

SUN Spots

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2013 Bargaining Conference Highlights



STRENGTH &
SOLIDARITY

Strength & Solidarity: Highlights from the 2013

On November 13 and 14, 2013, 330 SUN members — including 129 members attending their first Bargaining Conference and 32 youth members in attendance — came together at the 2013 Bargaining Conference in Saskatoon to discuss the challenges the SUN Provincial Negotiations Committee faces in the next round of bargaining.



In her opening remarks, SUN President Tracy Zambory asked, “Strength and Solidarity — what do these two words mean to you?”

“To me, it’s security in a solid and respected organization. An organization that I can trust — one that goes the distance to protect my workplace rights, profession and patients. I truly believe we all have this strength in SUN.

But these words also mean so much more — they are a symbol of personal responsibility to my Union and to my colleagues. I know that I have an individual role to play in making my Union strong. As just one piece of the collective — I am powerless to affect change — but when we stand together in solidarity with the almost 9,000 Registered Nurse, Registered Psychiatric Nurse and Registered Nurse (Nurse Practitioner) sisters and brothers, we have a voice and I am strong. We are all strong. That’s what trade unionism is all about.”

Following her opening remarks, Zambory provided the membership with an update on the work SUN has been doing with the Ministry of Health, in regard to members concerns about patient safety and the replacement of registered nurses. Zambory announced that the Ministry is taking action and issued a directive to all Regional Health Authorities:

“... to pause Registered Nurse (RN) position abolishment until January 31, 2014. This will create time for a more thorough review at the Tripartite Table of the issues you have raised. It will also give the Saskatchewan Registered Nurses’ Association a chance to engage Ministry of Health officials, other stakeholders and SUN on clarifying roles and responsibilities among health care providers. By better clarifying these roles, we can move forward in a way that helps RHAs most effectively use their resources to support better patient outcomes.”¹ (Note: this temporary stay is not retroactive and only addresses abolishment of registered nurse positions on a go-forward basis.)

Amber Alecxe, Director of Government Relations and Patients and Families First, followed Zambory’s announcement expanding on the work SUN has

¹Minister Duncan letter to SUN President, Tracy Zambory, November 13, 2013.

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been doing in regard to Government Relations and strengthening the Tripartite Agreement.

Alecxe indicated that while this temporary pause is only the first step, SUN believes it to be a crucial one. This pause will create time to formulate a more permanent, proactive and workable registered nurse staffing strategy that will ensure our [SUN and Ministry] shared goals of supporting better, safer patient and family-centred care are met in 2014 and into the future. SUN continues to advocate that the proper evaluation of data relating to staffing and patient outcomes, as well as registered nurse role clarity, are essential early components of this process.

Alecxe also provided a brief summary of the work of the Tripartite Steering Committee, commenting that “like every new venture, we knew the Tripartite Agreement was going to take time and patience before we saw real, tangible results. As we prepare for negotiating a new Collective Agreement, we must also be mindful of the opportunities a renewed Tripartite Agreement could offer.”

“We believe that Minister Duncan is open to renewing the Tripartite Agreement. On October 28, 2013, he made mention of the Agreement, during Question Period in the legislature, referencing future negotiations,” added Alecxe. “Minister Duncan

has also made mention on several occasions of the 800 additional registered nurses the province has seen since our first Government Partnership in 2008. The Minister acknowledged that there was a demonstrated need for 1,000 more registered nurses in the province — 200 more than originally identified.”

Alecxe noted that, “the challenge before us is to protect those 1,000 positions — to not see them replaced or abolished from the workforce. For SUN, a renewed Tripartite Agreement would potentially capture these positions with the necessary funding attached, plus new targets for baseline staffing, and research and evidence influenced guidelines to base changes to model of care decisions on.”

SUN’s Chief Negotiator and Director of Labour Relations, Kelly Miner, picked up where Alecxe left off speaking of the delivery of healthcare challenges SUN members are facing in their workplaces, as well as the challenges facing public sector bargaining both at the provincial and federal levels.

Miner reminded us that the proposed changes to the yet to be proclaimed *Saskatchewan Employment Act*, drastically alters the definition of “employee” and “supervisory employee” effecting who can be represented by a union at all and who can stay in their current bargaining unit with their collective

Left: Paul Kuling, Second Vice President and Negotiations Committee Chair

Right: SUN President, Tracy Zambory, and CFNU President, Linda Silas





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agreement. These two new definitions have the potential to make considerable changes to the makeup of SUN's membership.

Miner added that these new definitions are something SUN must monitor and assess very carefully as we prepare for bargaining. How will this new legislation impact members, the organization, and our ability to advocate for registered nurses as a collective? Each of these questions are being carefully considered to ensure SUN is protecting our members' best interests today and will work to secure contract language to protect those same interests into the future.

On the national front, Miner reported that our fellow nurses unions are facing similar circumstances — layoffs, closures, and the replacement of nurses with other healthcare professionals. In Canada, there is a concerted effort on the part of provincial and federal governments to reduce costs and services of public services. Private sector settlements are often eclipsing public sector settlements as governments introduce legislation to further restrict and restrain collective bargaining.

Of note, in March 2013, the Alberta government introduced a wage freeze of zero percent (0%) for the public sector. Alberta settlements, as well as those in British Columbia and Manitoba, are the comparators that form the "Western Average" which is often used in Saskatchewan public sector settlements.

Paul Kuling, Second Vice-President on the SUN Board of Directors and Negotiations Committee Chair, spoke about how healthcare decisions are being made based on targets and budgetary restrictions, not on research and evidence concerning patient safety and outcomes and the impact of such decisions SUN members are seeing in their own professional lives. Kuling spoke of the impact of replacing registered nurses with other healthcare providers has on patients and the profession, and the services members are able to provide their communities.

SUN members embrace wearing white by purchasing white SUN scrub tops.



"More often than not, the impact we see is negative," stressed Kuling. "On a daily basis we see our patients' safety increasingly at risk and our ability to provide the high quality care in jeopardy."

Kuling reinforced that even in this rapidly changing environment, SUN continues to engage in new opportunities to promote registered nurses and ensure that we are attempting to stay in front of the changing legislative environment. The roll-over agreement obtained in 2012, resulted in very little progress in the way of addressing the language issues that SUN had hoped to directly discuss. With this in mind the same bargaining priorities from 2011 were presented by the Board of Directors — and passed by the membership — during the 2013 Annual Meeting in April:

- Workload
- Safe staffing
- Solutions to health delivery challenges
- Maintenance of competitive wages and premiums
- Contract Administration and Interpretation (Housekeeping)

Kuling informed members that the Board of Directors and Negotiations Committee have become acutely aware of the growing demands and challenges members face as registered nurses and as SUN members. The rapidly increasing replacement of registered nurses by other healthcare providers and the looming threat of Bill 85 — *The Saskatchewan Employment Act*, prompted the Negotiations Committee to recommend a new priority — the **Protection of the Bargaining Unit**. Without the ability to protect SUN members and their individual and collective rights under their collective agreements — the other priorities fade in importance as our ability to collectively act diminishes.

With the pending proclamation of the new labour legislation, SUN faces a number of issues that could impact our priorities and principles for bargaining. Issues such as the scope of one's position — whether or not your position belongs in or out of the SUN bargaining unit — is a critical one as it will determine the scope our membership captures; this detail will need to be negotiated in this round of bargaining. The changing definition of employee will determine the types of positions that are barred from union membership as well as what positions are supervisory and may be in a new 'supervisor' bargaining unit.

This new 'supervisor' bargaining unit would need to negotiate a new collective agreement but first the 'supervisory' employees would need to organize and apply to be SUN members at the Labour Relations Board. A vote by these employees would then be held; a vote in favour of the new bargaining unit

would signal the ability to negotiate a first collective agreement. As for the terms and conditions, wages and benefits, while this takes place and before a new collective agreement is negotiated, that is unknown.

