

Dispatches

October 2008

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Notice of the HSAS 36th Annual Convention

All HSAS members are welcome to attend the Thursday evening social - you don't have to be a delegate! Although all HSAS members are welcome to attend the convention itself, only delegates are permitted to vote. *(For a list of delegates, please refer to page 4. Members who wish to attend are encouraged to pre-register - see Page 3.)*

Thursday, November 20th, 2008

A welcome social will be held, starting at 7:30 p.m., in the HSAS Saskatoon office at #42 - 1736 Quebec Avenue. Please call Colette at 955-3399 or toll-free at 1-888-565-3399 to pre-register.

Friday, November 21st, 2008

The annual convention will commence at 12:30 p.m. at:
Travelodge Hotel
106 Circle Drive West
(Circle Drive West and Idylwyld Dr. North)
Saskatoon, SK

What to expect:

1. Find out what your union has been working on over the past year and what challenges we face in the coming months.
2. See an exciting presentation of "Arrows of Desire - The Tommy Douglas Story" a play presented by John Nolan of Phantom Poets



President's Message

The all too short Saskatchewan summer is over. I hope that Members of HSAS enjoyed the nice weather and the many rest and recreation opportunities available in communities across our province. Your union is working hard on your behalf with public relations efforts, preparations for Collective Bargaining and day-to-day administrative matters. Elected representatives at the provincial and local level and HSAS staff are focused on working together to represent your interests and ensure that we do everything we can to improve the services that HSAS provides to Members.



I have appreciated the opportunity over the last months to meet with Members from many parts of the province and hear your concerns. It is clear that many of the pressures that our Members face in attempting to deliver high quality health care services are challenges that cross Regional Health Authority lines. I encourage all Members to continue to share their stories with HSAS staff and elected representatives and together we can make a difference!

I look forward to meeting with Delegates and Members at our upcoming Annual Convention as we celebrate our accomplishments and set our course for facing the challenges of the year ahead.

Best Regards - In Solidarity,
Chris Driol
President of HSAS

New Executive Director Joins HSAS



I have now been employed by HSAS for 100 days. I have met with all of the HSAS employees, many members, Executive Council and have attended various committees. I have participated in a mediation session, attended a Labour Relations Board hearing and have been involved in several arbitrations. Although the challenges we face are large so are our resources. In fact, our greatest resource is the combined commitment of all; members, HSAS contact persons, Regional Councils, committee members, Executive Council members and our staff.

We can and will be ready for direct, principled and firm negotiations, arbitrations, and mediations on your behalf, and with your support.

Bill Craik
Executive Director

Bargaining Update

The Negotiating Committee has completed their review of the Bargaining Survey and Workload Assessment Tool. A summary of the data collected is being mailed to all members and a more detailed breakdown of the survey will be available on-line at the HSAS web site. The Negotiating Committee will be meeting numerous times over the next months to formulate the bargaining proposals for the upcoming round of bargaining. This will be a challenging round of bargaining as HSAS will be one of the first unions having to deal with the Essential Service Legislation. The committee would like to thank the membership for taking the time to complete the survey last spring and to remind every one to stay active and regularly view the HSAS web site to stay informed.

In Solidarity
Bill Fischer
Negotiating Committee Chair

Convention Agenda

- 8:00 a.m. – 12:30 a.m. Delegate Orientation
- 12:30 p.m. – 12:35 p.m. Welcome to All Members
- 12:35 p.m. – 3:00 p.m. Presentation of “Arrows of Desire” - The Tommy Douglas Story
- 3:00 p.m. – 3:15 p.m. Break
- 3:15 p.m. – 5:30 p.m. Business Meeting
(See agenda below)



Business Meeting Agenda

1. Adoption of Agenda
2. Adoption of the November 17, 2007 Annual Convention Meeting Minutes
3. President’s Annual Report
4. Executive Director’s Report
5. Committee Reports
 - (a) Finance - Presentation of Audited Financial Statements
 - (b) Provincial Negotiating
 - (c) Communications
 - (d) Education Fund
 - (e) Emergency Fund
 - (f) Grievance
 - (g) Charitable Donations / Professional Contributions
 - (h) Annual Convention
 - (i) Regional Council Development
 - (j) Constitutional
6. Resolutions
7. Old Business
8. New Business
9. Announcement of results of mail in ballot(s) for Executive Council seats
10. Adjournment

Delegates to the HSAS Annual Convention

All HSAS members are encouraged to attend the Annual Convention but only delegates are permitted to vote. Additionally, only delegates are entitled to expense reimbursement, wage replacement and the stipend.

(1) delegates elected by HSAS members from each Health Region and

(2) Executive Council members elected by the members in the profession(s) they represent on a provincial basis.

Delegates to the HSAS Annual Convention include:

I. List of Delegates elected by HSAS Members in Each Health Region

<u>Health Region</u>	<u># of Seats Available</u>	<u>Name</u>	<u>Profession</u>
Cypress	2	Ralph Aman	Social Worker
Five Hills	2	Dorothy Hicks Gwen Miller Moyses	Exercise Therapist Social Worker
Heartland	2	Nicole Morhart	Addictions Counsellor
Keewatin Yatthé	1	Martin Durocher	Mental Health Therapist
Kelsey Trail	1	Kade Martin	Exercise Therapist
Mamawetan Churhill River	1		
Prairie North	3	Judy Jones Melissa Little Lynzie Rindero Brad Mee (Alternate)	Social Worker Dietitian Respiratory Therapist EMS
Prince Albert Parkland	2	Dwayne Cameron	Addictions Counsellor
Regina Qu'Appelle	8	Gail Beggs-LaRiviere Scott Boucher Jean Coleman Natalie Horejda Leanne McLaughlin Marcel Shevalier Celine Stolz	Physical Therapist Health Educator Dietitian Physical Therapist Addictions Counsellor Addictions Counsellor Assessor/Coordinator
Saskatoon	11	Glenda Brown Warren Chykowski Terry Dodds Bill Feldbruegge Doris Grant Karen Kinar Ted Makeechak Allan Morrissette Kelly Murtland Tine Peyton Jennifer Skakun	Assessor Coordinator Respiratory Therapist Addictions Counsellor Speech Language Pathologist Social Worker Respiratory Therapist Physical Therapist Addictions Counsellor Physical Therapist Addictions Counsellor Addictions Counsellor
Sun Country	2	Mary Deren Lisa Johnson Hallberg Rod Watson (Alternate)	Health Educator Social Worker Social Worker
Sunrise	2	Tamara Dobmeier Tracy Erickson	Social Worker Addictions Counsellor

II. HSAS Executive Council Members Serving As Convention Delegates

<u>Name</u>	<u>Profession</u>
Rupal Bonli	Psychologist
Cathy Dickson	Social Worker
Chris Driol	Mental Health Therapist
Bill Fischer	Paramedic
Peggy Forsberg	Physical Therapist
Debra Ginther	Assessor Coordinator
Sheila Kerr	Physical Therapist
Darcy McKay	Paramedic
Debbie Morton	Respiratory Therapist
Anne Robins	Recreation Therapist
Joanne Schenn	Social Worker
Valerie Stopanski	Health Educator
Dave Tillusz	Addictions Counsellor
Karen Wasylenko	Speech Language Pathologist

Reminder To Delegates - Orientation

President Chris Driol and the Annual Convention Committee will conduct the delegate orientation and will be mailing each delegate a package of information prior to the convention. Delegates are encouraged to read the material prior to attending orientation.

