MNU proposes the inclusion of psychological health in Manitoba’s WSH legislation.

Despite the increasing amount of literature focused on the benefits of psychological health and safety, there is a lack of quality policy and legislative framework which puts the onus on employers to provide a psychologically safe workplace and preventative supports.

Throughout the province, there are inconsistencies and variations of workplace policies and prevention supports, and even though all nurses are currently eligible to access supports through their Employee Assistance Plan (EAP), it has been identified that it is not a timely support.

Over the past year, we have been working with the provincial government to ensure that nurses receive the support they so desperately need to help them deal with PTSD.

We began by successfully lobbying the government to amend the Workers’ Compensation Act to include a presumptive PTSD clause.

This removes the requirement for nurses to provide evidence related as to how their PTSD diagnosis was a result of their work. With this new regulation in place, WCB should now presume that a nurse’s PTSD diagnosis was a direct result of the workplace.

We are currently lobbying the government to include the recognition of psychosocial and psychological hazards in Manitoba’s Workplace Health and Safety Regulation.

We will also be recommending an employer obligation to implement a psychological hazard policy and process along with an obligation to provide access to psychological supports (i.e. debriefing, counselling supports) in a timely and efficient manner.

The proposal to include psychological health in Manitoba’s workplace health and safety legislation will formally acknowledge the unique health and safety hazards in healthcare work environments. It will also ensure nurses have access to preventative supports regardless of their work location.

Sandi Mowat
The Pas Health Complex gets Full Time Security Guard

Concerns over American content in Canadian exam

Memo #34 Re:Transfer-Selection

Mental Health Issues on the Rise

Pension and Benefits

Education Conference Recap

Vacation Scheduling

Front Lines is published by the Manitoba Nurses Union (MNU). Founded in 1975, MNU continues to be an active member driven organization dedicated to meeting the needs of its members. Approximately 12,000 nurses province-wide belong to MNU. That’s 97% of unionized nurses in Manitoba.

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Publication Agreement #40021526

RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:
Manitoba Nurses Union
301 – 275 Broadway
Winnipeg, MB R3C 4M6
Email: info@manitobanurses.ca
Nurses have been bitten, scratched, punched, kicked and even spat on, in addition to being verbally abused.

For more than 20 years, The Pas Health Complex has been without any dedicated security personnel, and the hand sanitizer issue is just one of many serious security breaches and significant workplace safety and health issues that occur here on a daily basis.

Amber Mitchell has been the MNU representative on the WSH committee for two years and recalls raising security issues like this, since her very first meeting.

“At first I was told that security is not a WSH issue and since funding comes from Manitoba Health there is little, as a committee, that can be done,” she said. “As you can imagine, I was unhappy with this response and said that I wanted this issue to be included in the monthly minutes.”

Management eventually acknowledged that security in the hospital was an issue and began to encourage staff to fill out occurrence reports. They told staff to make sure to tick off “lack of security” on the report.

However, management’s change in attitude did not result in any security improvements. Staff members who submitted Workplace Safety and Health complaints, about a dangerous situation, now received written letters from management acknowledging the concern, but maintaining that the lack of security was not a workplace safety and health problem; it was a Manitoba Health problem.

In short, nothing was done to improve the situation, and the responsibility for the facility’s security was inadvertently placed on the nursing staff.

RCMP officers were called on a regular basis to assist staff in detaining or removing intoxicated and/or violent individuals from the hospital. While waiting for the RCMP, it was the responsibility of the nurses to respond to these individuals.

Amazingly, there have not been any serious physical injuries reported, but there have been many minor injuries. Nurses have been bitten, scratched, punched, kicked and even spat on, in addition to being verbally abused.
The security issues continued, and because of the frequency of occurrences and management’s lack of action, a large number of incidents began to go undocumented.

“I heard from so many frontline nurses that they were frustrated because they were essentially doing the job of a security guard or bouncer, instead of focusing on patient care,” said Jose Huberdeau, worksite president. “Staff began feeling really scared at work, particularly on those night shifts when they were the only ones in the hospital.”

