

Front Lines

The Magazine for Nurses by the Manitoba Nurses Union / Issue 1 / 2014



Manitoba
nurses
Union

A COMMITMENT TO CARING

St. Boniface State of Emergency

Violent incident triggers change

PLUS

Know your stats

Message from the **President**

Sandi Mowat, MNU President



I recently participated in a Parliamentary Breakfast, attended by Members of Parliament and the CFNU National Executive Board, which focused on the need for a Pharmacare program in Canada.

As it stands, Canada is the only developed country with universal health care which does not include a plan for prescription drugs.

Instead provinces allocate limited public subsidies for prescription drugs, leaving the majority of costs to be financed out-of-pocket and through private insurance.

Dr. Steven Morgan, Director Centre for Health Services and Policy Research, University of British Columbia presented on *Pharmacare: Making Care Affordable for an Aging Population* and concluded that all provinces should expand public drug benefits to cover all segments of the population – regardless of an individual's age, employment or income.

The argument for a universal Pharmacare plan is simple – universal Pharmacare would increase access to necessary medicines, improving patient health and reducing costs elsewhere in the health care system.

Prescription drugs are already the second largest component in total health care spending, and based on past evidence costs will likely continue to rise. Already, one in 10 Canadians cannot afford to fill prescriptions their doctors write for them. Furthermore, Canadians without insurance are four times more likely to skip prescriptions because of costs, giving Canada one of the worst rates of access to medicines among comparable countries.

The millions of Canadian patients who do fill prescriptions do so at considerable cost to themselves and their families. Every year, two million Canadians incur over \$1,000 in household expenses for prescription drugs due to chronic illness.

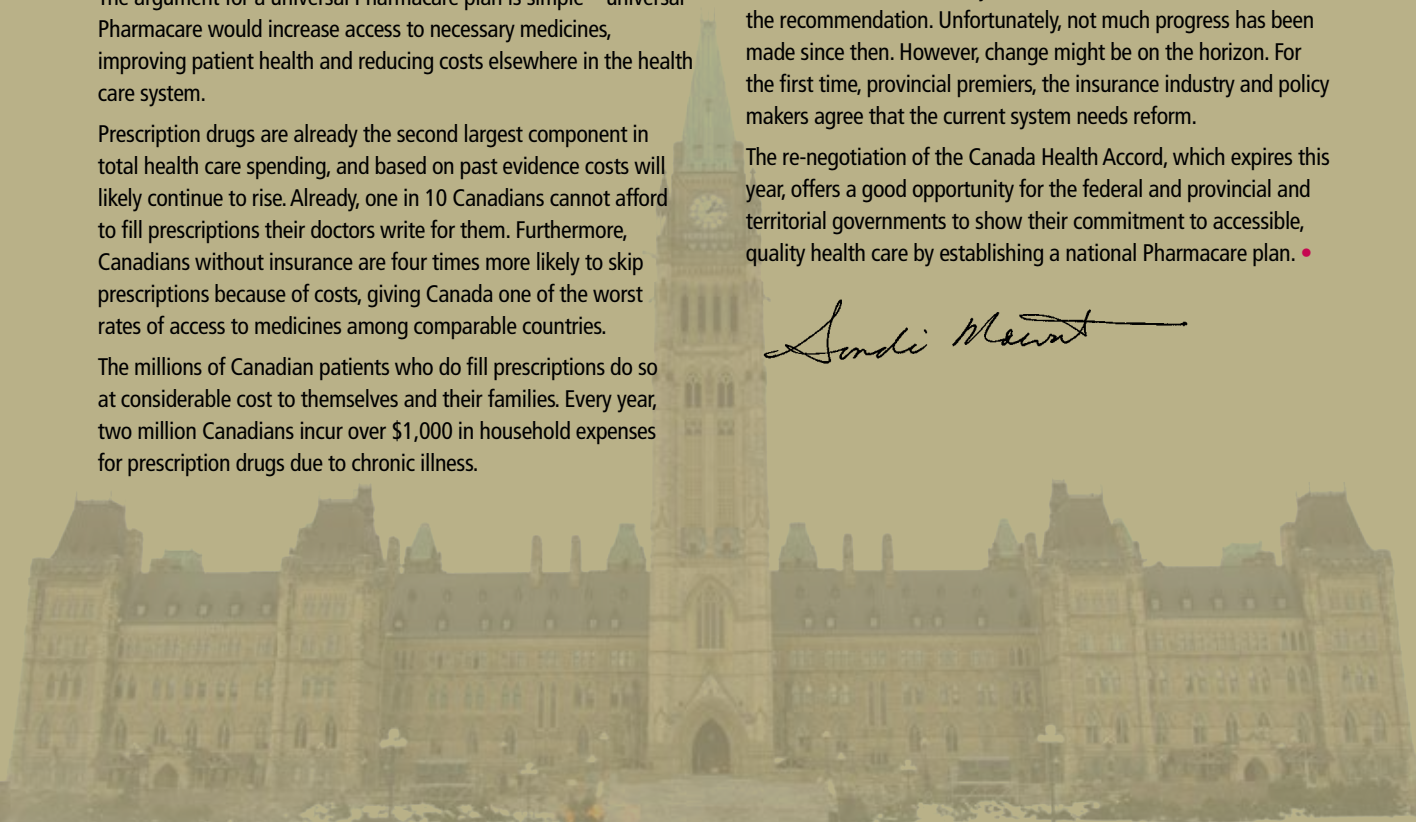
When considering a universal program of any kind, cost becomes a deciding factor. In the case of a universal Pharmacare program it will require an increase in government funding to get started. However over time this program could lower total expenditures on prescription drugs and improve health outcomes. It's a fact that countries with universal drug coverage spend 15–60% less per capita on prescription drugs than Canada.