Resolutions To Be Considered By The Annual Convention

In order for resolutions from the membership to be considered at the Annual Convention, the following conditions must be met:

- (i) each resolution must be submitted by ten (10) active members of the union and
- (ii) each resolution must be received by the Secretary of the union at the Saskatoon HSAS office no later than September 17, 2008.

Current Language

Proposed Changes

Constitution

Constitution

ARTICLE 3 – OBJECTS OF THE ASSOCIATION

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Rationale: Typo correction.

By-Laws

ARTICLE 1 – INTERPRETATION

1.1 Defined Terms

- (c) **“Board of Governors”** means the elected body described in Article 8 hereof;

ARTICLE 3 – MEETINGS OF MEMBERS

3.4 Delegate Status, Attendance and Voting

- (a) For the purposes of these By-laws, the term “delegate” shall refer to a delegate duly elected or deemed to be elected as such in accordance with these By-laws and, if any duly elected delegate is not available to act as a delegate in accordance with these By-laws, the term “delegate” shall include the first available alternate duly elected as such in accordance with these By-laws, unless the context requires otherwise.

3.7 Resolutions

- (c) A resolution dealing with constitutional changes, as contemplated by Article 18 hereof, or budgetary matters, as contemplated by Section 15.2 hereof, may not be submitted from the floor of the meeting. Such matters must be submitted in the manner contemplated in these By-laws.

ARTICLE 4 – EXECUTIVE COUNCIL

4.4 Election of Executive Council

- (b) Each active Member who has completed at least one (1) full two (2) year term on Executive Council at any time shall be eligible for nomination and election as President of the Association by all Members of the Association. Nominees do not have to be but may be current members of Executive Council.

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Rationale: Typo correction.

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Rational: To reflect past and current practice.

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Rationale: Typo correction.

ARTICLE 5 – MEETINGS OF THE EXECUTIVE COUNCIL

5.1 Meetings

Meetings of the Executive Council and of any committee of the Executive Council may be held at any place within or outside of Saskatchewan with the approval of the Executive Council. A meeting of the Executive Council may be called by the President or any member of the Executive Council at any time, and, in any event, no less than four (4) times per year. The Executive Director shall, upon direction of any of the foregoing, send notice of a meeting of the Executive Council in accordance with Section 5.2 hereof.

ARTICLE 6 – OFFICERS

6.2 Election of Vice-President, Secretary and Treasurer

- (b) (i) When there are more than two nominees for the positions of Vice-President, Secretary or Treasurer and a majority vote is not achieved, then the nominee with the least number of votes will be removed from the election election. Voting shall continue until a majority vote is achieved.

- (e) Any vacancy in an office shall be filled by a majority vote of the Executive Council for the remaining term.

6.4 The Secretary The Secretary:

- (a) Ensures an accurate and true record of the membership is kept.
- (b) Ensures that accurate records are kept of all official proceedings of the Association.
- (c) May be a signing officer.
- (d) Is a member of the Executive Committee.

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Rationale: Typo correction.

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Rationale: Formatting error – the second line needs to be indented.

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- (a) Ensures an accurate and true record of the membership is kept.
- (b) Ensures that accurate records are kept of all official proceedings of the Association.
- (c) May be a signing officer.
- (d) Shall receive resolutions submitted in accordance with Section 3.7(a).
- ~~(d)~~ (e) Is a member of the Executive Committee.

Rationale: To reflect past and current practice.

ARTICLE 8 – REGIONAL COUNCILS

8.2 Duties of Regional Council Officers

Regional council officers shall provide a liaison between the members of the Regional Council and the Executive Council and the Executive Director and shall be responsible for the coordination of the activities of the members of the Regional Council and to make such recommendations and reports and carry out such other duties as may be required to assist the Executive Council and Executive Director in the organization, management and operation of the affairs of the Association. Each officer of each Regional Council shall conduct their affairs in a manner consistent with the objects of the Association and shall act and carry out their duties in accordance with such policies as may be established by the Executive Council from time to time. A regional council officer may be removed from office by the Executive Council for just cause.

9.3 Duties Of The Board Of Governors

(a) The Constitution and By-laws:

The Board of Governors shall provide guidance and counsel to the Executive Council on all such constitutional matters brought before the Executive Council and shall vote on all constitutional matters in accordance with Section 18 (b) hereof.

9.4 Attendance At Executive Council Meetings

Any member of the Board of Governors may attend a duly called meeting of the Executive Council, without voting powers, for any of the aforementioned purposes.

ARTICLE 12 - DISCIPLINE

12.1 Charges

(iv) acted in a manner inconsistent with the objects of the Association set out in the Constitution; or

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Rationale: Typo correction. *Remove extra space*

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(a) The Constitution and By-laws:

The Board of Governors shall provide guidance and counsel to the Executive Council on all such constitutional ~~and/or by-law~~ matters brought before the Executive Council and shall vote on all constitutional ~~and/or by-law~~ matters in accordance with Section 18 (b) hereof.

Rationale: To reflect past and current practice.

9.4 Attendance At Executive ~~Council~~ Meetings

Any member of the Board of Governors may attend a duly called meeting of the Executive Council ~~or Executive Committee~~, without voting powers, for any of the aforementioned purposes.

Rationale: To reflect past and current practice.

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Rationale: Typo correction.

ARTICLE 15 – FINANCIAL AFFAIRS

15.2 Budget

Each year, at the first Executive Council meeting following the Annual Convention, the Finance Committee shall submit to the Executive Council a proposed budget setting forth details of the estimated revenues and expenditures of the Association for the ensuing fiscal year for approval by the Executive Council. The approved budget shall be ratified by the Board of Governors by a simple majority. All special appropriations exceeding the provisions of the annual budget shall be submitted to the Executive Council for approval and ratified by the Board of Governors by a simple majority. Whenever the annual budget and special appropriations are not ratified by the Board of Governors, then a joint meeting of the Executive Council and the Board of Governors shall be held to resolve the matters before them and, failing any agreement being reached, then the matters shall be placed before the Members of the Association at a special meeting or the annual Convention, whichever shall come first.

ARTICLE 18—CONSTITUTIONAL AND BY-LAW AMENDMENTS

- (a) Any member of the Board of Governors or any member of the Executive Council may receive a proposed constitutional resolution from a Member of the Association. Such proposed resolution shall be presented to the next meeting of the Executive Council.
- (b) All constitutional resolutions passed by two-thirds (2/3) of the Executive Council shall be ratified by the Board of Governors by a simple majority and, subject to compliance with Section 3.7 hereof, shall be submitted to the Members of the Association at the next Annual Convention of Members. The delegates at such Annual Convention may, by two-thirds (2/3) majority, confirm or reject the constitutional resolution, with or without minor variations. Where the delegates propose to confirm or reject the proposed

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- (b) All constitutional and/or by-law resolutions passed by two-thirds (2/3) of the Executive Council shall be ratified by the Board of Governors by a simple majority and, subject to compliance with Section 3.7 hereof, shall be submitted to the Members of the Association at the next Annual Convention of Members. The delegates at such Annual Convention may, by two-thirds (2/3) majority, confirm or reject the ~~constitutional~~ resolution, with or without minor variations. Where the delegates propose to confirm or reject

constitutional resolution with a substantive variation, such resolution shall, firstly, be referred back to the Executive Council, for their approval, and the Board of Governors, for ratification, in accordance with the foregoing prior to being re-submitted to the Members at the next Annual Convention in compliance with Section 3.7 hereof. The delegates at such Annual Convention may, by two-thirds (2/3) majority, confirm or reject the revised constitutional resolution, with or without minor variations or confirm or reject the proposed revised constitutional resolution with a substantive variation in accordance with the above.

