in decision making
- Improved orientation practices for new employees

Over the past several months, a clearer picture of unresolved PRC issues has emerged.

New Local President Heather Murray wrote to members encouraging them to keep documenting PRC concerns and workplace issues. “You have made a difference in your statements,” she told them. “We still have a chance to create a better environment for those still taking care of our community members.”

This story is not over. Some patient safety issues at the site may need to be escalated and significant improvements in the workplace culture are still needed.

But with support from UNA staff and by working together, nurses at Wetaskiwin have learned that fear can be replaced by confidence as they continue to advocate for patient safety and their right to a respectful and safe workplace. 🍷

UNA WORKSHOP OFFERINGS

UNA is pleased to offer a number of educational workshops for members and leaders. These workshops provide a wealth of information, a space for discussion, and activity-based learning. For many of these workshops, provincial funding is available for eligible participants.

For workshop descriptions and funding information, please visit una.ca/memberresources/education.

For an up-to-date workshop schedule, go to “Events” in DMS or view the events calendar at una.ca/events.

REGISTER ONLINE:

Using their UNAnet login, UNA members can register online in UNA's Data Management System (DMS) under “Events.”

PLEASE CONTACT EVENTS@UNA.CA

with any questions related to workshops or registration. 🍷

FOR ALL UNA MEMBERS:

- ▶ Boundaries & Self Care
- ▶ Know Your Rights

FOR UNIT/OFFICE REPRESENTATIVES:

- ▶ Engagement & Support
- ▶ Taking Action

FOR LOCAL EXECUTIVES:

- ▶ Working with Members in Distress
- ▶ How to Run a Local: Administration
- ▶ How to Run a Local: Finance
- ▶ How to Run a Local: Labour Relations

Prolonged wait times in Red Deer are 'normal,' AHS claims

■ **PROLONGED** wait times experienced in the Red Deer Regional Hospital Emergency Department are normal according to Alberta Health Services.

But nurses who work in the facility say the waits are being made worse by long-term, chronic understaffing.

The situation had already attracted critical coverage in local news media when the death of a patient on January 23 resulted in provincial and national news coverage of waits up to 14 hours in the Central Alberta city's hospital Emergency Department.

Still, when first approached by a local newspaper, an Alberta Health Services spokesperson said the situation is "not unusual as estimated wait times at emergency change frequently," depending on the level of care required by the mix of patients.

The spokesperson pointed to an unusual number of trauma cases as the key factor in the long waits.

But nurses working in the department said that after remedying staff shortages in the Red Deer ED by using Professional Responsibility Concern process in UNA's collective agreement with AHS four years ago, a series of "operational best practices" initiatives in the past two years have

reduced department staff roughly back to where it was when they first started filing PRCs in 2015.

"There is nothing normal about this situation, and there is nothing normal about our Emergency Department's staffing levels now," said UNA Local 2 President Susan Beatson. "The problem is long-standing and particularly severe on the night shift."

Between September 2020 and June 2021, she said, nurses in the Emergency Department worked more than 10,000 hours of overtime and casual nurses worked more than 5,000 hours, Beatson said. There were vacancies in the department equivalent to more than 20 full-time equivalent positions in June 2020.

But where in the past AHS has blamed nurse vacations for short staffing in the department, now managers are pointing to unexpected numbers of trauma cases.

"The issue is understaffing," Beatson stated.

She noted that Local 2 members have again been filing PRCs about specific concerns as they arise. Staff nurses in the department filed 18 PRCs between January 1 and January 23, she said. 🍷



Red Deer Regional
Hospital Centre

Health minister announces advisory committee, plan to reduce ambulance response times

■ **WITH** EMS “red alerts” spiking in Alberta and both Calgary and Edmonton running out of ambulances to respond to emergencies roughly every 90 minutes, Health Minister Jason Copping has announced an advisory committee to figure out how to improve ambulance services in Alberta.

The announcement also included a 10-point plan “to quickly add capacity to EMS.”

Copping scheduled the announcement on January 24, the same day the Opposition NDP published the results of Freedom of Information request that Calgary and Edmonton saw 2,276 EMS red alerts between August 1 and December 6, 2021, an average of more than 17 per day.

This was a significant increase over nine red alerts recorded daily on average in Calgary in 2020.

Red alerts are the code used by Alberta Health Services to describe times when there are no ambulances available to respond to emergency calls.

Half the points in the 10-point plan are policy changes that had already been enacted. Others included allowing ambulances to be pre-empted from assignments and not using fully equipped ambulances to transfer patients between facilities.

Copping pointed to Omicron COVID-19 cases and a holdup of ambulance parts by global supply chain issues as reasons behind the 30-per-cent increase in EMS calls.”

In addition to the impact of the pandemic, NDP Opposition Health Critic David Shepherd said the UCP government’s changes to ambulance dispatch services and its “consistent attacks on front-line health care, including their war with



doctors and health care professionals” have also contributed.