One night, RCMP officers were called at around 2:00 a.m. to deal with unauthorized people running around in multiple areas of the hospital. The police officers were astounded at the number of areas that were accessible without an access card. In some cases, it was later realized, that plastic bags were being placed over the magnets on the doors, preventing them from locking after someone with card access had left the area.

While looking for the individuals, the officers found evidence such as dishes, coffee cups, old garbage and food in the crawl space down in the basement, confirming staff suspicions that the building was being used as a shelter.

“We had a situation where an individual who was sleeping in the stairwell ran off when he was discovered and then he just disappeared,” said Mitchell.

“We encouraged staff to continue to complete appropriate documentation about the lack of security in the hospital, but the staff consensus was that these concerns were not being taken seriously,” said Huberdeau. “This is when, as a worksite, we decided to involve our labour relations officer and work on figuring out the best approach for dealing with our safety concerns.”

The worksite filed a grievance against the employer for failure to provide a safe working environment and requested the implementation of a round the clock security guard.

Huberdeau then called the provincial workplace safety and health office and reported the worksite’s concerns to the safety officer assigned to the region.

“He showed up the next morning and ran through the staff lounge to exit the building. Now we know where he spent the night – the crawl space.”

The issues escalated, both in numbers and seriousness and over the winter, the number of occurrences increased even more, due to the cold weather and the fact that the hospital was always open.

“We had a situation where an individual who was sleeping in the stairwell ran off when he was discovered and then he just disappeared”

The officer was shocked by our complaints and said he would investigate right away,” Huberdeau said.

Two weeks after Huberdeau’s phone call to the provincial safety officer, the hospital management sent a memo, to all staff, announcing that effective immediately the facility will be staffed with a security guard – 24/7.

“This was long overdue and I am so proud of the accomplishment,” said Mitchell. “It took a lot of people working together, and together we were able to achieve this goal.”

The security guard is posted at the front doors of the hospital and does not allow access to individuals who are not there for medical reasons. Additionally, the guard patrols the grounds during his rounds and carries a pager, so that he is accessible to staff, and able to respond promptly should the need arise.

“The overall feeling of a safer work environment has made such a big difference for staff,” said Huberdeau. “Having a security guard around all of the time has been hugely beneficial at night and the staff is so grateful for them.”

Worksite president
Jose Huberdeau and
WSH representatives
Kevin Byrne and
Amber Mitchell fought hard for the addition of full time security to their hospital. Alex is a supervisor at White Owl Security, a private security firm.
Concerns over American content in Canadian exam

MNU president Sandi Mowat will be meeting with Minister of Health, the Honourable Sharon Blady to discuss the new RN accreditation exam that is seeing a large number of Canadian nursing students struggle. Canadian students are failing at higher rates (70.6% pass rate) than their American counterparts (78.3% pass rate), since the new exam, the National Council Licensure Examination for Registered Nurses (NCLEX-RN), came into effect.

Manitoba’s pass rate is 68.6 per cent, the third lowest in the country. In comparison, the average pass rate for first-time writers of the former exam, in Manitoba, was 90 per cent and for second-time writers, 73 per cent.

New Brunswick, with its high percentage of francophones, has reported a 54 per cent pass rate, and raised concerns over poor translations and English-only preparatory materials.

“We have received phone calls from nursing students indicating that the NCLEX-RN references things like U.S.-approved drugs which are not available in Canada,” said Mowat. “There have also been reports that it uses a confusing measuring system that uses metric on the exams and imperial on the preparatory materials.”

MNU initially raised the issue with the College of Registered Nurses of Manitoba (CRNM), when the switch to the new exam was announced, and was assured that the 2015 exam was comprised entirely of Canadian content.

“I’ve now been assured that the 2016 NCLEX-RN exam is all Canadian content which has been written and tested by Canadian nurses,” said Mowat. “Furthermore, the French version of the exam has been revised and approved by the New Brunswick nurses. Prep materials have also been translated into French.”