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(c) Whenever a constitutional resolution is not ratified by the Board of Governors, such resolution shall be considered by the Executive Council and Board of Governors at a joint meeting; and failing any agreement being reached, the resolution shall be referred to the Members of the Association at the next Annual Convention. The delegates at such Annual Convention may, by two-thirds (2/3) majority, accept or reject the constitutional resolution in accordance with paragraph 18(b) hereof. The submission of any constitutional resolutions to the Members of the Association shall indicate whether such constitutional resolution has been ratified by the Board of Governors.

(c) Whenever a constitutional and/or by-law resolution is not ratified by the Board of Governors, such resolution shall be considered by the Executive Council and Board of Governors at a joint meeting; and failing any agreement being reached, the resolution shall be referred to the Members of the Association at the next Annual Convention. The delegates at such Annual Convention may, by two-thirds (2/3) majority, accept or reject the ~~constitutional~~ resolution in accordance with paragraph 18(b) hereof. The submission of any ~~constitutional~~ resolutions to the Members of the Association shall indicate whether such ~~constitutional~~ resolution has been ratified by the Board of Governors.

Rationale: To reflect past and current practice.

Executive Council recommends acceptance of all the preceding Constitutional & By-Law Amendments.

Just The Facts

Statistics Canada/CALM

Here are some quick facts on unions from Stats Canada's annual *Perspectives on Labour and Income*.

The average unionized worker is paid \$23.58 an hour while the average non-union worker is paid \$18.98.

The majority of union members are now women, which has been the case since 2006. The unionization rate for women (30 per cent) exceeds men's (28.7 per cent)—2.15 million women and 2.07 million men are union members.

Unionized women are closer to achieving pay equity than non-unionized women. Women in unionized full-time jobs average 94 per cent of union full-time men's average (\$23.36 versus \$24.83). The wage gap is much bigger for non-unionized full-time women who earn only 81 per cent of non-union full-time men's average (\$18.16 versus \$22.50).

A full-time union workers' average wage is \$24.15. Full-time non-union workers average only \$20.55. A part-time union workers' average wage is \$19.99. Part-time non-union workers earn dramatically lower pay of \$12.56.

Executive Council Elections

Nine (9) Executive Council seats are up for election for the two-year term November 2008 to November 2010. In addition, the one (1) Executive Council seat representing Pharmacists, is up for election for the one-year term of November 2008 to November 2009.

Requests for nominations were mailed to members impacted by the vacancies at the beginning of September 2008. The deadline for nominations was September 30, 2008.

I. Acclaimed Seats

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>	<u>Member Acclaimed / Health Region</u>
Social Workers	1	Joanne Schenn Social Worker Prince Albert Parkland	Joanne Schenn Social Worker Prince Albert Parkland
Speech & Language Pathologist, Audiologists, Orthoptists, Music Therapists	1	Karen Wasylenko Speech & Language Pathologist Saskatoon	Karen Wasylenko Speech & Language Pathologist Saskatoon
Recreation Therapists, Mental Health Therapists	1	Anne Robins Recreation Therapist Saskatoon	Anne Robins Recreation Therapist Saskatoon
Public Health Inspectors, Infection Control Practitioners, Dental Hygienists/Therapists	1	Valerie Stopanski Health Educator Heartland	Valerie Stopanski Health Educator Heartland
Dietitians, Nutritionists	1	Vacant	Melissa Koshinsky Dietitian Saskatoon Health Region

II. No Nominations

As a result of no nominations being received for these seats, Executive Council has requested any HSAS member in these professions who is interested in representing their colleagues, call Chris Driol, HSAS President at 955-4560 or toll-free at 1-888-565-3399. Upon receiving an expression of interest, a request for nominations will again be mailed out.

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>
Physical Therapists, Prosthetists, Orthotists, Exercise/Conditioning Therapists	1	Peggy Forsberg Physical Therapist Regina Qu'Appelle
Occupational Therapists	1	Vacant
Pharmacists (1 year term)	1	Vacant

III. Expressions of Interest Received

Expressions of interest have been received for the following groups:

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>
Assessor Coordinator	1	Vacant
Psychologists, Psychometricians	1	Rupal Bonli Psychologist Saskatoon

Nominations have been sent to Members. Nominations need to be received by October 23, 2008. If an Election is required, ballots will be sent to Members in the last week in October and must be returned by November 14, 2008.

Communications Committee Report

The Communications Committee met on several occasions this year to discuss how to offer better and more timely internal and external communications to our members and the general public. The highlight of our committee work this past six months has been to highlight a number of our professional groups to better inform the public of the role we serve in their health care as well as to inform them of some of our limitations in providing the full scope of our practice. We have done this in the form of newspaper and TV ads and look forward to also providing radio ads in the

future. We have also supported MADD Canada by sponsoring the Signs of Summer Campaign and look forward to continued involvement with this or other charitable organizations.

We welcome your comments, stories and concerns.

Rupal Bonli
Chair

Labour Relations Corner

In this article we feature issues that have been commonly raised in regards to collective agreement interpretation and HSAS Labour Relations efforts on behalf of Members.

Senior Reclassifications

Several situations have arisen where Members became aware that they are in positions that require 2 years of experience. We have settled these matters with the Employer reclassifying these Members to Senior without having to file grievances.

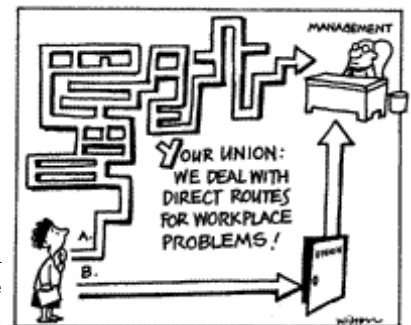
Posting of Positions

A member raised a concern where he had not applied for a position as the posting for this position had not been posted at his worksite. The Collective Agreement Article 21.02 clearly states that vacant positions are to be posted in all workplaces. The Employer agreed to reopen the posting for competition thus allowing this Member an opportunity to apply.

Pension Entitlement

We have had a couple of situations where Members

who should have been participating in the SAHO Pension Plan were not enrolled. In these cases we have set up meetings with the Employer where we reached agreement for the Employer to pay their share as well as the Members' share of contributions. The Members were then able to negotiate a repayment plan for their share that would work for their finances.



Family Leave

A Member had been approved Family Leave to attend for the birth of his child. He was approved certain days as the Doctor had intended to induce labour. The Member's wife went into labour early and suffered some complications. The Member requested that he take Family Leave on different days and to have a few more additional days approved so he could care for his wife. The Employer initially refused this but after Labour Relations staff intervened, they agreed to accommodate our Member.

HSAS Supports Education

A. Silver Anniversary Scholarship Awards

Every year HSAS awards ten (10) \$500.00 scholarships to a spouse or dependent of an HSAS member enrolled in full-time studies at a post-secondary educational institution leading to a degree, diploma or certificate in an area of study represented by HSAS.

These scholarships were established in 1997 to mark the 25th anniversary of our union. Applications must be received in the Saskatoon HSAS office by August 15 .

