

NEWS BULLETIN

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UNITED NURSES OF ALBERTA

JANUARY/FEBRUARY 1990

February 14 To Join, or Not to Join- That is the Question

by Melanie Garces, EPO

On February 14 members of the United Nurses of Alberta will be asked the following question:

Do you support UNA affiliation with the National Federation of Nurses Unions?

The membership ratification vote arises from a decision made by delegates to the 1989 Annual General Meeting where delegates passed the following policy resolution: "That U.N.A. affiliate with the N.F.N.U."

U.N.A. also has a policy from the 1983 A.G.M. which states "That any decision by U.N.A. to join a federation such as N.F.N.U., C.L.C. or C.C.U. be authorized by a ratification vote of the members at each local, in accordance with Article 9 of the Constitution". The Executive Board has selected February 14 as the day for nurses to go to the polls on this issue.

The decision to join or not to join rests entirely with the membership. Make sure your voice is heard - vote on February 14, 1990.

Background on N.F.N.U.

The National Federation of Nurses' Unions was established in 1981 in Manitoba. It was formed by nurses who believed that a structured association was needed at the national level to enable nurses to speak with one strong, clear voice. The N.F.N.U. is governed by its constitution and operating policies which are determined by the membership every two years at the national convention. The National Executive Board, consisting of three executive officers and national officers from member unions, implements the policies. Each member union remains completely autonomous.

The objectives of the N.F.N.U. include the following:

- to advance the social, economic and general welfare of its members.
- to act on national matters of concern to the membership.
- to provide a national front to influence legislation which affects the profession and health care in general.
- to promote high professional standards and high quality of patient care.
- to preserve free democratic unionism and collective bargaining in Canada.

The 25,000 members of N.F.N.U. include nurses' union members from the Newfoundland and Labrador Nurses' Union, Prince Edward Island Nurses' Union, New Brunswick Nurses' Union, Manitoba Organization of Nurses' Associations, Saskatchewan Union of Nurses and Staff Nurses' Association of Alberta.

Delegates to the October 1983 U.N.A. Annual General Meeting voted to join the N.F.N.U. Seven months later when the question was placed before the membership, affiliation was rejected.

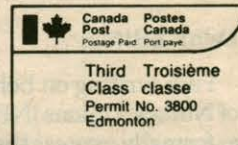


Since that time the N.F.N.U. has shown support of U.N.A. members in their ongoing struggles with employers and the provincial government. Kathleen Connors, N.F.N.U. president, stated "The creation of the N.F.N.U. 'Nurses for Freedom' fund, which raised \$45,267 in support of your recent illegal strike, is a prime example of the unity, strength, support, and solidarity exhibited by N.F.N.U. and its nurse union membership".

The N.F.N.U. is hopeful that the U.N.A. membership will vote this time to join its ranks "bringing with it the knowledge and skills acquired during one of the roughest growths any union - particularly a nurses' union - has encountered to date".

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PRO's

- Reflects a principle of trade unionism - cooperation with other trade unions.
- Promotes unity within the nursing profession and the labour movement.
- Increased access to the federal government (N.F.N.U. regularly lobbies the federal government on issues such as day care and unemployment insurance).
- NFNU provides a forum where nurses' unions interact, share information, and develop strategies for addressing common concerns.
- NFNU provides research and acts as a resource on issues pertinent to the union and its members.
- NFNU provides education to members.

CON's

Cost factor of joining and participating in the NFNU.

Charter fee \$500.00
(Paid one-time only)

NFNU - 1990


U.N.A. would be entitled to two (2) National Officers upon joining. Three Board meetings per year are held in Ottawa. N.F.N.U. pays 1/2 travel expenses, meals and days salary replacement for National Officers.

Yearly Dues	\$95,400
Two National Officers attendance @ Three Board Meetings	7,254
	<hr/> \$102,654

NFNU - 1991

Biennium convention (in odd years) in Newfoundland. UNA entitled to 27 Delegates (U.N.A. would be financially responsible)

Yearly Dues	\$95,400
Two National Officers attendance @ Three Board Meetings	7,254
PLUS Twenty-seven delegates attendance @ the Biennium in Newfoundland	76,113
	<hr/> \$178,767

If NFNU affiliation is ratified by UNA's membership a Special Meeting of the UNA will be attached to the Reporting Meeting (negotiations). At that time the delegates would determine whether an NFNU affiliation dues levy will be needed for 1990. The dues assessment for 1991 will be determined at the 1990 Annual General Meeting in October.  cont'd on page 2



• FOR THE LATEST ON NEGOTIATIONS '90 TURN TO PAGE 4
• ALSO INCLUDED WITH THIS ISSUE, THE UNA 1990 CALENDAR



To Join or Not to Join

cont. from page 1

The following is a letter to the UNA membership from the National Federation of Nurses' Unions president Kathleen Connors.

Dear Editor:

I am writing on behalf of the National Federation of Nurses' Unions (NFNU) National Executive Board to formally express the pleasure of the entire National Federation of Nurses' Unions membership with respect to the debate and decisions by UNA and the voting delegates to your October Annual meeting and its affiliation to the NFNU. I would ask that you share my thoughts with the UNA membership regarding this issue.

The NFNU is particularly appreciative of the fact that the members attending the UNA annual meeting provided an opportunity for me to speak to the meeting. I believe that the enthusiastic and energetic question and answer period was especially beneficial in clarifying and highlighting various issues and concerns regarding affiliation.

As the UNA membership prepares for the membership ratification vote on the NFNU affiliation, we believe that it is important to personally provide information and clarification to the UNA membership at Local and District levels. The United Nurses of Alberta prides itself on its strength stemming from an informed and democratic membership.

Just as *interpersonal* exchange of information is vital prior to voting on a proposed contract, so too could UNA rank and file membership directly benefit from the interpersonal exchange regarding NFNU affilia-

tion. Every opportunity to speak directly to the UNA rank and file membership is important to the NFNU.

For those of you who may not have had an opportunity to attend such a session, at this occasion I would remind UNA members about the NFNU and how we work and speak out for unionized nurses.

The National Federation of Nurses' Unions is a federation of provincial nurses' unions representing thousands of unionized nurses across Canada. Formed in 1981 the NFNU is the unionized watch dog and national voice for working nurses from coast to coast.

Keeping a close eye on the federal government in Ottawa as well as following developments in the provinces the NFNU speaks out on issues affecting unionized nurses and health care.

Speaking out; taking action; lobbying governments; presenting briefs; informing the public and nurses about issues affecting health care are just some of the work the NFNU does.

But the NFNU does more - much more - for unionized nurses and their provincial unions. The NFNU supports working nurses in their fight for decent wages and working conditions as well as advocating safe, quality patient care. In addition the NFNU sponsors educational workshops for nurses on topics such as lobbying techniques, public relations, computers in nursing, and occupational health and safety for nurses.

The NFNU has established itself as a leader in research on the impact of computers on the nursing profession. This research study has enabled us to produce an educational tool for nurse unionists on computerization in the nursing workplace.

Recognized as the national voice for unionized nurses, the NFNU has made major gains for nurses, their unions, and Canada's health care system.