It is estimated that the Canadian health system could save as much as \$14 billion annually, with the implementation of a universal Pharmacare plan.

Calls for a universal Pharmacare plan in Canada date as far back as 1964 when the Royal Commission on Health Services made the recommendation. Unfortunately, not much progress has been made since then. However, change might be on the horizon. For the first time, provincial premiers, the insurance industry and policy makers agree that the current system needs reform.

The re-negotiation of the Canada Health Accord, which expires this year, offers a good opportunity for the federal and provincial and territorial governments to show their commitment to accessible, quality health care by establishing a national Pharmacare plan. •

A handwritten signature in black ink that reads "Sandi Mowat". The signature is fluid and cursive, with a long horizontal line extending from the end.



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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.

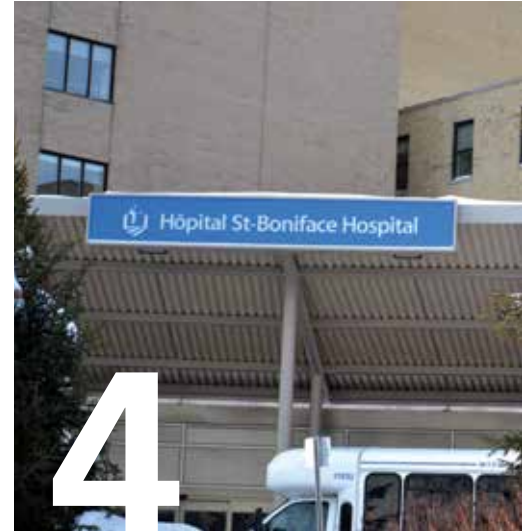
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A COMMITMENT TO CARING

Teamwork in time of emergency

Patients flow to other ORs



It was 6:30 a.m. on Wednesday January 23 when the first signs of trouble emerged at St. Boniface Hospital. During a routine test of the hospital's backup generator system, the air exchange units that circulate oxygen to the 14 operating rooms failed.

Only a couple of the operating rooms were in use when the initial problem was first detected.

Soon after, around 7:00 a.m., the water-circulation pumps malfunctioned, leading to water pipes freezing.

"Typically OR starts at 7:30 a.m., but on Wednesdays it's a 9 a.m. start to allow for staff meetings," said Karen Sadler, president Local 5. "This was our saving grace. The situation could have been much worse, had the OR been operating at full capacity."

While the hospital was aware of the problem, the severity of the issue was not immediately apparent and plans to proceed with the day's surgeries were underway, especially since there was a patient deemed an urgent vascular case.

As the patient was being prepped for surgery, the frozen pipes burst and water started pouring in from the ceiling.

