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Notice of the HSAS 37th 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 19th, 2009

A welcome social will be held, starting at 7:30 p.m., in the new HSAS Regina office at #12 - 395 Park Street. Please call Charlene at 585-7751 or toll-free at 1-877-889-4727 to pre-register.

Friday, November 20th, 2009

The Annual Convention will commence at 1:00 p.m. at:
Hotel Saskatchewan Radisson Plaza
2125 Victoria Avenue
Regina, SK

What to expect:

1. Find out what your union has been working on over the past year and the challenges we face in the coming months.
2. See interesting presentations on SHEPP, Labour Law and Human Rights and hear guest speaker, former Premier of Saskatchewan, Allan Blakeney.

President's Message

We have experienced an extremely challenging spring and summer as your Labour Relations staff have been busy processing grievances and arbitrations. The battle to ensure that Members' rights outlined in the Collective Agreement are maintained is never ending. Employers continue to try to challenge our Members' rights to paid leaves (see articles on pages 15 and 16) and other entitlements which we have fought to obtain over the years.

Our public relations efforts on behalf of Members continue with our newspaper "Straight Talk" campaign as well as TV ads highlighting our professions and the important services you provide.

Provincial Negotiations are at a stand still with SAHO refusing to make us an offer. Their filing of an Unfair Labour Practice against us in order to attempt to continue to not bargain in a productive manner means that we will not be able to engage in meaningful negotiations until next spring.

Urgent retention and recruitment issues, working conditions and wage and benefit proposals which we have tendered with SAHO and the Employers on your behalf go unaddressed while SAHO continues their delaying tactics.

Public Sector Bargaining will be very difficult as evidenced by the recent offer to CUPE, SEIU and SEGU, but your elected representatives will continue to work very hard on your behalf to secure a fair settlement.

HSAS Members will live up to our highest standards of professionalism in facing the many challenges associated with the pandemic influenza over the coming months, (see articles on pages 18 - 21). Your efforts in helping others, above and beyond the call of your regular duties, will not go unrecognized by Saskatchewan residents. I encourage all HSAS members to take care of themselves and their families in this time of uncertainty and together we will overcome all the tests we may encounter.



Best Regards - In Solidarity
Chris Driol
President of HSAS



You don't need to be a delegate to attend the Welcome Social on November 19th or the Annual Convention on November 20th.

Contact Charlene to Pre-Register:
In Regina - 585-7751 or toll-free 1-877-889-4727
Email: hsasregina@sasktel.net



Convention Agenda

- 8:00 a.m. – 1:00 p.m. Delegate Education Sessions
- 1:00 p.m. – 2:30 p.m. Welcome & Guest Speaker
- 2:30 p.m. – 3:00 p.m. Break
- 3:00 p.m. – 5:30 p.m. Business Meeting

(See agenda below)



Health Sciences
ASSOCIATION OF SASKATCHEWAN
A Union of Health Care Professionals

Would you like to attend the Welcome Social or the Convention?

Not a Delegate? No Problem !

Contact Charlene to Pre-Register:
In Regina: 585-7751
Toll-Free: 1-877-889-4727
E-mail: hsasregina@sasktel.net

Business Meeting Agenda

1. Adoption of Agenda
2. Adoption of the November 21, 2008 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.

Delegates to the HSAS Annual Convention include:

- (1) delegates elected by HSAS members from each Health Region and
- (2) Executive Council members elected by the members in the profession or occupational/composite group they represent on a provincial basis.

Elected Delegates by 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	Sheila Bellrose Dorothy Hicks	Psychologist Exercise Therapist
Heartland	2	Katherine Ruiter	EMT
Keewatin Yatthé	1		
Kelsey Trail	1	Kade Martin	Exercise Therapist
Mamawetan Churchill River	1		
Prairie North	3	Brad Mee	EMT
Prince Albert Parkland	2	Dwayne Cameron Nicole Rancourt	Addictions Counsellor Addictions Counsellor
Regina Qu'Appelle	8	Gail Beggs-LaRiviere Scott Boucher Peggy Forsberg Terry Nordgulen Celine Stolz Bonnie Yake	Physical Therapist Dietitian Physical Therapist Addictions Counsellor Assessor/Coordinator Physical Therapist
Saskatoon	10	Warren Chykowski Ed Didur Terry Dodds Bill Feldbruegge Jason Kaar Karen Kinar Ted Makeechak Allan Morrissette Tine Peyton Jennifer Skakun	Respiratory Therapist EMT Addictions Counsellor Speech Language Pathologist Addictions Counsellor Respiratory Therapist Physical Therapist Addictions Counsellor Addictions Counsellor Addictions Counsellor
Sun Country	2	Mary Deren	Health Educator
Sunrise	2	Glenda Erickson Tracy Erickson	Occupational Therapist Addictions Counsellor



<u>Name</u>	<u>Profession</u>
Nicole Bidwell	Pharmacist
Cathy Dickson	Social Worker
Chris Driol	Mental Health Therapist
Megan Ferguson	Assessor Coordinator
Bill Fischer	Paramedic
Sheila Kerr	Physical Therapist
Melissa Koshinsky	Dietitian
David MacKinnon	Psychologist
Darcy McKay	Paramedic
Debbie Morton	Respiratory Therapist
Patricia Pedersen	Physical Therapist
Anne Robins	Recreation Therapist
Joanne Schenn	Social Worker
Valerie Stopanski	Health Educator
Dave Tillusz	Addictions Counsellor
Maggie Vaughan	Occupational Therapist
Karen Wasylenko	Speech Language Pathologist

Reminder To Delegates

President Chris Driol and the Annual Convention Committee will conduct the delegate education sessions 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

Non-Substantive Changes

Current Language

Constitution

ARTICLE 3 – OBJECTS OF THE ASSOCIATION

(e) To promote the social and economic well-being and interests of persons employed in the health sciences in Saskatchewan and to establish and maintain the best possible standards or remuneration and working conditions consistent with the continuation of high standards of patient care.

Proposed Changes

Constitution

ARTICLE 3 – OBJECTS OF THE ASSOCIATION

(e) To promote the social and economic well-being and interests of persons employed in the health sciences in Saskatchewan and to establish and maintain the best possible standards ~~or~~ of remuneration and working conditions consistent with the continuation of high standards of patient/**client** care.

Rationale: Typographical error. Reflects current health care terminology and variety of work settings.

