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Front-line nurses, heroes of the pandemic, face layoffs, effort by government and employers to gut their collective agreement

■ **AS** we make our way from Thanksgiving to seasonal festivities, it is clear COVID-19 will continue to overshadow and limit how we celebrate with family and friends. As I write this message, Alberta is in the grip of a second wave of the pandemic with record positive cases and outbreaks in both acute and long-term care facilities.

At the same time, health care workers are under tremendous pressure. Locals across the province are reporting moral and psychological distress. Unfilled vacancies, mandatory overtime and unsafe patient care environments result daily from short staffing.

Add to this the government's intention to contract out the work of thousands of our colleagues represented by AUPE and HSAA, as well as the knowledge that Alberta Health Services plans to eliminate many Registered Nurse and Registered Psychiatric Nurse jobs after the end of the COVID-19 pandemic, and the needless stress on our health care system and its front-line workers increases even more.

The Kenney government is intent on privatizing large segments of health care despite international evidence that it is the wrong course to take.

People refer to nurses as heroes, but both AHS and Covenant Health propose to roll back more than 250 elements of our Provincial Collective Agreement.

We have asked the employers to return to the bargaining table, but thus far they have only proposed two days of talks in each of December and January, certainly not enough to deal with the magnitude of changes they have tabled.

Some of the changes would erode or remove provisions Alberta's nurses have had for decades. As one member has remarked, "One day we are heroes, the next day we are zero!"

We will issue updates after each bargaining session. Your feedback to your Local Executive is imperative as we strive to achieve a new Collective Agreement.

Even as we undertake Constitutional challenges to Bill 32, the deceptively named *Restoring Balance in Alberta's Workplaces Act*, we expect more anti-worker legislation from the government later this fall. This will include gutting Occupational Health and Safety law in the name of fighting "red tape" and business efficiency. UNA and other unions involved in the Local Authorities Pension Plan are also pursuing legal action against Bill 22, which stripped away fundamental elements of our governance over the pension plan.

On a brighter note, this edition of UNA NewsBulletin covers the very first UNA Bread & Roses Award, which recognizes the career-long commitment and achievements of activist Karen Kuprys. I know you will join me in congratulating Karen for this honour.

My traditional closing message to you is more important than ever this festive season, indeed, it is imperative:

Stay well, stay safe, and stay strong!

In Solidarity,

Heather Smith

President, United Nurses of Alberta

AHS proposes MORE THAN 250 ROLLBACKS in negotiations for new collective agreement

Changes would gut the collective agreement, labour relations director says



Members of UNA's Negotiating Committee, Executive Officers and Communication Advisors meet on Zoom.

In the face of continuing efforts by Alberta Health Services and the provincial government to postpone bargaining, negotiations for a new collective agreement between United Nurses of Alberta and Alberta Health Services and other major employers resumed this month.

As things stand, every one of the more than 250 proposals by the employer bargaining team amounts to a rollback, many of them significant, said UNA Labour Relations Director David Harrigan.

“Taken together, the large number of takeaways proposed by the employer add up to gutting the collective agreement,” stated Harrigan, who leads the union bargaining team.

Members are going to have to take a stand to ensure that this does not happen, he warned.

Changes proposed by the employer include elimination of designated days of rest for part time employees, allowing the employer to require part-time work up to full time without paying overtime,

and the elimination of the requirement to have a Registered Nurse or Registered Psychiatric Nurse in charge.

The employer is also seeking a wage freeze throughout the four years of the agreement it proposes. UNA has proposed a two-year agreement.

Bargaining resumed at UNA's insistence after a series of temporary agreements to postpone negotiations during the COVID-19 pandemic in which all parties agreed to allow the letter of understanding ensuring there will be no layoffs for the term of the collective agreement to remain in force.

UNA gave notice to resume bargaining in October, but when the Alberta Government pressed the parties for another postponement it refused to allow the letter of understanding to continue.

“Under those circumstances, UNA could not agree to the delay in bargaining sought by the government, and we gave notice under the law of our intention to bargain,” Harrigan said.

“Every one of the more than 250 proposals by the employer bargaining team amounts to a rollback, many of them significant.”

-David Harrigan

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“While bargaining has resumed with two days scheduled in each of December and January, we believe the AHS offer of extremely limited bargaining dates is an effort to achieve the government’s delay by other means,” Harrigan noted.

A full list of all employer and UNA proposals is available on the UNA website, www.una.ca

The list of major rollbacks sought by the employer group – which also includes Covenant Health, the Lamont Health Care Centre and the Bethany Group (Camrose) – includes:

- A wage freeze throughout four-year agreement
- Elimination of annual lump-sum payments
- Elimination of designated days of rest for part-time employees
- Elimination of education allowances for Baccalaureate, Masters and Doctoral degrees
- Deletion of the requirement for an RN or RPN in change
- Reduction of overtime to 1.5X for the first four hours; from 2.5X to 2X for named holidays
- Overtime bank capped at 38.75 hours
- Ability for the employer to require part-time work, even up to full-time hours, without paying overtime
- Elimination of monthly car allowance for employees required to have a vehicle
- Termination of casuals who do not work for three months without a prior arrangement with management
- Ending recall rights 12 months from the date of layoff
- Deletion of Christmas and August holidays as “superstats”
- Reduction of evening premiums from \$2.75 per hour to \$2.11 per hour
- Evening premium pay to start at 1900 hours instead of 1500 hours
- Reduction of night premium pay from \$5 per hour to \$3.10 per hour
- Reduction of the weekend time period from 64 hours to 48 hours
- Reduction of recall rights to termination after 12 months without a recall to a regular position 🍷

UNA provides conditions needed for agreement with finance minister’s request for suspension of bargaining with AHS

■ **ON** Friday, November 13, UNA provided Alberta Health Services with the conditions necessary for its Bargaining Committee to agree to the suspension of negotiations sought by Finance Minister Travis Toews in a letter to the union sent the previous day.

UNA’s response, sent to AHS Lead Negotiator Raelene Fitz by UNA Labour Relations Director David Harrigan, said Minister Toews’s proposal that the parties suspend bargaining and extend the letter

of understanding stating there will be no reduction in FTE hours worked by nurses until March 31, 2021, would be acceptable provided that:

- No employee suffers loss of pay or sick leave accumulation as a result of COVID-19-related absences, retroactive to July 6, 2020
- Employers agree to discontinue their attendance awareness programs for the duration of the pandemic

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UNA URGES AHS CEO TO PROTECT CLIENTS BY DROPPING PLAN TO CONTRACT OUT HOME CARE

IN light of notice from Alberta Health Services it intends to contract out home care services, UNA wrote the province-wide health authority's president and CEO, Verna Yiu, calling on AHS to immediately stop plans for further privatization of these services.

