

SASKATCHEWAN UNION OF NURSES



2022
ANNUAL
MEETING
GUIDE

YEAR IN REVIEW

APRIL 01, 2021 - MARCH 31, 2022



**SASKATCHEWAN
UNION OF NURSES**

NO MATTER WHAT



You are the **HEROES** on
Saskatchewan's front line.

No matter the hour – be it day or night, a registered nurse will provide the necessary care. No matter the patient – regardless of age, race, religion, education or disposition, a registered nurse will be there. Short-staffed. Stressed. At the end of the shift or at the beginning. For a patient's first breath and for their last. When too much has already been demanded, and when not enough thanks have been offered.

A registered nurse is a health-care professional. An expert. A care provider. A comfort. A confidant. A decision-maker. A leader. A hero. All of you, SUN's 11,000 Registered Nurses, Registered Psychiatric Nurses, and Nurse Practitioners, have exemplified these qualities throughout this past year – particularly during our darkest and most trying periods. The COVID-19 pandemic's

fourth and fifth waves may have brought Saskatchewan's health system to its knees, but it was your unstoppable spirit and unshakable courage that kept us going when so many were struggling to keep hope alive.

In the same spirit, SUN shows up. Every day, we are dedicated to the members we serve. We support you through your best days and through your most challenging. We advocate for you so that your workplaces may improve, so you can thrive and provide the best care possible. We fight for Saskatchewan's healthcare, for your vital position within it, and for the ability to provide safe, high-quality care that patients deserve.

This Union – our Union – is run by all of you, SUN's members. We do this through our Annual Meeting, elec-

tions, and the board of directors. You are our backbone, and we are your voice – the voice of registered nurses. Together, with your continued involvement, we will always be a formidable force.

The theme of SUN's 2022 Annual Meeting is **No Matter What**, in tribute to the dauntless spirit of registered nurses. Our profession has evolved over decades and SUN has evolved along with it. SUN was there when registered nurses were demanding the right to have children AND a career. SUN was there when registered nurses demanded appropriate pay for their time and expertise. SUN is here for you now, as registered nurses are asked to give more than ever before.

I know it has been a difficult year. So many are exhausted, burnt out,

or in anguish. You have given your all, even when asked to do the seemingly impossible. And the path ahead seems never-ending. Saskatchewan's health system has a long journey to recovery because it was already hurting before the pandemic.

There is so much to fix. Arguably the most critical being our province's worsening and chronic nurse shortages, exasperated by the growing acuity and complexity of patients requiring care. Three-quarters of registered nurses told us this past year they are aware of times when patients were put at risk due to short staffing. This is devastating to hear, although not surprising.

The coming months and years will be tough, but registered nurses will be there to help pick up the pieces of our healthcare system and rebuild because no matter what, we always show up for our patients. The functionality of Saskatchewan's healthcare system is vital to our ability to provide patient care. SUN will be there to support you every step of the way.

No matter what, the call to care is within a registered nurse. The call to care for those in need, for the patients and clients who place their trust in our skills. It cannot be turned

on and off. It is a part of who we are, and always will be, from the first shift to the last. It cannot be learned, and it cannot be taught. This call to care is in our DNA, and it is what sets registered nurses apart.

A registered nurse, no matter what.

Healthy Members

Since March 2020, registered nurses have shouldered much of the burden of the COVID-19 pandemic. The weight of this responsibility has been heavy and the toll costly. For a growing number of registered nurses, it is becoming too much to bear. As burnout, anxiety, depression, and many other mental health struggles tighten their grip on Saskatchewan's nursing workforce, many are contemplating leaving a profession they love. In the first quarter of 2020, Statistics Canada indicated there were 95 registered nurse vacancies in Saskatchewan. By December 2021, the Saskatchewan Health Authority was reporting a staggering 647 vacant registered nurse positions. SUN has thus prioritized

the mental health and wellbeing of our membership this past year. This mental health crisis is a health emergency developing within the COVID-19 pandemic. To help members navigate these difficult times, SUN launched the Wellness Spotlight Series. The series offers opportunities for members to learn from a variety of local and Canadian experts about coping with crisis, healing after trauma, and resiliency. At SUN we believe that optimal patient care is achieved when registered nurses are healthy in both body and mind. Furthermore, we believe that while nursing is a calling, it should not require a sacrifice of one's mental or physical health.