"There was no confusion. Right away the priority was patient safety," said Sadler. "The contingency plan was to take the patient to HSC, and this was perfectly executed."



“There was calm and quiet as the staff moved to protect patients and equipment, almost like it was just routine.”

Sadler said that all other staff at the facility also sprang into action.

“There was calm and quiet as the staff moved to protect patients and equipment, almost like it was just routine,” said Sadler. “This makes sense of people working in the OR. Their skill set is to think on their feet – the situation can change at any time.”

This is not the first time that St. Boniface Hospital and Health Sciences Centre (HSC) coordinated in water related emergency.

In 2007, the situation was reversed where HSC had a water break in their cath lab, and their patients were transferred to St. Boniface.

For the time being, all elective surgeries at St. Boniface are cancelled while emergency surgeries are being redirected to the Health Sciences Centre. Elective surgeries were also cancelled at HSC and the Grace Hospital to make room for patients from St. Boniface.

ICSS nurses from St. Boniface are accompanying patients to HSC, who are in need of urgent surgery. Specialized equipment is also being transported.

“Cardiac surgery requires a unique patient recovery,” said Sadler. “Since the first patient was transferred, there has been one nurse from St. Boniface at HSC around the clock. The cardiac nurses were given a tour of the HSC facility.”

HSC performed two urgent heart surgeries per day, from Monday to Wednesday (January 27-29).

The patients were transported back to the I.H. Asper Clinical Research Institute at the St. Boniface Hospital for recovery, as soon as it was safe.

“We have received nothing but positive comments from the CNO as well as Employee Relations praising the efforts of

our members and the entire staff of the operating room,” said Sadler. “This isn’t surprising because we know first-hand that this is a committed group of nurses who will do what it takes to look after the patients of SBH.”

Typically, a total of 25 heart surgeries are done Monday through Friday at St. Boniface Hospital.



Sadler said that, as far as emergencies go, this one has run rather smoothly in most part due to the “huge commitment to sharing info, as soon as it becomes available,” by all involved parties.

“We are fortunate to have a good relationship with the employer and it was extremely helpful in dealing with this crisis,” said Sadler. “Furthermore, the communication with local leaders from the Vic, HSC and Grace has been crucial in ensuring a smooth transition for both nurses and patients, transferring to those facilities.”

On January 30, the hospital announced that repairs to the 14 previously damaged operating rooms were completed and was planning on opening six of the flooded operating rooms on Friday.

However, less than 24 hours after the announcement the air handling system in the operating room bloc failed, resulting in cancellations of planned surgeries.

The hospital is unable to provide information as to when their system will be fully operational. Surgeries are cancelled until Tuesday, February 4 and further cancellations if required, will be determined at that time.

More than 260 elective or planned surgeries were cancelled because of the closure.

St. Boniface’s emergency department and in-patient and out-patient services have remained open, during the operating room closure.

See the next issue of Frontlines for an update. •

“We have received nothing but positive comments from the CNO as well as Employee Relations praising the efforts of our members and the entire staff of the operating room.”

Violent incident triggers change

WSH improvements ordered

The health care sector is no stranger to workplace violence; **52 per cent of Manitoba nurses report being physically assaulted at work, while four percent are subjected to physical violence** or other forms of intimidation daily.

The situation is no different at the Swan River Valley Health Centre. The Workplace Safety and Health (WSH) Committee had a number of complaints from staff about violence from patients and members of the public, including complaints about being harassed in the parking lot.

Several nurses at the facility sent letters to the WSH committee citing “numerous incidents of violence and aggressive behaviour” against staff.



One nurse asked the employer to hire security personnel; a plea which fell on deaf ears.

However, in the summer of 2012 a major incident occurred in the reception area which amplified the call for improved security.

A patient and another individual were in the public washroom, when a nurse knocked on the door and asked the patient to come out. The patient came out of the washroom and was asked to have a seat, as her behaviour was very strange.

As the nurse walked away, the individual started to become very violent, hitting the pictures on the wall – breaking them and breaking the glass.

The receptionist responded by closing the accordion gate around the desk. The individual then proceeded to throw the broken glass at the receptionist.