However, anecdotally, according to early reports the fall exam results are even worse than the spring session’s. This is especially problematic for Manitoba nursing graduates who are only given three chances to write the exam.

“Grad nurses are being placed in an especially difficult situation,” said Mowat. “On the one hand, they have completed all the requirements necessary to receive their nursing degree and many are currently working as nurses. On the other hand, because they were unable to pass an exam they can have their licenses pulled and, in the worst cases, never be allowed to practice nursing in Manitoba.”

“In Nova Scotia, a nurse who fails the NCLEX-RN for the second time can qualify for a re-issued temporary license to practice, which is valid for a period of four months and a maximum of 12 months,” said Mowat. “This would be really helpful in Manitoba because it would give the nurse an opportunity to keep working, improving on skills and earning their practice hours.”

It is interesting to note that, in the United States, students can rewrite the NCLEX-RN up to eight times in one year, with no more than one attempt being made in a 45 day period. Individual jurisdictions are also able to create policies of their own. In 39 out of 50 states, students are able to rewrite the exam an unlimited number of times, with no need for students to retake a nursing program such as in Canada.
“The NCLEX-RN represents a major change in entry-to practice in Canada. To ensure fairness for students and improve pass rates, it’s important that the policies and bodies governing the nursing profession adapt and change to reflect this new way of licensure,” said Mowat. “It is also imperative that we give students the tools they need to succeed on this exam. There is already a significant shortage of nurses in this province, which means we cannot afford to turn away qualified nurses.”

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Memo #34 Re:Transfer – Job Selection

In the last round of provincial collective bargaining, the Employer and the Union mutually agreed on a Memorandum of Understanding, which allows for nurses to transfer from one position to another, provided it’s with the same employer. Please note that this memo does not apply to nurses at the St. Boniface Hospital, where a threshold clause remains in place. This memo replaces, in some circumstances, or works in conjunction with the competition clause (Article 2502), meaning that nurses in some occupational classifications can now apply to vacancies and have the position awarded to them based on seniority.

The following criteria will be utilized to determine if the nurse(s) are eligible for transfer:

i. Meet the qualifications of the posted position including the relevant experience required for that specific position.

ii. Nurse III, IV and V positions in Acute Care/Long Term Care and all Clinical Nurse Specialists and Nurse Practitioners are excluded.

iii. Community nursing positions are included under this MOU.

iv. If more than one candidate meets the transfer criteria, the most senior nurse will be awarded the position.

v. If no candidates meet the transfer criteria, the successful candidate will be determined through a competitive process as per Article 2502.

Here are a few examples of situations that could arise under this new MOU:

1. Two LPNs apply for the same posted position. Both nurses meet the minimum posted qualifications, but only the junior nurse meets the preferred qualifications. The nurse with the most seniority will be awarded the position.

2. Two RNs apply for a Nurse III position in long term care. The transfer memo will not apply because the Nurse III position in Long Term Care is excluded. This position will be awarded based on the competition clause in Article 2502.

3. Two public health nurses apply to the same public health nurse posting. Both nurses meet the posted qualifications. The nurse with the most seniority will be awarded the position.

This memorandum exists for the life of this collective agreement only. Its continuation beyond the term of the Collective Agreement will only be on the mutual agreement of the parties.

It is intended to be used to streamline filling vacancies where requirements for qualifications and experience have been met.
Mental health issues on the rise

No longer a personal issue

Look around, chances are you or someone you know is currently struggling with a mental health issue.

Not all mental health issues are easy to spot, but that doesn’t make them less difficult for the ones experiencing them.

According to the Mental Health Commission of Canada, one in five adult Canadians will suffer a mental disorder at one point in their lives. This equates to 4.5 million Canadians.

Furthermore, on any given day, approximately half a million Canadians may miss work due to a mental illness. For those in the health care sector, the situation is far worse. Health care workers are 1.5 times more likely to be off work due to illness or disability.