Six (6) applications were received. The successful applicants are:

Member: Rhonda Bartlett

- EMS in Heartland Health Region

Student: Amy Bartlett

- Lakeland College - Child and Youth Care Diploma

Member: Stanislaw Dimnik

- Social worker in Saskatoon Health Region

Student: Jane Dimnik

- University of Regina - Social Work Program

Member: Julie Gordon

- Physical Therapist in the Saskatoon Health Region

Student: Chelsea Gordon

- University of Saskatchewan - Masters Speech & Language Pathology

Member: Gail Greenberg

- Social Worker in Regina Qu'Appelle Health Region

Student: Laura McQuillan

- University of Alberta - BSc

Member: Donna Kattler

- Addictions Counsellor in Regina Qu'Appelle Health Region

Student: Danielle Kattler

- University of Saskatchewan - B.A. Physical Therapy

Member: Jill Zimmerman

- Social Worker in Regina Qu'Appelle Health Region

Student: Jonathan Zimmerman

- University of Waterloo - BSc Psychology

B. HSAS Bursary

Every year HSAS awards ten (10) \$500.00 scholarships to a spouse or dependent of an HSAS member enrolled in full-time studies at a post-secondary educational institution leading to a degree, diploma or certificate.

These scholarships were established in 2007 at the Annual Convention. Applications must be received in the Saskatoon HSAS office by August 15.

Twenty-three (23) applications received. The ten (10) successful applicants are:

Member: Bonny Bayne

- Social Worker in Kelsey Trail Health Region

Student: Jennifer Bayne

- University of Saskatchewan, B. Comm.

Member: Gail Beggs-LaRiviere

- Physical Therapist in Regina Qu'Appelle Health Region

Student: Emmett La-Riviere

- University of Alberta, BSc

Member: Gail Deighton

- EMS in Kelsey Trail Health Region

Student: Tawni Deighton

- SIAST - Paramedic

Member: Chris Driol

- Mental Health Therapist in Saskatoon Health Region

Student: Chantelle Driol

- University of Regina - B.Ed.

Member: Barbara Gellert

- Dietitian in Five Hills Health Region

Student: Candace Gellert

- University of Saskatchewan - Bach. Engineer

Member: Bonnie Kane

- Social Worker in Saskatoon Health Region

Student: Briar Kane

- University of Saskatchewan - BSW

Member: Maureen Kraemer

- Social Worker in Sun Country Health Region

Student: Victoria Schulz

- University of Saskatchewan - B.Sc. Nursing



Member: Melanie Lemieux
- Dental Health Educator in Sun Country Health Region

Student: Sarah Lemieux
- University of Regina - B.Sc.

Member: Natalie Horejda
- Physical Therapist in Regina Qu'Appelle Health Region

Student: Anna Woronoski
- University of Regina - B.Sc. Psych.

Member: Karen Wasylenko
- Speech & Language Pathologist in Saskatoon Health Region

Student: Lara Wasylenko
- Saskatoon Business College - Administration Diploma

C. Continuing Education Fund

The Continuing Education Fund was established at the October 1990 Annual General Meeting with the purpose of promoting continuing education in areas directly related to one's present position.

A lottery system is used to select applicants with fifteen (15) names drawn on October 1st and fifteen (15) names on May 15th of each year. Successful applicants are eligible for a maximum of \$500.00.

It is the position of HSAS that the responsibility for assuming costs associated with continuing job related education resides with the employer. To ensure our fund is not treated as a primary source, the Education Fund Committee requires members to apply to their employer or other sources prior to making application to the HSAS Education Fund. Failure to do so will result in the disqualification of the applicant.

For the October 1, 2008 draw, we had thirty (30) applicants. Those chosen were:

Craig Blechinger
Physical Therapist
Saskatoon Health Region

Colleen Hancharuk
Occupational Therapist
Saskatoon Health Region

Terra Hayes
Physical Therapist
Saskatoon Health Region

Kyra Kane
Physical Therapist
Regina Qu'Appelle Health Region

Carol Lahey-Wiggs
Speech and Language Pathologist
Saskatoon Health Region

Orlene Martens
Speech and Language Pathologist
Saskatoon Health Region

Christine Savage
Occupational Therapist
Saskatoon Health Region

Kendra Sedley
Addictions Counsellor/Therapists
Sunsie Health Region

Marilyn Joy Smith
Dietitian
Regina Qu'Appelle Health Region

Erin Stoll
Physical Therapist
Prince Albert Parkland Health Region

Jennifer Troy
Pharmacist
Regina Qu'Appelle Health Region

Emily Ward
Dietitian
Cypress Health Region

Shelley Weber
Social Worker
Saskatoon Health Region

Shannon Krause
Addictions Counsellor
Saskatoon Health Region

Sheena Grimes
Dietitian
Sun Country Health Region

Note: Application forms for the Silver Anniversary Scholarships, HSAS Bursary and Continuing Education Fund can be obtained from the Saskatoon HSAS office or downloaded from our website at www.hsa-sk.com.

Responding to Stressful Events: Self-Care for Caregivers

Natural or human-caused disasters such as earthquakes, health emergencies, terrorist attacks or acts of war can engage caregivers (physicians, psychologists, social workers, nurses, psychiatrists, teachers, counsellors, and other health workers) in working long hours helping people of all ages to understand and manage the many reactions, feelings and challenges triggered by these stressful circumstances.

The massive effort put forth by caregivers in response to the psycho-social effects of catastrophic events is a critical contribution to their community's recovery. However, caregivers sometimes need to be reminded that a sustained response can also lead to physical and emotional wear and tear. Without conscious attention to self-care, caregivers' effectiveness and ultimately their health will suffer.

Common Sources of Stress for Caregivers

Here are common sources of stress that caregivers may be faced with:

- Trying to live up to their clients' high expectations and/or their own
- Intensive caring for others at the expense of self-care
- Inability to set appropriate boundaries
- Pushing themselves too hard
- Mental and physical demands
- Heavy workloads
- Long hours on the job
- Time pressures
- Limited resources
- Competing priorities
- Media requests
- Political and organizational pressures

Be on the Alert for Signs of Stress

Caregivers are usually alert to the stresses of people they help. They are not, however, always as alert to the stress and fatigue that can slowly surface in their own lives, and need to be reminded of normal stresses that may affect them.

Common Physical/Behavioural Reactions:

fatigue, loss of appetite, difficulty falling asleep, restlessness, headaches, changes in sleeping, increased blood pressure, changes in eating habits, increased susceptibility to colds, flu, infection, change in libido, changes in smoking habits, changes in alcohol and drug consumption.

Common Emotional Reactions: feeling helpless, overwhelmed, inadequate, fragile, vulnerable, unable

to cope or go on, increased mood swings, decreased motivation, feeling burned out, crying more frequently and easily, isolation, changes in communication patterns and other relationship dynamics, withdrawal.

Common Cognitive Reactions:

confusion, difficulty making decisions, difficulty problem solving, memory blanks, having ambiguous feelings, questioning why this happened in a world that is supposed to be safe, difficulty concentrating or paying attention.



Caregivers are not immune to the above reactions and need to remind themselves that these are normal human responses to stressful circumstances. Although many of the underlying stresses cannot be prevented, you can increase your resistance by taking care of yourself and staying healthy. It is important to pace yourself and know your limits so you can continue to be available to your clients and your community.