“The individual ended up cutting her hand,” said Karen Cleaver, MNU worksite president. “It took four RCMP officers to wrestle her down. She was sedated and taken to the ER where her hand was sutured up, and then she was removed from the premises by the officers.”

In November of the following year, a Safety and Health Officer from the Workplace Safety and Health department of Manitoba Labour and Immigration visited the worksite to follow up on the incident.

The officer determined that sufficient improvements had been made to help ensure staff safety, and was assured by the employer that additional corrective measures would be implemented, as soon as capital funds from the province were released.

Convinced that the corrective measures would be implemented in the near future,

“We decided to appeal the decision in the hopes that it would resolve some of our major concerns that were not addressed,” said Mike Yablonski, MNU representative on WSH committee.



“The bottom line is staff safety is always the number one consideration...”

the Safety and Health Officer did not issue an improvement order against the employer. The employer did not provide a timeline for making the improvements.

Despite the assurances provided by the employer, that the additional improvements would be implemented, 18 months had passed since the incident, and more than six months since the employer had submitted a request for funding.

“We decided to appeal the decision in the hopes that it would resolve some of our major concerns that were not addressed,” said Mike Yablonski, MNU representative on WSH committee. “It was our understanding that the employer was on side with the improvements requested, and a lack of funding was the only hang-up.”

The outstanding improvements were:

- Installation of a security gate around the reception, and creation of a suitable escape/access area from the reception desk to the medical records area;
- Installation of a Plexiglas shield around reception desk;
- Installation of card access security doors in the hallway between the diagnostics and emergency room areas;
- Installation of a suitable “code white” emergency reporting system that can be used by all employees; and
- Hiring of security officers.

The appeal also requested a timeline for implementation of the improvements.

“The fact that the employer was hoping to secure funding from the government to implement the new security measures is irrelevant – lack of funding is always the go-to response,” said Tom Henderson, MNU Safety and Health Officer. “The bottom line is staff safety is always the number one consideration under the WSH Act. It’s the responsibility of the employer to ensure a safe workplace.”

The appeal was successful and on December 17, 2013 an improvement order was issued which included a number of capital improvements such as building walls and installing restricted access doors. A training component was also included, covering topics such as the Right to Refuse. In total, 11 WSH orders were issued which

the employer was obligated to implement within a short time period.

The employer has requested extensions for several items on the improvement order, due to amount of planning necessary to carry out renovations. However, as of January 16, 2014, contracts have been awarded for most of the capital improvements with supplies expected to arrive in three to six weeks, at which time construction will begin.

“The nurses and staff at Swan Valley have voiced their concerns about workplace violence issues for a very long time,” Yablonski said. “We are finally starting to see some improvements, but there is a lot more work to be done to ensure staff safety. We will continue to hold the employer accountable to ensure that all the improvements are completed in a timely fashion.” •





KNOW YOUR STATS!

ARTICLE 22

Defining a Statutory Holiday

Simply put, Statutory Holidays a.k.a "stats" are paid days off for employees.

There are several statutory holidays every year at the national level – these holidays are observed everywhere in Canada. In addition to these days, there are other stat holidays and civic holidays on the provincial and territorial and municipal levels; these vary from province to province.

Please note that the MNU collective agreement uses the term "Recognized Holidays" when referring to stat days.

What if I work on a stat day?

If you are a full-time nurse, you will be paid 1.5 times your basic rate of pay and receive a day in lieu of the stat day you worked.

With regard to the day in lieu, you may do one of the following:

1. The day off in lieu will be banked in accordance with Article 2206;
2. You may request that a day in lieu be scheduled on a date mutually agreed upon between you and the employer; or
3. You may request to receive an extra day's pay at your basic rate of pay.

How many stat days are there?

Currently, there are 12 recognized stat days referenced in Article 22 of the collective agreement. They are:

- New Year's Day
- Louis Riel day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day

- Civic Day
- Labour Day
- Thanksgiving Day
- Remembrance Day
- Christmas Day
- Boxing Day

It is important to remember that alternate days cannot be substituted for the recognized holidays listed above.

If a part-time nurse works a stat day, she/he is entitled to pay at 1.5 times her/his basic rate, but does not receive an additional paid day off.