The message is clear – mental health is no longer a personal issue; it has quickly grown into a societal issue.

Psychological Hazards and Psychosocial Factors in the Nursing Profession

There is no dispute in recognizing that the wellbeing of nurses is directly related to the effectiveness of patient care and the delivery of health care services. Key findings from numerous research studies have shown that high levels of psychological demands, including fast-paced work environments and conflicting demands are predictive of common mental health disorders such as mild-to-moderate depressive and anxiety disorders.

MNU recently examined the impact of PTSD among other psychosocial hazards has on a nurse’s ability to provide quality care, as well as examined the critical role workplace supports play in ensuring the mental health of nurses.

Our research showed that trauma, along with other psychosocial workplace hazards had not been openly discussed or recognized as severe health and safety concerns in the nursing profession.

Further research has noted that the risk of psychological distress is exceptionally high for nurses. A strong correlation has been identified between the physical and psychological demands nurses face at work and anxiety, burnout, and depression. Couple that with the fact that nurses face a higher risk of workplace violence and assault at work than prison guards and it is accurate to state that the presence of psychological and psychosocial workplace hazards are issues that need to be addressed at an organizational level and perhaps more importantly, at the legislative level.

MNU president Sandi Mowat took part in an in-depth discussion titled Wounded Healers: Acknowledging the Emotional Work of Nurses facilitated by Dr. Carol Taylor, Professor, Georgetown University School of Nursing and Health Studies and Senior Clinical Scholar, Kennedy Institute of Ethics.

Dr. Taylor applauded the work that MNU has been doing in the area of PTSD advocacy and referenced key findings from MNU’s PTSD report.
Inconsistencies plague Manitoba’s WSH policies
Recognition of psychological hazards and duty of employer needed

Organizational supports offered for psychological distress have been found to play a key role in employee psychological health, but even though MNU’s collective agreement obligates the employer to commit to ensuring a safe workplace, there are inconsistencies and variations of workplace policies and prevention supports that are provided by the employer for Manitoba’s nurses. This may be attributed to the lack of concrete occupational health and safety legislation recognizing psychological hazards and the duty health care employers possess in responding to these hazards.

Throughout MNU’s PTSD research, a lack of consistent and accessible workplace supports related to mental health was identified. While nurses are currently eligible to access supports through their Employee Assistance Plan (EAP), it has been identified that it is not a timely support.

The most common supports provided by health care facilities and regional health authorities are internal policies and processes, however, MNU has found that there are gaps in the consistency, availability, and accessibility of supports such as critical incident stress management (CISM) and debriefing.

For example, within the Prairie Mountain Health region, there is a Brandon CISM team that provides critical incident response services to nurses at facilities in and surrounding the Brandon area, but not to the region as a whole. In Winnipeg, only three facilities offer CISM supports, and it was recently confirmed that there is currently no policy or process regarding critical incident stress supports or debriefing supports in the Interlake-Eastern Health Authority region. This leaves the EAP program as the most accessible option for nurses to acquire supports related to workplace psychological hazards.

MNU’s recent membership survey found that nurses would like to see their employer provide the following top three services related to psychological and psychosocial hazards:

1. Accessible debriefing sessions;
2. More education on mental health in the workplace; and
3. Have services become more available/immediate.

The lack of accessible and consistent supports can be attributed to the fact that psychological and psychosocial factors are not officially recognized as workplace hazards, resulting in various policies that are open to interpretation.

As a start, to rectify this, the employer and workplaces need to take a stronger initiative in assessing psychological risks and providing preventative supports to respond and

Nurses have also voiced their concern over the availability of onsite supports and education of mental health in the workplace.
address such risks. Right now, there is too much responsibility for nurses to access third-party supports on their own. This needs to be replaced with the employer providing viable onsite support systems that appropriately address the risks identified in the workplace.