The August 28 letter to Dr. Yiu also urged AHS to move toward a publicly delivered model for all nursing, palliative, and pediatric home care services.

Citing a survey earlier this year of Professional Responsibility Concerns raised by UNA members, the letter from UNA President Heather Smith noted numerous examples of problems with existing private contractors including poor communications, missed visits, lack of follow-up, short time allotments, lack of adherence to care plans, and lack of professional competence.

Nurses represented by UNA, who promise Albertans that they are on their side and at their side, are concerned about their clients and the negative outcomes this policy is bound to have on their health.

“Since its inception, AHS has highlighted the efficiencies that have been realized, from both a cost and quality perspective, by publicly administering programs through a single province-wide health system,” Smith wrote. “UNA strongly encourages AHS to apply this same logic to the provision of home care services in Alberta.”

Moving away from private contracting, she said, will “eliminate the cost associated with tendering contracts as well as maintaining oversight and accountability of multiple private providers,” improving the quality and safety of care for home-care clients. 🍷



Verna Yiu

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- Employers agree to distribute information regarding the Employee Family Assistance Plans and other mental health supports that they provide
- Employers agree to compensate employees for absences arising from COVID-related family obligations, retroactive to July 6, 2020
- Employers immediately suspend “vacancy management” and “OBP” programs (these are programs that exist to prevent the posting of vacancies) in order assist with the staffing crisis
- Employers immediately suspend introduction of “Connect Care” (a new electronic charting system) so that health care professionals can focus on providing Albertans with the health care they deserve, rather than on introduction of new charting procedures

UNA rejected a call by the minister for introduction of a new joint employer-employee committee to deal with challenges facing nurses who are self-isolating, PPE, and the “impact of low attendance resulting from self-isolating employees,” on the grounds that if the employer doesn’t have time to bargain the contract, as it claims, it can hardly have time to bargain the issues before the new committee.

In his letter, Harrigan noted that UNA had previously offered to extend the pause on bargaining if AHS would agree to extend the letter of understanding on no reductions in FTE and that this was rejected by the employer.

UNA is awaiting AHS’s reply, Harrigan said at press time for UNA NewsBulletin. 🍷

For updates, keep your eye on UNA’s website, www.una.ca.

HUNDREDS JOIN EARLY MORNING NOVEMBER RALLIES AT CALGARY AND EDMONTON HOSPITALS

UNA President Heather Smith speaks at the rally in front of Edmonton's Royal Alexandra Hospital.



■ **I**N the early hours of November 5, before the sun was up, hundreds of Albertans rallied in front of hospitals in a show of support for the province's beleaguered health care workers.

Members of United Nurses of Alberta, the Health Sciences Association of Alberta, the Alberta Union of Provincial Employees, and the Canadian Union of Public Employees, as well as others affiliated with the Alberta Federation of Labour, took part in the public protests in front of the Foothills Medical Centre in Calgary and the Royal Alexandra Hospital in Edmonton.

UNA Second Vice-President Cameron Westhead was at the Foothills

demonstration, where he told participants that nurses are being pushed to the limit.

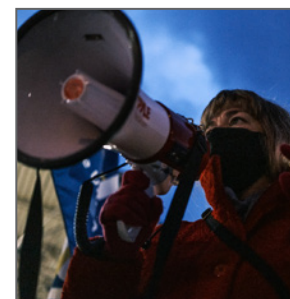
"We've been short staffed even before the pandemic so things are even worse now," he said. "We've got hospitals filling up with COVID patients and staff are being forced to self-isolate because they've been exposed and so nurses are working overtime.

"Morale has never been lower and nurses are feeling like they've been disrespected by this government," Westhead said.

In Edmonton, AFL President Gil McGowan said that "at the end of the day, people do have to stand up. More and more people are recognizing that fact.



UNA Members participate in rallies.



“We’re organizing these events to basically show our support, our solidarity and also to thank these workers for the work they do every day,” McGowan said.

Hundreds of AUPE members staged wildcat strikes on October 26 to protest the Alberta government’s plan to cut 11,000 front-line health-care support workers’ jobs at Alberta Health Services. The workers returned to work after the Alberta Labour Relations Board declared the strikes illegal.

“AUPE members won support from across Alberta for their heroic stand, and proved once and for all that health-care staff is more than doctors and nurses,”

the union said in a statement late on October 26.

General support health-care workers, Licensed Practical Nurses and health-care aides across Alberta took part in the wildcat strike to call on the government to hire more staff and reverse the decision announced earlier in the month by Health Minister Tyler Shandro to cut 11,000 jobs, including laundry services and lab work, mostly through outsourcing to third-party for-profit corporations.

The November 5 protests were also associated with the “Stand-Up to Jason Kenney” campaign launched the previous week by the AFL. 🍷

See "Stand up to Jason Kenney" story on page 18.

Ottawa announces temporary changes to EI program sickness benefits



Photo: © Can Stock Photo / fizkes

This information is found at
www.canada.ca/en/services/benefits/ei/ei-sickness.html

■ **THE** federal government announced temporary changes to the Employment Insurance program on September 27 that will help applicants access EI sickness benefits during the COVID-19 pandemic.

The changes, which will be in effect for one year, are intended to make it easier to apply for and receive sickness benefits during the pandemic

The changes, which will be in effect for one year, are intended to make it easier to apply for and receive sickness benefits during the pandemic.

Under the new rules, applicants will require only 120 insured hours to qualify for benefits because they will receive a one-time credit of 480 insured hours to help meet the 600 insured hours of work normally required to receive EI sickness benefits.

In addition, recipients of EI sickness benefits will receive at least \$500 per week before taxes, but may receive more.


The 52-week period to accumulate insured hours will be extended for applicants who received the Canadian Emergency Response Benefit.

The federal government's EI sickness benefits web page says the benefits can provide you with up to 15 weeks of financial assistance if EI recipients cannot work for medical reasons. Recipients can receive 55 per cent of their earnings up to a maximum of \$573 a week.

Recipients must get a medical certificate to show they are unable to work for medical reasons, which include illness, injury, quarantine or any medical condition that prevents them from working.

EI recipients whose employers provide their own paid sick leave or short-term disability plan should check with their employer to find out if they have a plan in place before they apply for EI sickness benefits.

Recipients with expected long-term or permanent medical conditions may be eligible for disability benefits under the Canada Pension Plan. EI recipients who experience health complications during pregnancy may be eligible for sickness benefits or maternity benefits, the site says. Applicants must meet the conditions for each benefit.