By-Laws

ARTICLE 3 – MEETINGS OF MEMBERS

3.4 Delegate Status, Attendance And Voting

(g) The Executive Director shall provide sufficient notice to the members within each Health Region of the candidates for delegates for such region prior to the meeting for which such delegates are to attend to allow the members of such region to vote for such delegates. Voting for delegates shall be by mail-in ballot, as contemplated in these By-laws. Any nominee (s) not elected as a delegate shall stand as an alternate in order of the greatest number of votes received.

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 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 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

By-Laws

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Rationale: To better reflect current practice.

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Rationale: To better reflect current practice

ARTICLE 8 – REGIONAL COUNCILS

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Rationale: Revision of grammar and composition.

ARTICLE 12 - DISCIPLINE

12.7 Decision

(b)(v) Any other measure deemed appropriate or necessary by the Executive Council.

ARTICLE 12 - DISCIPLINE

12.7 Decision

(b) (v) Any other measure deemed necessary by the ~~Executive Council~~ **hearing panel.**

Rationale: To reflect the intent of Article 12.

ARTICLE 15 – FINANCIAL AFFAIRS

15.3 Financial Statements

(c) The Association shall have available at each Annual Convention a copy of its annual audited financial statements and report of the auditor. Any Member may also request a copy of the Association’s most recent annual audited financial statements and report of the auditor. No financial

ARTICLE 15 – FINANCIAL AFFAIRS

15.3 Financial Statements

(c) The voting delegates attending the Annual Convention shall, by a simple majority, approve the annual audited financial statements of the Association.

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statement shall be released or circulated unless it has been approved by the Executive Council and is accompanied by the reports the auditor.

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(d) Following Annual Convention, any Member may request a copy of the Association's most recently approved annual audited financial statements and report of the auditor.

Rationale: To clarify existing sound financial practice.

Substantive Changes

Current Language

Proposed Language

By-Laws

By-Laws

ARTICLE 3 – MEETINGS OF MEMBERS

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3.1 Annual Convention

The Annual Convention of the Association shall be held within eight (8) weeks of the fiscal year-end of the Association in each year.

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The Annual Convention of the Association shall be held within ~~eight (8)~~ **ten (10)** weeks of the fiscal year-end of the Association in each year.

Rationale: To allow more time to perform the necessary tasks following the fiscal year end, prior to Annual Convention.

3.10 Mail-In Ballot

With the exception of the Annual Convention and subject to the provision of these By-laws, the Executive Committee may elect, in lieu of a meeting of the Members, to have any matter brought before the Members by means of a mail-in ballot. Ballots shall be distributed, either by regular mail or courier to all Members entitled to vote at least 15 days prior to the date scheduled for the completion of such vote. Each Member entitled to vote shall be entitled to submit their ballot, either by regular mail or courier, on or before the date scheduled for the completion of such vote. The Secretary of the Association shall be responsible for the tallying of such ballots. Unless otherwise provided herein, in the case of any vote conducted by ballot, the matter will be considered to be passed upon approval by a simple majority of eligible ballots received.

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Rationale: To better reflect current practice.

ARTICLE 4 – EXECUTIVE COUNCIL

4.4 Election of Executive Council

(d) The Executive Council shall cause nomination papers showing the name of the nominee, the professional, occupational or ‘composite’ group seat for which the Member is nominated, or if such Member is nominated as President, and the name of the nominator, to be distributed to the Members of the Association on or about September 1st of each year, for those positions subject to election that year. Such nomination papers shall be returned to the head office of the Association by the last working day in September. Where more than one (1) nomination is received for a professional, occupational or ‘composite’ group, or for President, the Executive Council shall cause the Executive Director to create an elections process for Members to elect an Executive Council member or the President through a mail-in ballot. Ballots will be distributed immediately to all Members eligible to vote for a contested seat, and shall be returnable at least five (5) calendar days prior to the Annual Convention. Candidates may appoint a scrutineer to be present when the ballots are counted. The Executive Director shall be responsible for the tallying of such ballots. The qualification of each ballot shall be the sole discretion of the Executive Director.

ARTICLE 14 – FISCAL YEAR

Unless otherwise ordered by the Executive Council, the fiscal year of the Association shall terminate on September 30th of each year.

ARTICLE 4 – EXECUTIVE COUNCIL

4.4 Election of Executive Council

(d) ~~The Executive Council shall cause~~ **The Executive Council shall cause the Executive Director or her designate to create** nomination papers showing the name of the nominee, the professional, occupational or ‘composite’ group seat for which the Member is nominated, or if such Member is nominated as President, and the name of the nominator, to be distributed to the Members of the Association on or about **30 days prior to the end of the fiscal year**, for those positions subject to election that year. Such nomination papers shall be returned to the head office of the Association by the ~~last working day in September~~ **close of business on the last working day of the fiscal year**. Where more than one (1) nomination is received for a professional, occupational or ‘composite’ group, or for President, the Executive Council shall cause the Executive Director **or her designate** to create an elections process for Members to elect an Executive Council member or the President through a mail-in ballot. Ballots will be distributed immediately to all Members eligible to vote for a contested seat, and shall be returnable at least five (5) calendar days prior to the Annual Convention. Candidates may appoint a scrutineer to be present when the ballots are counted. The Executive Director **or her designate** shall be responsible for the tallying of such ballots. The qualification of each ballot shall be the sole discretion of the Executive Director **or her designate**.

Rationale: To better reflect current practice and to coordinate the elections process with fiscal year end.

ARTICLE 14 – FISCAL YEAR

Unless otherwise ordered by the Executive Council, the fiscal year of the Association shall terminate on ~~September 30th~~ **August 31st** of each year.

Rationale: To empower the Association to hold its Convention earlier in the year for improved venue options, better possibility of optimal weather and enhanced participation.

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. 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 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.

15.4 Auditor

The auditor of the Association shall be appointed yearly at the Annual Convention.

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.~~ **At the first Executive Council meeting of the new fiscal year, the Finance Committee shall submit to Executive Council, a proposed budget of the Association for approval.**

The approved budget shall be 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.

Rationale: Budget approval at the first Executive Council meeting of the new fiscal year would allow the budget to be implemented in a more timely manner.

15.4 Auditor

The auditor of the Association shall be appointed **by motion** yearly at the Annual Convention.

Rationale: To reaffirm existing practice.

Executive Council Elections

Nine (9) Executive Council seats are up for election for the two-year term November 2009 to November 2011. In addition, one (1) Executive Council seat representing Assessor/Coordinators is up for election for the one-year term of November 2009 to November 2010.