Here are some stress-relieving activities:

- **Go for a 15-minute walk** during a lunch or coffee break. Take other opportunities to be physically active.
- **Eat sensibly.** Avoid excessive use of caffeine and alcohol. Drink plenty of water and juices.
- **Know and respect your limits.** If you feel exhausted and need time off, take it. Respect commitment for regularly scheduled time off.
- **Spend time with family and friends.** Talk to them. Listen to their stories. Listen to them if they become concerned with your health and well-being.
- As much as possible, continue to **participate in previous social and recreational activities.**
- **Get some rest.** If you have trouble sleeping, get up and do something relaxing or enjoyable.
- **Be on the lookout for any changes** in your habits, attitudes and moods.
- **Share your own and clients' reactions** and issues with colleagues. Don't hesitate to ask others for advice.
- **Include yourself on the list of people you are taking care of.** Take some time to do something just for yourself every day. Taking care of yourself will put you in better shape to give care to others.

- **Be self-nurturing** and don't forget to laugh.

Delayed Stress Reactions

Past experiences have shown that after tragic events, it may take several weeks to adjust to "regular" routines. This is normal. Following the tips on self-care given above will help you deal with delayed reactions.

Family Needs

One of the most difficult challenges for caregivers is to maintain some kind of balance between the demands of the emergency work and the needs of their own families. Keep the lines of communication open. You and your partner may find it helpful to read the other pamphlets in this series:

- **Responding to Stressful Events: Helping Children Cope**
- **Responding to Stressful Events: Helping Teens Cope**
- **Responding to Stressful Events: Taking Care of Ourselves, Our Families and Our Communities**

When to Seek Help

The information offered in this brochure is a reference point to help you to understand some of the stress reactions you or other family members or friends may experience. If, at any time, you feel overwhelmed and unable to cope it is important to seek out additional assistance. Here are some circumstances which indicate that it is time to get help by speaking to a health professional such as a psychologist, family doctor, psychiatrist, social worker or nurse:

- Can't return to a normal routine
- Feeling extremely helpless
- Having thoughts of hurting yourself or others
- Using alcohol and drugs excessively

Resources which may be available in your community to call for help:

- Distress or crisis centres
- Hospital in your community
- Family service agency
- Bereavement group
- Leader of your faith community
- Include family and friends you can call to talk things over.

Acknowledgments

This document was revised by the Mental Health Support Network of Canada, a network of professional and voluntary associations concerned about mental health and the stress arising from extreme stressors.

Much of the information in this document was developed following the September 11, 2001 terrorist attacks on the United States using information put together by Health Canada with input from the Canadian Medical Association, Canadian Psychological Association, Canadian Psychiatric Association and the Canadian Public Health Association.

Mental Health Support Network of Canada, Members:

- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Healthcare Association
- Canadian Medical Association
- Canadian Mental Health Association
- Canadian Nurses Association
- Canadian Paediatric Society
- Canadian Pharmacists Association
- Canadian Psychiatric Association
- Canadian Psychological Association
- Canadian Public Health Association
- Canadian Red Cross
- The College of Family Physicians of Canada
- Public Health Agency of Canada
-

Coping Resources in Your Community

Please use this space to list the names and telephone numbers of key resources and programs in your community (including friends and family you can call to talk things over).

Name	Phone Number

This pamphlet has been published by the Public Health Agency of Canada, Ottawa, Ontario K1A 0K9.

It can be reproduced freely for non-profit educational purposes or as part of a public awareness initiative, provided that full acknowledgment of the source is made. For more information about the psychosocial dimension of emergency preparedness, see the Personal Services manual at: <http://www.phac-aspc.gc.ca/emergency-urgence/index-eng.php>

Attention HSAS Members Interested in Serving On Committees

HSAS Committee Chairpersons will be looking to fill member-at-large vacancies for the term December 2008 to November 2009. If selected to serve on a committee, the union will pay your expenses and ensure that you do not lose wages as a result of participating. Additionally, if you attend a Committee meeting on a vacation day, bank day or scheduled day of rest, you will be reimbursed \$10.00 per hour for meeting and travel time.

If you are interested in serving on one of the following committees, please write, fax or e-mail the President with which committee(s) you are interested in, no later than November 30, 2008.

Mail:

Health Sciences Association of Saskatchewan
#42 - 1736 Quebec Avenue
Saskatoon, SK S7K 1V9

E-Mail: president.hsas@sasktel.net

Fax: (306) 955-3396

1. **Communications** - ensure HSAS members are kept informed about their union and that external communications raise the public profile of HSAS.
2. **Finance** - advise Executive Council and members on matters pertaining to the Union's finances and to propose the HSAS budget for the forthcoming year.
3. **Grievance** - ensure that all HSAS members are represented in a fair, consistent and reasonable manner. Hear appeals from members who disagree with the Labour Relations staff not to advance a grievance to arbitration.
4. **Annual Convention - (2009 - Regina-Qu'Appelle Health Region Members)** - make arrangements for the Annual Convention within the budget as established by Executive Council.

Regional Council Development Committee (RCDC)

The Regional Council Development Committee's (RCDC) mandate is to promote the development of new Regional Councils in the province and to support and encourage the growth of the existing Regional Councils. Presently there are six Regional Councils throughout Saskatchewan - Five Hills, Sun Country, Sunrise, Prince Albert Parkland, Prairie North and Cypress. Our committee's goal is to have Regional Councils established in every health region.

Yes, you've read correctly - we now have six Regional Councils with the recent establishment of a Regional Council in Cypress Health Region.

On September 29th, 2008, HSAS President Chris Driol met with 12 Members in Swift Current and held the inaugural meeting of the Cypress HSAS Regional Council. Officers were elected as follows:

Chair	Ralph Aman
Vice Chair	Sandra Harlick
Secretary	Suzanne Baan
Treasurer	Jill Stevenson

Deb Sekerak and Bev Heiser will serve as Members-at-Large for Home Care and Long Term Care respectively while Sandra Fortman will act as the Member-at-Large for Cypress Regional Hospital.

HSAS staff and Executive Council look forward to working with our newest Regional Council and encourage other HSAS Members in this Health Region and others to get involved because you are the union.

If you would like more information about the role and responsibilities of Regional Councils or how to establish one in your region, please contact the HSAS office at 1-888-565-3399.



Summer Camp With a Difference

“Never doubt that a small group of thoughtful, committed people can change the world.”

- Margaret Mead

This was the slogan that graced the staffs’ t-shirts when I dropped my daughter, Michelle, off at SFL* Summer Camp in August. It set the tone for the week.

2008 marked the 20th anniversary for SFL Summer Camp. The week was held at Calling Lakes Centre in Fort Qu’Appelle with a theme of Media Literacy. There were 48 campers aged 13 to 16, led by 18 counsellors and seven activity coordinators. At 13, it was Michelle’s first year, but based on her enjoyment, not her last. She received lots of information prior to camp, including “What We Hope to Accomplish”, namely:

- to provide a participatory experience based on cooperation, equality and social justice
- To deepen awareness of social justice issues including human rights, sexism, racism and international development
- To provide a forum for young people to exchange ideas and build a support network
- To develop collective action skills in organizing, problem solving and decision making.

Mornings were devoted to discussions, activities and games related to these goals. Topics ranged from ending wars and violence, to being educated consumers when it comes to advertising. One of the first morning activities had the camper and staff

Wet Pants

After her son fell into the pond yet again and came home with his good school clothes dripping wet, the exasperated mother sent him to his room and washed and dried his clothes.