Part-time nurses will be paid 4.625% of their basic pay on each regular paycheck instead of receiving lieu days, as per Article 3406.

Using banked lieu days

Your bank can hold a maximum of four days in lieu of taking a recognized holiday.

A nurse having accumulated four lieu days will either have any subsequent stat days scheduled off or paid out until her/his accumulated lieu days fall below four.

If you would like to use a banked lieu day, you must submit a written request to your employer at least two weeks prior to the schedule being posted, as outlined in Article 1501.

The employer is not obligated to approve the day off, however any refusal to grant the request must be reasonable and based on operational requirements.

Furthermore, all banked lieu days must be taken within the fiscal year unless there is mutual agreement to carry them into the next fiscal year.

This is important to bear in mind when Good Friday and Easter Monday fall in the latter

part of March. There is no ability to pay out these lieu days at the end of the fiscal year as payout can only occur in the pay period in which the statutory holiday occurs.

If you are transferred to a different unit in the same facility, your banked lieu days will go with you to the new unit. On the other hand, if you take a position with a new employer your banked lieu days will be paid out to you. Similarly, a full-time nurse taking a part-time position will be paid out for her/his banked lieu days since part-time nurses are unable to bank lieu days. •

Browse Happy



As with any website that you are viewing from a traditional computer, in order to get the best experience users should be up-to-date with their version of the Internet browser.

Your browser is the program you use to view the Internet. They include Internet Explorer (IE), Google Chrome, Mozilla Firefox and Safari, among others.

Outdated browsers do not perform tasks as well as new browsers; this makes your experience on the Web considerably slower and can even cause your computer to crash or freeze. Ever try to view a website and it is taking forever to load? Maybe you blamed it on your Internet provider, or your computer, when that was not the case.

Since Web technologies change frequently, old browsers simply do not display newer websites as well. Items such as graphics, text and videos could function improperly, frustrating you and harming your Web experience. Not only is using an outdated browser frustrating, it can make your computer unsafe. Old browsers are less stable and much more vulnerable to viruses, spyware, malware and other security issues. If you are shopping online, or using your banking institutions convenient online banking applications, you need to make sure that you are not at a risk to have valuable information stolen from you.

Newer versions of browsers now have automatic updates built in. This means you will be prompted upon opening your browser that the latest version is ready for

you to install. Some types of browsers will automatically install the update for you.

In particular, Internet Explorer 6 and 7 are ancient in comparison to current web technology but many users continue to use these very outdated browsers. The Web has changed significantly in the past decade, and these versions of IE are ridden with bugs, have major security issues and do not follow the web standards of 2014.

Since we have updated the technology of our website, we would like to ensure members are up-to-date with their browsers to our entire website performs the way it is designed and provides a seamless web experience for MNU members.

To determine which browser you are using, visit www.whatbrowser.org. •

Reprinted from: NSNU

THREAT OF MANDATORY FLU SHOTS

BC, Alberta and Ontario

Last fall, a B.C. arbitrator ruled in favour of a provincial government policy, mandating health-care workers to get the flu shot or wear a mask while caring for patients during flu season.

The policy was scheduled to go into effect on December 1, 2013 however several health-care unions launched a grievance arguing that their members are entitled to privacy and their own choice on the matter.

Eventually, the BC government backed down from its mandatory vaccination stance, opting instead to work towards getting compliance from health care workers over the next year.

"We welcome this decision by the Ministry of Health," said BC Nurses' Union president Debra McPherson. "We have always encouraged our members to get a flu shot because it is the best preventative measure available. However, we consider the decision on whether or not to get a shot a personal one."

While health care workers in BC are being granted a one year reprieve from the government policy, a similar situation in Ontario is just getting started.

Five hospitals, with ONA members, want to force staff who don't get a flu shot to wear a mask.

Hospitals in Timmins and Sault Ste. Marie recently brought in the policy that's already in place in Sudbury, North Bay and Espanola.

ONA vice-president Vicki McKenna said that grievances are being filed in all these workplaces. Bringing in this policy violates the personal rights of nurses, as well as the collective agreements under which they work, she said.

McKenna said the association is prepared to take this fight to the Ontario Labour Relations Board.

In Alberta, where the flu vaccination rate is hovering at the 45 per cent mark, health officials are debating the same issue – mandatory immunization.