Requests for nominations were mailed to members impacted by the vacancies at the beginning of September 2009. The deadline for nominations was September 30, 2009.

I. Acclaimed Seats

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>	<u>Member Acclaimed / Health Region</u>
Physical Therapists, Prosthetists, Orthotists, Exercise/Conditioning Therapists	1	Sheila Kerr Regina Qu'Appelle	Peggy Forsberg Regina Qu'Appelle

Acclaimed Seats (cont.)

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>	<u>Member Acclaimed / Health Region</u>
Respiratory Therapists, Perfusionists	1	Debbie Morton Saskatoon	Karen Kinar Saskatoon
Social Workers	1	Cathy Dickson Prince Albert Parkland	Cathy Dickson Prince Albert Parkland
President	1	Chris Driol Saskatoon	Chris Driol Saskatoon

II. Contested Seats

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>	<u>Member Nominated / Health Region</u>
Emergency Medical Technicians, Dispatchers, Paramedics	2	Bill Fischer Regina Qu'Appelle	Bill Fischer Regina Qu'Appelle
		Darcy McKay Regina Qu'Appelle	Maynard Ostafichuk Sunrise
			Pascal Hins Sun Country
Addictions Counsellors/ Therapists	1	Dave Tillusz Sunrise	Dave Tillusz Sunrise
			Marcel Shevalier Regina Qu'Appelle
			Jason Kaar Saskatoon

Ballots are due November 10, 2009.

III. 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.

<u>Professional / Composite Group</u>	<u># of Vacant Seats</u>	<u>Incumbent / Health Region</u>
Assessor Coordinators (One Year Term)	1	Vacant
Assessor Coordinators (Two Year Term)	1	Megan Ferguson Saskatoon
Pharmacist (Two Year Term)	1	Nicole Bidwell Regina Qu'Appelle

HSAS Supports Education



A. Silver Anniversary Scholarship Awards

Every year HSAS awards twenty (20) \$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 1997 to mark the 25th anniversary of our union. Applications must be received in the Saskatoon HSAS office by September 15 .

Thirty-seven (37) applications were received. The successful applicants are:

Member: Barbara Anderson, Physical Therapist,
Regina Qu'Appelle
Student: Timothy Anderson, BSc, U of R (son)

Member: Gail Beggs-LaRiviere, Physical Therapist,
Regina Qu'Appelle
Student: Emmet LaRiviere, BSc, U of A (son)

Member: Gwendolen Coziahr, SLP,
Regina Qu'Appelle
Student: Chad Coziahr, BSc, U of S (son)

Member: Irene Craig, Home Care Assessor,
Prairie North
Student: Carla Craig, Denturist Technology, NAIT

Member: Mary Deren, Health Educator,
Sun Country
Student: Nigel Dube, Corporate Fitness,
Minot State University (son)

Member: Stanislau Dimnik, Social Worker,
Saskatoon
Student: Carmen Dimnik, BSW, U of S (daughter)

Member: Chris Driol, Mental Health Therapist,
Saskatoon
Student: Chantelle Driol, BEd, U of R (daughter)

Member: Melanie Dubyk,
Epidemiologist,
Prince Albert Parkland
Student: Craig Dubyk, MBA,
University of Otago,
New Zealand (spouse)

Member: Leanne Golding-Guest, SLP,
Regina Qu'Appelle
Student: Duran Guest, BComm,
University of Ottawa (daughter)

Member: Shelley Hamilton, Physical Therapist,
Saskatoon
Student: Jillian Hamilton, BEd,
University of Saskatchewan (daughter)

Member: Sandra Harlick, Social Worker,
Cypress
Student: Riley Sharp, BSc, U of S (son)

Member: Rosemary Henricksen, Health Educator,
Regina Qu'Appelle
Student: Philip Henricksen, BSc (Kinesiology),
U of R (son)

Member: Vicki Kerr-Wilson, Physical Therapist,
Regina Qu'Appelle
Student: Jeremy Kerr-Wilson, BSc, U of A (son)

Member: Sharon Klein-Hewitt, Pharmacist,
Saskatoon
Student: Michael Hewitt, BSc (Pharmacy),
U of S (son)

Member: JoAnn Nilson, Physical Therapist,
Saskatoon
Student: Nils Lokken, BSc, U of A (son)

Member: Doug Ramsay, Health Educator,
Regina Qu'Appelle
Student: Alyssa Ramsay, Bachelor of Music
(Performance), University of Calgary
(daughter)

Member: Margaret Sanderson, Assessor Coordinator,
Saskatoon
Student: Olivia Turgeon, BComm, U of S (daughter)

Member: Kathleen Sproat Mickelson,
Physical Therapist, Saskatoon
Student: Jake Mickelson, Agronomy Diploma,
U of S (son)

Member: Linda Van Der Kamp, EMT,
Saskatoon
Student: Emily Van Der Kamp, BSc (Kinesiology),
U of S (daughter)

Member: Karen Wood, Dietitian,
Saskatoon
Student: Scott Wood, BSc, U of S (son)

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 may result in the disqualification of the applicant.

For the October 1, 2009 draw, we had thirty-three (33) applicants. Those chosen were:

Holly Donahue,
Occupational Therapist, Saskatoon

Jennifer Falastein
Health Educator, Saskatoon

Cyndy Findlay
Physical Therapist, Regina Qu'Appelle

Lindsey Gerwing
Physical Therapist, Saskatoon

Sandra Goodman-Chartier
Social Worker, Saskatoon

Kyra Kane
Physical Therapist, Regina Qu'Appelle

Angie McConnell
Social Worker, Saskatoon

Patricia Mills
Addictions Counsellor, Prairie North

Shannon Otchenash
Social Worker, Saskatoon

Cindi Pederson
Physical Therapist, Saskatoon

Val Pottle
Social Worker, Saskatoon

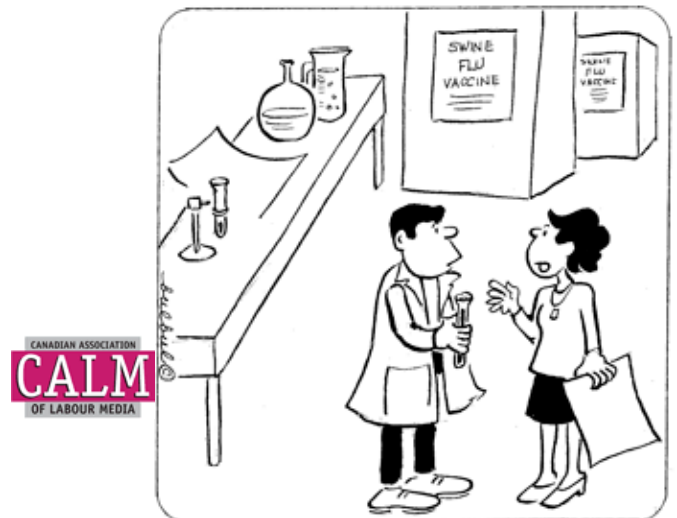
J. Michelle Sims
Social Worker, Saskatoon

Karen Spilchak
Social Worker, Saskatoon

Kim Steiger
Social Worker, Saskatoon

Darla Walz
Health Educator, Saskatoon

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



"Do you have a vaccine against greedy swine?"