A Nursing Crisis

When there is a shortage of registered nurses, everyone suffers. Surgeries are postponed. Rural emergency rooms are temporarily closed or put on bypass. Wait times



soar. Seniors are neglected. In short, patients, families, and entire communities suffer and their access to safe, timely care is compromised. In 2021 and early 2022, compounded by COVID-19 pressures, Saskatchewan saw all of these negative impacts come to fruition. The fallout did not stop there. For registered nurses, workloads became unmanageable, and the stress was overwhelming. In a fall 2021 survey conducted by the University of Regina, more than one in four registered nurses in the province indicated they are experiencing psychological distress due to the pandemic. The consequence: more than two in five have considered leaving the profession in the past year. This is why SUN is committed to elevating the nursing shortage crisis to the public discourse through media, campaigns, and social media while proposing real, workable solutions to the government. This is a priority we will carry forward until the job is done.

Professional Practice and safe patient care

Protecting the ability of registered nurses to practice to their full scope of education and competencies is the cornerstone of safe patient care. This is vitally important because a hospital bed is just a bed without the care, expertise, and oversight of a

Saskatchewan's health-care workers are burning out, unions say

Tracy Zambory, president of the Saskatchewan Union of Nurses, said the physical and mental demands of the pandemic coupled with pre-existing labour shortages is becoming increasingly unsustainable for her members.

"We've always run toward the fires, and our members are burnt to a crisp," Zambory said.

Zambory said she has heard anecdotal reports of nurses retiring or leaving their jobs, particularly in rural and remote areas and intensive care units. She said there are more than 90 job openings for nurses in the province's intensive care units, many more than is typical.

-Zak Vescera, The Saskatoon StarPhoenix, August 26, 2021



SUN President Tracy Zambory is a vocal advocate for the healthcare system, healthcare workers, and SUN members, bringing necessary attention to public health measures, human health resource shortages, and the burnout registered nurses are experiencing.

registered nurse. In Saskatchewan, a multitude of issues are impeding the ability of SUN members to fulfill their legislated professional practice standards. SUN's professional practice and labour relations teams support members in the workforce, while SUN's leadership team elevates critical practice and nursing concerns to decision-makers in government and at the Saskatchewan Health

Authority. Media coverage plays a central role in ensuring the public – the users of the system – understand the challenges and solutions facing healthcare. SUN's member education opportunities and conferences focus on empowerment and knowledge to support nursing practice. These unprecedented times have highlighted the importance of these functions.

Members in action

A Union is the sum of its members – each one playing their own individual part in something bigger than themselves. Strength comes from collective action. Our voices are louder, intentions clearer, and goals more achievable when we act as one. This past year SUN members faced challenges none could have imagined would lie ahead of them when they began their nursing journey.

A voice Saskatchewan trusts

SUN speaks up for patients and families, no matter what. We advocate,

educate, lead, and – when necessary – disrupt to drive positive change. We never shy away from doing and saying the right thing. From addictions, mental health, and food security to the future of seniors care and COVID-19 safety in the province, SUN has pushed for change through our campaigns, actions, and sponsorships. Throughout this past year, Saskatchewan people have looked to us for our leadership, and expressed their gratitude in heartwarming ways.

The past year has seen a great many challenges for registered nurses. For me, it has felt a little bit like living the same day over and over again. Wave after wave, shortage after

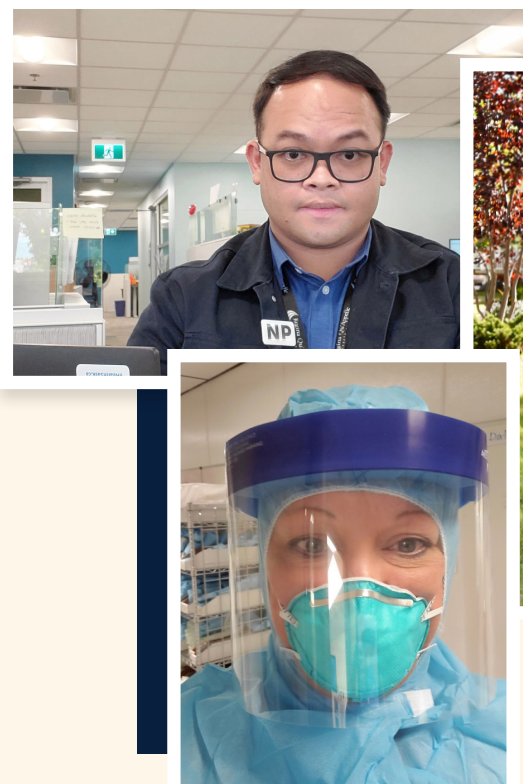
shortage, our society has struggled. Our members have struggled. At times, even I have struggled to see the light at the end of this tunnel. However, I am motivated by all of you to continue our important work here in the province. At SUN, we may bend but we do not break. We may stumble but we will always rise. We are your union – a union of registered nurses. We are here for you, and that keeps us going. No matter what.