Heather Smith, president of Alberta's nurses' union said that health care workers should be free to choose whether to get flu shots — but must understand there could be professional consequences to not getting immunized.

Alberta's chief medical officer of health said that he would like to see an 80 per cent immunization level, and in particular for those who come in direct contact with patients.

Mandatory flu immunization or wearing masks is already widely practiced in the United States. •

Prairie Labour School

IS COMING TO WINNIPEG

The labour education event sponsored by the Manitoba Nurses Union, Saskatchewan Union of Nurses and United Nurses of Alberta will be held on June 10–12 at the Hotel Fort Garry.

Topics include:

- Psychological Health and Safety in the Workplace
- The Attack on Pensions
- Membership Engagement...and lots more!

ENTER FOR A CHANCE TO WIN A SPOT!

The MNU Board of Directors is sponsoring ten (10) of our members to attend the 3rd biennial CFNU Prairie Labour School, a labour education event jointly sponsored by the Manitoba Nurses Union, Saskatchewan Union of Nurses and United Nurses of Alberta.

ENTER THE DRAW: Fill out the application form below and send to MNU office to be entered in the draw. A random draw will be conducted to select winners.

SPONSORSHIP INCLUDES: PLS registration fees, salary replacement (2-4 days), accommodation and meals, as per MNU policies.

SHARE THE KNOWLEDGE: Each of the sponsored participants must commit to writing a short article, suitable for publication, in our Front Lines Magazine after their attendance at the Prairie Labour School.

*Applications
must be received
by 4:30p.m. on
April 1, 2014*

PRAIRIE LABOUR SCHOOL CONTEST APPLICATION FORM

Applications should be sent to:

Attention: Katrina Profeta, Manitoba Nurses Union

301– 275 Broadway Winnipeg MB, R3C 4M6 • Email: kprofeta@manitobanurses.ca • Fax: 204-942-0958

Name: _____

Address: (Street) _____

(City/Town) _____

(Postal Code) _____

Primary Phone: _____

Work Phone: _____

Email Address (REQUIRED): _____

Local/Worksite: _____

Bob Romphf,
Labour Relations
Officer – Benefits



Pension & Benefits Corner

Several months ago, the Regional Health Authorities requested the HEBP Board to take over the Provincial Employee Assistance Plan (EAP). Finally, after much due diligence and strong support from the Manitoba Council Health Care Unions this has been achieved.

The EAP will operate as a jointly governed trust much like our other benefit plans, which will help protect the EAP long into future. Blue Cross remains the carrier that is coordinating and delivering the counselling programs; the EAP is 100 per cent employer funded.

The feedback from members has always been positive and in some cases it has been both career and life saving. The cornerstone of our EAP has always been the voluntary participation of the plan, as well as complete confidentiality of all aspects of the service.

These cornerstones are coupled with the fact the carrier, Manitoba Blue Cross, uses only highly trained and educated psychiatrists, psychologists, social workers, nurses and other specialists to assist our members.

The EAP Plan covers:

- marital/relationship counselling;
- family/parenting counselling;
- addictions;
- emotional or behavioral issues;
- anxiety and depression;
- occupational stress/adjustment; and
- violence and abuse counselling.



Unfortunately in order to complete the transition to HEBP we understand a few of the least used items dealing with financial, legal and career counselling had to be dropped. Our union views this as only temporary and these options will be restored as quickly as possible. If you need the EAP don't hesitate to call 204-786-8880 or 1-800-590-5553. •

IT'S THAT TIME AGAIN RRSP and Income Tax

RRSP and income taxes are both critical in financial, tax and retirement planning. We strongly recommend that our members seek out well trained and experienced financial planners or financial counsellors.

The following are a few tips to help find the right individual for your circumstance. These tips are fairly standard, regardless of which financial institution the consultant/planner represents.

Before you sign on, ask these questions:

- Are you a certified Financial Planner or what qualifications do you have?
- How long have you/your firm been in business?
- What are your areas of expertise?
- Who will handle my account?
- Do you rely on outside sources for investment advice?

- What types of products and risk profiles do your suppliers use?
- What is the reporting format and time frame?
- What communication can I readily expect?
- What are the service costs and how are you (the Investment Advisor) paid
- How can I be assured I am getting growth in my assets and value for my investment?
- Always get at least three references?