Devolution of registered nursing work and practice to other healthcare providers adds to the importance of protecting the bargaining unit. These three items have a direct impact on workload issues, safe staffing concerns, and finding solutions to the delivery of healthcare challenges.

Kuling reminded attendees, that given the complex nature of each of our priorities, SUN needs to be flexible and fluid in our approach to negotiations in order to achieve our goals at the table.

The second day of the Conference was dedicated to reviewing and discussing the comprehensive principles package presented by the Provincial Negotiations Committee; members in attendance voted in favour of the Negotiations Committee proceeding based on the rationale and principles presented. These principles provide the Committee with the autonomy required to achieve a collective bargaining agreement that meets the needs and addresses the concerns of the membership.

“No matter the climate or the challenges your Committee will face, we will negotiate a fair and competitive collective agreement. We will persevere and will not falter knowing we have 9,000 registered nurses behind us,” concluded Kuling. “Your Committee is committed to ensuring the rights and benefits in our collective agreements today — the rights and benefits that we have rightfully earned through years of bargaining — will meet the challenges discussed today and provide for a secure future for our members.”

Closing the Conference, President Zambory commented, “We are just at the beginning — but I have to say, I feel confident. Confident knowing we have the backing of a strong and solid organization but confident also in the leadership in this room today.”

“I will leave you with a thought,” added Zambory. “Solidarity is contagious, but it starts with you as an individual — it starts with a conversation. So go out to your workplaces tomorrow and the day after that and the following day and speak to your colleagues and inspire them to also become active in their Union. We can — in solidarity — achieve the goals that reinforce registered nursing as an honoured and respected profession. Working standards, safe conditions — for the member and the patient — and retaining the registered nursing profession are the core of our priorities and frame the principles. Let’s keep the momentum going.”

Wear White Initiative

Public polling continues to indicate that it is important to our patients and their families to identify who their care provider is — with 79.2% of those recently surveyed in agreement with this statement (SUN Public Opinion Poll conducted October 2013).

We know that many SUN members are already wearing their RN/RPN/NP pins and often have their designation identified on their regional ID, but that may not be enough. Next door in Alberta there is a campaign happening right now — and has taken root in Atlantic Canada as well — for registered nurses to be easily identified by wearing white.

During the 2013 Bargaining Conference, Heather Smith, President of the United Nurses of Alberta (UNA), shared the challenges UNA members face in being recognized as a valued member of the healthcare system and being replaced by unregulated healthcare providers. Smith spoke of the need for registered nurses to take a stand and reclaim their profession — to be seen as a valuable asset on the healthcare team. To show their pride in their profession and their support for their Negotiations Committee, UNA members engaged in a “Wear White Wednesday” campaign.

By simply wearing white — the symbolic registered nurse ‘colour’ — the public can easily identify who their RN, RPN or NP is, recognize the registered nurses’ commitment to their profession, and recognize the value registered nurses bring to the healthcare team.

Following an empowering video from UNA on their “Wear White Wednesday” campaign, SUN members at the Bargaining Conference demonstrated overwhelming support (98% in favour) for going to an easily identifiable, common uniform — white top with black or burgundy pants. The key is the white top and the identification that this is worn by registered nurses exclusively.

SUN is ready and willing to join this movement — to demonstrate pride in our profession; to support our profession, and to clearly be identified as RNs, RPNs and NPs. In support of this initiative, SUN members were provided with a white t-shirt and encouraged to wear the shirt on Day Two of the Conference to show their support for their profession and their Provincial Negotiations Committee. As the pictures show — the visual was amazing!

For more information on the “Wear White” initiative, see page 6.

Assert Your Professional Presence SUN Launches



*UNA members wear white tops to work to stand out as registered nurses.
Photo source: <http://una.ab.ca/202/wear-white-wednesdays-to-show-your-professional-pride>*

Today there is a growing number of practitioners and support staff working within our healthcare system — all wearing scrubs in a variety of colours and patterns. This colourful array of uniforms has made it increasingly difficult for patients, families and visiting practitioners to recognize the role each provider plays — are you a registered nurse? Dietician? Housekeeping? It is hard to tell the difference.

In SUN's most recent public opinion poll — conducted in October 2013 — 79.2% of those polled indicated that it is important to patients and their families to be able to identify who their care provider is.

Each day across Canada the lines between registered nurses (RNs, RPNs and NPs) and other healthcare providers become more and more blurred as health authorities expand the scope of practice for select providers and attempt to replace registered nurses with other care providers at a lower wage — this is being done without the support of research and evidence and has the potential to have a negative impact on the patients registered nurses care for.

This troubling trend has sparked a movement — a movement to re-inspire registered nurses to find their passion and pride for their profession; to find the courage to speak out against the replacement

*NBNU members show their pride as registered nurses by wearing white.
Photo source: New Brunswick Nurses Union (NBNU)*



Wear White Campaign

of registered nurses and to stand up and say “I am A REGISTERED NURSE (RN/RPN/NP)”. Over the past five years, nurses’ unions in Canada have embarked on public relations and awareness campaign to educate the public on the value registered nurses bring to the healthcare system.

In 2011, SUN launched our Making The Difference (MTD) campaign to do the same — to improve the public’s understanding and appreciation for the role of the registered nurse. No matter how successful a public campaign we run, there will be still be challenges to solidifying the role of the registered nurse. SUN has taken the first steps identifying the role and value of registered nurses with our MTD campaign — but this is a broad campaign and we cannot show ALL that registered nurses do to clearly separate us from the rest.

With the blurred lines between practitioners and a colourful sea of uniforms, it has never been more important for registered nurses to be easily identified and recognized in the workplace.

It’s an issue of job security. If they don’t know who we are then they won’t know when we are not there or present only in small numbers, they won’t know the true value of a registered nurse. This is not about the employer or being dictated to, it is about pride in our profession, our value as registered nurses, our skills and expertise. It is time to do more than talk about our identity. It is time for action.

Registered nurses in Alberta and Atlantic Canada are wearing white scrub tops or shirts to show pride in their profession, to be more visible to their patients and visitors, to protect their collective rights, and draw attention to patient safety. Nurses across Canada have chosen to **Stand Out** as a way of **Standing Up** for their profession and their patients.

By simply wearing a white scrub top or shirt to work, patients and the public can easily identify who their RN, RPN or NP is, recognize the registered nurses’ commitment to their profession, and recognize the value registered nurses bring to the healthcare team.

In the face of lay-offs, UNA (United Nurses of Alberta) members initiated a campaign to wear white on Wednesdays to draw attention the value registered nurses bring to the healthcare system and support their Negotiations Committee. In New Brunswick, NBNU (New Brunswick Nurses Union) members wear white to help the public recognize their registered nurses — or lack thereof — and draw a distinction between registered nurses and other care providers.

From the patient’s perspective, patients for the most part feel the traditional white or standardized uniforms present a professional image and make it easier to identify the registered nurse(s), indicating *“it would help alleviate some of the confusion and fear that patients experience when hospitalized to recognize a nurse by their uniform.”*¹

Research has shown that *“nursing uniforms are a nonverbal, conscious statement that registered nurses have the skills and knowledge to care for others.”*² *“The uniform has been a distinguishing characteristic for nurses, and in the absence of the uniform, patients and families have difficulty identifying them.”*³ The conversation about clearly identifying ourselves as registered nurses and wearing the traditional white uniforms continued during SUN’s Education Conference (October 2013) and Bargaining Conference (November 2013) — with an average of 98% in favour of taking similar steps to help registered nurses stand out among other healthcare providers.

As registered nurses we have a professional obligation to identify ourselves as a RN/RPN/ NP, and *while most registered nurses do meet the standard for verbal identification, patients frequently forget their nurse’s name, and the identification badge is often too small to be legible. Patients and families experience confusion when nurses do not wear identifying clothing.*⁴

Shelley Chase, RN,
and Amy Nordin, RN,
SUN Local 43



Carrie Parkvold, RN,
SUN Local 285



Introducing ourselves as a RN, RPN or NP and wearing our RN/RPN/NP pin with pride is only the first step. Actions speak louder than words — and it is time to take action.