In solidarity,

Tracy M. Zambory

Tracy Zambory, RN

President of the Saskatchewan Union of Nurses



On September 27, 2021, SUN joined the Canadian Federation of Nurses Unions and other provincial nurses' unions to demand urgent government action. SUN members came out in full force to voice their concerns over short-staffing and patient safety. Members submitted photos and messages for a social media campaign that was thought-provoking, emotional, and well-received.

COMMITTEE REPORTS

Constitution, Bylaws and Resolutions Committee

The Constitution, Bylaws and Resolutions Committee is Chaired by Rachel Hyatt-Hiebert, RN (Local 69) and consists of SUN members Valerie Georget, RN (Local 75), Mandi Senger, RN (Local 74), and Candace Lahoda, RN (Local 107). All members are elected to the committee for a two-year term. The committee is supported by board liaison Maureen Arseneau, RN, (Local 68), and wishes to extend a special thanks to SUN's Executive Administrative Coordinator (Administration), Nina Johnson, whose expertise and knowledge are invaluable.

As the COVID-19 pandemic continued to present many challenges, we are very proud of the way our committee has adjusted to a virtual world. This year we continued to hold meetings virtually and although we miss being able to converse in person, we found it to be an effective platform to carry out the business of the union. A special challenge for the committee was SUN's first-ever Virtual Annual meeting. This couldn't have been done without the support of all those in the SUN Provincial office, especially Erin Thomsen and Ibn Dionisio who assisted us when-

ever necessary. Your support was much appreciated.

The Annual Meeting proved to be an engaging and thought-provoking event. The Committee submitted a discussion paper regarding member engagement. Following that discussion paper, SUN Provincial hosted its first Zoom member information session on how to write resolutions. It is SUN's intent to continue to provide member education on writing resolutions as this can be a barrier to grassroots involvement.

-Rachel Hyatt-Hiebert, RN, Chair

Finance Committee

Your Finance Committee consists of Denise Dick, RN – First Vice-President, Tracy Zambory, RN – President, Angela Felskie, RN (Local 29) and Cathy Makelki, RN (Local 268); ex-officio members are Executive Director Donna Trainor, RN and SUN's Accountant Lorna Bingaman.

The Finance Committee's role includes making recommendations regarding financial implications of policy and administrative decisions to the Board; the review and recommendation of annual budget for submission to the Board; and overseeing expenditures, revenues and

investment portfolios.

In order to carry out these duties, the Committee met virtually two times in 2021-2022:

- October 5, 2021: Met with a representative from RBC Dominion Securities to review SUN's investment portfolio and ensure SUN's investment policy remains relevant. In addition, the Committee reviewed the presentation of the proposed 2022 budget and recommended approval to the Board of Directors.
- March 3, 2022: Reviewed the Audited Financial Statements in detail with the Auditor; recommended acceptance of the respective statements to the Board of Directors.

The 2022 Budget was approved by the Board of Directors on October 13, 2021, with assumptions based on 8,900 members.

To ensure accountability, as well as ensure SUN continues to follow best practices and sound accounting principles, SUN's financial statements are reviewed on an annual basis by an independent auditor. MNP LRG conducted an audit of SUN's financial records in February 2022; the audited statements can

be found starting on page 12 of this publication.

-Denise Dick, RN, Chair

Nominations Committee

The committee met in the fall and established the positions for Nomination from the Bylaws for this year.

Positions that were to be nominated were:

1. First Vice-President
2. Base Hospitals Representatives:
Regina and Saskatoon
3. Regional Representatives:
 - a. Region 2
 - b. Region 4
 - c. Region 6

The Call for Nominations was sent to all members with a deadline in January 2022.

The committee met after the closing of nominations and established the positions that were acclaimed, as well as the positions that required an election.

There will be an all-member vote for First Vice-President in March 2022 by electronic voting. The Base Hospitals Saskatoon Representa-

tive will be elected in March 2022 via electronic voting by members who work in the Base Hospitals in Saskatoon. Members will be able to vote from March 30, 2022, to April 13, 2022, when the election process will be closed.

The Nominations Committee will meet on April 13, 2022, after the election closes and will receive the election results. All results, both voted and acclaimed, will be announced on the last day of the Annual Meeting.

The committee would like to send an appreciation to the SUN support staff who have assisted our committee over this last year. Thank you to Deborah Graham and Nina Johnson. Their work does not go unnoticed and is very appreciated.

The Nominations Committee consists of Gail Kizlyk, RN (Local 75), Shannon Mychan, RN (Local 62), and Garth Wright, RN (Local 276).

- Garth Wright, RN, Chair.

Program Committee

The purpose of the Program Committee is to research community programs for the annual Community Support Project as determined by the SUN Board of Directors. In

September 2021, the Board determined that the community project for the Program Committee was to investigate opportunities to support harm reduction programs across Saskatchewan.