The disparity and absence of preventative psychological supports represents a provincial legislative and policy issue especially considering there is workers’ compensation for psychological workplace injuries, yet no legislation exists recognizing these factors as workplace hazards. This is why there is an urgent need for Manitoba to enact legislation that clearly acknowledges psychological health and safety, as it would act as an effective agent in ensuring there is a formal mandate for employers to provide education, awareness, and prevention supports to protect the psychological safety of nurses in the workplace.

**MNU lobbies for recognition of psychological hazards**

Building upon their advocacy work on the issue of PTSD and psychological hazards in the workplace, The Manitoba Nurses Union will be lobbying the Government of Manitoba to amend its Workplace Health and Safety Regulation to include psychological hazards in a format similar to workplace violence.

The provincial government already has a global strategy to ensure all Manitoba citizens have accessible, high quality care, but it is important to recognize that the mental and occupational health of Manitoba’s nurses is integral in achieving that strategy.

This legislative amendment represents a foundation for the Government of Manitoba to build and sustain a strong nursing workforce and be a leader in challenging the stigma of mental health in the workplace.

MNU president Sandi Mowat spoke to Emergency Room nurses about PTSD and the work that MNU is doing through education and awareness campaigns, lobbying of government and working with employers to ensure that nurses have timely access to appropriate mental health supports.

**Election re-cap**

Another federal election has come and gone, and if campaign promises come to fruition, we will see the Old Age Security eligibility restored to age 65. Also, we may see the Tax-Free Saving Account (TFSA) limit decreased to its original $5,500.

**Retirement**

It’s an interesting time for Canada because we now have more people over the age of 65 than under age 15. Furthermore, over the past few years, we have been seeing a large number of Canadians (81%) re-entering the workforce after officially retiring. This trend is also occurring in the nursing profession. We are seeing an ever increasing number of members returning to work after retirement to supplement their income, for social reasons, and using this as a way to phase in retirement. The downside of this return from retirement trend is the increased pressure placed on the pension plan.

The vast majority of MNU members are fortunate to have a Defined Benefit Pension, through HEPP. Over the years, the HEPP has grown to more than $6 billion, with over 70,000 members, making it the largest pension plan in the province.

This growth and superior investment return has enabled the plan to maintain our benefits to date; however, we may face future pressures on the plan. Members coming out of retirement along with other demographic issues, superior early retirement provisions, low interest rates and the global dampening of investment returns will lead to our plan looking at long term sustainability.

We want to ensure our pension plan is as rock solid 30 years from now for all future nurses, as it is today.
Disability and Rehab
We are seeing an increasing number of nurses needing to apply for D&R and the cases are becoming increasingly more complex, meaning that more resources are needed to assist them. Musculoskeletal and mental health issues remain the top two reasons for claiming disability.

Our Disability and Rehab Plan is one of the best in the country and statistically has had very good success in assisting members back to the workplace. Members are reminded to:

- Always apply for D&R when you are off on WCB or MPI
- Avoid late applications: apply within six months of date of disability
- New employees should make sure they fill out D&R enrollment forms
- Make sure to check that the employer has sent in the HEB Notice of Absence Form when you are off due to illness or disability (approximately three weeks)
- If you are off on any Unpaid LOA make sure you prepay your benefits. Failure to do so can lead to serious negative consequences for members.

Group Benefit Plan
Nurses have long pressed for increases in the areas of drug and vision benefits, as both are a fair bit behind when compared to other public sector and health care groups.

A number of years ago, CUPE researched this issue for the Manitoba Council of Health Care Unions (MCHCU) and it showed that some key improvements were necessary.

MCHCU was successful in getting the plan jointly funded, some years back, but other than a small drug benefit increase the plan is virtually the same as it was 10 years ago. We will continue to push to improve our member’s benefits.

EAP
The HEB-EAP Plan is still a valuable benefit to our members dealing with personal, family, and workplace issues. Additionally, Blue Cross has done an admirable job in helping our members by providing one on one personal counselling service. Recently, I had a nurse tell me that EAP saved her career.