UNA members unable to access medical benefits because their sick-time bank has been drained or who do not have a sick-time bank because they are casuals may be able to access EI benefits. 

NURSES SHOULD NOT BE PENALIZED for self-isolating due to COVID-19 outbreaks

■ **UNA** called on Alberta Health Services on September 24 to increase supports for Registered Nurses and Registered Psychiatric Nurses forced to self-isolate due to COVID-19 outbreaks in the workplace.

"Even during a normal flu season it is irresponsible to create an environment where employees feel obliged to report to work; during a pandemic the effects are exponential."

- David Harrigan

In a letter sent to AHS CEO Dr. Verna Yiu, UNA Director of Labour Relations David Harrigan called on AHS to ensure employees who are required to self-isolate due to COVID-19 outbreaks suffer no loss as a result of isolation.

Harrigan suggested this could be accomplished by either assigning work that can be completed while in isolation or reinstating special paid leave. The special paid leave was implemented at the beginning of the COVID-19 pandemic and was cancelled by AHS on July 6, 2020.


"Nurses who are required to self-isolate because of outbreaks in hospitals and long-term care centres are being forced to use sick leave days or take a financial

hit," said Harrigan. "Regular employees are running through their sick leave banks and casual nurses don't have access to sick leave, so they are losing income."

Recent COVID-19 outbreaks at Foothills Medical Centre in Calgary, Misericordia Community Hospital in Edmonton and other facilities across the province demonstrate the strain placed on health workers by the spread of COVID-19, he said. "Nurses are on the front lines of the COVID-19 pandemic every day and are feeling extremely misused and disrespected."

Along with AHS's renewed focus on "attendance awareness" and "vacancy management" programs, UNA is concerned nurses will be pressured to report to work even if they are feeling ill during the pandemic.

The "vacancy management" program has resulted in many nurse position vacancies not being posted or filled, and staff being required to work additional shifts, overtime and work short staffed.

"Even during a normal flu season it is irresponsible to create an environment where employees feel obliged to report to work; during a pandemic the effects are exponential," Harrigan explained. "For those who are already struggling financially this is a further disincentive to remain at home in the face of mild symptoms." 

UNA calls on province to guarantee compensation benefits for health workers who contract COVID-19

■ **UNITED** Nurses of Alberta President Heather Smith is calling on the Alberta government to introduce legislation guaranteeing fast access to workers' compensation benefits for health care workers who contract COVID-19.

In a letter sent to Premier Jason Kenney on July 27, Smith stressed the importance of presumptive legislation that would allow front-line health care workers access to compensation without having to prove their illness was contracted in their workplace.

“Through the nature of their work – treating COVID-19 patients or being exposed to an environment with individuals testing positive for COVID-19 – it should come as little surprise that health care workers have been disproportionately infected with the virus across the country,” wrote Smith.

Health care workers face higher risks of potential COVID-19 infections and data

from the U.S. and the U.K. has shown that front-line health care workers have nearly 12 times higher risk of testing positive for COVID-19 than individuals from the general population.

More than one in five cases of COVID-19 in Canada is a health care worker, amounting to 20,891 cases as of July 16, 2020.

“Nurses and other health care workers who contract the virus should focus their limited energies on resting up, so that they can get back to providing care for others,” wrote Smith. “I am calling on you to show your gratitude for this province’s health care workers and provide presumptive coverage for them when they contract COVID-19.”

“These workers should not be forced to wait for – or even be denied – access to workers’ compensation benefits after falling ill with this virus,” concluded Smith. 🇨🇦

UNA's non-medical face masks make a statement of support for our union.



Lack of nurses stresses Red Deer hospital staff

■ **NURSES** at Red Deer’s hospital are burning out as activity gets back to normal, more patients seek treatment and the COVID-19 pandemic continues, the local newspaper reported in late September.

Sue Beatson, president of Local 2 of the United Nurses of Alberta, told the Red Deer Advocate that pre-COVID problems experienced in the Central Alberta city of jobs going unfilled, or not filled on a permanent basis, had returned.

Nurses at the Red Deer Regional Hospital Centre were very worried about patient care and nurse safety, Beatson said.

“We’re seeing many vacant positions filled by current nurses, whether it’s overtime, or picking up additional shifts,” she said. “The nurses are tired. It affects their work-life balance. It affects their mental health. It affects their injury and sick rates,” she added.

She said Alberta Health Services was well prepared and did a good job handling the pandemic in its initial months, when the hospital’s patient load was way down because people were not seeking care.

The union is meeting with senior administrators, and hopefully, a resolution can be found for the current staff shortage. “Due to the lack of permanent positions, we’re seeing new nurses going to where they can get permanent positions,” Beatson said.

AHS told the local newspaper it is aware of the concerns and is trying to address staffing issues at the hospital.



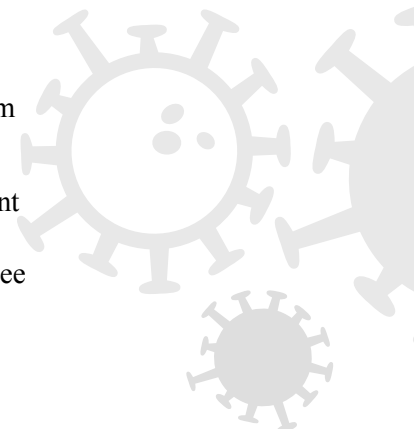
“Recruitment efforts are ongoing to help maintain and stabilize staffing levels. We are working to fill full- and part-time vacancies and our teams are moving through the hiring process as quickly as possible, especially in critical areas,” AHS said in an email statement.

UNA Labour Relations Director David Harrigan said Red Deer hospital, particularly the Emergency Department, has long been reluctant to post job vacancies.

“It doesn’t really make sense. In the short term, I can see they think it saves money. But in the long term, paying people overtime, rather than paying people straight time, does not save you money,” Harrigan said.

“One would think during a pandemic, you’d do everything you could to try and keep your staff, and keep them from being over stressed.”

Late last year, the provincial government announced plans to eliminate 500 full-time nursing positions over the next three years. It’s estimated about 750 nurses will lose their jobs as a result. 🍷





CANADIAN
FEDERATION
OF NURSES
UNIONS

By Ben René
Canadian Federation
of Nurses Unions

OVERWORKED, UNDERSTAFFED AND UNSUPPORTED: nurses' working conditions are becoming untenable

■ **OVERWORKED**, understaffed and unsupported: these are the conditions under which nurses have been labouring for years.