The NFNU has worked on a number of issues including:

- * speaking out against and presenting briefs to the federal government on changes to the Unemployment Act and on the Goods and Services Tax.
- * working to preserve free collective bargaining.
- * researching, speaking out, and lobbying to stop the privatization of Canada's health care system.
- * lobbying and informing the public and nurses about the cuts in the federal transfer payments to the provinces for health care.
- * researching and pressing governments to improve occupational health and safety laws.
- * working to protect and improve Canada's medicare system and the Canada Health Act.
- * working to scrap the trade deal with the United States.
- * lobbying and speaking out about improving the Meech Lake Accord.
- * advocating a universally accessible national child care system.

In 1990 the NFNU will become a stronger and more prominent force in fighting for the rights of unionized nurses. An expanded membership will boost our activities, and increase our influence. We anticipate the NFNU slogan of "Taking Power - Making Change" will soon become a reality for our membership.

Yours in unity,
NATIONAL FEDERATION OF NURSES' UNIONS

Kathleen Connors

Kathleen Connors
President

Decisions, Decisions

Charge Pay

By: Lesley Haag, L.R.O.

A recent arbitration award denied charge pay to a nurse who works as the only R.N. assigned to a unit. The hospital is divided into three pods. Two pods, with approximately 20 beds on each, make up the active treatment wing along with the outpatient/emergency department. The third pod is the auxiliary wing of the hospital. Two unit co-ordinators (out-of-scope), one on active treatment and one on auxiliary, work the day shift Monday through Friday. During the evening, night and weekend shifts, one R.N. is assigned to replace both unit co-ordinators. She is in charge of the

entire hospital and is paid an extra \$1.50/hour for replacing the out-of-scope positions.

The arbitration board heard evidence that the active treatment unit co-ordinator, and the R.N. who replaces her on evenings, nights and weekends, is the only R.N. assigned to the outpatient/emergency department and has very little involvement in the day to day operation of pods I and II. That is left to the "med nurse" who is often the only R.N. working on the pod. The union took the position that the "med nurse" is in fact in charge of the pod (unit) and, therefore, is entitled to \$1.00/hour charge pay.

The R.N. in charge of the hospital on evenings, nights and weekends has even less involvement with the auxiliary wing (pod III). It is the R.N. assigned to pod III who looks after the day-to-day

operation of that unit on those shifts and yet she is not paid charge pay.

The arbitration board found that the duties assigned to the "med nurse" fell within the "professional nurse mandate" and did not amount to a set of "in charge" responsibilities attracting charge pay under Article 16.01. The Board stated, "we can appreciate the grievors' feelings that they are 'in charge' of the unit. In a professional sense they are and that is because they are responsible nurses. However, in the context of the Collective Agreement Article 16.01, and the managerial/supervisory hierarchy, they are not in charge".

In-Service Programs

By: Lesley Haag, L.R.O.

Will you have had the opportunity to attend twenty-three hours of non-compulsory in-service education by the end of this year? If not, your employer is in violation of Article 35.01 (d) of the Collective Agreement. The twenty-three hours of in-service are *in addition* to compulsory in-service programs provided annually which include CPR, fire, evacuation and disaster procedures, and proper lifting and prevention of back injuries.

You will be paid at the applicable rate of pay for your attendance at a compulsory in-service. This means that if the in-service is held on your day of rest or following your shift, you will be paid at the overtime rate.

Unlike compulsory in-service, you will not be paid for your attendance at non-compulsory in-service sessions. However, if you attend the in-service during your shift, the time spent in the in-service will not be deducted from your pay.

One further question which often arises is whether "in-services" include courses, workshops and seminars put on by institutions outside of the hospital. The answer is no. Your employer has no contractual obligation to pay for course fees, transportation, hotel accommodation or even your time spent at such courses.

Although the hospital may not have a contractual obligation to lend financial support to employees participating in outside educational programs, it does have a moral and professional obligation to ensure its staff members receive ongoing education. This appears to be recognized by the A.H.A. which encourages its member hospitals to create education funds to provide for the continuing educational needs for nurses. Find out from your employer whether funding is available for the course you plan to attend. 🍷



Heather Smith, UNA president, and Heather Molloy, UNA secretary-treasurer, attended a memorial service for the young women killed by a mass-murderer in Montreal. Approximately 600 people turned up for the ceremony which was held on December 7 at the University of Alberta campus in Edmonton.

Occupational Health & Safety

by Melanie Garces, EPO

Introduction

During the past decade interest has grown regarding the impact of the workplace in causing stress response or burn-out amongst employees. A recent study in Newfoundland found that occupational stress in nursing is a problem which results primarily from the work environment. Another study has indicated that nurses working in hospital units with terminally ill patients have only minimally lower levels of stress than have new widows. An American study discovered that nurses (registered, licensed practical, aides) ranked in the top 7 of occupations with a high incidence of mental disorders.

It is somewhat ironic that health facilities are supposed to make people well but often make their employees ill.

Definitions

Stress: The non-specific response of the body to the demands placed upon it (Hans Selye).

The body's required adjustment to maintain a balance.

Emotional or intellectual strain or tension. (Funk and Wagnalls, 1986)

The Stress Response: "Fight or flight". The "flight" route of escape is not available on the job. Nurses must remain in the "fighting" mode where the heart beats faster, respirations become shallow, etc.

Burnout: Physical and emotional exhaustion with a resulting loss of concern towards oneself and one's environment. It is brought on by exposure to excessive stressors over a prolonged period of time.

According to Maslach (1976) there are 4 stages of burn-out:

1. emotional exhaustion, insomnia, generalized aches and pains.
2. negative, dehumanized attitudes.
3. move into protective shell.
4. total disgust.

Factors Contributing to Stress for Nurses

(The following list is comprised of stressors examined in various studies)

Physical:

- noise (patients yelling, loud machinery, bells ringing)
- poor lighting
- poor temperature control

Organizational:

- heavy workload
- constant excessive pressure
- long hours
- shiftwork
- guilt for non-completion of work on shift
- responsibility for people rather than things
- lack of control over workplace (**Ed. Note:** This was listed by the U.S. National Institute for Occupational Safety & Health in 1986 as being on top of stress-inducing workplace conditions.)
- continuous and intermittent exposure to crisis situations
- understaffing
- insufficient training
- poor pay
- administrative constraints
- very ill patients
- dichotomy in roles of being involved with patient and family vs being objective, and comforting vs causing pain via various procedures
- paper/computer work
- ethical dilemmas (very little research on this)
- relationships with physicians, other staff and unit supervisors
- unavailability of physicians
- non-nursing duties
- working in unfamiliar places
- rapid technological changes
- taught to identify needs of others, not needs of nurses
- lack of opportunity for advancement
- underutilization of skills

no studies were available which discussed the following potential factors: fear of physical assault and working in a place known to be unhealthy

Symptoms

Symptoms of excessive stress include:

Physiological

- anorexia or bingeing
- polyuria
- insomnia
- hypertension
- chest tightness
- shortness of breath
- headaches
- generalized muscle aches
- nausea, peptic ulcers and colitis
- heart palpitations, tachycardia
- profuse perspiration
- flushing
- skin disorders, rashes
- nail-biting, teeth-clenching, dizziness

Intellectual

- decreased concentration span
- inability to plan for the future
- decreased creativity
- pre-occupation
- forgetfulness
- decrease in organizational skills
- loss of professional objectivity
- poor coordination

Behavioral

- short-temper
- mood swings
- withdrawal
- restlessness
- defensiveness
- increased cynicism
- indecisiveness
- increased absenteeism
- decreased punctuality
- increased turn-over of staff
- distancing (referring to patients as diseases or rooms)

What Nurses Can Do

There are 2 basic ways of approaching stress:

1. Placing the onus on the worker.
2. Placing the onus on the employer.

Many stress management programs, especially in North America, utilize a reactive approach including: meditation, encouragement of exercise, relaxation techniques and time management. These methods do deal with stress; all treat the symptoms and not the stressor itself. Institutions must become aware that the supply of nurses is no longer replenishable. All of their recruitment, orientation, and training schemes are a waste of the public's money if they do not deal with stress created by the job.