The SUN Board of Directors is calling upon all SUN members to embrace this movement and (when appropriate) wear a white scrub top, lab coat or dress shirt to work with your designation pin.

SUN is calling upon our members to follow in the footsteps of our brothers and sisters in Alberta and Atlantic Canada, and demonstrate our pride in our profession, to support our collective rights as registered nurses, and to clearly be identified as RNs, RPNs and NPs by embracing this powerful movement.

By **Wearing White** we can **Stand Up** for our profession; **Stand Out** from other healthcare providers and **Assert Our Professional Presence**.

SUN encourages each and every member to show leadership and take pride in being a registered nurse. Start the conversation in your workplace and ask your colleagues if they are willing to join the Wear White campaign to promote our profession.

Lisi Montano, RN,
SUN Local 106

It has never been more important for us to help patients, clients, residents, families and the public identify us and recognize the value, skills, knowledge and expertise that registered nurses possess. We must promote ourselves and the future of our profession.

References

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- ²Spragley, F. and K. Francis. 2006. "Nursing Uniforms: Professional Symbol or Outdated Relic?" *Nursing Management* 37(10): 55-58.
- ³Kaser, M., L. W. Bugle and E. Jackson. 2009. "Dress Code Debate: To What Degree Does Nursing Attire Influence Patient Perception of Care Experience?" *Nursing Management* 40(1): 33-38.
- ⁴Skorupski, V. and R. Rea. 2006. "Patients' Perceptions of Today's Nursing Attire. Exploring Dual Images." *Journal of Nursing Administration* 36(9): 393-401.

New Pins for 2014

The new RN/RPN/NP designation of pins have been ordered and will be sent to members in early 2014. A limited number of die-cast pins are available upon request. Contact SUN today to update your mailing address — database@sun-nurses.sk.ca



Already Wearing White?

Send us your photos!

sun.communications@sun-nurses.sk.ca with your name(s), designation(s) and the facility you work at."

Kelly McNeil, RN, and
Lori den Brok, RPN,
SUN Local 43



White SUN Uniforms Available On-line

At the 2013 Bargaining Conference SUN launched the sale of WHITE uniform tops — those tops are now available to view on-line!

At present, we have two (2) women's styles available plus one unisex style. Each scrub comes with the SUN logo embroidered on the sleeve and your RN, RPN or NP designation (embroidered).

In addition to the scrub tops we also have women's and unisex style lab coats available for purchase (includes logo and designation).

Recognizing not all SUN members wear a scrub top or lab coat, SUN is currently exploring other clothing options for 2014.

Download your order form today at
<http://sun-nurses.sk.ca/index/wear-white/uniforms>

Cash or cheque only — payment must accompany order form before processing.



CALL FOR NOMINATIONS



2014 SUN Provincial Elections

Looking to get more involved in your Union? Are you ready to challenge yourself as a leader? Do people turn to you for guidance and advice? Then do we have a job for you — become a member of the SUN Board of Directors!

The following positions on the Board of Directors are open for election to a two (2) year term (May 2014 – April 2016):

- First Vice-President
- Region Representatives for Regions 2, 4, and 6 (1 position per region)
- Base Hospital Representatives for Saskatoon and Regina (1 position per region)

As per Bylaw 4.09 the deadline for submitting nominations to the Regina SUN office is: **1630 hours, January 21, 2014**

NOTE: Nominations received after the deadline of 1630 hours, January 21, 2014 will not be accepted.

For more information on the terms of reference for each position and the election process, visit <http://sun-nurses.sk.ca/sun-leadership/2014-elections>. Nomination forms are also available for download on the website.

Protecting Our Profession, Preserving Our Collective

September 17 and 18 of this year, SUN conducted a brief telephone survey to capture a snap shot of the impact the replacement of registered nurses is having on patient safety and outcomes.

The results of the phone survey were no surprise — 67% of those surveyed indicated patient safety has NOT improved over the last year and 60% of the members surveyed reported an increase in near misses, adverse events and critical incidents as they relate to patient safety.

While SUN recognizes Regional Health Authorities (RHAs) are under intense budgetary pressure, recent changes in the healthcare system are actually increasing long term costs at the risk of patient safety. Increased employee turnover and disengagement add to the costs without any improvement in the system.

Having a higher proportion of registered nurses in the staffing mix has been associated with decreased negative patient outcomes.

Some of these recent trends include: model of care changes; policy changes; the replacement and abolition of registered nurse positions; budget driven staffing; and workforce substitution practices.

All of this is occurring without the support of research and evidence or a framework for evaluating patient outcomes and safety.

Since October 2013, SUN has been discussing our concerns with these troubling trends. With each conversation had, SUN members are becoming increasingly concerned for their patients, their profession, and their collective rights.

As registered nurses we know we provide an added value to the healthcare system. Research actually shows registered nurse care saves the healthcare system money and that the money spent on implementing safe staffing models can be recuperated down the road. Having a higher proportion of registered nurses in the staffing mix has been associated with decreased negative patient outcomes, increased patient safety and satisfaction with care, while not necessarily increasing costs.¹

This is reinforced by research linking increased nurse staffing and reduced length of stay, readmission, patient morbidity, medication errors and nurse turnover.

Simply put appropriate registered nurse staffing **is** a means to effectively bend the cost curve and not a hindrance.

We know there is a lot happening all over the province at the moment — SUN's challenge is staying on top of everything that's going on under the very broad umbrella of “transformation” and the effect such change is having on our profession, our bargaining unit and our patients.

We know a lot of decisions are being driven by enormous budgetary pressures being placed on the Health Regions by the government. We also know from member polling that you are feeling the pressures of short staffing, increased workloads and system capacity deficiencies, and these conditions are negatively affecting patient safety.

As professionals we always put our patients first; we take care of them before we take care of ourselves. But at some point we need to stop and look at what is happening around us and consider how these events are affecting our profession — as individuals and as a collective — and our ability to continue putting our patients first.

Currently, registered nurses are seeing their positions being abolished and/or replaced with lesser qualified health care providers. To add insult to injury, this change has seen an alarming increase in the past four (4) months with a direct correlation to the budget pressures RHAs are facing.

In addition to the increasing loss of registered nursing positions, which in some units is up to 50 percent, employers are choosing to make financial decisions regarding staffing and models of care changes, instead of utilizing research, evidence and best practice to guide that process.

SUN is becoming increasingly aware that employers are using budgetary pressures to legitimize the replacement of registered nurses with lesser qualified providers. This is being done on a shift by shift basis and/or a complete abolishment and replacement of registered nurses. Too often, employers are looking primarily at the short term financial savings and not the needs or care requirements of the patients. Legislation, research, evidence and best practice is clear — registered nurses are not interchangeable with other providers.

Registered nurses have the legislated responsibility for the coordination of healthcare services. In order to coordinate care for a specific client population the registered nurse must be at the point of care, that is, the registered nurse must be in attendance, knowledgeable about the healthcare facility, the client population being served and the specific needs of the clients in their care (SRNA,

¹<http://makingthedifference.ca/index/bend-cost-curve>

Rights, and Advocating For Our Patients

2011). NOTE: SUN maintains that this responsibility holds true for RPNs.

Registered nurses have very specific legislated responsibilities involving the education, initial and ongoing assessment, assignment, and coordination of care. These responsibilities cannot be assigned or delegated to another, less educated, provider. Registered nurses retain the legal responsibilities of care coordination and assignment of care to other members of the care team.

SUN is not undermining or minimizing any members of the healthcare team, but the reality is OUR role on the healthcare team is being threatened and undervalued. If we continue to sit back and be silent because we don't want to rock the boat, then we will continue to be replaced or see registered nurse positions disappear from the system.

As professionals we have the courage, the skills, and the confidence to be advocates for our patients — but do we have the same courage and confidence to advocate for our collective rights and for our profession?