Now, with a global pandemic placing increased psychological pressures on nurses, these untenable working conditions have nurses unions and academics worried about the potential impacts on nurses' mental health.

This summer, the Canadian Federation of Nurses Unions published a report shining a light on alarming levels of mental health disorder symptoms among nurses. The study, conducted by University of Regina researchers Andrea Stelnicki PhD and Nicholas Carleton PhD, revealed high levels of PTSD, anxiety, major depressive disorder, clinical burnout and panic disorder symptoms.

Most notably, one in three nurses (36.4 per cent) screened positive for major depressive disorder. More than one in four screened positive for generalized anxiety disorder (26.1 per cent) and clinical burnout (29.3 per cent). Positive screens for PTSD and panic disorder were also notably high, at 23 per cent and 20.3 per cent respectively.

The data was collected in 2019, before the COVID-19 pandemic.

"I can only imagine what the results would be if we conducted the same study this week," said CFNU President Linda Silas. "The data shows that nurses were struggling pre-pandemic; now, nurses aren't just overworked and coping with a tremendous amount of stress, they also have to worry about their access to PPE, their risk of contracting the virus and the risk of passing it on to their families."

"We're talking about significant psychological pressures."

Since the report's publication, the CFNU has redoubled its efforts to secure appropriate and adequate mental health supports tailored to nurses now and into the future.

"We went to Dr. Nick Carleton and his team because we needed a particular focus on nurses – we needed the data to back up what we had been saying for years: that nurses were struggling too," explained Silas.

"Well, now we have that data and we're knocking on MPs' doors."

Since the report's publication, Silas has been busy meeting members of Parliament, not just to share the data around nurses' occupational stress injuries, but to call for action. Politicians of all political stripes have been very receptive, Silas said.

□ CONTINUED ON PAGE 13

Canada failed to learn from SARS and mismanaged COVID-19, investigation reveals

■ **JUST** because Canada's next door neighbour is doing a catastrophically bad job confronting the global coronavirus pandemic doesn't mean our country's response is without significant flaws, the author of a new report on Canadian management of the COVID-19 crisis says.

In fact, Canada has failed health care workers and mismanaged COVID-19, the report released on October 5 concludes.

"In the wake of the first phase of COVID-19, Canada has paid a heavy price in disease, death, anguish and anxiety for failing to learn from SARS and to take a precautionary approach," said Mario Possamai, lead investigator and author of the report, which was commissioned by the Canadian Federation of Nurses Unions.

At an online announcement broadcast on social media, Possamai noted that despite the experience of Canada, China, Hong Kong and Taiwan during the 2002-2004 outbreak of SARS, a similar coronavirus disease, Canada has had more COVID-19

cases and deaths than China, Hong Kong and Taiwan combined.

This poor response illuminates major flaws in the Canada's approach to public health, as well as a dangerous and irresponsible outlook on worker safety, the former senior advisor to the Ontario SARS Commission said. "Urgent action is needed now to address the problems exposed by this investigation."

The independent investigation's report, entitled *A Time of Fear*, makes 50 recommendations to improve worker and public safety and to enhance transparency and accountability. Among them are urgent measures that enshrine a precautionary approach in Canada's pandemic response.

"This report tells us what went wrong, what went right, where accountability lies and, most importantly, where we go from here as we prepare for the next waves of this pandemic," CFNU President Linda Silas said. 🍷



The report is available at www.ATimeofFear.ca

□ CONTINUED FROM PAGE 12

At an individual level, Stelnicki and Carleton recommend that nurses make time for a yearly mental health check-up. "We need to talk about mental health the way we do about physical health," Carleton concluded.

"Make time to find a screening tool and, if you screen positive, make time to go get that help. Like any other injury you have, the earlier you tackle it, the better off you're going to be."

For self-care resources and options for free counselling services, please visit: nursesunions.ca/COVID19selfcare.

Your Employee Assistance Program can also provide you with professional and confidential assistance. If you experience any acute psychological distress, please contact 911 or Crisis Services Canada at 1-833-456-4566. Help is available. 🍷

The CFNU report is found at:
<https://nursesunions.ca/research/mental-disorder-symptoms/>

UNA nurses remember their COVID-19 experiences for CFNU Report



Left: Cathleen Cobb
Right: Rachel Roeleveld

■ **UNA** members contributed to the Possamai Report commissioned by CFNU with their descriptions of what it was like to work during the first phase of the pandemic.

Rachel Roeleveld, a member of UNA Local 11 who works in the Intensive Care Unit at the Royal Alexandra Hospital in Edmonton, described her experience with COVID-19, which she contracted after exposure to an infected patient.

“The most terrifying aspect was the anxiety and fear that each new symptom could be the start of the end,” she recalled in a testimony published with the Possamai Report. “Working in ICU we see the worst of the worst and that’s all I could think about for myself. I have never before suffered from anxiety attacks.”

“When my isolation was lifted by Public Health and I started to get out, the strangest thing happened: I was afraid to be near people,” Roeleveld remembered. “I was afraid to hug my mom, but I desperately needed the human touch. That first hug was one I won’t ever forget. The tears wouldn’t stop.”

“I thought I could pick up from pre-COVID status and continue to do what I normally did, but walking around the block winded me and I’d have to spend the remainder of the day on the couch exhausted,” she warned. “When I realized I couldn’t just jump back into daily activities, I made a plan ... to take it easy, and do one more small task each day.”

Roeleveld’s ICU colleague, Cathleen Cobb, avoided infection but had to spend two weeks in isolation after a possible exposure. She described her anxiety for her family while she waited for COVID-19 test results, afraid even to hug her kids goodnight for fear of infecting them.

“As we forged on in a very large outbreak site, it became clear how fragile we are,” said the Vice-President of Local 11. “We’re resilient, and worked hard for and with each other, but we started facing discrimination based on where we work. ... We are somehow not the same coming out of this.” 🍷

UNA, CFNU CONDEMN PASSAGE OF UCP BILL SCRAPPING BAN ON BLOOD AND PLASMA SALES

■ **THE** United Conservative Party majority in the Legislature has passed a bill eliminating Alberta's legal ban on paid donations of blood and plasma.

Critics including the United Nurses of Alberta and the Canadian Federation of Nurses Unions were quick to condemn the passage of Bill 204, the *Voluntary Blood Donations Repeal Act*, on November 16.

"While its supporters claim Bill 204 will address the sufficiency of the supply of plasma in Canada, it will in fact do the exact opposite," stated CFNU President Linda Silas.