Some alternatives which could be considered, if not implemented, at health facilities include the following:

- actively accept and encourage staff/nurse participation in decision-making bodies. Nurses must be given time for research, studying and participation in decision making. Staff should be replenished so that nurses do not have to worry about patients and colleagues while they are absent from the unit.
- provide a workspace for nurses to pour medications in complete concentration.
- provide an area for charting where the nurse does not have to hear the noise at the nursing station and where she is not constantly interrupted.
- provide each nurse with a set of narcotic keys so that they are not wasting time chasing keys around the unit.
- provide proper orientation to new units. Avoid floating nurses to unfamiliar units.
- use of shorter work weeks.
- provide sufficient resources - time, staff, education.

- decrease levels of hierarchy above nurses and ensure senior staff are immediately available if a conflict arises.
- modify the work environment. For example, if the area is noisy consider the use of cushioned floors, glassed-in cubicles or acoustical ceiling tiles.
- ensure there is immediate physician availability.
- provide time for complete education on new equipment (the operation *and* the effects).
- ensure that nurses have an area of complete privacy (preferably on each unit).
- eliminate low-priority programs. If there is not enough staff or money, then, unpleasant as it is, something has to go.
- allow nurses to practice autonomously without the fear of retaliation from staff, patients' families or physicians.
- permit staff to attend funerals or memorial services for patients with whom they have had a long-standing or special relationship.

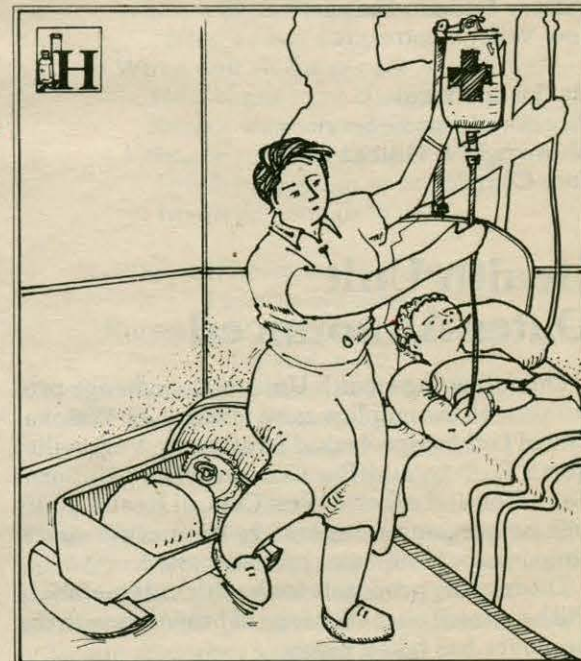
Many of the articles in the collective agreement attempt to address health and safety concerns. Article 36 (Professional Responsibility) of the UNA/AHA/RAH collective agreements gives nurses an opportunity for input into the care they deliver. Provisions for sick leave, LOA's and vacation exist to ensure nurses have legitimate opportunities to be away from the workplace. Overtime penalties (currently 1-1/2X) are in place to prevent employers forcing nurses to spend even longer hours at work. Occupational health and safety articles (Article 34 of UNA/AHA, UNA/RAH, and UNA/Red Cross agreements and Article 33 of the Youville agreement) allow nurses, and other employees, to voice concerns about the work environment through the occupational health and safety committees.

Legislation

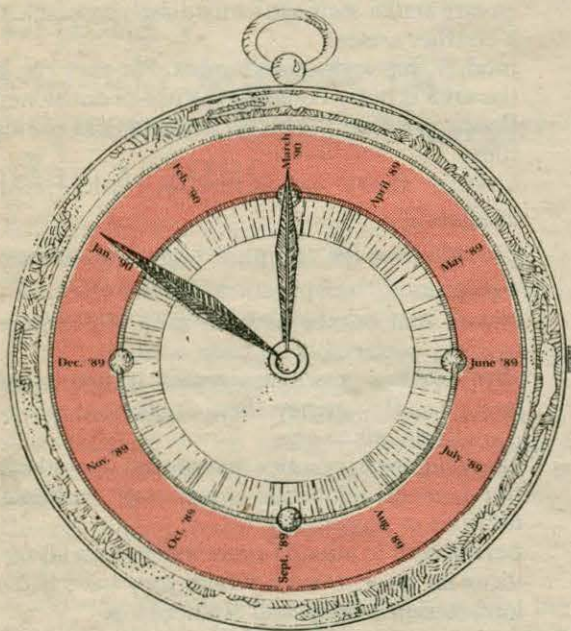
A recent Workers' Compensation case in Ontario involving a switchboard operator was dismissed on its facts but the Tribunal found that compensation is payable to someone who is psychologically disabled in cases of the gradual onset of a *mental condition* from workplace stress where the pressures experienced are greater than those experienced by the ordinary worker. According to WCB in Alberta they will accept claims for workplace stress. The same procedure is followed as per other types of claims, although work-related stress claims will probably undergo investigation thus taking longer for the worker to receive compensation.

Norway has "Work Environment" legislation which insists upon production methods, work organization, working hours and payments being designed to avoid harmful physiological or psychological affects on employees. Reference is made to opportunities for personal development, maintenance of skills and employee autonomy. Norway and Sweden are now looking into the establishment of measurable criteria for standards for psychological effects. At present there are no safeguards or regulations surrounding workplace stress in Canada.

Perhaps the governments in Alberta and Canada will realize that the time lost due to workplace stress is triple the time lost due to strikes. It would be in the best interests for all involved if they focused their attention on reducing stress. ♡



Negotiations '90



Alberta Hospital Association/U.N.A. Provincial Bargaining Team 1989-1990

The following people comprise the bargaining committee for the Alberta Hospitals Association.

CHIEF NEGOTIATOR:
Mrs. Shelley Ewart-Johnson
Director, Employee Relations & Benefits
Alberta Hospital Association

Mrs. Wendy Hassen
Consultant/Negotiator
Employee Relations
Alberta Hospital Association

Mrs. Ellen McRae
Trustee
Employee Relations Committee
Alberta Hospital Association

Mr. David Lundgren
Vulcan General Hospital

Ms. Denise McBain
Senior Vice President
Red Deer Regional Hospital

Mr. Scott Rowand
Vice President Corporate Dev.
Foothills Hospital

Ms. Lynn Carson
Employee Relations Manager
Queen Elizabeth II Hospital

Mr. Bob Gibb
Director of Human Resources
Misericordia Hospital

Ms. Chris Moore
Nursing Unit Manager-Emergency
Calgary General Hospital
Bow Valley Centre

Ms. Joanne Ward
Director of Patient Services
Wainwright & District Health
Care Complex

Health Unit Dates Announced

The following Health Units will exchange proposals with the employers on January 29: Wetoka, City of Lethbridge, Leduc-Strathcona, Vegreville, North Eastern and Big Country. The Minburn-Vermilion and Alberta West Central Health Units will be bargaining separately from other units. Bargaining commences on February 5.