Attention HSAS Members Interested in Serving On Committees

HSAS Committee Chairpersons will be looking to fill member-at-large vacancies for the term December 2009 to November 2010. 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, 2009**.

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 - 2010 (Saskatoon Health Region Members)**
- make arrangements for the Annual Convention within the budget as established by Executive Council.

Regional Council - Cypress Health Region

On September 21st the Cypress Health HSAS Regional Council held its first annual meeting in Swift Current. HSAS President, Chris Driol provided an update regarding bargaining and how SAHO's actions that have stalled bargaining have created a situation where members' wages are increasingly falling behind those of other health care professionals. Chris reiterated that this is especially difficult given the inflationary pressures experienced as a result of the growth that has occurred in Saskatchewan.

Labour Relations Officer, Garnet Dishaw spoke about recent successes with contract language that have resulted in members receiving their entitlements including bereavement leave that had previously been denied by the employer. Garnet reported that there are still several matters affecting members where the employer is not honouring and recognizing the collective agreement that is in place.

As part of the annual meeting, names were drawn for the HSAS Regional Council Professional Fund. The four winners are: Brittany Ferguson, Jill Stevenson, Suzanne Baan, and Stacey Wepler. The fund monies allotted to Cypress Health HSAS Regional Council will be shared equally between the four winners.

The election for table officers was held and those selected are: Chair, Ralph Aman; Vice Chair, Sandra Harlick; Secretary, Suzanne Baan; and Treasurer Jill Stevenson.

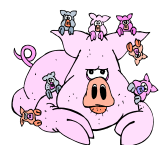
Overall the first year for the Cypress Health HSAS Regional Council has been a tremendous success. As a regional council we have promoted our professions and worked to highlight the needs of our members. We look forward to the coming year albeit with many challenges including the negotiation of a new HSAS contract with the government.

- Ralph Aman
Chair

Point to Ponder



If we had a "tweetment" for the Bird Flu, will we have an "oinkment" for the Swine Flu?



Sick? Stay home or miss even more work

UCS/CALM



Sick? but still going to work?

You'll probably end up taking more sick days in the future than colleagues who stay at home when unwell,

according to a Swedish study.

Researchers at the Karolinska Institute of Stockholm found that workers who go to work feeling sick—termed sickness presenteeism—have higher rates of future work absences due to illness.

Gunnar Bergstrom, who led the study, said these findings suggest that measures attempting to decrease work absences could inadvertently have the opposite effect and show that taking sick leave when appropriate benefited the workplace.

The study, published in the Journal of Occupational and Environmental Medicine, was based on research involving two groups of workers— about 3,750 public-sector workers who were mainly female, and 2,500 private-sector workers who were mainly male. In the first year of the study, 19 per cent of public sector workers and 13 per cent of private-sector workers had more than five sick-presenteeism days.

For these workers, the risk of having more than 30 days of absenteeism the following year was 40 to 50 per cent higher than for workers who had fewer days sick in the office.



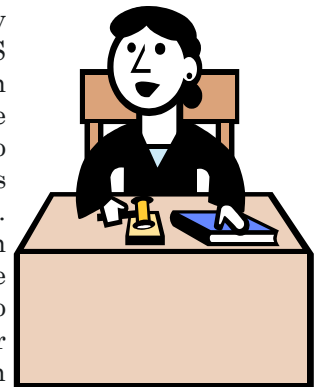
Labour Relations Corner

Your union fights to protect your medical information

Every employer must protect confidential medical information - as required by law. Therefore, HSAS members are expected to carefully guard all confidential medical information of their clients and access this information only on an as needed basis as per the strict policies of their employers. Similarly, the employers' access to the confidential medical information of its employees is severely restricted by law.

In recent years, however, many of the health regions and their affiliates have, in an effort to cut the cost of "sick leave" benefits, implemented unreasonable and unlawful policies such as the "Early and Safe Return to Work Programs" or attendance monitoring policies. These unreasonable, employer-driven policies often discourage our union members from accessing their accumulated and earned sick time as per Article 12.05 of the HSAS/SAHO collective agreement and other related provisions. The requirement to see a physician for a one day flu and the disclosure of a member's complete medical record deterred many members from pursuing their sick benefits. It must be emphasized

that our union is against any abuse of sick time. HSAS promotes a graduated return to work program for those members who are ready to return to work after a serious injury or illness. Nevertheless, the union emphasizes that those members who are unable to work due to their injury or illness should, for their own safety and/or safety of their colleagues and clients, stay away from work on paid sick time.



In 2007, the union filed a policy grievance against one of the health regions that implemented an unreasonable and unlawful, "Early and Safe Return to Work Program." Under this attendance management program, the employer's insistence to access the so called "objective medical information" of its absent sick or injured employees, egregiously violated: Article 12.03 (Medical Certification), Article 3.01 (Union Recognition), members' statutory privacy rights protecting the gathering, use, access and disclosure of personal confidential medical information. The end result of that policy was that our sick or injured

members often felt they could not access their sick time and felt pressured to return to work even though they still were not medically ready to resume their duties or participate in a medical workplace accommodation.

Between, 2007 and 2009, your union vigorously pursued this policy grievance through the grievance process, and subsequently through complex litigation in front of the Labour Relations Board, followed by 8 full days of arbitration hearings. The end result is that the union successfully protected our members' right not to disclose to their employer any confidential medical information. The arbitrator struck down the aforementioned unlawful "Early and Safe Return to Work Program." Therefore members once again have the right to access their accumulated and earned paid sick leave benefits, and do so without disclosing any medical diagnoses, medical test results, or prescribed medical treatment plan to their employer. Nevertheless, access to your sick leave benefits, attendance support/management programs and medical workplace accommodations, are complex issues.