To be clear, this is not about pitting registered nurses against LPNs or Special Care Aides or any other profession. It is not personal — we work with a team of exceptional healthcare providers. This is about ensuring that the role of the registered nurse is not undervalued, diminished or replaced.

This is not about the length of education one receives — it is about the depth and breadth of

that education and the evidence-based impact on patient care. If all healthcare providers were the same and could safely and legally do each other's jobs there would be no need for the different education programs or the different designations. The fact is we are NOT the same.

There is value, in fact great value, in the role of other healthcare employees — many of whom are professional, licensed practitioners. We all have a role in a system that puts patient health and safety at the forefront — but we are NOT interchangeable. We all play a very different role on the healthcare team.

SUN is definitely not in the business of attempting to minimize the invaluable role every member of the healthcare team plays. We are, however, extremely concerned about the steady erosion of the registered nursing workforce in our province to levels below what research points to as essential to safe patient care.

When we allow the replacement of registered nurses to happen we are undermining our profession, our collective bargaining rights, and are putting patients at risk.

SUN is receiving increasingly frequent calls of concern from members about unsafe patient care. Since April 2013 alone, 471 Work Situation Reports: 71 percent of the total for the fiscal year of 2012-2013 — have been filed documenting unsafe conditions, adverse events, near misses, and



SUN is receiving increasingly frequent calls of concern from members about unsafe patient care.

critical incidents; many of which could have been prevented; 84 percent are related to staffing levels.

SUN maintains that by not having a registered nurse at the direct point of care to provide the necessary assessment and critical thinking skills we are putting our patients at risk. This is not only our belief, but it is the reality.

Since the summer SUN has not let up on our pressure on the Government to address the patient safety issues, as a result of RHA and Government actions. Since September, SUN Provincial has been meeting with Minister Duncan, Ministry of Health officials, and the Government's Standing Committee on Human Resources to voice your concerns around patient safety.

SUN has made three very distinct requests of the Minister and the Ministry of Health that we believe will aid in reversing these trends and improving

patient safety. We have asked the Minister to direct Ministry and RHA officials to:

- Work jointly with SUN to devise an action plan to reverse these trends and ensure safe patient care while maintaining value for the system;
- Meet agreed upon registered nurse full-time equivalent (FTE) numbers, ensure these numbers are appropriate for the needs of the patient population, and uphold the principles of the Tripartite Agreement; and
- Ensure compliance with existing legislation, and require RHA accountability in making changes to models of care and staffing practices based on evidence and measure for patient outcomes.

The Ministry has heard your concerns and on November 13, 2013, issued a directive to the RHAs:

"to pause Registered Nurse (RN) position abolishment until January 31, 2014. This will create time for a more thorough review at the Partnership Table of the issues you have raised. It will also give the Saskatchewan Registered Nurses' Association a chance to engage Ministry of Health officials, other stakeholders and SUN on clarifying roles and responsibilities among health care providers. By better clarifying these roles, we can move forward in a way that helps RHAs most effectively use their resources to support better patient outcomes."²

While this is only the first step, we believe it to be a crucial one. This pause will create time to formulate a proactive and workable registered nurse staffing strategy that will ensure our shared goals of supporting better, safer patient and family-centred care are met in 2014 and into the future. The evaluation of data relating to staffing and patient outcomes, as well as registered nurse role clarity, are essential early components of this process.

The Ministry's directive is only a short-term one, and as registered nurses, we need to continue to find that same courage and confidence we have to advocate for our patients and be advocates for our profession. We need to find the passion and pride for OUR profession that we once were so eager and willing to voice. We must remember that by protecting our rights and our profession, we ARE protecting our patients.



²Minister Duncan letter to SUN President, Tracy Zambory, November 13, 2013.

Optimization of RN/RPN Practice: Evaluation of Patient Care

Evaluation of nursing care is the final component in the nursing process. It is the professional responsibility of all registered nurses (RNs/RPNs) to ensure that plans of care and patient outcomes are evaluated on an ongoing basis. Evaluation of care is a very important and in-depth component requiring significant reflection, clinical expertise, critical thinking and decision making.

Evaluation is the act of measuring the patient's response to nursing actions and interventions. It is a continuous and ongoing process that involves the RN/RPN completing an evaluation to determine if the goals, as determined in the assessment and planning phases, have been met. This includes evaluation of short term, medium term and long term goals. Additionally, RNs/RPNs continuously evaluate plans of care and make revisions to the plan as necessary in consultation and collaboration with other members of the healthcare team including the patient and family (Government of Nova Scotia, 2013).

Evaluation of plans of care is based on RN/RPN observations, in conjunction with a thorough review of expected and unexpected outcomes. Through utilization of the depth and breadth of nursing knowledge in terms of patient assessment and evaluation, RNs/RPNs recognize changes in patient status and progress, which may result in a reassessment and revision of the current nursing care plan (Government of Nova Scotia, 2013). Generally, evaluation of client outcomes is described in terms of improving, stabilizing or deteriorating (Nursing Process, 2013). It is also imperative to evaluate readiness for discharge including the ability of the patient and family to manage effectively upon leaving the healthcare setting.

It is important to acknowledge that evaluation is more than a general review and documentation of responses. It includes the evaluation of total patient progress. The SRNA (2004) identifies that "monitoring of client progress and evaluation of care involves astute observation and critical thinking, decisive action and resourceful problem solving regardless of the setting in which the care is provided" (p. 2).

To ensure the evaluation process is optimized it must involve initiating and maintaining the integrated patient care plan from admission to discharge and determining the effectiveness of patient driven and patient-centered nursing

practice. This includes managing patient follow-up and developing and leading health promotion and disease prevention activities (Government of Nova Scotia, 2013).

As with all other components of care, patients and their families must be included in the evaluation process. It is imperative for quality care that patients and their families understand how their care is progressing and are actively involved in determining further courses of action. This ensures patient and family readiness to manage any on-going concerns and assists in decreasing readmission rates.

As with all care provided by RNs/RPNs, evaluation processes and findings must be documented. Documentation provides written proof of what you as a professional have done, the knowledge you have utilized and applied, the decision making that has taken place, promotes quality improvement, and protects against liability (SRNA, 2011). Additionally, effective documentation is a vital communication tool for all members of the healthcare team and aides in ensuring patient safety (SRNA).

While we are all working in very busy environments, and dealing with many issues, it is imperative that as professional RNs/RPNs, we implement the nursing process in its entirety. This includes ensuring evaluation of patients' response to care is always performed. Evaluation of client care on an on-going basis contributes continuity of care and assists in measuring the quality of nursing care provided in a healthcare setting. As RNs/RPNs ensure that our expertise is applied to the delivery of safe patient care every day — the evidence shows, we do "make a difference".

NOTE: While some references mentioned above are RN specific, SUN continues to advocate the same is true for RPNs.

References

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Educate – Communicate – Participate

At the 2012 Education Conference Kelly Miner, SUN's Director of Labour Relations reported the details of The Saskatchewan Employment Act and Bill C-377 were yet to be known.

As the details of the new legislation became available, SUN members expressed their concerns about the impact such legislation would have on patient care and their communities. In spite of the direct opposition to portions of the legislation and the thousands of Saskatchewan citizens — SUN members included — who signed petitions, sent letters, spoke to their MLAs, and used social media to have their disapproval heard, on May 13, 2013 Bill 85 — *The Saskatchewan Employment Act* was passed.

As well, on June 6, 2013, the Federal Government introduced a similar attack on Canadian Unions with the federal private members Bill C-525: An Act to Amend the Canada Labour Code.

The SUN Board of Directors saw these events as clear indicators that we have an uphill journey to preserve our strength, solidarity and profession; to continue advocating for patient safety and quality healthcare; and to continue to campaign for what everyone deserves — decent hours of work, wages and a safe workplace. The SUN Board determined that the best defense starts with well-educated members and communities.

In order to provide for in-depth presentation on these issues the SUN Board of Directors decided to once again make a change to the standard format of the 2013 Education Conference by offering a common first day and three levels of workshops on the second day. To provide more SUN members the

opportunity to attend the common first day, it was agreed that 100 additional members would receive funding.