The ingoing proposals for health unit members will be printed once exchange of proposals with the employer has taken place.

Negotiations '90 Ingoing Proposals

These are the major ingoing proposals from the employers and the union for the current round of hospital bargaining.

Members from Locals 1 (Calgary General), 2 (Red Deer General), 121 (District #93), 115 (Foothills), 32 (Glenrose), 79 (Edmonton General), 150 (St. Michael's-Edmonton) and 160 (Cardston), should contact their local executive for details about articles containing their own local conditions.

Article	AHA	RAH	UNA
1. Term of Agreement	2 year	2 year	2 year
2. Definitions	Current	Current	Definition of ward or unit (Article 34 refers to not working alone on a ward or unit but does not include a definition).
3. Recognition	Current	Current	Voluntary recognition of the union (in case of decertification by the government). No contracting-out of bargaining unit work. No exclusion from bargaining unit unless agreement from both parties or decision from Labour Relations Board. Staff nurses to select staff nurse representatives on hospital committees. Any nurse who attends a committee meeting is to be replaced (to avoid short-staffing).
4. Management Rights	Current	Current	Employer must exercise rights in a fair, reasonable and consistent manner.
5. Dues Deductions	Current	Current	Union provided with a bulletin board on every ward or unit. Union presentation at time of orientation to be increased to 45 minutes (from 30 minutes). Employer shall pay 100% of professional dues.
6. No Discrimination	Current	Current	Add "no discrimination on basis of religious belief".
7. Hours of Work	Decrease notice of shift scheduling if nurse is in agreement.	"The employer wishes to discuss every reasonable possibility of more flexible shift scheduling and specifically the desirability of permanent non-rotating shifts." Decrease notice of shift scheduling if nurse is in agreement. Increase maximum consecutive days to 7. Employees allowed to "share a line" on the schedule.	Current hours of work in effect until Sept. 1/90 (to give enough time for change-over). On Sept. 1/90 decrease workweek from 38.75 hours to 34.875 hours (ie: a Full-time nurse would work 9 shifts in 14 days). D/E/N and permanent days assigned only at request of employee. Clarification of definition of weekend. Employer to pay nurse at triple time if posting provisions are violated.
8. Overtime	Part-time employees not to receive overtime for working on days of rest.	Current	All overtime to be voluntary. Overtime to be 3X base rate and 3½X base rate if work in excess of 7¾ hours on scheduled day of rest or Named Holiday. Work time limited to 16 hours/day.
9. On-Call	Current	Current	Develop roster of those who volunteer for on-call (if no one volunteers then the employer can assign). Payment for being on-call to be minimum wage (currently \$1.25/hour). If called in, the nurse is to perform duties of her regular position (ie: can't call O.R. nurse to work in pediatrics).
10. Transportation	Current	Current	Increase reimbursement from .28¢ to .40¢/km.
11. Probationary Period	Double the length of the probationary period.	Probationary period to commence after completion of orientation (no current maximum on the length of orientation).	Probationary period reduced to 471 hours. (to bring to line with extended work day probationary period). Terminated employees to have access to the grievance procedure. Increase orientation period from 5 shifts to 10 shifts (allows for proper orientation to policies/procedures).
12. Seniority	Current	To be based on hours of work rather than date of hire.	Current with minor wording changes.
13. Evaluations	To be done by a supervisor (not necessarily the immediate supervisor).	Current	Bargaining unit members not to participate in evaluations of co-workers. Evaluations shall be non-disciplinary in nature and limited to performance of nursing duties.
14. Promotions/Transfers	Double the trial period for a transferred or promoted employee.	Increase the length of the trial period from 42 shifts to 503¾ hours.	When making transfers/promotions the job should be assigned to the most senior applicant with the ability to do the job. A promoted nurse should be placed on the new scale at her present increment level (currently get smallest increase possible).
15. Layoff and Recall	Suggested number of wording changes that they feel are clarifications of current practice.	Current	Allow those with fewer than 24 months seniority to bump. Double decision-making time to 96 hours (from 48).
16. Charge Pay	Current	Current	\$2.00/hour when in-charge or a preceptor. \$3.00/hour when replacing out-of-scope for any length of time.
17. Vacation	Current	Allow nurse to take vacation as earning (still require permission to carry vacation forward to the following year).	During first and second year earn 20 days. During 3rd and subsequent years add one day per year.
18. Named Holidays	Add Family Day.	Add Family Day. If no mutual agreement on date to take lieu day within 30 days, then nurse is paid-out.	Add Family Day and Easter Sunday. Paid at double time for work on a Named Holiday.