"The plasma amassed from commercial plasma collectors is sold to the highest bidder on the international market. Meanwhile, as our donors come to expect payment, our voluntary donor base for both blood and plasma will be jeopardized."

UNA President Heather Smith agreed: "We need a secure supply of blood products in Canada, and a strong, voluntary, national supply system is the best way to achieve it," she said. "This is just another example of the UCP scheme to inject a profit-motive into our public health care system. Donating blood should not be viewed as a business venture."

The private member's bill was introduced in early July by Fort McMurray-Wood Buffalo MLA Tany Yao. Historically, it has been unusual for private members bills to pass — but this has become less so as Canadian Conservative governments use the mechanism to push legislation without the scrutiny normally given to government bills.

Alberta Friends of Medicare called the bill's passage a triumph of ideology over science.

Alberta became the fourth province to ban the private paid blood donation clinics in 2017, joining British Columbia, Ontario and Quebec.

The ban followed the recommendations of the Commission of Inquiry on the Blood System in Canada to enshrine non-payment of blood donors, treatment of blood as a public resource, and free access to blood and blood products as basic principles of the blood supply system.

The inquiry, headed by Mr. Justice Horace Krever, was created in 1997 to investigate allegations that the system of government, private, and non-governmental organizations responsible for supplying blood and blood products to the health care system had allowed contaminated blood to be used.

The Krever Inquiry recommended the creation of Canadian Blood Services, which operates at arm's length from the federal government. UNA represents Registered Nurses employed by CBS in Alberta.

"One of the clear recommendations of the Krever Inquiry was that Canada should work toward a system in which importation of blood products was no longer necessary," Smith explained. "We don't need to repeat the mistakes of the past."

The World Health Organization also recommends blood donations be collected only from unpaid donors. Critics fear that most blood products purchased in Canada are destined for commercial sales outside the country. 🍷

"Donating blood should not be viewed as a business venture."

-Heather Smith

CFNU President Linda Silas



By Dewey Funk
UNA Occupational Health &
Safety Advisor



UNA OH&S Advisor
Dewey Funk

COVID-19 Chaos in Alberta

Government's confused pandemic response means nurses need to continue to voice their OH&S concerns

United Nurses of Alberta has represented concerns of nurses to management with successes over the last five months.

■ ON March 11, 2020, the World Health Organization declared a worldwide pandemic of COVID-19.

Fear gripped Canada as outbreaks began to occur in long-term-care centres across the country. Restrictions of liberties and social distancing became the norm. Access to N95 respirators was a struggle and side-effects caused by Vanch masks were ignored by employers. The labelling of technical grade hand sanitizer became a fight.

The Alberta government refused to put in place mandatory wearing of face masks and left the decision to municipalities, creating a hodge-podge of rules across the province.

Chief Medical Officer of Health Dr. Deena Hinshaw strongly recommended the wearing face masks in public spaces, but she failed to issue a public health order to enforce it. Numbers of COVID-19 infections continued to climb, leaving fear, mourning and death in the path of the virus.

Parents grappled with decisions about whether their children could return to school safely in September.

And in the midst of this, the Alberta government launched a review of Workers Compensation Board and Occupational Health & Safety laws. Pandemic or not,

the government was determined to continue to push its agenda putting employer flexibility and profit ahead of the safety of workers in Alberta.

The focus on flexibility for employers is leading to a watering down of prescriptive legislation leaving room for open interpretations of WCB and OH&S laws, to the detriment of the workers who are driving the economy.

COVID-19 has put a damper on workers going into the streets to protest these changes as restrictions on large gatherings have been imposed for public health reasons.

While all of this is occurring, employers are enacting attendance management programs.

Government and the public are begging people to stay at home if they feel ill at the same time as employers are implementing new attendance management programs with the encouragement of government! When an attendance management program is instituted, we know that people go to work sick because they are afraid for their job security.

Meanwhile, COVID-19 cases in Alberta continue to rise. Nurses are in the front lines, as always, providing professional health care for the public, not as a job but with care. Putting their health and safety

□ CONTINUED ON PAGE 17



Bill 47 would gut WCB and workplace safety protections and call it 'red tape reduction'

■ LEGISLATION tabled in November by the Kenney Government effectively guts Workers Compensation and workplace safety protection in the guise of reducing “red tape.”

Bill 47, misleadingly entitled the *Ensuring Safety and Cutting Red Tape Act*, removes significant portions of the Workers Compensation Act and completely replaces the Occupational Health and Safety Act.

Introduced on November 5, the omnibus bill puts employer profits ahead of workers' health and safety and would return the Workers Compensation Board to a corporate model that denies many injured workers compensation to which they are entitled.

When passed, the legislation will mean workers are more vulnerable to injury and death on the job, and will have less access to the support they need if injured.

Amendments to the *Workers Compensation Act* include removing the legal requirement for employers to reinstate an injured worker, capping how much an injured worker can receive, ending presumptive coverage for psychological injuries for many, and closing the

Fair Practices Office — where injured workers could receive support navigating the system.

Capping insurable earnings punishes workers in higher-earning occupations such as construction or oil and gas by reducing their compensation for injuries, and deprives them of the guarantee they will be reinstated by their employer when they recover.

This appears to be a deliberate attempt to drive down WCB costs at the expense of injured workers.

The new legislation eliminates the requirement to pay workers at the applicable rate to attend and prepare for joint worksite health and safety committees, investigations and training, undoing an arbitration won by UNA requiring employers to pay in such circumstances.

The UCP's strategy of replacing the entire *Occupational Health and Safety Act* makes it difficult to make comparisons and understand exactly what safety protections workers are losing. But it's clear the most concerning proposed change is the limiting of a worker's right to refuse unsafe work, a crucial lifesaving right. 🗨️

This appears to be a deliberate attempt to drive down WCB costs at the expense of injured workers.

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on the line, every single shift, even when short-staffed, use of technical grade hand sanitizer, curtailment of access to PPE, and the list goes on.

United Nurses of Alberta has represented concerns of nurses to management with successes over the last five months. Please continue to voice your OH&S concerns and report through proper channels

with respective employers. Only through continued reporting will employers take action.

I want each and every nurse, every health care worker in Alberta to know we thank you for the job you do. Please take a moment for yourselves to remember you're an important person too. 🗨️

Stay safe! You're worth it!

**STAND UP
— TO —
KENNEY**

ALBERTA UNIONS LAUNCH CAMPAIGN TO "STAND UP TO KENNEY"

■ **ALBERTA** unions launched a campaign on October 28 to unite all Albertans to defend our province from a government accused of having a tin ear, a cold heart and an agenda that is shockingly regressive, disturbingly ideological and the opposite of what's needed during these difficult times.