The goal of the first day (October 8, 2013) was to provide SUN members with the knowledge and skills necessary for them to further educate their fellow SUN members; communicate and exercise their democratic rights; and to feel empowered to participate in their Union. The turnout for the 2013 Education Conference was amazing — 196 members were in attendance with close to half of those being first time attendees.

Although she could not be present, SUN President, Tracy Zambory, addressed the members via video.

“Each and every one of you in this room here today is a leader. Whether this is your first Education Conference or your tenth, you have made a choice to get involved in your Union. You have chosen to learn more about the environment we function in, the challenges we collectively face as registered nurses and as trade unionists and what you can do to make a difference — and for this, I thank you.

But we need you to take it one step beyond simply attending this Conference. This is where the “educate”, “communicate” and “participate” pieces come in. These are essential components for building a strong and healthy Union that is bound in solidarity by a common goal.

We don't want the learning to stop when this Conference ends. We sincerely hope you will leave feeling energized and confident in your ability to begin to share what you have learned with your SUN sisters and brothers.

You will be SUN's ambassadors in the workplace — armed with the knowledge necessary to educate your fellow SUN members so they too can confidently communicate and exercise their democratic rights; and feel empowered to participate in their Union.

This is how we affect change — This is how we create a movement — This is how we strengthen solidarity.”

Day One started with an in-depth panel discussion and analysis of the not yet proclaimed Bill 85 — *The Saskatchewan Employment Act* and the impact on our membership. Our expert panel, moderated by Andrew Stevens, Associate Professor of Industrial Relations and Human Resource Management at the University of Regina, included Dr. David Doorey, Associate Professor of Labour and Employment Law at York University, Ronni A. Nordal, Legal Professional Corporation for Richmond Nychuk, and Aidan Conway, SUN's Research and Policy Analyst Officer.

Aidan Conway kicked things off by giving us a brief history lesson on labour legislation and the

Level One participants work through contract interpretation exercises.



anti-union changes brought forward by various Saskatchewan governments. “In Canada, in the 30-odd years between 1982 and May of 2012 there have been 197 laws passed that limit collective bargaining and union rights, including 88 back-to-work orders, 44 laws removing bargaining rights, 52 laws restricting what can be a bargaining issue or restricting other activities of unions, and 13 laws raising barriers to workers joining unions or unions gaining certification.”

Conway also noted that the “attack on unions” over the past several decades has had a negative effect on non-unionized employees. “Employees in the private sector have taken a beating in the last twenty years. Unionization rates are at historic lows, work has become more precarious and less likely to come with decent benefits. And the burden of taxation has been systematically shifted from corporations and the wealthy to middle income earners. The expectations of many workers have been reduced.

Conway reminded us that “as union members we have important reasons to be concerned and outraged by the attacks on workers and union rights. But we equally have reason to be concerned as members of the community — as we continue to see trends of inequality, social injustice and the decline of meaningful democratic debate about the direction we are going as a society.”

Ronni Nordal provided members with a legal perspective and further explained the potential impact to SUN members and the unique position of being a registered nurse. Nordal reminded members that Bill 85 has changed the definition of “employee” limiting the criteria for which employees have the right to union representation and which employees are deemed out of scope. Bill 85 also introduces a new definition of “supervisory employee” determining employees who independently assign work to employees and monitor the quality of work produced by employees; assign hours of work and overtime; provide an assessment to be used for work appraisals or merit increases for employees; and/or recommend disciplining employees would no longer be able to be represented by the same bargaining unit as the employees in which they supervise. Nordal stressed that SUN continues to advocate that the role of every registered nurse is inherent of a supervisor role.

Nordal highlighted that SUN’s concern and challenge is to determine who will remain a SUN member and the impact this will have on patients if registered nurses are no longer available at the bedside. Through a quick stand up/sit down exercise, Nordal was able to demonstrate the drastic



impact these changes will have on the members SUN represents.

After working through the new definitions and having members sit down if the definitions applied to them — we were left with less than 10% of the members standing and therefore remaining SUN members. While the finer details of the Act have been left to the regulations — this visualization was an eye opener and an alarming realization for members in attendance.

Nordal also commented that the “union vs union” mentality of Bill 85 puts all unions at risk of losing members as the Employer could determine they will only negotiate with one bargaining unit per facility. The current structure allows for multiple bargaining units and collective agreements per facility.

Following the introduction of Bill 85 (December 2012), SUN commissioned Dr. David Doorey, from York University to provide an analysis of the proposed legislation — including the House amendments introduced in May of 2013. Dr. Doorey joined SUN during the Education Conference to provide members with a fresh perspective on Bill 85.

Doorey’s number one question is “why”? Why now? What was wrong with the previous legislation? Why make these changes and what are they supposed to accomplish? After analyzing Bill 85, he was no closer to answering these questions than SUN was.

“The contempt for collective bargaining embodied in Bill 85 is strangely at odds with the major challenge facing Saskatchewan of creating stable, well-paying jobs with benefits that can attract and retain the large number of workers required to meet the province’s labour needs,” commented Doorey.

“We know from reams of Canadian and international studies spanning decades that one of the most effective ways to raise wages and benefits, and to improve working conditions, is through collective bargaining. This is a longstanding lesson,” commented Doorey. “Collective bargaining helps to distribute wealth down to the masses, and

Level One participants work together on practice scenarios.



Level Two attendees are challenged to put their union knowledge into practice.

is thus directly related to a reduction in income inequality within societies. In Canada, studies have shown that unions raise wages anywhere from 8 to 12 percent, that union wage gains have a trickle over effect into non-union workplaces, and that unionized workers have better benefits and pensions — and therefore more purchasing power.”

Doorey indicated that rather than a balanced and evidence-based public policy initiative to modernize and simplify the laws of work, Bill 85 is quite clearly an ideologically-driven legislative move to accomplish the following:

Limit access to collective bargaining by making it more difficult for workers to organize unions and obtain certification;

Weaken or undermine existing collective bargaining relationships by: encouraging smaller and more fragmented bargaining units; lengthening or removing ‘open periods’ so that unions are under constant threat of decertification and raiding; imposing greater administrative burdens on unions; imposing new limitations on the right to legally withdraw labour services; introducing new mechanisms for employers and factions of workers to challenge union bargaining committees with “final offer” votes.

Give employers greater discretion to control the workplace and their employees by making employment standards more malleable and reducing the oversight role of the state.

Doorey stressed that employees, particularly unionized employees, are entering uncertain territory. “Many unionized workers will wake up to find that collective agreement protections built up over many years have been stripped away with the stroke of a legislator’s pen. Non-union employees may find they are being asked to work longer hours for less pay. Unionized employers will probably confront new tensions, more conflict, and less cooperation from unions and their workers. How all of this will benefit Saskatchewan, and address its need to attract tens of thousands of workers by offering high wages, good benefits, and stable decent jobs, is anyone’s guess.”

During these uncertain times, Saskatchewan is not alone. Provincial governments across Canada — in addition to our federal government — have begun to chip away our legislated and collective rights. Many of these trends are stemming from “Right to Work” or anti-union legislation in place in the United States.

Kenneth Zinn, Political Director of National Nurses United, the largest union and professional association of registered nurses in the United States (US), spoke about the attack on unions and registered nurses in the United States and how that is impacting the patient care.

Zinn spent some time sharing with members an overview of the complex US healthcare system, the socio and economic challenges impacting the social determinants of health, and the trends in labour legislation that have begun to appear in Canada and here in Saskatchewan.

“Nurses are known as advocates for their patients and their communities — and you won’t and shouldn’t be expected to lower this expectation,” said Zinn. “Through passion and commitment, nurses heal the world.”

As we all know, nurses are passionate and dedicated people — they will always put the safety and well-being of their patients before themselves. This characteristic crosses borders and oceans. Zinn informed members that in the US, “nurses can be fired for speaking up for their patients — but they are putting their jobs and their careers at risk because they believe their patients are too important not to.”