If you need any assistance on this issue, it should be discussed, in confidence, with one of our Labour Relations Officers. Please keep in mind that there are circumstances under which more personal information may be required to be shared between the employer, employee, and the union. Certain workplace accommodations or returns to work from medical leave are two examples.

Your union is ready to assist all of its members and their employers in facilitating a healthy and productive work environment that benefits all.

- Mario Kijkowski
Labour Relations Officer



**Winning Grievances
Establishes Members'
Rights to Family Leave**

Gradually, and at times with considerable effort, Health Sciences is confirming our members' rights to access the paid leaves set out in the collective agreement.

The union's position is that our contract language is clear and the employers should grant the leave whenever the eligibility criteria are met. Unfortunately not all managers hold views that are

quite so enlightened. So we have grievances and arbitrations to sort out our differences.

A good example is the year and a half struggle one member went through to get Family Responsibility Leave to attend his child's parent – teacher interview.

A year ago last spring an HSAS member requested one hour of Family Responsibility Leave to permit him to meet with the grade seven teachers who instruct his twelve year old son.

The member's wife had just started a new job and taking time off was not something she could easily arrange. The school did not offer interview times in the evening or on weekends. Our member was going to have to be the one to attend during the workday.

Our member was able to meet with one of the teachers during his lunch break, but the other instructors were only available in the early afternoon, and an hour of our member's normal work time would have to be used to talk with them.

The HSAS member applied for an hour of Family Responsibility Leave under Article 11.06 of the HSAS-SAHO collective agreement, and the request was denied. Our member used his vacation leave to cover the time at his son's school, but the incident continued to trouble him. He read and reread Article 11.06 and it seemed to him the circumstances met the criteria for family leave to be granted.

The HSAS member contacted the union office and recounted the events. Union staff lobbied the employer to have the decision changed. When no shift in the region's attitude was forthcoming a grievance was filed.

Our member and his union rep went to a grievance presentation meeting and put forward all the relevant arguments together with precedent setting cases from other health regions. The employer denied the grievance.

The union referred the matter to the arbitration process and negotiated the appointment of veteran labour lawyer Angela Zborosky to chair the adjudication. Recently retired CUPE union rep Andrew Huculak was appointed as the union's nominee to the three person arbitration panel. Saskatoon labour lawyer Gary Bainbridge was retained to present the case for HSAS.

Finding a time when all parties availability coincided delayed the hearing until April 28 this year. When the

arbitration award was finally handed down in late August it was a sizable win for the union and the member, and the decision was unanimous with even the employer rep on the arbitration panel signing on to the award.

The arbitration decision states that the HSAS member will get the paid leave he requested and it goes on to say that health regions can not have a “blanket policy” against granting family responsibility leave for parent – teacher interviews.

HSAS would have liked the arbitration award to state that all parent - teacher interviews are covered by the contract language in Article 11.06. It doesn't go quite that far, but the circumstances in this case are typical enough to permit the union to say to members scheduled for a parent – teacher interview: apply and your union will support you.

- Garnet Dishaw
Labour Relations Officer

Saskatchewan Employer to pay Alberta Wages to Physical Therapists and Occupational Therapists

Working on the border with Alberta has its challenges. We are all aware of the difference in wages and benefits between Saskatchewan Healthcare Professionals and those employed in Alberta. This problem has of course been exacerbated by SAHO's and the Government of Saskatchewan's position to pay wages far less than that which is paid in Alberta.



The Prairie North Health Region (PNHR) has employed five therapists in Lloydminster. Although their home-base is the Dr. Cook Extended Care Centre, located on the Alberta side of the border, these therapists work primarily on the Saskatchewan side and are paid by PNHR. The therapists were considered out-of-scope and not part of HSAS. They were paid at the Health Sciences Association of Alberta (HSAA) rates. These positions had been missed when the Dorsey Commission did its work to rationalize healthcare workers back in the late 90s.

HSAS became aware of these employees in 2007. We contacted the employer and were in the process of bringing these workers into our union when HSAA

made an application to the Alberta Labour Relations Board claiming these employees should belong to their union.

HSAS, HSAA and PNHR have been in discussions/ negotiations for the last two years in an attempt to resolve this matter. It was important for all of the parties to see these employees continue to have the same wages and benefits they had as out-of-scope employees. It was also very important to HSAS that there be a level playing field where Occupational Therapists and Physical Therapists, working in Lloydminster, would be treated fairly. The end result was an Agreement whereby these five previously out-of-scope employees would continue to be paid as per the HSAA Collective Agreement. As well, the five therapists currently represented by HSAS in Lloydminster would move up to the HSAA rates of pay. The agreement is that for so long as these Employees stay in their positions they will be paid at the HSAA rate of pay. As well, they will get any increases that are negotiated in future HSAA Agreements. If a position becomes vacant, it will revert back to HSAS Rates.

HSAS congratulates the Prairie North Health Region for its openness to finding solutions to this difficult situation. It is our hope that the Provincial Government will show the same courage and insight when it negotiates the new Collective Agreement for all HSAS Members.

- Kevin Glass
Labour Relations Officer

HSAS Disability Income Plan Contribution Rates Remain Stable

The HSAS Long Term Disability plan provides a disability benefit of 75% of regular gross income following a qualifying period of 119 calendar days. While other employee groups have seen substantial increases to the costs of maintaining their Disability Income Plans, HSAS Members will continue to experience the lowest rates of all Union Members.

Effective April 1, 2010, HSAS Disability Income Plan Contribution Rates will remain unchanged at 1.54% of straight time payroll. This amount is paid 54% by the Employer and 46% by HSAS Members. This 1.54% compares very favourably to other Union's Members' set contribution rates which will vary between 2.8% and 4.00% effective April 1, 2010.

Nurses must be ready for . . . *the unseen*

*Reprinted with permission
SUN Spots, Vol 35, Issue 4 - 2009
Norma Wallace, OH&S Officer
Saskatchewan Union of Nurses (SUN)*

Nurses must be ready for the unseen

Saskatchewan health care Employers and the Government must act immediately to ensure the safety of all health care workers. The 2003 SARS outbreak and Commission Reports provide guidance and remind us of the importance of health and safety in the workplace.