"Our decision to step up and offer to help organize the broader public fight against the Kenney government was not an easy decision for us to make, nor was it made lightly."

- Heather Smith

"The UCP has picked fights with an unprecedented number of Alberta groups and individual Albertans, regardless of their political stripe," said Alberta Federation of Labour President Gil McGowan at the press conference announcing the campaign and its website, www.StandUpToKenney.ca.

"So it's not Kenney against unions. And it's not Kenney against the NDP. Instead, it's Kenney against health care; Kenney against education; Kenney against parks, AISH, and the environment. It's even Kenney against a responsible response to COVID-19," McGowan said. "So it's time for Albertans to stand up to the bully."

This new campaign will ask all Albertans – union and non-union, working or not – to do three things:

- Visit the campaign website at www.StandUpToKenney.ca and take the "I'm Ready to Stand Up to Kenney" pledge to take part in province-wide protest actions
- Help create a coordinating committee of allies that will finalize a list of demands and they will then attempt to sit down with the Kenney government to negotiate

- If the government doesn't respond or negotiate, the campaign will begin a series of virtual, regional and province-wide protests

"Our decision to step up and offer to help organize the broader public fight against the Kenney government was not an easy decision for us to make, nor was it made lightly," said UNA President Heather Smith, one of four Alberta union leaders to address the news conference. "Our province is in the midst of both a pandemic and a recession. The last thing we need is more conflict and uncertainty."

However, she said, "Jason Kenney is leaving us – and many, many of our fellow Albertans – with no choice but to fight back.

"As unions, we don't have the power of the government or their corporate backers. But we have people. And we have the tools and ability to organize and mobilize."

Health Sciences Association of Alberta President Mike Parker, Canadian Union of Public Employees Alberta Division President Rory Gill and University of Alberta Non-Academic Staff Association President Elizabeth Johannson also spoke.

Mass, in-person protest action will not begin until it can be done safely in the context of the COVID-19 pandemic, McGowan said. But the AFL is urging people to sign up now so those supporting and participating in the campaign are ready to move quickly once it's safe to do so. 🍷

What is Right-to-Work?

Right-to-work really means the right-to-work for less

By Dave Cournoyer
Communications Advisor

■ **UNITED** Nurses of Alberta members may have heard the term “right-to-work,” but what exactly does it mean?

Originating in the United States, the goal of “right-to-work” legislation is to weaken and eliminate labour unions by allowing employees in a workplace to opt out of paying union dues while still receiving the full services and benefits of a collective agreement.

By giving employees the right to be free riders – to benefit from collective bargaining without paying for it – right-to-work laws aim to create a stronger position for the employer during negotiations and workplace disputes.

Research from the Washington D.C.-based Economic Policy Institute in February 2011 found that wages in states with right-to-work laws are on average 3.2 per cent lower than those in non-right-to-work states and that the average full-time worker in a right-to-work state makes about \$1,500 less annually than a similar worker in a state without right-to-work laws.

So right-to-work really means the right-to-work for less. Not to mention without the other protections provided by a union in the workplace.

While these laws are usually associated with the United States, a policy passed by members of Alberta’s United Conservative Party at its recent virtual convention called on the Government of Alberta to “make Alberta a right-to-work jurisdiction.”

While party policy does not necessarily mean it will become law, this troubling development comes 25 years after a study group appointed by the Progressive Conservative government of then premier Ralph Klein determined that there would be no benefit for Alberta to adopt this sort of anti-union law.

“The committee concluded that there is no economic justification for right to work legislation in Alberta,” reported former labour minister Elaine McCoy, chair of the Alberta Economic Development Authority committee, at the time.

The committee, created by Labour Minister Stockwell Day in 1995, was tasked with studying 225 submissions and reviews about right-to-work laws in the United States.

“We also concluded that the introduction of right-to-work legislation in Alberta could very well be disruptive to the strong labor relations stability that we have enjoyed in Alberta,” McCoy wrote.

One of the vocal advocates in favour of adopting right-to-work laws in Alberta in the mid-1990s was a young conservative political activist named Jason Kenney. 🍷

UNA troubled by proposed sweeping changes to Alberta's Health Professions Act



■ **UNITED** Nurses of Alberta has responded to a discussion paper by the government of Alberta that proposes sweeping changes to the regulation of health professions without any indication of why they are needed.

In a letter to Alberta Health, UNA First Vice-President Danielle Larivee said “there is little to no evidence provided as to why these changes are being recommended and what problem(s) they attempt to solve.

“Change of this significance should be based on formal, broad, and transparent

consultation with affected stakeholders, evidence and best practices in the field of health professions regulation and detailed data and information regarding the challenges and problems that are encountered within the current model of health professions regulation in Alberta,” she wrote.

“Little of this was provided in the discussion paper that was shared with us for consideration.”

In addition, Larivee wrote, UNA questions the timing of a revision of such critical importance in the middle of a global pandemic. “Overall, UNA is concerned that many of the proposals seem to be an attack on the self-regulation model of health professions in Alberta with no basis for proposing such extensive changes.”

Describing the proposals as “huge government overreach,” Larivee continued, “this will create significant costs and red tape at a time when this government is professing to want to avoid both.” 🍷



UNA Local 301 member Ros Gullickson, UNA President Heather Smith and First Vice-President Danielle Larivee outside the Alberta Legislature Building during their recent visit to ensure MLAs hear the concerns Alberta nurses have with Bill 30, which increases the privatization of health care, and Bill 32, which is designed to stop nurses and their union from defending public health care.



Alberta nurses were on the picket line in July to support workers who have been locked out by CESSCO Fabrication & Engineering in Edmonton since June 29, 2020. UNA is proud to support members of Boilermakers Lodge 146. Above, UNA President, Heather Smith, at right, and Alberta Federation of Labour President, Gil McGowan, centre, joined the picket line.

MEMBERS REMINDED TO CHECK PENSIONABLE TIME ANNUALLY

■ **UNITED** Nurses of Alberta members employed by Alberta Health Services, Covenant Health and other employers that contribute to the Local Authorities Pension Plan are reminded that it's important to check their pensionable service as reported by their employer every year.

According to both AHS and Covenant pension policy, pensionable service includes shifts paid at regular time, vacation time, statutory holiday days off including banked stat days, paid time off in lieu of overtime, and paid leaves of absence including sick time, bereavement leave, paid education days, personal days, and shifts missed for court appearances.

If your employer has made an error in accounting for pensionable time, you are more likely to spot it if you check regularly. If you find a problem, it is wise to resolve it well before you are close to retirement.