19. Sick Leave	Terminate employee after 24 months on LTDI. Nurses on short-term or long-term disability no longer to accrue sick leave, vacation, Named Holidays or time towards next increment.	Current	Earn sick leave at 2 days/month. No discipline or dismissal for illness unless no possibility exists of a return to work. Allow sick-leave for pregnancy.
20. Workers' Compensation	Compensation paid only basic rate of pay for regularly scheduled hours (currently paid full net salary) which excludes shift diff, charge pay, etc. Loss of accrual of vacation, Named Holidays and sick-leave while on compensation.	After one month on compensation nurse ceases to accrue vacation, sick leave and Named Holidays.	Wording changes to clarify current practice.
21. Benefits	"Propose a subcommittee of the Bargaining Committees to negotiate a Universal Benefit Plan design during the course of collective bargaining."	Cease accrual of vacation, Named Holidays and sick leave while on STD or LTD.	Add vision care. Increase dental coverage, life insurance, and short and long term disability. Benefits to be 100% employer-paid (currently 75%). Ability to appeal decisions which disqualify nurses from STD and LTD. Coverage to commence immediately upon employment.
22. Leaves of Absence	Allow up to 3 days per year for family emergency (may use banked overtime, vacation or an unpaid LOA—no sick-time). An employee who has completed the probationary period or one year or whichever is shorter is entitled to maternity/paternity/adoption leave.	Current	Allow 5 days per year for pressing emergency. Maternity/adoption/paternity leave of 12 months (the first 9 with full pay and benefits) Increase education leave. All employees to receive up to 3 paid professional development days per year.
23. Discipline, Dismissal and Resignation	Union not notified unless specifically requested by the employee.	Current	Employee informed of right to union representation. Discipline or dismissal for just cause only. Union informed if nurse reported to her licensing body. Nurse to give 14 calendar days notice of resignation.
24. No strike or Lockout	Current	Current	Current
25. Salaries	Delete automatic increase for new classifications.	Delete automatic increase for new classifications.	Full-timers to increase one increment on anniversary date up to tenth year. After 10th year increase one increment every 3 years.
26. Educational Allowances	Current with wording changes.	Current with wording changes.	Increase rates by 20 to 35¢. Allowances to be cumulative.
27. Previous Experience	Current	Current	Wording changed to reflect our proposal to change the number of increments.
28. Shift Differential/ Weekend Premium	Shift diff. paid only if majority of shift falls between 1500h and 0700h. Weekend premium of 50¢/hour paid if majority of hours falls in a 64 hour period after 1500h Fridays.	Premium of unspecified amount for those who work permanent nights, evenings or weekends.	Shift diff. of \$3/hour for all hours between 1500h and the completion of the following night shift. Weekend premium of \$3/hour paid if majority of hours fall in a 64.25 hour period after 1500h Fridays.
29. Pensions	Current	Current	Include those who work 14 hours/week (bring in line with LAPP). Time on LTD should be pensionable.
30. Part-time, Temporary, Casual Nurses	Part-timers no longer to receive overtime for working on days of rest. Other changes reflective of proposals in main body.	Part-timers no longer to receive overtime for working on days of rest. Other changes reflective of proposals in main body.	Part timers to receive paid vacation days. Casual to be paid for 4 hours at basic rate of pay if the employer cancels her shift with less than 24 hours notice Other changes reflective of proposals in main body.
31. Collective Agreement	All words must be exclusive to the AHA/UNA agreement.	Current	Include additional information in booklet (ie: a calendar)
32. Grievance Procedure	Current	Current	If employer defaults on time limits then grievance is conceded to the union (equal to employee missing time limits).
33. Arbitration	Current	Current	Single arbitrators agreed to at bargaining table (faster, more equitable system).
34. Health & Safety	Current	Current	Unresolved issues to go before an independent assessment committee. No nurse to take part in a bomb search. No-cost parking on hospital premises. Designated indoor smoking areas to be separately ventilated.
35. In-Services	Current	Current	Provide replacement staff.
36. Professional Responsibility	Current	Current	Unresolved issues to go before an independent assessment committee. Nurse in-charge to be physically present. No duties performed other than regular duties, (no floating), unless mutually agreed.
37. Extended Work Days	Changes reflective of proposals in main body.	Individual agreements to move to extended work days. Other changes reflective of proposals in main body.	Changes reflective of proposals in main body of contract including decrease of work week. Full-time 12 hour shift nurses would work 31 shifts in 10 weeks. Day off in lieu of Named Holiday to be 11.25 hours (currently 7.75 hours).
38. Uniforms	Current	Current	Uniform allowance of \$200/year.
39. Job Description	Current	Current	Current
40. New Articles		New - No pyramiding (no payment of multiple premiums or benefits).	New: Amendments for community nurses similar to those at the Edmonton General. New: Employee portion of UI rebates to be paid to the local.
Salaries Appendix	"At the appropriate time during negotiations a salary offer which we believe to be fair and equitable will be tabled."	"Rates to be negotiated."	Increase of: \$2.00/hour April 1/90 \$2.00/hour Sept. 1/90 \$2.00/hour April 1/91 \$2.00/hour Sept. 1/91 (This will make up for decrease in hours) Additional increments yearly up to 10 years and then add \$1.00 increase for every additional 3 years worked.



On December 8, 1989, Nancy Betkowski, Minister of Health, reannounced the government's initiative program for nurses which was initially presented in December 1988. Ms. Betkowski wished to update nurses on the program's results "outside of the formal negotiation process" which began on December 14. Marlene Myer has been named as the Job Enhancement Advisory Committee's chairperson.

Where Have All The Nurses Gone?

(sung to the tune of "Where Have all the Flowers Gone?")

Where have all the nurses gone?
Short time passing.
Where have all the nurses gone?
We'll tell you where.
Out of province, east and west,
Contract offers suit them best.
They won't come back again.
They won't come back again.

Why have all the nurses gone?
Short time passing.
Why have all the nurses gone?
We'll tell you why.
Other jobs and other skills,
Buy the shoes and pay the bills.
We need a better deal.
We need a better deal.

What will all the people say?
So few nurses!
What will all the people say?
We think we know.
They will question why it was
No one listened to our cause.
No need to end like this,
No need to end like this.

When will all the people know?
What's been happening.
When will all the people know?
How times have changed.
Nurses want a greater say,
A chance to show another way.
Involved enough to care.
Involved enough to care.

Who will listen when we speak?
Time's a-wasting.
Nurses once were mild and meek,
Not any more.
We defend the stand we take,
The choice not ours, but yours to make
Help us to lead the way
Help us to lead the way.

These lyrics by Debbie Barlow, former Local 2 president, first appeared in the UNA Newsbulletin in June 1980. It is unfortunate that the words remain applicable to the nursing situation—nearly a decade after they were written.

Pregnancy is a health-related issue

Brooks v. Canada Safeway Ltd. Supreme Court of Canada May 4, 1989

Edited by Marilyn Vavasour, L.R.O. from the Supreme Court Decision. The article has been written in response to the number of members who called in to UNA about this decision.

The judgment of the Court was delivered by Chief Justice DICKSON:—The principal issue to be considered is whether a company accident and sickness plan which exempts pregnant women from benefits during a seventeen-week period discriminates because of sex, as prohibited by The Human Rights Act of Manitoba.

FACTS

Safeway maintains a group insurance plan that provides weekly benefits for loss of pay due to accident or sickness.

Pregnant employees are excluded from receiving any benefits during the ten weeks before the anticipated date of birth, the actual birth week, and the following six weeks. During this seventeen week period, the exemption from coverage is absolute regardless of the reason an employee is unable to report to work. Pregnant women suffering from non-pregnancy related afflictions are ineligible for benefits simply because they are pregnant.

The maternity benefits available under the Unemployment Insurance Act, 1971 did not constitute an exact substitute for the coverage that would be provided by the Safeway plan. Women were only entitled to a maximum of fifteen weekly payments under the Unemployment Insurance Act, 1971 but were deprived of seventeen weeks of benefits under the Safeway plan. For two weeks Safeway employees unable to work by reason of pregnancy were without a source of unemployment benefits. Employees also received less money per week under the Unemployment Insurance Act, 1971 provisions than they would have if they were entitled to recover under the Safeway plan. Benefits under the Unemployment Insurance Act, 1971 were calculated on the basis of 60 per cent of eligible income. The Safeway plan, in contrast, provided 66 2/3 percent of weekly earnings. The qualifying period for benefits under the Unemployment Insurance Act, 1971 was also significantly longer than the qualifying period under the Safeway plan (forty weeks for U.I. versus 3 months for Safeway).

WAS THE DISABILITY PLAN DISCRIMINATORY?

WHAT DOES DISCRIMINATION MEAN?

Discrimination may be described as a distinction, whether intentional or not, based on grounds relating to personal characteristics of the individual or group, which has the effect of imposing burdens, obligations, or disadvantages on such individual or group not imposed upon others, or which withholds or limits access to opportunities, benefits, and advantages available to other members of society.

In my view, it is beyond dispute that pregnant employees receive significantly less favourable treatment under the Safeway plan than other employees. For a seventeen week period, pregnant women are not entitled to any compensation under the plan, regardless of the reason they are unable to work. During those seventeen weeks, even if a pregnant woman suffers from an ailment totally unrelated to pregnancy, she is ineligible for benefits simply because she is pregnant. The plan singles out pregnancy for disadvantageous treatment, in comparison with any other health reason which may prevent an employee from reporting to work. With the sole exception of pregnancy, eligibility for compensation under the plan is available on broad and general terms. It is indeed generous.