Mike Parker, president of the Health Sciences Association of Alberta, the union representing paramedics, said he was cautiously optimistic about the announcement, but warned that there is nothing in it that will immediately reduce response times. 🇨🇦

UNA congratulates Nurse Practitioners’ new union

■ **UNITED** Nurses of Alberta congratulated the Alberta Union of Nurse Practitioners on its successful application in December to the Alberta Labour Relations Board to represent NPs employed by Alberta Health Services and Covenant Health.

The new union is now the certified bargaining agent for NPs employed by the two largest Alberta health care employers.

In November 2019, the Alberta Labour Relations Board ruled that portions of the Labour Code preventing NPs from being represented by a union violated the right to freedom of association guaranteed in the Canadian Charter of Rights and Freedoms.

“UNA looks forward to working in solidarity with our newly unionized Nurse Practitioner coworkers to advocate for nurses and the nursing profession,” said UNA President Heather Smith. 🇨🇦

First faculty strike in Alberta history ends successfully for Concordia teachers, librarians lab instructors

■ **STUDENTS** at Concordia University of Edmonton returned to class on January 19 after faculty members overwhelmingly ratified a new collective agreement to end an 11-day strike.

The 82 professors, lab instructors and librarians at the small private university in Edmonton walked off the job after mediation between the administration and the Concordia University of Edmonton Faculty

increases, as well as improvements in contract language about job security, intellectual property, job descriptions, working conditions and workload.

Salaries will rise between 4.4 and 6.85 over the next four years, achieved through accelerated advancement on the grid, with the largest increases benefiting the lowest paid positions.

“We still have a bigger workload than many of the big universities, but at least it’s more manageable,” she told an Edmonton TV station. “It’s a step on the way to making it comparable to other research universities as our administration has made it very clear they want to become a research institution.”

She thanked members of other unions – including United Nurses of Alberta – for their support. Many UNA members walked with the Concordia faculty members on the picket line.

“On behalf of all CUEFA members, we would like to thank you for joining us on the picket line,” Price wrote in a thank-you note to UNA and its members. “Your actions highlighted the importance of supportive work environments and negotiating a fair and equitable collective agreement for all members of our sector. So many people came, from near and far, and we are grateful for the time you took to, literally, show up for your colleagues.

“Your attention and support helped uplift our spirits every step of the way.”

As this edition of UNA News Bulletin went to press, faculty at the University of Lethbridge were on strike and formal mediation between academic staff and the administration at the University of Alberta had commenced. 🍷



UNA First Vice-President Danielle Larivee (right) joined Local 120 President Margie Emes (left) and Vice President Ali Vickery (centre) on the picket line in support of striking University of Lethbridge Faculty Association members on February 16, 2022

Association (CUEFA) ended without a mediator’s recommendation in December.

The strike delayed the start of semester for the school’s approximately 2,500 students.

CUEFA President Glynis Price called the agreement a victory, noting that the new collective agreement includes salary

UNA members experience issues with off-planner vacation requests, shift coverage responsibilities, and transfers

- **UNA** members have recently experienced issues ensuring their contractual rights are honoured under UNA's Provincial Collective Agreements. Here are three examples where, if you experience difficulties, you should contact your UNA Local Executive or Labour Relations Officer at 1-800-252-9394.

Off-planner vacation requests

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

Each request submitted by an Employee must be assessed on a case-by-case basis. So if your manager says they are not

approving any "off planner" or "ad hoc" requests, they are not assessing each request. 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.

Employees are not responsible for coverage once a shift exchange is approved

According to Article 7.05, employees are permitted to exchange shifts with one another. If two Employees agree to exchange shifts, then they can submit their request to their immediate supervisor in writing and the supervisor must indicate approval or disapproval in writing. "Pending" is not a valid response.

Once the immediate supervisor approves a shift exchange, the respective Employees are no longer responsible for their pre-exchange shifts. It has no impact on the shift exchange, if someone transfers to another position, is absent due to illness or is otherwise unable to work that shift for any reason.

28-Day notice period doesn't 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.* The requirement to provide 28 days' notice set out in Article 23.10 does not apply to a transfer because the Employee did not resign.

If your current manager tells you that you cannot leave your current position for 28 days, we suggest you first 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 you are unable to mutually agree to amend the commencement date, contact your local executive or LRO. 📞



Report from
Director of Labour Relations
David Harrigan

ON APRIL 28 ...

The National Day of Mourning for workers who have lost their lives or suffered illness or injury on the job or as a result of their job ...

ALBERTA'S NURSES REMEMBER ...

workers who have died, been injured, or made ill from their job.

NURSES ARE COMMITTED ...

to doing whatever we can to protect workers and prevent further workplace tragedies.

Fighting for the care of our patients – and for the things that ensure all Albertans are protected from harm – are a core part of our mission as professional nurses, unionists, and members of Canadian society.



APRIL 28
DAY OF MOURNING



United Nurses of Alberta

Representing more than 30,000 Registered Nurses, Registered Psychiatric Nurses and allied health care workers.