Legal Expense Assistance Plan
LEAP has been in existence since 1991. During the first year, there were approximately seven cases; we anticipate there may be close to 100 applications for 2015. The plan has almost exclusively provided for legal assistance reimbursement for nurses facing investigation or discipline from their licensing body.

If you require more information contact the MNU office.

Financial and Retirement Counselling
The MNU office receives numerous requests for personal and customized Financial and Retirement Planning service and advice. Unfortunately, we neither have the mandate or resources to accommodate these requests. We encourage all of our members to seek out competent and professional financial and retirement planning advice through their personal advisor.
This year’s Education Conference was the biggest yet, with 190 participants. More than 30 of the participants were first time attendees, funded through MNU.

Held in late September, at the Keystone Centre in Brandon, participants were given the opportunity to choose from a diverse list of topics which maintained popular courses from previous years, as well as introduced new ones in areas of growing interest and importance.

To give attendees added flexibility, they were given the option of choosing one course that would run over the two day period, or two separate one day courses.

Two-day courses were:
- Grievance and Arbitration
- Unionized Nurse and the Law
- Collective Bargaining Basics

One-day courses included:
- WCB and Return to Work
- Workplace Safety and Health Effectiveness
- Political Awareness in Action
- ABCs of NACs
- Peer Support and Employer Responsibilities: Managing Cumulative Stress in Nursing

A total of eight courses were offered.

Congratulations to Whitley Pratt (left), recipient of the American Income Life award and Tara McKinnon (right), recipient of the MNU Executive award, which gave them the opportunity to attend the Education Conference with two fully funded spots.

Plans are already underway for the 2016 Education Conference.

The 2016 Education Conference will be held at the Radisson Hotel in downtown Winnipeg on October 17–19, 2016.
Applying online is as easy as 1-2-3!

Using the “myMNU Member Portal” is quick, easy and reliable.

1. Log into the “myMNU Member Portal” Home page, and click on the ‘Forms’ tab.
2. On the ‘Forms’ page, in the left column, click the ‘Double Dues Request Form’ link.
3. On the ‘Double Dues Request’ page, simply provide the necessary information in the fields. Upon completion, check for accuracy then click ‘Submit’. You will receive an instant confirmation from MNU that we received your ‘Double Dues Refund Application’.

EXAMPLE

You have been deducted $31 in union dues in one pay period. $26 is the provincial portion while the remaining $5 (31-26) is the local portion. You would have to have 26 pay periods with dues deductions totaling $676 (26 pay periods x $26) before qualifying for a refund. If your total exceeds $676 (without the local portion) then you are eligible for a refund.

Provincial Dues

☐ $26 per pay period x 26 pay periods = $676
☐ Local Dues (varies from local to local – range is from $1 – $8)
☐ $X x 26 pay periods = $XX this amount is NOT refundable

Refund Reminder

You may qualify for a refund of the provincial portion of your MNU dues deducted by your employer if you paid MNU dues to two or more facilities/employers. Union dues consist of two components: provincial and local. Only the provincial portion is refundable.

2015 MANITOBA NURSES UNION DUES REFUND APPLICATION FORM

Mail: 301-275 Broadway, Winnipeg Manitoba • R3C 4M6 • Fax: (204) 943-4245 • Email: info@manitobanurses.ca

Name/or Name Change:

Current Address: (Street)
(City/Town) (Postal Code) (Phone Number)

Nursing Registration/License Number Social Insurance Number

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Vacation Requests

Here are a few important things that you should know before meeting with your employer about your vacation requests.

As required by Article 2109 of the MNU collective agreement, vacation entitlement lists are to be posted by March 1st of each year and shall reflect each nurse’s projected vacation entitlement as at April 30th of that year (dates vary between facilities).