PREGNANCY IS A HEALTH-RELATED ISSUE

Counsel for Safeway advanced a number of arguments in support of the proposition that the disability plan does not discriminate by reason of pregnancy. The submissions can be grouped into five main headings. First, it was argued that

pregnancy is neither "a sickness or an accident" and therefore, it need not be covered by a sickness and accident plan; second, that pregnancy is a voluntary state and, like other forms of voluntary leave, it should not be compensated; third, the plan could not be discriminatory because there was no intention to discriminate; fourth, the plan was not discriminatory but was underinclusive in that it exempted certain disabilities from coverage; finally, on the basis of a rather novel interpretation of the relationship between regulations under the Unemployment Insurance Act, 1971, and the Manitoba Human Rights Act it was claimed that The Human Rights Act implicitly permits employee benefit plans to exclude compensation for pregnancy. In my view, none of these arguments can assist Safeway in escaping the conclusion that its sickness and accident plan discriminates on the basis of pregnancy.

It is to state the obvious to say that pregnancy is of fundamental importance in our society.

The first two claims, that pregnancy is neither an accident nor an illness and that it is voluntary, are closely related. I agree entirely that pregnancy is not characterized properly as a sickness or an accident. It is, however, a valid health-related reason for absence from the workplace and as such should not have been excluded from the Safeway plan. That the exclusion is discriminatory is evident when the true character, or underlying rationale, of the Safeway benefits plan is appreciated. The underlying rationale of this is the laudable desire to compensate persons who are unable to work for valid health-related reasons. Pregnancy is clearly such a reason. By distinguishing "accidents and illness" from pregnancy, Safeway is attempting to disguise an untenable distinction. It seems indisputable that in our society pregnancy is a valid health-related reason for being absent from work. It is to state the obvious to say that pregnancy is of fundamental importance in our society. Indeed, its importance makes description difficult. To equate pregnancy with, for instance, a decision to undergo medical treatment for cosmetic surgery—which sort of comparison the respondent's argument implicitly makes—is fallacious. If the medical condition associated with procreation does not provide a legitimate reason for absence from the workplace, it is hard to imagine what would provide such a reason. Viewed in its social context pregnancy provides a perfectly legitimate health-related reason for not working and as such it should be compensated by the Safeway plan. In terms of the economic consequences to the employee resulting from the inability to perform employment duties, pregnancy is no dif-

ferent from any other health-related reason for absence from the workplace.

In view of this finding, it should be noted that the Safeway plan would be considered discriminatory even if it did not exclude coverage for non-pregnancy related illness and accidents. It is enough that the plan excludes compensation for pregnancy.

The third argument, that the plan cannot be discriminatory because the respondent had no intention to discriminate, has little or no force. Intent to discriminate is not a necessary element of discrimination.

The fourth argument is that the plan is not discriminatory but merely underinclusive of the potential risks it could conceivably insure.

Underinclusion may be simply a backhanded way of permitting discrimination. Once an employer decides to provide an employee benefit package, exclusions from such schemes may not be made in a discriminatory fashion. Selective compensation of this nature would clearly amount to sex discrimination. Benefits available through employment must be disbursed in a non-discriminatory manner.

Safeway's fifth argument derives from a creative interpretation of s. 7(2) of the Manitoba Human Rights Act.

I cannot agree with the respondent's interpretation.

IS DISCRIMINATION ON THE BASIS OF PREGNANCY SEX DISCRIMINATION?

Having found that the Safeway plan discriminates by reason of pregnancy, it is necessary to consider whether pregnancy-based discrimination is discrimination on the basis of sex. I venture to think that the response to that question by a non-legal person would be immediate and affirmative. In retrospect, one can only ask - how could pregnancy discrimination be anything other than sex discrimination?

Discrimination on the basis of pregnancy is a form of sex discrimination because of the basic biological fact that only women have the capacity to become pregnant.

DISPOSITION


I am of the view that the respondent's accident and sickness plan discriminates on the basis of sex by excluding compensation for pregnant women during a seventeen-week period.

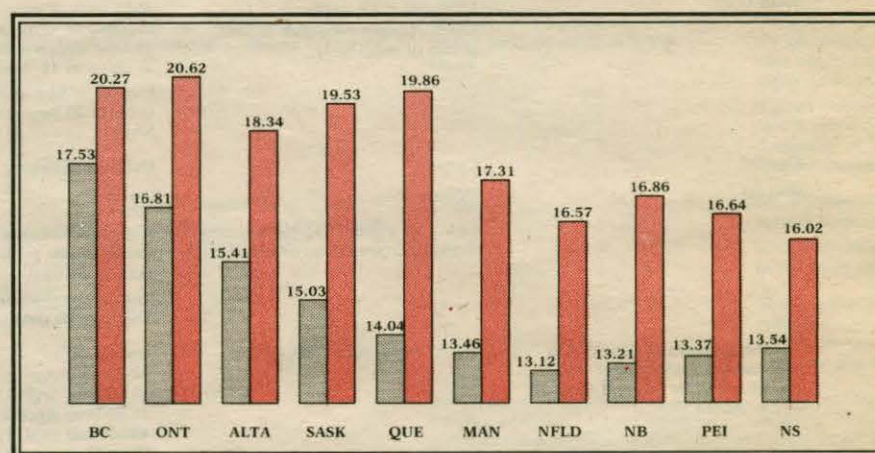
UNA Comments

RE: BROOKS v. CANADA SAFEWAY LTD.

Following the Supreme Court of Canada's decision in the *Brooks v. Canada Safeway Ltd.* case, many unions (and employers) are examining their collective agreements to ascertain whether or not they are discriminatory against pregnant women.

For example, in the UNA/AHA collective agreement, UNA now takes the position that maternity leave should be looked at in two parts: first, as a health-related issue for the period of time where the employee was unable to work because of pregnancy, childbirth, and recovery; and second, a leave of absence for childcare.

Using this approach, employees should receive pay and benefits during the period of time they are unable to work because of pregnancy, childbirth, and recovery. This period of time should be determined in conjunction with the employee's doctor. If the employee wishes to remain off work for a period of time after she is fit to return to work, then Article 22: Leave of Absence would apply. 



Start and Maximum Hourly Rates for Nurses by Province-1990

The majority of maximum rates are reached after 6 years although some contracts require up to 12 years to reach the highest hourly pay rate.

Negotiations 90 Update:

Director of Labour Relations Report

by David Harrigan

About two years ago today, many of you were probably standing outside carrying picket signs.

How quickly time has passed since nurses in hospitals throughout Alberta were last in negotiations with their employers. Now that a new set of negotiations has begun we are reminded that in spite of all of our gains we still have a long way to go in order to satisfy nurses' concerns about their working conditions. The number of items on the negotiating table - in terms of both the number of proposals and the costs - are indicative of the numerous problems that remain unresolved for nurses.

Employers, the media, and many of the general public have commented on the size of our proposals. They are correct - it is a costly package. It's going to take some money, courage and creativity by all parties to properly address our issues.

The proposals presented to AHA come from you - the rank and file staff nurse. Obviously, not every proposal is a priority for all members. Every proposal may not affect every working nurse in the province, however, all nurses recognize that the proposals address problems of their colleagues. This package was supported by two-thirds of the delegates at the Provincial Demand Setting

Meeting and was ratified by an overwhelming majority of all locals.

I won't list the problems here. Time and time again nurses have told their employers and the government what the problems are and have suggested resolutions. A whole industry seems to have evolved around surveying nurses to see why a shortage exists. Well, there's been enough surveying - now is the time for action.