A little later, she heard a commotion in the back yard and called out "Are you out there wetting your pants again!?"

There was dead silence for a moment. Then a deep, masculine voice answered meekly, "No, ma'am, I'm just reading the meter."

Bank Delays

I work at a bank and one day, our armored car arrived earlier than usual, so my deposit wasn't quite ready. As the young man waited patiently for me to secure the bag, I said, "Sorry to hold you up."

"For the delay, delay," he corrected me. "We don't use that other phrase."

bargaining the camp’s Collective Agreement, including rules on curfew hours, cell phone use and activity involvement.



In the afternoon the camp moved to Katepwa Beach for games, boating, tubing, swimming and organized craft activities. Evening events included a Monte Carlo night, Talent Show, campfire and dance. Every night ended with “Talking Stick”, when everyone was given time to have their voice be heard. Campers were encouraged to take what they learned and the confidence they had developed and apply it in their daily life.

In Michelle’s words the camp was filled with diverse people who all experienced acceptance. It was a “safe place to be yourself” and “jam packed with activities”. The people were “awesome” and it was an opportunity to learn about important issues while having a lot of fun. Michelle has a reminder of her newfound power, as Margaret Mead now graces her back.

- Sheila Kerr
HSAS Executive Council

** SFL is the Saskatchewan Federation of Labour, the voice of labour issues, social justice and democracy for the province. Although HSAS does not hold an affiliate membership, we provide financial support for SFL initiatives such as the current legal action against the government’s Bills 5 & 6. The SFL also runs other summer programs including Prairie School for Union Women.*

Changes to EMS Retirement Rules



Let me ask you a question... how many of you out there know of someone who has actually retired from the Emergency Medical Services field after a long and lengthy career? I am not talking about

someone who has worked in the field and then after a period of time gone on into the management group or ownership of a service. What I am asking for is an individual who has put in their time on "car" and actually retired from the "streets". If you know of such an individual please give them a pat on the back because they are a rarity. If I were to answer that question, I could count on one hand the amount of people I know that have retired from EMS, sure I know a few that are close but again they are few and far between.

Now here is another question for you...How many people do you know have left the Emergency Medical Services field because of injury, stress or for less than favourable hours and dangerous working conditions? The work itself can be very rewarding, but it can be very stressful as well. The current amount of employee burnout, problems with recruitment and retention, and low employee morale can attest to that. Smith (2001, p. 24) states:

It didn't take long after the initial emergence of pre-hospital emergency care for it to become glaringly obvious that we had a problem with excessive turnover among field personnel. Three to five years of EMS life expectancy are the time frames I've heard tossed about. The reason for the ongoing exodus are varied. I suspect that one of the main causes of the coming and going of field providers is a simple mismatch of expectations and reality.

I would imagine all of you know several people who have left the industry because of the above mentioned reasons. For myself, I have lost count of how many people I have met in this industry only to see them leave it in a few years due to a numerous number of causes.

Retirement in this field, seems like a long way away or an almost unobtainable goal for the majority of us. But I have good news, as many of you may already know. As of January 2005 paramedics were added to the list of occupations that are considered "public safety

occupations", which include:

- Firefighters
- Police officers
- Corrections Officers
- Air Traffic Controllers
- Commercial Airline Pilots

What does all this mean? Basically, in a nut shell, it gives paramedics the same opportunity to retire earlier with an unreduced pension that is already available to those included occupations in the above definition of public safety occupations. The process to get this point was an uphill battle and even still today in some provinces is still a work in progress but as Leatz and Stolar (1993) state, "Our actions are always the clearest indications of what we value. If you invest time and effort in doing something, you are revealing your values" (p. 314). In my mind nothing would fulfill my career in EMS more than to see all of my fellow peers retire from this occupation that has given so much to me, with our health, hearts and minds intact.

Take-care out there,

- Darcy McKay
HSAS Executive Council

References:

Leatz, C. A., & Stolar, M. W. (1993). Career success/ personal stress: How to stay healthy in a high-stress environment. New York: McGraw-Hill, Inc.

Smith, M. (2001). Leave a legacy. Emergency Medical Services: The Journal of Emergency Care, Rescue and Transportation, 30(6), 24.



A Health Care Miracle

By Dianna Ingham, RQHR Public Health Nurse

It happened so suddenly! One minute my family and I were having a nice supper at a local restaurant. The next minute my daughter, Julia, was calling 9-1-1.

My husband, Eric, had only taken a few bites of his meal when all of a sudden he put his head back and stopped breathing. No warning, nothing. Just fine one moment and unconscious the next. I couldn't believe what I was seeing. It was so surreal!

Julia, who has followed in my footsteps and will soon be a nurse, reacted immediately by dialing for help on her cellphone. At the same time, a police officer seated next to us began yelling, "Get him down. Get him down."

We moved Eric to the floor and the officer and I began CPR. My husband was in cardiac arrest. I was in shock. I felt numb – I was doing, but I wasn't thinking.

I'm not sure how long it was, probably about five minutes, before Emergency Medical Services and other emergency personnel arrived. Was I relieved to see them!

It was very reassuring to have a professional team take over and skilfully care for my husband. They were calm, caring and efficient.

They quickly assessed Eric's condition and moved him into the ambulance, taking him to the Emergency Department at RGH. Shortly after, he was moved to the hospital's Cardiac Care Unit (CCU). My husband was in crisis and needed one-on-one intensive nursing care.

Over the following days, it became clear that Eric had a long road to recovery ahead of him. What also became apparent was while the path may be long, there were many caring and dedicated medical people to help Eric on every step of his journey.

After a week in CCU, he was transferred to the Cardiac Surveillance Unit, then to the Neurosciences Unit (5A).

All the staff were wonderful and supportive, even though there were many trying times, and my husband's progress was slow.

It seemed like he was never going to sit up alone, walk



WRC employees Denise (Occupational Therapy), Celeste (Physical Therapy), Diedre (Social Worker) accompanied Eric when he returned to his home on July 25.

Photo courtesy of Dianna Ingham

again, converse normally or remember many aspects of his past.

He had to be tied down for his safety and this only made him more agitated. He began to swear more than ever before, and the more agitated he became, the more foul his language.

But along with the fear and frustration, there was hope.

The physiotherapy and occupational therapy team on 5A (Nancy, Julie and Jordon) got him started moving. They made small steps but significant ones.

Their goal was to get him to move from his wheelchair to his bed and his bed to his wheelchair. They also worked with him on sitting up straight and on standing. They stimulated his thinking and speech. They were all simply excellent.

Eric got stronger and we were soon excited to learn that he would be moved to an even more intensive therapy program at WRC. My husband was placed on 3-2, the Adult Rehabilitation Unit. He began attending daily therapy sessions. He was given physiotherapy, occupational, and speech therapy which included one-on-one teaching. In time, we could see tremendous progress, both physically and mentally.

He now speaks fondly of all who helped him, in particular, Celeste, Denise, Tracey and Donna.

Although this story is not completely over, it does look like it will have a happy ending.

My husband is now home – he left the hospital last Friday, July 25. Our family is complete again.

My husband will continue occupational therapy as an outpatient with WRC and is on the waiting list for the Paul Schwann Centre's Cardiac Rehabilitation Program. He's now able to walk using a walker and he can converse and speak more logically.