“Today — during these instable and uncertain times — it is more important than ever before to stand strong as a union — for your profession and for your patients.”

Kathleen Monk, Senior Advisor, Broadbent Institute, joined the list of Conference speakers to talk about Strengthening Unions’ Public Image: A Labour Of Love.

“The labour movement in Canada is under attack and as a result some of the labour movement’s key vital signs are weakening,” pointed out Monk. “Through proposed legislation, third-party advocacy and aggressive communications strategies, the rights of workers are being undermined through public opinion campaigns.”

“How did the anti-union movement start in Canada and spread to provinces like Saskatchewan?” asked Monk. “Looking south for inspiration, politicians have embraced American and Australian political tactics that seek to divide and conquer and pit union workers against the rest of Canadians.”

The results — public opinion has been manipulated and rhetoric has replaced fact. “The reality

is most Canadians only hear negative news about unions — on strike, locked out, angry, want more money, etc.” said Monk. “The media is only interested in conflict and chases down stories where there are two sides and battle lines are drawn. This means unions are more often than not portrayed on the defensive — either defending their position at the bargaining table or, as of late, defending themselves against anti-union legislation like Bill 85. Most Canadians are left with the impression unions are holding back the economy, when we know the opposite is true.”

So how do we change the story and communicate the positive values of unions?

- Be Proactive – Connect with the larger community, stay positive and hopeful
- Be Positively Offensive (not on the defensive)
- Control own story – Articulate value
- Distinguish between what is important and what is useful – tell the stories that matter to the public

Stemming from her past Communications experience as an advisor on Jack Layton’s campaign for Prime Minister, Monk shared three (3) key principles essential in communicating a successful message internally and externally — reminding us not to give up and keep moving forward:

- Remember you [members] are not the audience
- Only consistency cuts through
- People learn through repetition

Monk pointed out that SUN has already begun the journey down the path of changing the public view of unions through our **Making the Difference** campaign and the **Fair Work Saskatchewan** campaign SUN has been a part of since March 2013.

“Let me be clear my friends: our opponents don’t want our message to be heard,” commented Monk after reflecting on the [legislated] challenges that lay before us [Unions]. “If we want to honour our proud history — all the activists who came before us and who worked hard to achieve our rights — we must be able to cut through the noise. We need to be fearless in our fight against a well-organized and well-funded right wing that wants to reshape Canada as we know it.”

“We need to understand our audience and allow them to hear our message,” added Monk. “We need to be consistent — and this requires unity.”

The closing session of the 2013 Education Conference focused on a combination of topics all impacting the role of the registered nurse and the safety of our patients. Joined by Kelly Miner, Director of Labour Relations, and Colin Hein, Nurse Research/Practice Advisor for SUN, Denise Dick, First Vice-President, walked members through the troubling trends — such as the replacement of registered nurses with other healthcare providers at

a lower wage and the changes to models of care delivery — affecting registered nurses abilities to deliver safe patient care and in turn how these trends are impacting SUN members’ collective rights.

Dick expressed SUN’s growing concerns with the budget driven changes to models of care that are being implemented across the province and the lack of research and evidence guiding these decisions. During this session members took to the microphone to share their stories of how the replacement and/or abolishment of registered nurses in their facility is negatively impacting patients’ safety and care. In addition, the members in attendance signed letters expressing their commitment to patient safety and called upon the Ministry of Health and their regulatory bodies to work with SUN to reverse the negative trends in healthcare.

During the 2013 Education Conference, SUN shared the similar troubles our brothers and sisters in Alberta are having in regard to the replacement of registered nurses. To assert their professional presence and to clearly stand out and draw attention to the value registered nurses bring to the healthcare system, UNA (United Nurses of Alberta) members choose to embark on a solidarity campaign by wearing white on Wednesday to show their support for the Negotiations Committee. After seeing the visual impact and hearing [video presentation] UNA members speak so passionately about the importance of wearing white uniforms, 98% of SUN members at the Education Conference voted in favour of SUN exploring a similar campaign.

For more information regarding the discussions around replacement of registered nurses and patient safety (page 9) and white uniforms (page 6) see the additional articles published in this issue of SUNSpots.

Day Two in Photos

Day Two of the 2013 Education Conference remained dedicated to providing SUN’s traditional labour school curriculum with the overall goal to engage and encourage members to become leaders in their profession, workplace, communities and in their Union.

Level Three students concluded the day with discussion around leadership and membership engagement.



Occupational Blood and Body Fluid Exposure

Occupational exposure to blood or body fluids, such as a needle stick or splash, could mean you have been exposed to HIV, Hepatitis B, and/or Hepatitis C viruses. The risk of transmission is calculated based on the exposure fluid, type of exposure and the likelihood the source is infected.

If you have suffered a needle stick or blood or body fluid splash, you need to immediately begin first aid. If it is a needle stick or puncture then let the wound bleed. Then wash thoroughly with soap and water. If it is a skin and mucous membrane exposure then wash skin with soap and water, irrigate the eyes gently and if in the mouth, rinse with water. An immediate assessment needs to be done by a healthcare professional (e.g., emergency room, Occupational/Employee Health Service, personal Physician, Nurse Practitioner) to determine if you should access post-exposure prophylaxis (PEP) for HIV and Hepatitis B.

Your employer is required, through Occupational Health and Safety legislation and in accordance with the Saskatchewan Guidelines for the Management of Exposures to Blood and Body Fluids, 2013, to have HIV and Hepatitis B PEP available to you. Ideally, HIV PEP should be started within two (2) hours of exposure. Although the efficacy is less, the outside time frame to start the antiretrovirals is 72 hours post-exposure. Hepatitis B immune globulin (HBIG) should be provided within 48 hours if necessary. The need for a tetanus vaccination or immune globulin will also be assessed.

Prompt assessment is required and the Health Region policy should explain how the two (2) hour time frame will be met for workers. If a blood and body fluid exposure occurs, call your manager immediately and advise that you have been exposed and require replacement in order to seek assessment and possible treatment. In addition, your Health Region may have an Incident Reporting phone number for you to call. If an immediate response does not occur, you must proceed with accessing the medical evaluation and PEP Kit. Your Employer should make arrangements to transport you to the nearest Post-Exposure Prophylaxis Kit (PEP Kit) location (or have it brought to you) and arrange for immediate assessment for starting on antiretroviral drugs.

If you are required to be seen in an Emergency Department for assessment you need to be seen immediately to keep within the two (2) hour ideal time frame. Phone ahead and upon arrival let the triage nurse know of this time frame. If you are in a rural area and the PEP Kit is two (2) hours away, contact the qualified person who is to do the assessment. Perhaps some of this assessment can be done over the phone.

A PEP Kit includes a three (3) days' supply of antiretroviral drugs (five (5) days in communities north of Prince Albert). This supply in the PEP Kit is available to ensure the exposed worker starts the medications within the 2 hour time frame. The final determination for ongoing HIV PEP is made in consultation with an Infectious Disease Specialist. The course of treatment is 28 days and arrangements must be made for a prescription for the drugs and delivery to the local pharmacy so that no doses are missed. Guidelines for treating HIV infection are changing and drugs supplied in the PEP Kits may change as improved regimens become available.

Saskatchewan's Guidelines for the Management of Exposures to Blood and Body Fluids (2013) lists all locations of PEP Kits in the province. They are located so that healthcare workers can have access to the necessary assessment and antiretroviral drugs within that ideal two (2) hour time frame. Your Occupational Health and Safety (OH&S) department will also have a list of all PEP Kit locations and how to access them.

Prevention of exposure to infectious diseases is always the first line of defense. Eliminating needle pokes is vital. Saskatchewan has had safety-engineered needles in OH&S legislation since 2005. Sharps containers at source, safe disposal of all sharps, and strict no re-capping guidelines are other controls in place around the province. The use of Personal Protective Equipment (PPE) is also a required part of prevention. To avoid blood and body fluid splashes into your mouth, nose and eyes, a face guard is required. Hepatitis vaccine and testing for HBV antibodies on a regular basis are also part of the prevention strategy.