When UNA exchanged proposals with the AHA, we stated that the negotiating committees have a historical opportunity to effect real change in the working conditions and wages of nurses.

Whether or not that change occurs is dependent on the commitment of both parties. We do not believe that employers are any more pleased about short-staffing than are working nurses. Employers cannot enjoy the costs involved in flying to England for recruiting purposes.

As negotiations progress, remember that it's your input that counts—that it's *your* contract. Your negotiating committee wants to hear from you and requires constant feedback to get the best deal possible for you.

Contact your ward rep or local executive - make your views known. 🍷

Dollars & Cents for the Future

Crisis Financial Management

by Melanie Garces, E.P.O.

Many UNA members have expressed a desire for UNA to provide education about financial planning. One of the specific topics mentioned was "What do I do in a financial crisis?" The following article contains suggestions for managing your money in a crisis.

The first thing to do is to review your budget of monthly expenses - any other income, outstanding bills. The next action should be to suspend all *voluntary* (i.e. where there is no commitment) savings programs. This would include saving for a house or holiday or putting money into an R.R.S.P.

Jeff Wilson, a financial representative at Metropolitan Trust, suggests that each creditor should then be approached and the situation explained. He says that most creditors will try to make arrangements that will allow repayment of outstanding bills rather than foreclosing.

Rent: Approach the manager/landlord. They may be willing to reduce rental payments and allow the difference to be made up later. In any case, unless you are a destructive renter, the landlord must give three (3) months

notice of termination of the rental agreement.

Mortgage: This varies among financial institutions. Most say to contact the mortgage officer who will renegotiate the mortgage, usually for a longer term at reduced payments.

Car lease/ As for mortgages, most institutions will renegotiate terms of the loan.

Mr. Wilson advises that people can also go to the loans manager of the financial institution, explain the situation and ask to have all of their bills (i.e. Visa, car repair) combined into one. The bank would then loan them the large amount to cover all of the bills (generally at a rate lower than the other companies would charge for non-payment) and spread the repayment of the loan over a number of years. He stresses that if the payments are combined then only one payment has to be made per month rather than paying the minimum amount-plus the accrued interest on several different bills.

Mr. Wilson points out that if someone is concerned about how their bank, trust company or credit union would handle their situation of a loss of income, they can go in at any time and ask the manager what the financial institution would do for them. 🍷

UNA Invited to Monitor Chilean Election

by Melanie Garces, EPO

In November 1989, the United Nurses of Alberta was asked by Oxfam Canada to send a delegate from UNA to Chile to act as an official member of the Canadian Election Observing Mission. It was decided at the November board meeting that UNA should indeed send a representative and Sandie Rentz, vice-president, was elected as that person.

The invitation from Oxfam Canada came about as a result of the union's 1988 strike. Word of UNA's altercation with the provincial government reached Chile. They heard that the government here had tried to make our strike vote illegal but that we had proceeded to vote anyway. Patricia Talloni, president of the Chilean College of Nurses, visited UNA in 1989 and spoke to UNA members about the state of health care and the nursing profession in Chile. There are no nurses' unions in Chile—unions are outlawed and those who attempt to organize workers often disappear. She express-

ed admiration for UNA's members and praised our determination to hold a democratic vote despite the government. For the people of Chile, who have existed under the dictatorship of General Pinochet since his 1973 coup, our actions were remarkable.

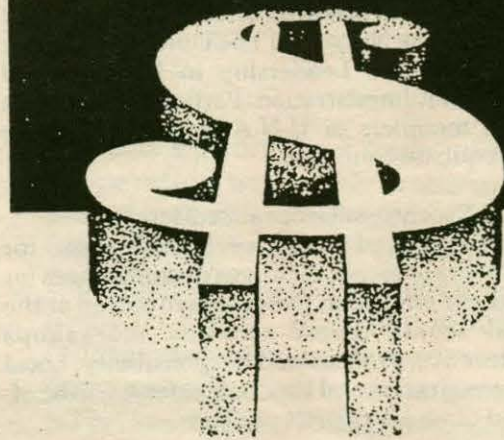
Pinochet, whose name has been linked with numerous human rights violations, had told Chileans he now wanted democracy (controlled by himself) but the people feared that this election would be merely a lipservice to freedom and democracy.

Sandie, who was in Chile from December 8 to 17, says that "UNA is recognized as a democratic leader in a democratic society and, as such, cannot walk away when someone asks for help to achieve what we already have." She spent 14-hour days monitoring the events leading up to the election as well as the election itself. A report on the condition of Chilean health care and the nursing profession will appear in the next newsbulletin.

FEDERAL TAXES FROM:

	Individuals	Corporations
1950	50%	50%
1960	58%	42%
1970	65%	35%
1980	69%	31%
1990*	79%	21%

(*estimate)



CUPE 1004 / CALM

Food banks now a Canadian institution

THE FIRST ONE was started in Edmonton in 1981 as a "temporary" measure. Today there are 180 food banks across the country - and they feed 378,000 Canadians a month, almost half of them children.

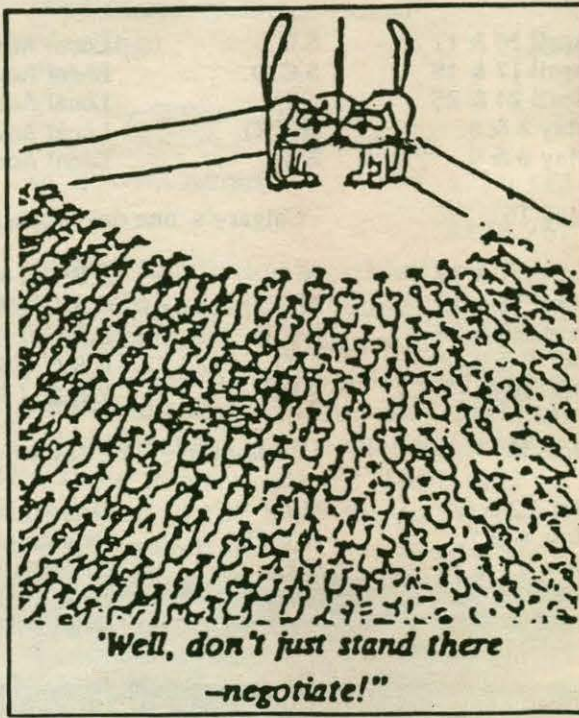
A survey released in November by the Canadian Association of Food Banks last week says almost 40 percent of food bank users are children, even though children make up only 26 percent of the country's population.

"It's an alarming statistic that, I hope, still has the power to shock," said Gerard Kennedy of Toronto's Daily Bread Food Bank.

In Toronto the association now distributes the same amount of food in one week as it did during its whole first year of operation, in 1984.

Unemployment, social service cuts and taxes that hit the poor more than the rich are the main reason for urban poverty, says Kennedy.

Social assistance payments and minimum wages in every province leave people in poverty. In Saskatchewan and Newfoundland, one-quarter of all children live in poverty. Tribune/CALM



"Well, don't just stand there
-negotiate!"

Education Committee Unveils New Program

The Education Committee of the United Nurses of Alberta announces the development of a new education program. Old workshops have been revised and new workshops have been added. The Committee has formulated a 3-level education program.