There has been much criticism in the media about the quality of medical care available in Saskatchewan, but our experience has shown us that health care in this province is top rate.

I am extremely grateful for all those talented and dedicated people who came together to help us.

Thank you so much to all those who were responsible for my husband's recovery. They played a very significant part in keeping my husband alive and in his ongoing rehabilitation. We can't express enough our thanks for their patience and exceptional skills in giving my husband another chance at life.

Thank you for making this miracle happen.

The preceding article was reprinted with permission from the Regina Qu'Appelle Health Regions Online Newsletter e-link.



(Starting from far left, Kevin Glass, Garnet Dishaw, Bill Craik, Mario Kijkowski, Chris Driol, Kate Robinson)

EMS Members Awarded Exemplary Services Medals

Lt.-Gov. Gordon Barnhart presents Bill Fischer (*on right*) with his medal



Lt.-Gov. Gordon Barnhart presents Dale Backlin (*on right*) with his medal

Dale Backlin and Bill Fischer, members of RQHR's EMS, recently received Canada's Emergency Medical Services Exemplary Services Medal.

The award recognizes professionals in the provision of pre-hospital emergency medical services, who have performed their duties in an exemplary manner over the course of 20 years, including at least 10 years in the performance of duties involving potential risk.

The preceding article was reprinted with permission from the Regina Qu'Appelle Health Regions Online Newsletter e-link.



In September, the Labour Relations Officers from Saskatoon and Regina met with the Executive Director, Bill Craik and President Chris Driol, to discuss strategies and plans for the upcoming year.

Unpaid Overtime Hurts in the Long Run

By Ron Ohmart
Executive Director of Labour Relations for
Health Sciences Association of British Columbia

You can't get something for nothing. It's a common cliché. We've all heard it. Most of us have said it. But in the caring professions, there are few who live it.

Over the past several months, as funding sources are attacked and contract rights are tested more and more by employers looking to meet a bottom line imposed by the government, the pressures at work are on the increase. There are fewer staff doing the same or an increased workload. Contract rights health care workers fought for decades to win have been taken away.

Members put in that extra 15 or 20 minutes a day, just to finish up a job of or because they are with a family member who needs their support. You can't just walk out on the family meeting, or leave a patient's bedside because the clock says your time is up. So you stay—5, 10 or 20 minutes through your scheduled breaks, or past your shift end. And you don't put in for the overtime you worked.

Working that unreported 15-20 minutes a day adds up—to more than a week a year of donated time. That's time you donate to your employer without ever getting compensated for it.

And in the long run, it's not helping anyone working in the health care system. Because of shortages in your department, you may stay a few extra minutes. The work gets done. Employers don't acknowledge that you're missing your breaks and staying late or coming in early to keep up with the workload. They look at the department, see the work is being done, and pronounce that the FTE allocation is appropriate. In the meantime, they are eliminating Earned Days Off (EDO) schedules, failing to provide proper on call and call back pay, not to mention the continued reduction of the workforce.

Why should you give that to an employer who is working in overdrive to meet the government's unrealistic goals at your expense?

Employers persist in pushing the envelope, and relying on the good will of the people delivering services to achieve imposed financial targets. The sad reality is, thanks to the government's insistence on a strictly economic approach to health care, delivery of consistent and quality care is increasingly becoming a

personal responsibility for the people who provide the care.

With all the pressure the government and employers put on dedicated health professionals

every day, there is less and less good will among those health care providers. As much as you are dedicated to your professions and your vital contribution to the health care system, there is only so far you can be pushed.

Unpaid overtime is subsidizing our health care system. Your employer is counting on your professional commitment to the work you do to allow the system to continue to function.

We need to send a strong message to all employers that the health care system works because of the contributions each and every member of the health care team makes. Those contributions must be valued. Every time you work through your lunch or other scheduled break without being compensated, you are devaluing the contribution you make to our health care system.

The first step to making employers aware of the personal contributions HSA members make every day in the workplace is to publicize the extra time you work to get the job done.

In some facilities, members track their overtime contributions as a tool to let the employer know that without those extra 15 minutes here and there the work won't get done. In many cases, departments don't have an overtime budget. Every minute of overtime worked is a donation to the employer. Continue making those donations anonymously, and the employer will never know how short-staffed your department is. Track the overtime worked, and you make a compelling case for additional staff. Members continually complain of the increasing workload, yet often when the union goes to investigate there are no records of a problem existing. We need facts to win grievances, and overtime records are the best possible facts available.

Our health care system has always depended on the



Executive Council

Executive Council is the governing body that conducts the business of the union between Annual Conventions.

Representing	Seats	Elected	E-mail Address	Term Ends
Addictions Counsellors/ Therapists	1	Dave Tillusz Sunrise Health Region	addictions.hsas@sasktel.net	Nov. 2009
Social Workers	2	Joanne Schenn Prince Albert Parkland Health Region	sw1.hsas@sasktel.net	Nov. 2008
		Cathy Dickson Prince Albert Parkland Health Region	sw2.hsas@sasktel.net	Nov. 2009
Assessor/Coordinators	2	Vacant		Nov. 2008
		Debra Ginther Saskatoon Health Region	assessor2.hsas@sasktel.net	Nov. 2009
Speech & Language Pathologists, Audiologists, Orthoptists, Music Therapists	1	Karen Wasylenko Saskatoon Health Region (Speech & Language Pathologist)	slp.hsas@sasktel.net	Nov. 2008
Respiratory Therapists, Perfusionists	1	Debbie Morton Saskatoon Health Region (Respiratory Therapist)	respiratory.hsas@sasktel.net	Nov. 2009
Emergency Medical Technicians, Dispatchers, Paramedics	2	Bill Fischer Regina Qu'Appelle Health Region (Paramedic)	ems1.hsas@sasktel.net	Nov. 2009
		Darcy McKay Regina Qu'Appelle Health Region (Paramedic)	ems2.hsas@sasktel.net	Nov. 2009
Physical Therapists, Prosthetists, Orthotists, Exercise/Conditioning Therapists	2	Peggy Forsberg Regina Qu'Appelle Health Region (Physical Therapist)	pt1.hsas@sasktel.net	Nov. 2008
		Sheila Kerr Regina Qu'Appelle Health Region (Physical Therapist)	pt2.hsas@sasktel.net	Nov. 2009
Public Health Inspectors, Infection Control Practitioners, Dental Hygienists/ Therapists and Health Educators	1	Valerie Stopanski Heartland Health Region (Health Educator)	phi.hsas@sasktel.net	Nov. 2008
Pharmacists	1	Vacant	pharm.hsas@sasktel.net	Nov. 2009
Occupational Therapists	1	Vacant		Nov. 2008
Recreation Therapists, Mental Health Therapists	1	Anne Robins Saskatoon Health Region (Recreation Therapist)	mt.hsas@sasktel.net	Nov. 2008
Psychologists, Psychometricians	1	Rupal Bonli Saskatoon Health Region (Psychologist)	psy.hsas@sasktel.net	Nov. 2008
Dietitians, Nutritionists	1	Vacant		Nov. 2008

Messages for Executive Council members may also be left at either of the HSAS offices.

Executive Officers

The **Executive Officers** are elected from and by Executive Council for a one (1) year term except the President, who is elected for a two (2) year term by the general membership.