A full-time nurse who has taken no unpaid leaves should be reported as having 1.0000 years of pensionable service.

If a full-time nurse took 10 days of unpaid leaves, the result would be reduction by .0405 to .9595 years of pensionable service.

Since it is not uncommon for pensionable service for nurses to be coded incorrectly by employers, unexplained differences in the pensionable service should be pursued as soon as they are noticed.

For part-time employees, reviewing pensionable service it is more challenging.

A part-time person working a .7 FTE, for example, may show more than .7 FTE service in a year because additional shifts worked at straight time are considered pensionable service. Identifying eligible service that has not been recognized by the employer requires careful counting of additional shifts worked at straight time in addition to the FTE, then looking for a deficiency.

If you require assistance, contact UNA's pensions advisor, Labour Relations Officer Richard West, at the Provincial Office in Edmonton.

Directions for checking your pension history

1. Sign into mypensionplan.ca
2. On the Welcome page, click on "Service History"
3. On the service history page, click on the blue "Expand All" button to see salary, current service, buyback service, and current service contributions 🇨🇦

If your employer has made an error in accounting for pensionable time, you are more likely to spot it if you check regularly.



UNA LOCALS REPORT NUMEROUS PRC SUCCESSES

■ **UNITED** Nurses of Alberta Locals have reported several significant successes through the Professional Responsibility Concern (PRC) Process.

LOCAL 313: Safe staffing, strong staff orientations promote patient safety

UNA Local 313 resolved more than 50 PRCs encompassing safe staffing, increased workload, and improved orientation opportunities at the Strathmore District Health Services Emergency Department and Acute Care area.

Assisted by Professional Responsibility Advisor Josh Bergman and Labour Relations Officer Laura Bowen, Local 313's PRC Committee used Article 36 of the Collective Agreement to achieve the resolutions by advancing their concerns to the CEO designate. They included:

- A new contract-compliant rotation, developed by the Local, that allows for an additional RN on night shift and charge RN coverage Monday through Friday in the facility's Acute Care area.
- Joint recognition that the Employer may assign work throughout the site only if the staff is appropriately oriented and trained.
- A site-wide plan for training and orientation to ensure ongoing competency is maintained and front-line staff input is included.
- Disallowing use of minor treatment spaces adjacent to the ER for temporary admission, particularly overnight stays, while patients wait for a bed in acute care.
- Engaging other staff, AHS teams, and community partners to address patient flow from admission, transition and discharge planning.

The Local continues to advocate for safe patient care in their community as they work through an additional 33 open PRCs.

LOCAL 211: One PRC can be paramount in safeguarding best practice

Local 211, Calgary Community, successfully upheld best practice for the treatment of anaphylaxis.

In September 2019, the Local received a PRC that members were being advised they would act as intermediaries between a physician and an immunizer in obtaining an order for the administration of epinephrine in the event of anaphylaxis episodes. Recognizing this was not aligned with current professional best practice, Local 211's PRC Committee advanced this concern to the Senior Leader step in the AHS-UNA Collective Agreement in October 2019.

On May 1, 2020, CARNA introduced an exception to RN Prescribing of Schedule 1 drugs, including epinephrine, in specific circumstances with certain criteria, for anaphylaxis using an appropriate clinical support tool.

As a result of this PRC, a provincial process was instituted that capitalized on CARNA's exemption in the RN prescribing requirements and standards.

On September 14, AHS introduced a practice change giving all RNs the ability to prescribe and administer intramuscular epinephrine for suspected anaphylaxis when a physician or nurse practitioner is not immediately available. Each applicable clinical practice setting is currently in the process of reviewing and implementing this change.

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As a result of this PRC, a provincial process was instituted that capitalized on CARNA's exemption in the RN prescribing requirements and standards.

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LOCAL 91: Promoting safe staffing ratios

Local 91 members at the Bethany Care Centre in Calgary used the PRC process to effectively advocate for safe nurse-to-resident staffing ratios in their workplace.

Earlier this year, members filed PRCs highlighting risks to resident safety tied to increased workloads. This was particularly evident on shifts where the proportion of professional nursing staff was lower. PRCs also identified need for better cell phone reception to complete daily administrative and nursing duties.

Prior to the pandemic, the Employer introduced a new staffing model. Using

the PRC process with the assistance of Professional Responsibility Advisors Danusia Moreau and Joshua Bergman and LRO Dwayne MacKinnon, Local 91 advanced these PRCs from the PRC Committee, to senior leadership, to the COO.

Despite several COVID-19 outbreaks, Local 91 arranged regularly monthly PRC meetings, and submitted an information request to the Employer to address their concerns. The Local was successful in resolving all PRCs by having the Employer supply cell phones to the facility to improve coverage, as well as following UNA's recommended nurse-to-resident staffing ratios for several months. 🍷

Alberta unions stock the province's food banks with healthy protein



■ A union-run project to stock Alberta's food banks with nutritious food has delivered a record amount of healthy protein to the provincial association for the province's food banks.

Food banks Alberta recently received the 52-pallet order of 87,360 cans of tuna and

37,440 jars of peanut butter thanks to the Union Protein Project.

The two truckloads of the high-quality, natural, shelf-stable protein can now be distributed to the almost 100 big and small food banks all across Alberta. The UPP, which has included the Alberta Federation of Labour since 2018, is a non-profit society started by B.C. unions and the United Way in 2006.

“We are so grateful for this opportunity,” said Debbie Herman, Food Coordinator for Food Banks Alberta. “We would not be able to afford this high-quality, nutritious protein without this project.”

The retail cost of this order would have been around \$450,000 but because of subsidy donations from the AFL and unions, the order cost Food Banks Alberta \$147,574. 🍷

More information about the project is found at afl.org

Alberta government creates tiny 'functional bargaining unit' for 300 NURSE PRACTITIONERS

■ **IN** a move seemingly intended to stymie United Nurses of Alberta's two-year effort to provide union protection to Alberta Health Service's 300 Nurse Practitioners, the United Conservative Party Government quietly moved in October to create a new "functional bargaining unit" for this tiny group of employees.

The government has now apparently done so, and the cabinet order put forward by the Minister of Labour and published on October 30 without further public explanation amended the *Regional Health Authority Collective Bargaining Regulation* to place Nurse Practitioners in their own region-wide bargaining unit.

Nurse Practitioners had been excluded from union membership in Alberta under unconstitutional legislation passed in 2003.