It is also important to ensure that there is a written engagement letter setting out the scope of duties and fee structure.

These are just a few tips, but the top of any checklist should always be an experienced consultant. You also need to do some homework – do some research prior to engaging anyone to manage your money. •

LEAP

Legal Expense Assistance Plan

Every day nurses are working hard to provide quality care, in health care facilities that are understaffed and lacking resources, while maintaining a high level of professionalism.



As a regulated health care professional, you may at some point in your career be the subject of a patient, family or employer complaint or report to your regulatory college. It is also possible that you may be involved in a work-related incident, resulting in a coroner's investigation or inquest, criminal charges or summoned to appear as a witness.

The possibility of incurring heavy legal costs to deal with an employment related incident has been a longstanding concern of many MNU members.

In 1991, the Legal Expense Assistance Plan (LEAP) was established to offer MNU members financial assistance for legal expenses stemming from employment related incidents.

LEAP is funded by an annual budget, as directed by MNU members, and is administered by a Staff Advisor assigned on behalf of the MNU board.

While the various licensing bodies also offer legal expense plans, it is important to note that this presents a conflict of interest in some circumstances, since the licensing body also acts as a disciplinary body.

WHEN TO CONTACT LEAP

You should contact LEAP if:

- There is a complaint or report about your professional practice to your regulatory college;
- The police or the coroner want to interview you regarding a patient death;
- The police want to charge you with a criminal offence regarding a work-related incident; or
- There is a complaint about your professional practice to the Information and Privacy Commissioner.

Eligibility

To access the LEAP fund, you must be a MNU member in good standing at the time the incident occurs, as well as the time that the LEAP claim is submitted. This included members who are:

- On an authorized or unpaid leave of absence;
- On worker's compensation;
- Laid-off; or
- Terminated (must have a grievance filed)

Coverage

Coverage extends to incidents which stemmed from the normal scope of duties. MNU members have the right to select their own legal counsel and will be reimbursed in accordance with LEAP rates.

Incidents are eligible for 100 per cent coverage, to a maximum charge of \$250 per hour and \$3,000 per claim.

Application Process

As soon as the incident occurs, contact the LEAP Staff Advisor at the MNU provincial office for information on how to proceed.

In order to process a LEAP claim all applicants must submit:

- An itemized statement, breaking down the number of hours/partial hours, your lawyer has worked;
- A copy of a receipt of payment from your lawyer; and
- Always include your MNU LEAP number on all documents submitted. •

Does the mask fit?

Importance of fit-testing N95 masks

Recently, nurses in the Prairie Mountain region have raised concerns about the availability of N95 masks (respirators) and lack of current fit-testing.

MNU responded by sending a letter to the employer stating its position on NIOSH approved N95 masks.

“MNU takes the very strong position that should a nurse in their professional judgment believe a N95 is the appropriate form of personal protective equipment, then the N95 should be available. Prairie Mountain Health does not appear to disagree with the protection that the N95 provides to health care workers; rather the employer appears to be selective in the fit-testing procedure, which puts our members at risk for exposure to any number of hazardous situations that may be encountered within the health care facilities in the region. Neither party can predetermine which potential exposure may walk through the doors for healthcare workers, but the parties must be fully prepared to respond to such exposures.”

The letter went on to call for the employer to immediately confirm their intent to fit-test and provide assurance that N95 respirators will be made available for all nurses in the region.

If the employer does not comply with the request, MNU reserves the right to access all legal avenues, including the grievance procedure to ensure the safety of its members.

Not just for pandemics

There is a tendency to associate N95 masks with influenza outbreaks, since they were widely used during the 2009 H1N1 pandemic. However, it is important to note that nurses must be protected by N95 masks when dealing with any air-borne or suspected air-borne illness, not just influenza.

With respect to respirator fit-testing, MNU upholds CSA Standard Z94.4-02 – guidelines for use and care of respirators. This means that nurses must be fit-tested every two years. Factors like changes in a user’s physical condition e.g. substantial weight gain or loss or change in the respirator face piece affects the fit of the mask.