Each year, the employer must schedule an appointment so that you, the nurse may indicate your choice of vacation dates including any unpaid vacation that you may be requesting, in writing. Vacation is approved at your scheduling appointment and is not dependant on whether or not the employer has found relief for the vacation requests. It is not the nurses’ responsibility to agree to replace one another before the employer approves vacation.

Please remember that it is mandatory that you attend your vacation scheduling appointment, because this is the only opportunity you have to request vacation for the upcoming year. If you miss your appointment, you cannot use your seniority to select your vacation and your request for vacation will not be considered until the last person on the seniority list has had her/his vacation requests approved.

During the last round of bargaining, new language was negotiated at Central Table which may affect your vacation time. These changes are outlined below:

**New practice of granting unpaid vacation**

A nurse who is on an approved leave of absence is entitled to all of the vacation accrual because employment is considered continuous. The nurse is still considered to be employed, even though she/he is not earning wages.

Nurses who return from leave are entitled to their full vacation time, but not full vacation pay. The time they are away on leave does count toward their years of service when determining how much vacation they are entitled to.

For example: A nurse who is on unpaid leave for six months during the vacation accrual year is entitled to all of the vacation accrual, i.e. if she/he is earning vacation at the four week rate, she/he is entitled to two weeks of paid vacation and two weeks of unpaid vacation. The nurse may choose to take only full paid vacation weeks. The nurse shall not be forced to take any unpaid vacation in order to be off for the entire vacation weeks.

**Booking unpaid vacation**

Unpaid vacation is booked at the same time as paid vacation and is granted on the basis of seniority. However, once you have requested unpaid vacation and it is approved there is no ability to cancel it later and work instead.

**Recognition of length of service**

Nurses who have completed 20 years of continuous service will now receive an additional five days of paid vacation in recognition of their length of service. Furthermore, an additional five days will be earned on each subsequent fifth anniversary of employment (i.e. 25th, 30th, 35th, 40th, etc.).

It is important to note that this bonus week of vacation does not have to be earned and even if you were on an unpaid leave of absence during the previous year, when you would have been accruing vacation, you are still entitled to this week of vacation.
Article 2104 – Booking bonus week vacation
This bonus week of vacation can be scheduled any time during the vacation year in which it is earned. It does not have to be specifically following your anniversary date. However, if you are on a leave of absence in the vacation year during which your bonus week occurs, you do not get it and it is not carried over into the next vacation year. The bonus week of vacation must also be included in your projected vacation entitlement.

NOTE: Payment for this bonus week of vacation, for part-time nurses, is based on the greater of your EFT or the amount of vacation pay calculated in accordance with Article 3404.

Nurses on disability
A nurse who is on D&R/WCB/MPI prior to the commencement of her/his vacation shall, upon her/his request, have her/his vacation displaced and re-scheduled at a time mutually agreed between the nurse and the Employer, within the available time periods remaining during that vacation year. If a nurse does not request to displace the vacation it will be paid as originally scheduled.

If the nurse’s current annual vacation cannot be reasonably scheduled by the end of the current vacation year, the nurse may elect to carry over to the next vacation year up to five days of current annual vacation (pro-rated for part-time).

Booking carry over vacation
If a nurse chooses to carry her/his vacation over to the next year, she/he will be allowed to select her/his vacation on the basis of seniority. This provision provides for carry over of one week (38.75 hours) of vacation (prorated for part-time nurses based on their EFT).

Mobility and Portability
Nurses who use the provisions of Mobility to transfer between Employers can carry their vacation banks with them or receive a payout. If a nurse chooses to have their vacation bank paid out, at the time of transfer, they can still transfer unpaid vacation weeks to their new place of employment.

On the other hand, nurses who transfer to another Employer under the provisions of Portability will have their vacation banks paid out, and will only have unpaid vacation weeks to carry over.

Questions
Article 21, of the collective agreement, covers the topic of vacation scheduling in its entirety. For more information please see the Contract Interpretation Manual or contact your local/worksite president to review the MNU’s vacation scheduling procedure.
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Accepting registrations for January 2016 session

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