- 1. Rank and File**
Education at this level is provided in two one-day workshops (one in Calgary, the other in Edmonton) which will offer four concurrent courses: The Nurse and The Union; The Nurse and The Law; Leadership in Nursing; and Contract Administration. Participation is open to all members of U.N.A. and there are no prerequisite courses.
- 2. Local Executives/Committee Members**
Courses offered at this level are designed for members of local executives or committees (or for those who wish to become involved at the local level). These two-day workshops (Grievance, Professional Responsibility, Local Administration and Health & Safety) will be offered once per district per year.
- 3. Executive Board**
Two or three hours of in-house education on topics selected by the Board are presented to the Board during their four yearly meetings. These workshops are available to Board members and observers at the Board.

Learn From One Another
Union education is based on the assumption that participants already have a large knowledge base. Each course is formulated with that in mind, so that plenty of time is allowed for nurses to learn from one another's skills or experiences. Active participation is encouraged for maximum development of one's analytical skills and knowledge base. The workshops are being developed now. If you have any suggestions for areas you would like to see included in a workshop, contact the education/publications officer at the provincial office.

U.N.A.'s New Education Program

- One-Day Workshops (Rank & File)**
- 1. The Nurse and The Law**
Participants in this course will examine the legal rights and responsibilities of the staff

- nurse. Focus will be on the law - criminal, civil and labour - impacting on the daily lives of nurses and will include topics such as documentation, fatality inquiries, professional responsibility and personal liability.
- 2. The Nurse and The Union**
This is an introduction to the labour movement. Films and discussion will take place on the development of trade unions particularly U.N.A. Participants will look at the structure and goals of U.N.A. as well as discuss ways to improve the working conditions of nurses.
 - 3. Contract Administration**
Participants will move through the demand-setting process from the preparation of proposals to the policing of a collective agreement. Information will be offered on contract language and negotiation strategies.
 - 4. Leadership in Nursing**
An assertiveness course for nurses. Participants will learn the difference between assertive and non-assertive behaviour, how to analyze power relationships and how to deal assertively with their employer and the government. Opportunities will be provided for nurses to develop interpersonal and decision-making skills.

Two-Day Workshops (Local Executives/Committee members)

- 1. Professional Responsibility I & II**
The right of nurses to act as patient advocates will be discussed in this two-day workshop. By the end of the course participants will have learned how to identify a professional responsibility issue and how to formulate, present and defend concerns and recommendations to management.
- 2. Health & Safety I & II**
This course is intended to raise the awareness of occupational health and safety issues at the local. Through study of federal and provincial legislation and pertinent contract clauses, participants will be able to promote occupational health and safety standards on the job.
- 3. Local Administration I & II**
The roles, relationships and responsibilities of everyone in U.N.A. from the member to the U.N.A. president will be looked at in this course. Participants should expect to learn how to organize and effectively run a local, as well as how to deal with the media.

- 4. Grievance I & II**
Everything you need to know about the proper handling of grievances from Step I to arbitration. This two-day course is a thorough look at time limits, grievance investigation, union responsibilities and presentation of grievances to management. Participants will be given the opportunity to practice and improve their grievance-handling skills. ☺

Executive Board of United Nurses of Alberta

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|---|--|
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| Vice-President
Ms. Sandie Rentz
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Ms. Kathy James
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1990 Workshop Schedule

DATE	DISTRICT	WORKSHOP	LOCATION
March 6 & 7	S.D.	Health & Safety I & II	Lethbridge
March 13 & 14	S.C.D.	Health & Safety I & II	Calgary
March 20 & 21	C.D.	Health & Safety I & II	Red Deer
March 27 & 28	N.C.D.	Health & Safety I & II	Edmonton
April 3 & 4	N.D.	Health & Safety I & II	
April 10 & 11	S.D.	Local Admin I & II	Lethbridge
April 17 & 18	S.C.D.	Local Admin I & II	Calgary
April 24 & 25	C.D.	Local Admin I & II	Red Deer
May 2 & 3	N.C.D.	Local Admin I & II	Edmonton
May 8 & 9	N.D.	Local Admin I & II	Peace River
May 16	Calgary's one day workshop		
Sept. 11 & 12	N.D.	P.R.C. I & II	
Sept. 18 & 19	N.C.D.	P.R.C. I & II	Edmonton
Sept. 25 & 26	S.C.D.	P.R.C. I & II	Calgary
Oct. 2 & 3	C.D.	P.R.C. I & II	Red Deer
Oct. 10 & 11	S.D.	P.R.C. I & II	Lethbridge
Oct. 30	Edmonton's one day workshop		
Oct. 23 & 24	N.D.	Grievance I & II	
Nov. 6 & 7	N.C.D.	Grievance I & II	Edmonton
Nov. 13 & 14	C.D.	Grievance I & II	Red Deer
Nov. 20 & 21	S.C.D.	Grievance I & II	Calgary
Nov. 27 & 28	S.D.	Grievance I & II	Lethbridge

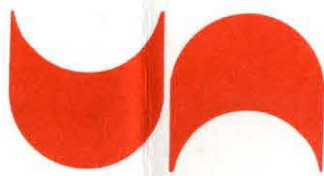
Contact your local president or District Representative for details on how to attend UNiversity.



SUPPORT YOUR UNION
IT SUPPORTS YOU

Labour Notes

- Members of the Southern Ontario Newspaper Guild who work at the Toronto Star have ratified a 2½ year contract during which they will receive a 19% wage increase.



JANUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 <small>New Year's Day</small>	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14 <small>NFNU Vote</small>	15	16	17
18	19 <small>Family Day</small>	20	21	22	23	24
25	26	27	28 <small>Executive Board Meeting</small>			

MARCH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 <small>Executive Board Meeting</small>	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31 <small>Contract Expiry *</small>

* AHA, Royal Alexandra Hospital, Red Cross, Health Units (Vegreville, Minburn-Vermilion, City of Lethbridge, Leduc-Strathcona, Wetoka, Alberta West Central, North Eastern, Big Country)

APRIL

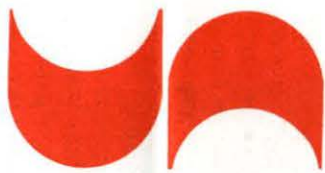
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
					<small>Good Friday</small>	
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 <small>Victoria Day</small>	22	23	24	25	26
27	28	29	30	31		
		<small>Executive Board Meeting</small>				

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 <small>Executive Board Meeting</small>	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						<small>Contract Expiry Youville Nursing Home</small>



JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 <small>Canada Day</small>	2	3	4	5	6 <small>Deadline for Constitutional Amendments and Policy Resolutions</small>	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6 <small>Civic Holiday</small>	7	8	9	10	11
12	13	14	15	16	17	18
		<small>Executive Board Meeting</small>				
19	20	21	22	23	24	25
26	27	28	29	30	31 <small>Deadline for nominations for President, Sec/Treas and District Reps</small>	

SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
	<small>Labour Day</small>					
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
	<small>Thanksgiving Day</small>					
14	15	16	17	18	19	20
		<small>ANNUAL GENERAL MEETING</small>				
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11 <small>Remembrance Day</small>	12	13	14	15	16	17
18	19	20	21	22	23	24
		<small>Executive Board Meeting</small>				
25	26	27	28	29	30	

DECEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30 <small>*Contract Expiry Central Park Lodge</small>	24/31	25	26	27	28	29
		<small>Christmas Day</small>	<small>Boxing Day</small>			