It is important to note that the fit-test should only be done if the user is clean shaven in the area where the face piece seals to skin.

Keep in mind that fit-testing is one of the most important parts of the respirator program because it is the only recognized tool to assess the fit of a specific respirator model and size to the face of the user.

It is not enough to have access to N95 masks; the masks must be properly fitted to ensure protection. In the case of N95 masks, one size does not fit all.

MNU also upholds recommendations from Manitoba Health on proper respirator

use as outlined in Routine Practices and Additional Precautions as listed below:

- Perform hand hygiene prior to putting on the respirator.
- Perform a seal (fit) check immediately after putting on the respirator.
- Avoid self-contamination; do not touch the respirator on its external surface during use and disposal.
- Remove respirators carefully by the straps.
- Do not dangle a respirator around the neck when not in use; do not reuse disposable respirators.
- Change the respirator if it becomes wet or soiled (from the wearer’s breathing or due to an external splash).
- Change the respirator if breathing becomes difficult.
- Discard the disposable respirator immediately after its use (i.e. dispose of when removed from the face), into a hands-free waste receptacle and perform hand hygiene.
- Follow organization policy for reusable respirators, placing into appropriate receptacle for reprocessing.
- In cohort settings, respirators may be used for successive patients.

If you have concerns regarding the availability of N95 masks or appropriate fit-testing please contact your labour relations officer. •

NORTHERN RHA HOLDS AMALGAMATION MEETING

The group plans to adopt the model Local Constitution where the Regional Local President, Vice President, Secretary, Treasurer or Secretary/Treasurer will be elected by the Worksite Presidents and Local Presidents. Balanced representation from the former Regions (Burntwood and Norman) will be ensured through election of the Executive Officers e.g. If the President of the new local is from the former Norman Regional Local then at least two of the remaining officers will be from the former Burntwood Region.





A COMMITMENT TO CARING

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- Sheila HoldenSt. Boniface Nurses Local 5
- Diana MartinsonSt. Boniface Nurses Local 5
- Colleen JohansonSeven Oaks Nurses Local 72
- Juanita Smith.....Victoria Nurses Local 3



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If your contact information has changed please contact Veronica Jones at 204-942-1320 or email vjones@manitobanurses.ca.

You can also visit our website at www.manitobanurses.ca and change your contact information by logging into the Members Portal and updating your account information.

If you are no longer a MNU member or are receiving this newsletter in error please contact the MNU office at 204-942-1320 so that we can update our records.

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Safety and Health 101

BUILDING A SAFER WORKPLACE

This full day interactive Workplace Safety and Health course covers the duties and responsibilities of individuals in our workplaces. There will be a review of the role and function of the Safety and Health Committee which will include committee procedures, meetings, hazard recognition and control, workplace inspections and the rights of nurses have in regard to Safety and Health. We will also review the importance of the MNU worksite/ local and their role in promoting and advancing safety issues important to the members. Ensuring our members are protected by a well-trained and informed Workplace Safety and Health Committee is key to building a safety culture in our workplaces.

SCHEDULE

All sessions run from 8:30 a.m. – 4:00 p.m.

Winnipeg Long Term Care	March 19/14 – Union Centre
Winnipeg Community & Health	March 27/14 – Union Centre
Interlake-Eastern	April 7/14 – Selkirk
Southern Health	April 8/14 – United Church, Carman
Prairie Mountain Health	April 11/14 – Brandon April 17/14 – Dauphin
Northern RHA	April 15/14 – Thompson
Winnipeg Hospitals	April 22/14 – Union Centre

MNU is funding all Board members plus the Local/Worksite President and Workplace Safety & Health Committee persons from each Workplace Safety & Health Committee within the Worksite/Local. Funding for other participants will be the responsibility of the Locals/Worksite subject to availability. **The locals are encouraged to take into account who their representatives will be in the upcoming election year when determining who will attend this Education opportunity.**

MNU is funding up to a maximum of one (1) days salary replacement.

Travel costs with the following qualifications:

Members required to travel from elsewhere in the Province will have travel paid as per MNU policy.

Additional expenses are the sole responsibility of the participant.



Notification of all attending participants must be forwarded to Kristina Kiciuk via email: kkiciuk@manitobanurses.ca by February 24, 2014.