Until that time, UNA had represented some Nurse Practitioners

Nurse Practitioners had been excluded from union membership in Alberta under unconstitutional legislation passed in 2003. Until that time, UNA had represented some Nurse Practitioners

One year ago, in response to UNA's challenge of that law, the Alberta Labour Relations Board ruled that portions of the Alberta Labour Code preventing Nurse Practitioners from being represented by a union violated the right to freedom of association guaranteed in the *Canadian Charter of Rights and Freedoms*.

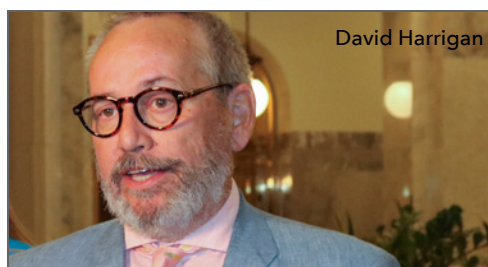
The constitutional argument put forward by UNA and two Nurse Practitioners in their application for a determination by the board that UNA could represent NPs employed by AHS was not contested by any employer or government. However, the ALRB panel suspended the effect of its finding on the constitutionality of the exclusion of NPs from union representation for 12 months "to allow the government time to consider its options in light of the Board's decision."

When the large functional bargaining units were created in 2003, they were justified as a formula for efficient bargaining. UNA argued that as the union for AHS employees in the direct nursing functional bargaining unit it was best placed to represent the interests of Nurse Practitioners.

Past LRB decisions have indicated the board felt 8,000 members was too small for a health care system-wide bargaining unit to function properly.

However, UNA's success before the LRB appears to have changed the government's mind.

This development complicates the effort to restore union representation for Nurse Practitioners, which will continue. 🐾



David Harrigan

Karen Kuprys honoured with UNA's first BREAD & ROSES AWARD



"I have so much respect for the countless members who led the way."

"UNA has been integral in advocating for issues that are important to nurses," she said. "We are looked up to by others as a source of comfort during difficult times. Our communities know, we will work hard to hold our employers and government accountable for the decisions made."

"In these uncertain times," Kuprys added, "I'm grateful that we will stand up together to once again respond to crisis in the way nurses always do – with competence, compassion and conviction."

Kuprys was first elected to the Executive Board in 2008, serving as North Central District representative for 11 years.

During her time on the Provincial Board, she served on the Membership and Legislative committees, and was District Chair for many years. She continues her activist role with UNA.

Each Bread & Roses nomination must be supported by at least two nominators, and all active members in good standing of UNA are eligible to be nominated. Recipients are determined by members of the UNA Executive Board, who review all nominations after the September 1 deadline.

The winner was chosen by secret ballot by the Executive Board in September based on the nominee's involvement at the local, district and provincial level, leadership in policy development, decision making, public awareness, and empowerment of members through mentorship and policy development. 🌹

UNA President Heather Smith and Bread & Roses Award winner Karen Kuprys

■ **LONGTIME** activist Karen Kuprys is the winner of the first United Nurses of Alberta Bread & Roses Award.

UNA President Heather Smith, who had announced the winner on October 21, said Kuprys's years of service, knowledge, determination and grit made her an ideal recipient for the honour.

The award was presented on October 29 during a small ceremony at UNA Headquarters where social distancing, masking, and all other public health protocols were observed.

"Karen has been a key activist in our union for nearly 30 years," Smith said. "Her passionate commitment to our profession, our fellow union members, our health care system and our patients and their families made her an ideal candidate to be the first union member to receive this new annual award."

Kuprys said she was deeply humbled to be honoured. "It's been a privilege to advocate for our profession, our work places and our communities," she said.

"UNA has been integral in advocating for issues that are important to nurses."

- Karen Kuprys

ENSURE YOU RECEIVE YOUR PROPER EDUCATION ALLOWANCES

KNOW your Rights



Report from
Director of Labour Relations
David Harrigan

■ **ACCORDING** to Article 26.01 of the United Nurses of Alberta Provincial Collective Agreement, Employers will acknowledge educational credentials from recognized post-secondary institutions and use those credentials to establish the Employee's basic rate of pay.

The hourly allowances for educational credentials are as follows:

- Clinical Course (including midwife course): 50¢ per hour
- Certified Diabetes Educator Certificate: 50¢ per hour
- Board of Lactation Consultant Examiners Certificate: 50¢ per hour
- Canadian Nurses Association Certification: 50¢ per hour
- Active registration in the CARNA plus Degree or Diploma in Psychiatric Nursing (a Diploma or Degree in Nursing plus active registration in CRPNA): 50¢ per hour
- Course in Nursing Unit Administration: 50¢ per hour
- One (1) Year Diploma: 50¢ per hour
- Baccalaureate Degree: \$1.25 per hour
- Master's Degree: \$1.50 per hour
- Doctorate: \$1.75 per hour

An education allowance for a Baccalaureate Degree shall be payable after the Employee provides their Employer with proof the Degree is recognized by the Nursing Education Program Advisory Board, the College and Association of Registered Nurses of Alberta, or the International Qualifications Assessment Service.

Allowances for education shall be paid from the date the Employee provides proof of qualifications to the Employer

retroactive to the date the Employee completed the requirements for the qualification or from the date of hire, whichever is later, to a maximum of 12 months.

Unfortunately, Employees are not always paid the allowances to which they are entitled even after informing the Employer. As a result, at the time they inform the employer of their entitlement to an education allowance, UNA members should retain a date-stamped document or a copy of the email they sent to establish when and how they informed the employer.

Education allowances are not cumulative. An Employee should expect to only receive the highest allowance for which they are eligible.

Employees should regularly check their pay stubs to ensure they are being paid education allowances to which they are entitled.

Employees can check their pay stub, termed a Paycheque in the e-People system.

The simplest way for an Employee to check if they being paid the correct amount is to compare the amount paid on their "Paycheque" to their step on the Salary Appendix in the Collective Agreement. If the rate of pay shown on the Paycheque is listed on the Salary Appendix, they are not receiving the educational allowance.

If the Employee holds a Baccalaureate degree and their rate of pay is not listed there, subtract 1.25 from their rate of pay and check if that amount is in the Salary Appendix. If it is, they are receiving the correct rate. 🍷

If you aren't being paid an allowance for which you qualify, contact your UNA local executive or Labour Relations Officer as soon as possible at 1-800-252-9394.

SEASONAL WISHES

FROM UNITED NURSES OF ALBERTA...

HAVE A
SOCIALLY
DISTANCED

FACE
COVERED

HAND
SCRUBBED

HAPPY
HOLIDAY!

STAY WELL, STAY SAFE AND STAY STRONG!