President

Chris Driol - president.hsas@sasktel.net
Mental Health Therapist

Treasurer

Karen Wasylenko - slp.hsas@sasktel.net
Speech & Language Pathologist

Vice-President

Cathy Dickson - sw2.hsas@sasktel.net
Social Worker

Secretary

Darcy McKay - ems2.hsas@sasktel.net
Paramedic

Board of Governors

The **Board of Governors** provide guidance and counsel to Executive Council on all matters regarding administration of the Union. Any member having served at least four (4) years on Executive Council, at least two (2) of which were as an officer, shall be eligible for election to the Board of Governors for a seven year term. The current Governors are:

Warren Chykowski
Respiratory Therapist
gov4.hsas@sasktel.net

Natalie Horejda
Physical Therapist
gov1.hsas@sasktel.net

Ted Makeechak
Physical Therapist
gov2.hsas@sasktel.net

Committees

2008 Annual Convention

Deb Ginther (Chair)
Glenda Brown
Deb Morton

Education Fund

Rupal Bonli
Ted Makeechak
Colleen Liefers - staff

Regional Council Development

Cathy Dickson (Chair)
Sheila Kerr
Tamara Dobmeier
Dot Hicks
Lynzie Rindero
Joanne Schenn
Rod Watson
Colleen Liefers - staff

Charitable Donations / Professional Contributions

Peggy Forsberg (Chair)
Bill Fischer

Emergency Fund

Deb Ginther
Dave Tillusz

Finance

Karen Wasylenko (Chair)
Ted Makeechak
Darcy McKay
Anne Robins
Jeff Dmytrowich
Warren Chykowski
Bill Craik - staff
Colleen Liefers - staff

Provincial Negotiating

Bill Fischer (Chair)
Warren Chykowski
Cathy Dickson
Chris Driol
Debra Ginther
Natalie Horejda
Marcel Shevalier
Bill Craik - staff
Kate Robinson - staff

Communications

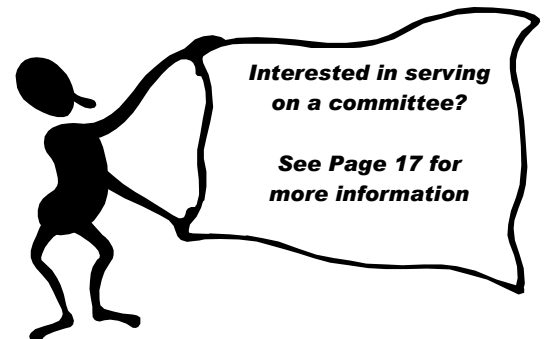
Rupal Bonli (Chair)
Ralph Aman
Deb Ginther
Natalie Horejda
Darcy McKay
Deb Morton
Dave Tillusz
Bill Craik - staff
Charlene Hebert - staff
Garnet Dishaw - staff

Grievance

Debbie Morton (Chair)
Tracy Erickson
Deb Ginther
Brad Mee
Maynard Ostafichuk
Anne Robins
Dave Tillusz

Constitutional

Deb Morton (Chair)
Shelia Kerr
Natalie Horejda
Val Stopanski
Dave Tillusz



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We encourage members' concerns and questions be directed to the staff person assigned to their Regional Health Authority/Worksite.

LRO Assignments

Garnet Dishaw

Direct Line: (306) 585-7753
Cell: (306) 539-5634

Cypress

Sun Country

Regina Qu'Appelle

- Alcohol and Drug Services
- Child and Youth
- Community Health Centres
- Hearing Aid Plan
- Healthline
- Mental Health Clinics
- Public Health Services
- Randall Kinship Centre
- Wascana Rehabilitation Centre

Mario Kijkowski

Direct Line: (306) 585-7754
Cell: (306) 539-9807

Crestvue Ambulance Services

Five Hills

Sunrise

Regina Qu'Appelle

- Al Ritchie Centre
- Cupar and District Nursing Home
- Emergency Medical Services
- Extendicare
- Home Care/SWADD
- Lumsden and District Heritage Home
- Pasqua Hospital
- Regina General Hospital
- Regina Lutheran Home
- Regina Pioneer Village
- Santa Maria Senior Citizens Home

Saskatoon

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Joylene Mora
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Colette Duffee
Administrative Assistant
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Crystal Larson
Administrative Assistant
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*** Colleen will be covering Joylene's position while Joylene is on a maternity leave.*

We encourage members' concerns and questions be directed to the staff person assigned to their Regional Health Authority/Worksite.

LRO Assignments

Kevin Glass
Direct Line: (306) 955-5712
Cell: (306) 227-3394

Heartland
Keewatin Yatthé
La Ronge EMS
Mamawetan Churchill River
Prairie North
Saskatoon

- Idylwyld Health Centre - Public Health Services
- Kinsmen Centre
- McKerracher
- Parkridge
- Royal University Hospital
- Sherbrooke
- Stensrud Lodge
- Youth Services

Kate Robinson
Direct Line: (306) 955-3454
Cell: (306) 221-6316

Kelsey Trail
Prince Albert Parkland
Saskatoon

- Calder Centre
- Idylwyld Health Centre - Client/Patient Access Services
- Larson House
- Mental Health Services (Nurses Alumnae Wing)
- Saskatoon City Hospital
- St. Paul's Hospital
- Sturdy Stone
- rural areas

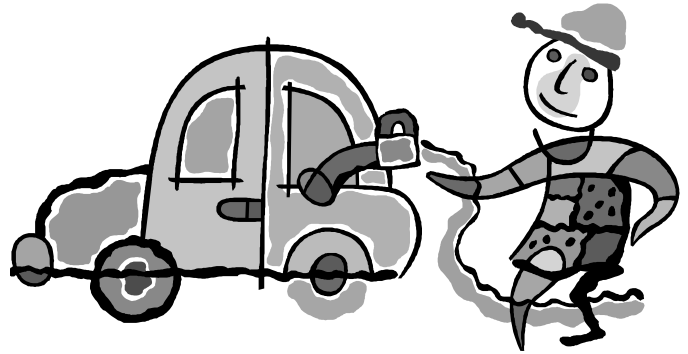
Who Gets The Transportation Allowance?

At Article 19.01 in the Health Sciences - SAHO collective agreement there is a provision which requires the employer to financially reimburse our members who “consent to use their vehicle for the conduct of the employer’s business”.

Where the employer requires workers to travel in their own vehicles as part of their job, the health region is obliged to compensate those employees for the defined expenses they incur.

This contract language applies to employees who use their vehicle “on an occasional basis” to see clients, deliver programs, travel for job related meetings or do other tasks that are work related. As of October 1, 2008, the transportation allowance amounts to 42.1 cent per kilometre (or 47.1 cents north of the 54th parallel of latitude). There is a minimum payment of \$4.50 per round trip.

The article also applies to workers who are required to use their own cars “on a continuing basis” for assigned job related duties. For workers who daily, or at least very regularly, are using their own cars for work purposes, there are additional allowances. There is a



payment of \$50.00 per month plus \$9.00 per day for each day the vehicle is used for work. These two additional allowances are capped at \$185.00 per month.

If employees using their cars on a continuing basis choose to forego the \$50.00 and the \$9.00 they can claim an additional 9/10th of a cent on the kilometres traveled. Opting for one method of reimbursement or the other must be done by December 15th and takes effect the following calendar year.



Note: If any of your colleagues express concern about not receiving their newsletter, please have them call the Saskatoon Office.

Dispatches is published for the information of members of the Health Sciences Association of Saskatchewan.