Following an exposure of a healthcare worker to blood or body fluids, the exposed and source person should be tested for HBV, HCV and HIV. Consent must be obtained prior to testing. Testing should not delay the access to antiretroviral drugs.

It is an Employer's duty to ensure, with the worker's consent, that immediate medical evaluation, medical intervention and post-exposure counselling are provided to the injured worker. Time must be made available to complete an Exposure Incident Report Form and complete a Workers' Compensation (WCB) form, which is available online. If this cannot be done on scheduled work time, the Employer must credit the time related to the occupational exposure as work time.

It is important that all healthcare workers are aware of the guidelines to efficiently and immediately manage exposure to blood and body fluids in their workplace. Each Health Region has this information in their OH&S policy manual's Exposure Control Plan. Section 85 of the Saskatchewan Occupational Health and Safety Regulations* outlines the minimal requirement for the Exposure Control Plan. The Employer is required to provide you with that information and ensure that you will be able to receive an assessment and treatment within two hours of exposure regardless of the hour of the day or night, or on weekends and stats. While prevention of blood and body fluid exposure is the first control, every healthcare worker needs to know the steps to take if an exposure occurs. Be prepared! Your health depends on it!

*NOTE: The current Occupational Health and Safety Regulations will be rolled into the regulations associated with the not yet proclaimed *Saskatchewan Employment Act* upon enactment.

Guidelines for the Management of Exposures to Blood and Body Fluids, 2013, (Government of Saskatchewan Ministry of Health) 2013 <http://www.health.gov.sk.ca/hiv-provider-guidelines>

PEPline The National Clinician's Post-Exposure Prophylaxis Hotline National HIV/AIDS Clinicians' Consultation Centre http://www.nccc.ucsf.edu/about_nccc/pepline/

Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis *Infection Control and Hospital Epidemiology*, September 2013, Vol 34, No 9

Guidelines for the Management of Exposures to Blood and Body Fluids

MOST EXPOSURES DO NOT WARRANT HIV PEP, HOWEVER, IT IS STILL RECOMMENDED TO PROVIDE THE INDIVIDUAL WITH BASELINE TESTING AND FOLLOW-UP

This includes:

BASELINE TESTING:

- HIV antibodies (pre-test counselling required)
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)

EDUCATION

- Supportive counselling
- Safer sex education
 - Patients should have protected sex with partners until their results of final HIV antibody testing is known to be negative
- Blood and Body Fluid Precaution Education (to take precautions until final HIV test result is known). See [Section 6 – Counselling and Follow-Up](#)

FOLLOW-UP

- HBV post-exposure prophylaxis (vaccination and HBIg if indicated)
- For Health Region Employee, refer to Regional Occupational/Employee Health Department
- Refer the exposed person to their Family physician
- If source is known positive for HIV, HBV or HCV or their status is unknown complete follow-up testing as per table below
- Send completed Exposure Incident Report Form to MHO

SKIN & MUCOUS MEMBRANE EXPOSURE

FIRST AID

- Skin – wash site liberally with soap and water
- Eyes – irrigate gently with sterile saline
- Mouth – rinse with water
 - Tooth brushing is NOT recommended

Exposed individuals should be assessed **URGENTLY**

If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure

RISK ASSESSMENT

- When did exposure occur
- Nature of exposure (type of fluid and amount)
- Duration of exposure

CONSIDER HIV PEP IF THE FOLLOWING CONDITIONS ARE MET:

If there is exposure of NON-INTACT skin or mucous membrane by blood or other body fluids (excluding urine, saliva & faeces) **AND**
 The source is KNOWN to be HIV positive **OR**
 The source is at **HIGH RISK for HIV** **AND**
 The patient consents to PEP **AND**
 The time from exposure to HIV PEP is < 72 hours

Consider HIV PEP **NO**

Consider HIV PEP **YES**

The HIV PEP Kit may be started if there is a delay in obtaining source information

SOURCE DETAILS

HIV STATUS OF SOURCE UNKNOWN

If available and consents:

- Test for HIV, HBV & HCV
 - Consider possibility of source window period

HIV STATUS OF SOURCE KNOWN TO BE POSITIVE

Information that is helpful for the ID Specialist:

- HIV viral load
- Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
- HBV & HCV status

If HIV positive source, administer 1st dose of HIV PEP regimen to the exposed person (if not already given)

EXPOSED PERSON'S DETAILS

- Medical history including all drugs
- Review for drug interactions on PIP
- Vaccination history for HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

DISCUSS WITH ID SPECIALIST AT TIME OF INCIDENT TO DETERMINE THE NEED FOR ONGOING HIV PEP AND FOLLOW-UP

HBV PEP

- Assess and manage as per Canadian Immunization Guide See [Appendix 8](#)

BASELINE BLOODS

- HIV antibodies
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

EDUCATION

- Likely side-effects of HIV PEP. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Blood and Body Fluid Precautions See [Section 6 – Counselling and Follow-Up](#)
- Patients should have protected sex with partners until results of final HIV antibody testing is known

FOLLOW-UP

- Refer exposed person to Family Physician and/or ID Specialist
- Send completed Exposure Incident Report Form to MHO
- For Health Region Employee, the MHO will refer to Regional Occupational/Employee Health Department

Follow-up Testing	Month 1	Month 3	Month 6
HIV	√	√	
HBsAg		√	
Anti-HCV	√	√	√
Hep C PCR	* - See App 10		

The UNITED WAY – Change Starts Here

The Saskatchewan Union of Nurses (SUN), the Canadian Federation of Nurses Unions (CFNU), and the broader labour movement are proud supporters of the United Way on a national and provincial level.

SUN encourages members to consider how they can make a difference in their communities during the holiday season and on a year round basis — make a donation, volunteer your time, or be advocates for change.

Contact one of the seven (7) United Way branches in Saskatchewan to learn more about how you too can give back to your community. Visit <http://www.unitedway.ca/our-work/united-way-office-locator>.

About the United Way Centraide

Our Mission

Our mission is to improve lives and build communities by engaging individuals and mobilizing collective action. We call this our **community impact mission**.

Community Impact

Community impact is about achieving meaningful, long-term improvements to the quality of life in Canadian communities, by addressing not just the symptoms of problems but also getting at the root causes. It's about making fundamental changes to community conditions.

All United Way Centraides are working together for real change to happen. We do this by:

- Influencing public attitudes, systems and policies
- Focusing on underlying causes of social issues

- Strengthening the network of services and the capacity of non-profits and the community
- Engaging and mobilizing the community's financial resources, influence, time, knowledge and action

By combining community engagement with priority-setting and collaborative action at multiple levels, communities and Canada's United Way Centraides are together achieving lasting, measurable change.

Our Focus Areas

United Way Centraide has three main areas of focus, (see graphic at bottom of this page).

Our Partners — Labour

In 1988, United Way Centraide Canada and the Canadian Labour Congress* formalized our long-term cooperative relationship.

The Canadian Labour Congress is the largest federation of unions in Canada, representing over 3 million working people, and is a key partner in strengthening our communities. The Canadian Labour Congress and United Way Centraide come together at both a national and local level to engage and support workers and working families.

Union members and their families represent a broad spectrum of community members. They are United Way Centraide donors and volunteers, as well as users of the programs and services United Way Centraide funds. At the direction of their membership, unions are also active in the community in their own right, providing cooperative housing, childcare and other services.

It just makes sense for us to work together.

United Way Centraide's three main areas of focus



We are Stronger Together

The Canadian Labour Congress and United Way Centraide jointly offer the three-level Labour Community Advocate training program. This program teaches union members about the resources available in their community and issues of concern to community members. It explores how unions contribute to and can become more involved with their communities. Elements of the program, such as workers' legal employment rights, are available for delivery to non-unionized workers, new Canadians and young workers. In addition, program graduates provide information about available resources to co-workers who are seeking assistance with personal challenges.