The Honourable Mr. Justice Archie Campbell stated in the SARS Commission “Spring of Fear” Report (Dec. 2006) (http://www.health.gov.on.ca/english/public/pub/ministry_reports/campbell06) that there was a systemic province-wide inadequacy of preparedness, infection control and worker safety systems. Campbell lists the common systemic problems in every hospital and every government agency:

- *Communication;*
- *Preparation, planning;*
- *Accountability: who’s in charge, who does what;*
- *Worker safety;*
- *Systems: infection control, surveillance, independent safety inspections;*
- *Resources: people, systems, money, laboratories, infrastructure; and*
- *Precautionary principle: action to reduce risk should not await scientific certainty.*

Has Saskatchewan learned the lessons from SARS? Have these problems been addressed in Saskatchewan health regions as we continue to face the H1N1 Pandemic? Did health regions and the Government heed this wakeup call? Are health care employers and the Occupational Health and Safety Division ensuring that workers in Saskatchewan are protected from exposure to the H1N1 virus or other infectious diseases in their workplaces?

The protection of health care workers from hazardous or infectious disease exposures in the workplace is not a new concept nor is it only related to pandemics. The right to have a safe working environment is enshrined in Occupational Health and Safety legislation as well as the Collective Agreement. All nurses should have received education on respiratory protection measures, and training/fit-testing for the N95 respirators long before April 2009 and the emergence of the H1N1 virus.

The protection of workers from dangerous exposures in the workplace requires a combination of controls which should have been in place prior to the H1N1 pandemic. Eliminating the exposure or controlling it below harmful levels is a requirement for any employer in order to maintain a healthy workplace. The hierarchy of controls includes:

- **training and administrative controls**, like isolation policies and procedures;
- **engineering controls** like negative pressure rooms;
- **work practice controls** such as not recapping needles; and
- **personal protective equipment (PPE)** While PPE is last in the hierarchy of prevention, it is very important for protecting nurses from disease transmission.

PPE for infectious organisms include masks/respirators, gloves, gowns, and eye/face protection. The choices in PPE are based on the known or unknown infectious organisms. The precautionary principle requires that “err on the side of caution” or “better safe than sorry” directs the decisions regarding worker safety. Nurses should wear a minimum of the fit-tested N95 respirator when caring for a person who has or is suspected to have H1N1 Flu, Avian Flu, SARS, Mycobacterium tuberculosis, Rubella (Measles), Varicella (Chickenpox), or Disseminated Zoster (widespread shingles).

In order to be protected from infectious organisms all nurses, upon hiring and regularly thereafter, should have been **fit-tested** for the N95 respirator. **If you have not been fit-tested please contact your manager to arrange for this immediately.** If you do not use an N95 respirator regularly then you must receive semiannual refresher training (Section 88 OH&S Regulations). N95 respirators must be available to health care workers at all times.

The Centre for Disease Control (CDC) provided guidelines to reduce the risk for transmission of H1N1 virus in health care settings and included recommendations on use of personal protective equipment, management of health care personnel (HCP) after unprotected exposures, and instruction of ill HCP not to report to work. In the June 2009 Morbidity and Mortality Weekly Report (MMWR), the CDC reported that HCP were contracting H1N1 virus at work and, in their study, ten of the thirteen workers were not using respiratory protection.

“These results highlight the need to maintain adherence to comprehensive infection-control strategies to prevent

transmission of novel H1N1 in health care settings. These strategies should include administrative controls (e.g., visitor policies and triage of potentially infectious patients), provision of infection-control resources, training in infection-control practices and correct use of PPE, identification of all ill HCP, and exclusion of ill HCP from work.”

Please report any influenza-like illness (ILI) as a WCB claim if you were likely exposed in the workplace. Any time lost as a result of immunization or quarantine will not result in loss of pay or reduction in your sick time. You will continue to be paid without using your sick time (Article 61.04).

Whatever the infectious organism, employers and nurses need to assess the potential or confirmed dangers and ensure they are adequately protected from harm. Ensure that controls are in place in your workplace. Ensure that the precautionary principle is the basis for worker safety. Contact your Occupational Health and Safety SUN representative in your workplace or ERO if your employer is not providing a safe environment for you to work.

On the lessons from SARS the Honourable Mr. Justice Archie Campbell stated:

“Perhaps the most important lesson of SARS is the importance of the precautionary principle. ... If we do not learn this and other lessons of SARS, and if we do not make present governments fix the problems that remain, we will leave a bitter legacy for those who died, those who fell ill and those who suffered so

The World Health Organization stated on May 21, 2009 that *“Pregnant women are known to be at increased risk of complications from seasonal, avian H5N1 and previous pandemic influenza infection. Several hospitalizations including fatal outcomes have been reported in pregnant women infected with the new H1N1 virus. Consequently, pregnant women with suspected or confirmed new influenza A (H1N1) infections warrant closer observation and, if in accordance with national policies, treatment with antivirals.”*

In order to avoid exposure, an accommodation may be requested. Maintaining a proper fit for the N95 respirator may be difficult due to the possible changes to the facial contours during pregnancy.

Since pregnant women are at higher risk of complications of H1N1 they need to obtain early medical evaluation and treatment upon the symptoms of an influenza-like illness (ILI). Contact your health care provider for advice and ensure you are protected at work.

much. ... SARS taught us that we must be ready for the unseen. ... There is no longer any excuse for governments and hospitals to be caught off guard, no longer any excuse for health workers not to have available the maximum reasonable level of protection through appropriate equipment and training, and no longer any excuse for patients and visitors not to be protected by effective infection control practices.”

Let us all be ready for the unseen.

*Norma Wallace, OH&S Officer
Saskatchewan Union of Nurses (SUN)*

The Public Health Agency of Canada has stated in the “Infection Control Guideline Recommendation on the Use of Respirators for Aerosol Generating Medical Procedures on Patients with Known or Suspected Influenza Caused by the Pandemic Strain”:

When performing or assisting with a planned or urgent aerosol generating medical procedure on a patient with known or suspected influenza caused by the pandemic influenza strain, all health care workers in the room should wear a submicron particulate respirator that forms a tight facial seal, (e.g., N95 NIOSH approved respirator – appropriately fit-tested and fit-checked.)

The Guidelines, revised in April 2009, identify Aerosol Generating Medical Procedures (AGMPs) as: *any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include:*

- non-invasive positive pressure ventilation (BIPAP, CPAP);
- endotracheal intubation;
- respiratory/airway suctioning;
- high-frequency oscillatory ventilation;
- tracheostomy care; chest physiotherapy;
- aerosolized or nebulized medication administration;
- diagnostic sputum induction;
- bronchoscopy procedure; and
- autopsy of lung tissue.

The Public Health Agency of Canada has removed the collection of a nasopharyngeal swab from the list of Aerosol Generating Medical Procedures (AGMPs). Nurses must assess the risks for themselves. Since patients are very likely to cough, gag or sneeze during the process of obtaining this swab, with the precautionary principle in mind, each worker must decide if there is a risk that the patient may expel infectious organisms during or following the procedure. If so, workers should protect themselves appropriately with the use of an N95 respirator, gown, gloves and eye shield.

H1N1 - What you need to know

There are mixed medical opinions on the H1N1 pandemic. Recent experience in Australia suggests that this pandemic may be no more virulent than the ordinary flu. **HOWEVER**, to be prudent, it is necessary to address this issue as if the pandemic will be serious.

HSAS expects that fit-testing for the N95 respirator is well underway and that there will be a commensurate supply of the appropriate respirators for members. As of the date of this article going to press, only four health regions have approached HSAS on pandemic planning.

The following are some key issues that HSAS wants members to be aware:

1. Occupational Health and Safety



Article 23 - Occupational Health and Safety

“...the parties recognize the Employer’s duty to ensure, insofar as reasonable practicable, the health, safety and welfare at work of all the Employer’s workers. Additionally, the parties recognize the **Employee’s responsibility to take reasonable care to protect her health and safety and the health and safety of clients** and other workers who may be affected by her acts or omissions.”

The “**right to refuse dangerous work**” is a hallmark of our Occupational Health and Safety legislation and will depend on all of the facts of the situation but, in essence, this means that an HSAS member may refuse to perform any partial act or a series of acts at a place of employment **where they feel that their health or safety is in unusual danger**. For example, this could occur if you have been provided a N95 mask without “fit-testing” or if you have been fit-tested for a different mask but not the one you have been provided. Keep in mind that many of the regular tasks performed by our members have elements of danger, but we are speaking here of unusual danger for which they may not be prepared; by virtue of their experience, education or equipment.

Members are therefore reminded that they are also responsible for their own safety and before performing any additional work at the request of your employer, determine that it is work that you can perform safely.

2. Mandatory immunization (Articles 23.05, 23.11 and 23.12) ;



Article 23.11 becomes operative upon a recommendation of the Medical Health Officer or in compliance with provincial law. As it is quite possible that the recommendation will not be province-wide, you will need to ensure that the facility(ies) in which you are employed is so designated. Please contact your Labour Relations Officer if you are uncertain of the status of your facility..

HSAS has seen no data or expertise with respect to the efficacy or safety of the proposed H1N1 vaccination and

2. **Mandatory immunization (Articles 23.05, 23.11 and 23.12) (cont.);**

3. **Temporary performance of duties of other unions or duties outside of your job description;**

**Please contact your
Labour Relations Officer
If you have
further questions.**

is making **no recommendation** with respect to a potential vaccination.

Therefore, to take this vaccine or not to take the vaccine, is the individual choice of each member.

HSAS is committed to ensuring that all members respond, as requested by the employer(s), to perform work which they are capable of doing. We have not yet been given an opportunity to negotiate any additional items with the employers, with respect to compensation or the application of the Collective Bargaining Agreement to all of the unique circumstances which will no doubt occur. We rely upon your good judgment with respect to assessing whether you are capable of performing the work and whether you are able to perform the work safely. Please keep a log of duties you perform outside your usual scope of practice as well as services you would usually perform which are left undone or delayed. Forward this list to your Labour Relations Officer to assist us in advocating on your behalf. If in doubt, you will need to call your Labour Relations Officer.

Market Supplement Update

Dental Therapists

The SAHO Market Supplement Review Committee Report is due October 15, 2009. The last report showed a low vacancy rate.

Infection Control Officers

Next SAHO Market Supplement Review Committee Report due December 19, 2009. The last report indicated a fairly large vacancy rate. These vacancies have been reduced significantly since the last report and given that the Infection Control Officers enjoy a reasonable Market Supplement at present (they follow the current SUN Agreement at the Nurse B rate) it was decided not to pursue a hearing for this Classification.

Occupational Therapist

The SAHO Market Supplement Review Committee Report was received May 27, 2009, recommending that the current market supplement be maintained.

Orthotists

The SAHO Market Supplement Review Committee Report was received on June 16, 2009. No vacancies were reported.

Paramedics

The SAHO Market Supplement Review Committee

Report released March 26, 2009 recommended maintaining the current market supplement.

Perfusionists

HSAS has requested a hearing before the Market Supplement Adjudicator so that we can challenge the Market Supplement Review Committee's report dated October 15, 2008 that recommended that there be no increase to the Perfusionists' Market Supplement. The hearing has now been set for October 23, 2009.

Pharmacists

The SAHO Market Supplement Review Committee Report was released May 27, 2009. It recommended maintaining the current market supplement.

Physical Therapists

The SAHO Market Supplement Review Committee Report was issued March 26, 2009. The Committee recommended that the Market Supplement for Physical Therapist be maintained but not increased.

HSAS takes issue with this recommendation given that the Labour Market Review Criteria would



indicate that an increase is warranted. The vacancy rate for this classification at the time of the report was 9.4%. This rate has been steadily rising since 2007.

We have notified SAHO of our intention to challenge this report at Adjudication and the hearing is set for October 23, 2009.

Prosthetists

The SAHO Market Supplement Review Committee Report was received on June 16, 2009. No vacancies were reported.

PhD Psychologists

The SAHO Market Supplement Review Committee Report was released May 27, 2009, recommending maintaining the current market supplement.

Public Health Inspectors

The SAHO Market Supplement Review Committee Report is due on Jan 29, 2010.

Respiratory Therapists

The SAHO Market Supplement Review Committee Report released May 27, 2009 recommended maintaining the current market supplement.

Essential Services

The Law Applies To Everyone, Including the Health Regions

In the spring of 2008, the new Wall government passed legislation requiring 27 trade unions and their members in health care to comply with its essential services law.

This law was introduced without substantial consultation with trade unions, but, with apparent consultation before it's unveiling to the public, with close representatives of management.

In late December 2008, we approached the January 1st deadline to have an agreement on Essential Services workers, without hearing from our contacts in the health care community until a day or two before Christmas, when HSAS received a flurry of notices from all of the Health Regions – with almost identical letters, advising which services would be deemed essential and making a request to meet immediately to discuss which HSAS members would be “essential”.

We politely asked, in early January 2009, of all of the health regions, including Regina Qu'Appelle, the names of workers they proposed (we were given this right under the legislation). NO RESPONSE!