Local labour councils and United Ways Centraides have teamed up to support workers who have lost their jobs due to workplace closures or mass layoffs. In some locations they established community-wide adjustment centres to assist workers in their search for alternate and comparable employment, thus keeping the local economy strong and the community healthy.

United Way Centraide and the Canadian Labour Congress work together at the local level to address the immediate needs in their community. For example, unions work with United Ways Centraides to provide meals to hungry community members; backpacks with school supplies for kids whose parents can't afford them; and renovation and repair for community organizations working on a shoe-string.

Unions and United Ways Centraides work together to gather the resources necessary to build strong, resilient communities. Unions seek out members who are interested in the community and United Way Centraide and facilitate their involvement. Unions are key supporters of the annual United Way Centraide campaign, encouraging members to volunteer and give. Approximately 55 percent of the total (national) campaign comes from individual workplace donations, with up to 80 percent of campaign dollars coming from unionized workplaces in some communities.

United Way Centraide and the Canadian Labour Congress connect almost 50 Labour Programs and Services staff in communities across Canada. Labour Programs and Services staff bring United Ways Centraides, unions and community organizations together around common issues, such as anti-poverty initiatives, retirement security and affordable housing.

Give

Together, there are more than 100 United Ways Centraides across Canada, who work as a national Movement, inspiring people to come together to make a lasting difference in their local communities.

Where your money goes

Your support creates opportunities for a better life for everyone in local communities across Canada.

Volunteer

Every day volunteers across the country come together to make a lasting difference in their communities by contributing their time, expertise and talents to their United Ways Centraides. Volunteers are critical to our operations and we wouldn't be able to inspire change without you.

Benefits of Volunteering with United Way Centraide

There are many benefits when you volunteer with United Way Centraide, including:

- Meet new and inspiring people with a common interest in making your community better
- Expand and develop your skill set, as well as share your current skills
- Gain valuable non-profit experience
- Be part of a team that gives back directly to your community

Different Ways of Volunteering

Giving back to your community is easy with United Way Centraide. There are many rewarding opportunities that will fit your schedule and interests, including:

- Support an United Way Centraide event in your community
- Contribute your skills to a local United Way Centraide office
- Organize a workplace campaign
- Become a Loaned Representative during a United Way Centraide campaign
- Volunteer at one of the many social service agencies funded by United Way Centraide
- Join a United Way Centraide's Board of Directors or Campaign Cabinet
- Participate in a Day of Caring

Contact your local United Way Centraide and become a volunteer in your community.

Act

Awareness and advocacy are key elements in creating change. Voting and other forms of social activism have a measureable impact in your community.

United Way Centraide has become a trusted voice for our communities across Canada to influence and shift public attitudes, policies and systems. We have a long history of non-partisan engagement with all levels of government to advance issues of relevance to the charitable sector and our communities.

Key issues United Ways Centraides are advocating for in our communities across Canada include:

- Poverty reduction
- Homelessness and affordable housing
- Early childhood development
- Neighbourhood revitalization
- 211 (United Way's telephone help line (2-1-1) and website providing a gateway to community, social, non-clinical health and related government services)

It's easy to participate in your community when you feel passionate about a cause and participating is very rewarding — even the smallest efforts can make a big difference!

You can act by:

- Telling us and others in your communities about the change you want to see to make your community a better place for everyone.
- Contacting your local United Way Centraide to learn more about the public policy and advocacy work they are doing in your community.
- Writing to your government representatives — a Member of Parliament (for issues that would impact the whole country) or a Member of Legislative Assembly (for issues that would impact the province you live in). Each time an MP or MLA hear about an issue, they are more likely to make action on it.
- Reading about the current activities happening within the non-profit sector in Canada.

**NOTE: SUN affiliated with the Canadian Labour Congress in April 1997.*

Information obtained from the United Way Centraide website at www.unitedway.ca

INTERNATIONAL SOLIDARITY DURING A TIME OF NEED

As of November 18, 2013, the Canadian Federation of Nurses Unions (CFNU) and their nearly 200,000 members and associate members — with the efforts of the Canadian Labour Congress (CLC) and a partnership with Oxfam — had raised over \$40,000 as a show of support for those affected by Typhoon Haiyan.

The Saskatchewan Union of Nurses (SUN) is honoured to have been a part of these fundraising efforts. SUN has made a \$10,000 donation to CFNU/Oxfam on behalf of our members.

In a letter (November 18) to Jossel I. Ebesate, RN, National President for the Alliance of Health Workers — Philippines, Linda Silas, CFNU President, shared “that our thoughts and prayers go out to the thousands of Filipino and Filipina nurses working in Canada and their families in this time of need.”



Source: <http://www.internationalmedicalcorps.org.uk/haiyan/>

Holiday Office Hours

Spending time with friends and family is what makes the holiday season so memorable.

Each year SUN provincial rotates office closures between the Saskatoon and Regina offices to provide the dedicated staff the opportunity to enjoy the holidays.

During the 2013 holiday season, the Regina SUN office will remain open to assist SUN members with their questions and concerns; with the exception of December 25 and 26, 2013, and January 1, 2014.

The Saskatoon SUN office will be closed starting December 25, 2013, and will re-open for the new year on January 2, 2014.

During this time, SUN members can contact the Regina office between the hours of 8:00 am – 4:00 pm by calling (800) 667-7060 or (306) 525-1666 or emailing regina@sun-nurses.sk.ca.

Have a happy and safe holiday season!

Just in Time for the New Year ... 2014 Nurses' Planners

Each year SUN produces a pocket sized calendar (Nurses' Planner) for our members to keep track of their work schedules as well as personal commitments.

The production and printing of the Nurses' Planner is managed by Efficom Inc. in Quebec and is done free of charge. Free of Charge? Yes, Efficom does not charge SUN a fee for producing this great resource.

To cover the costs of the planners, Efficom solicits advertising from Saskatchewan businesses on behalf of SUN — with the proceeds being put back into the community. Proceeds from the 2014 Nurses' Planner generated over \$4,500, which SUN in turn donated to the Southwest Crisis Centre in Swift Current.

Delay in Production: The production of the 2014 Nurses' Planners was started later than in past years due to unforeseen circumstances and therefore have been delivered to members later than originally intended.

We apologize for the delay and any inconvenience this may have caused.



Happy Holidays

from the SUN Board of Directors and staff

On behalf of the Saskatchewan Union of Nurses (SUN) Board of Directors and staff, we wish everyone a happy and healthy holiday season.

2013 has been a year of many changes and challenges for registered nurses and our Union. Over the past twelve months, the Ministry of Health has continued to roll out new initiatives aimed at improving services — quality improvement through Lean principles, collaborative emergency centres, long-term care review, and plans for emergency room “hot spotting” — to provide quality patient and family-centred healthcare in Saskatchewan. We continue to face uncertainty around the changes to our labour legislation at the provincial and federal levels —both of which will have a significant impact on SUN, our members, and the communities in which we live.

Change is good and completely necessary at times; SUN fully supports making improvements and moving our province forward. However, we are increasingly cautious of the impact changes to our healthcare system, the delivery of the care we provide, and the replacement of registered nurses will have on our professions, our patients and our communities.

As professionals we always put our patients first; we take care of them before we take care of ourselves. But at some point we need to stop and look at what is happening around us and consider how these events are affecting our profession — as individuals and as a collective — and our ability to continue putting our patients first. As professionals we have the courage, the skills and the confidence to be advocates for our patients — we must find the same courage and confidence to advocate for our collective rights and for our profession.

Healthy Members, Healthy Union, Healthy Communities is not only SUN's mission statement but a belief each and every member lives each day. It is this belief that will guide us through 2014 as we face new challenges in our work life and as a Union. As registered nurses and as a Union we will continue to make a difference in the lives of the people of Saskatchewan.

Stand Up & Stand Out:

Assert Your Professional Presence

Saskatchewan's registered nurses
wear white for their profession
and their patients.

sun-nurses.sk.ca/index/wear-white



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