We asked again in early February and waited and again we had *NO RESPONSE!*

We asked again in early April, and again we waited and we finally received incomplete responses.

In late April 2009 we brought judicial review proceedings in the Court of Queen's Bench, asking for a Writ of Mandamus (an order requiring a

government body to do something) – requiring RQHR to obey the law and to provide us the lists of the HSAS members it proposed to designate as essential.

A list was sent out but we believed that it did not meet the requirements of the law.

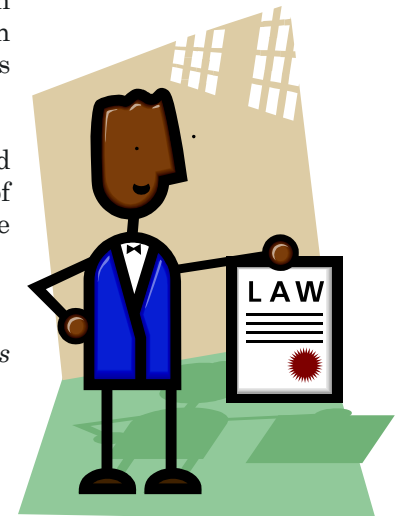
On Friday, June 19, 2009, a Consent Order was issued by Madam Justice McMurty ordering RQHR to provide the list of names without qualification. The order also provided for costs to be paid by RQHR to HSAS in the amount of \$1500.00.

We have forwarded the Queen's Bench Order to all of the other Health Regions and have asked them to comply with the Order.

We have not yet received a response to our latest requests and will enforce the terms of the Essential Services legislation with the other Health Regions when it becomes necessary.

For now, we are pleased to establish that none of the Health Regions are above the law.

Copy of the order follows on next page.



ORDER

UPON THE APPLICATION of Gary L. Bainbridge, counsel on behalf of the Applicant, and upon hearing Lynn Sanya, counsel on behalf of the Respondent, and upon hearing read the materials filed herein:

IT IS HEREBY ORDERED that the Respondent shall provide the Applicant with a notice pursuant to ss. 6(5) and 9(2)(c) of *The Public Service Essential Services Act*, S.S. 2008, c. P-42.2, setting out the names of employees within the classifications mentioned in s. 9(2)(a) who must work during a work stoppage to maintain essential services;

IT IS FURTHER ORDERED that such notice shall be provided to the Applicant by the Respondent without conditions;

AND IT IS FURTHER ORDERED that the Respondent shall pay the Applicant's costs in this proceeding in the amount of \$1,500.00.

ISSUED at the City of Regina, in the Province of Saskatchewan, this 22nd day of June, 2009.

Cukones
/Local Registrar

This document was prepared by
Bainbridge Jodouin Cheecham
Barristers and Solicitors

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. 2010
		Cathy Dickson Prince Albert Parkland Health Region	sw2.hsas@sasktel.net	Nov. 2009
Assessor/Coordinators	2	Vacant		Nov. 2010
		Megan Ferguson Saskatoon Health Region	assessor1.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. 2010
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	Patricia Pedersen Sunrise Health Region (Physical Therapist)	pt1.hsas@sasktel.net	Nov. 2010
		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. 2010
Pharmacists	1	Nicole Bidwell Regina Qu'Appelle Health Region	pharm.hsas@sasktel.net	Nov. 2009
Occupational Therapists	1	Maggie Vaughan Regina Qu'Appelle Health Region	ot.hsas@sasktel.net	Nov. 2010
Recreation Therapists, Mental Health Therapists	1	Anne Robins Saskatoon Health Region (Recreation Therapist)	mt.hsas@sasktel.net	Nov. 2010
Psychologists, Psychometricians	1	David MacKinnon Prairie North Health Region (Psychologist)	psy.hsas@sasktel.net	Nov. 2010
Dietitians, Nutritionists	1	Melissa Koshinsky Heartland Health Region (Dietitian)	diet.hsas@sasktel.net	Nov. 2010

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

Committees

2009 Annual Convention

Darcy McKay (Chair)

Charitable Donations / Professional Contributions

Maggie Vaughn
Anne Robins

Communications

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

Education Fund

Ted Makeechak (Chair)
Anne Robins
Joylene Mora - staff

Emergency Fund

Melissa Koshinsky
Dave Tillusz
Cathy Dickson

Constitutional

Sheila Kerr (Chair)
Natalie Horejda
Darcy McKay
Deb Morton
Joanne Schenn
Dave Tillusz
Bill Craik - staff

Finance

Karen Wasylenko (Chair)
Warren Chykowski
Karen Kinar
Ted Makeechak
Ann Robins
Bill Craik - staff
Joylene Mora - staff

Grievance

Debbie Morton (Chair)
Laura Carney
Tracy Erickson
David MacKinnon
Maynard Ostafichuk
Anne Robins
Dave Tillusz
Bill Craik - staff

Provincial Negotiating

Bill Fischer (Chair)
Warren Chykowski
Cathy Dickson
Chris Driol
Natalie Horejda
Marcel Shevalier
Bill Craik - staff
Mario Kijkowski - staff

Regional Council Development

Dave Tillusz (Chair)
Ralph Aman
Mary Deren
Tamara Dobmeier
Sheila Bellrose
Deb Morton
Nicole Rancourt
Lynzie Rindero



HSAS Staff

Regina

#12 - 395 Park Street
Regina, SK S4N 5B2

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Toll-Free: 1-877-889-4727
Fax: (306) 585-7750
E-mail: hsasregina@sasktel.net

Bill Craik

Executive Director
bill.hsas@sasktel.net

Garnet Dishaw

Labour Relations Officer
dishawg.hsas@sasktel.net

Mario Kijkowski

Labour Relations Officer
mario.hsas@sasktel.net

Charlene Hebert

Administrative Assistant
hsasregina@sasktel.net



www.hsa-sk.com

LRO Assignments

Garnet Dishaw

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

Canadian Blood Services - Regina
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

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

Saskatoon

#42 - 1736 Quebec Avenue
Saskatoon, SK
S7K 1V9

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Toll-Free: 1-888-565-3399
Fax: (306) 955-3396
E-mail: hsasstoon@sasktel.net

Kevin Glass
Labour Relations Officer
glassk.hsas@sasktel.net

Al Shalansky **
Labour Relations Officer
shalanskyal.hsas@sasktel.net

Joylene Mora
Administrator
joylene.hsas@sasktel.net

Colette Duffee
Administrative Assistant
hsasstoon@sasktel.net

*** replacing Kate Robinson while she is on a leave*

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

Al Shalansky
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

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