The Committee met several times via Zoom to discuss goals and create an action plan to investigate what harm reduction programs exist throughout the province, and the opportunities to support these programs. The Committee is also investigating ways to engage Locals to support harm reduction strategies in their communities. The Committee will meet in March to share their results and create a proposal for Board approval. We look forward to sharing more information at the Annual Meeting in April.

Your Program Committee consists of Tracy Bergen, RN (Local 75), Bonnie Nelson, RN (Local 68), Catherine Araos, RN (Local 106), Shauna Hugg, RN (Local 106), Yvonne Sawatzky, RPN (Locals 86 & 259), Lynne Eikel, RN, Board Liaison (Local 141).

-Tracy Bergen, RN, Chair

AUDITED FINANCIAL STATEMENTS

**SASKATCHEWAN
UNION OF NURSES**

DECEMBER 31, 2021

Management's Responsibility

To the Members of Saskatchewan Union of Nurses:

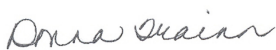
Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian accounting standards for not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

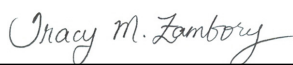
The Board of Directors and Finance Committee are composed entirely of Directors who are neither management nor employees of the Saskatchewan Union of Nurses ("SUN"). The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Finance Committee has the responsibility of meeting with management and the external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Finance Committee is also responsible for recommending the appointment of SUN's external auditors.

MNP LLP is appointed by the members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and may meet periodically and separately with, both the Finance Committee and management to discuss their audit findings.

March 8, 2022



Executive Director



President

Independent Auditor's Report

To the Members of Saskatchewan Union of Nurses:

Opinion

We have audited the financial statements of Saskatchewan Union of Nurses ("SUN") which comprise the statement of financial position as at December 31, 2021, and the statements of operations, changes in net assets and cash flows, for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Union of Nurses as at December 31, 2021, and its financial performance, changes in net assets and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of SUN in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Unaudited Budget

The budget information presented on the statement of operations is not required as part of the financial statements. The budget is unaudited and presented for informational purposes only.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independent Auditor's Report

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing SUN's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate SUN or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing SUN's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, and for the purpose of expressing an opinion on the effectiveness of SUN's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Independent Auditor's Report

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause SUN to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Regina, Saskatchewan

March 8, 2022

MNP LLP

Chartered Professional Accountants

Statement of Financial Position

AS AT DECEMBER 31, 2021

	2021	2020
Assets		
Current		
Cash	5,701,635	4,042,663
Marketable securities (Note 3)	4,616,209	14,905,371
Accounts receivable	1,031,678	974,161
Prepaid expenses and deposits	223,633	187,156
Inventory	59,838	44,059
	11,632,993	20,153,410
Investments (Note 4)	12,043,126	1,498,087
Capital assets (Note 5)	1,450,743	1,354,973
	25,126,862	23,006,470
Liabilities		
Current		
Accounts payable and accruals	543,234	487,768
Employee accruals (Note 7)	824,601	691,681
	1,367,835	1,179,449
Net Assets		
Appropriated net assets (Note 9)	18,885,111	16,953,104
Available net assets	4,873,916	4,873,917
	23,759,027	21,827,021
	25,126,862	23,006,470

Approved on behalf of the Board

Denise Dick

Director

Tracy M. Zambory

Director

Statement of Operations

FOR THE YEAR ENDED DECEMBER 31, 2021

	2021 <i>Budget</i> <i>(Note 11)</i>	2021	2020
Revenue			
Member dues	11,861,991	13,395,179	12,513,345
Investment income	280,000	594,563	123,140
Other	683,625	37,986	46,323
Unrealized (loss) gain on investments	-	(319,973)	233,507
Total revenue	12,825,616	13,707,755	12,916,315
Expenses			
Salaries and benefits - staff	6,768,849	5,618,864	5,536,018
Administration and occupancy (Note 12)	2,747,459	1,791,283	1,202,262
Promotions and advertising	2,270,500	1,551,932	1,117,870
Salaries and benefits - members	1,322,492	1,097,809	669,145
Professional fees	670,306	711,299	501,765
Affiliations	437,455	464,209	450,182
Donations	163,750	207,500	459,750
Amortization	128,400	166,957	139,692
Meetings	683,510	75,802	47,290
Travel	740,332	66,293	123,115
Condo	43,464	19,605	18,431
Grants	171,000	3,410	94,623
Accommodation	621,176	786	24,057
Total expenses	16,768,693	11,775,749	10,384,200
Excess (deficiency) of revenue over expenses	(3,943,077)	1,932,006	2,532,115

Statement of Changes in Net Assets

FOR THE YEAR ENDED DECEMBER 31, 2021

	Appropriated net assets (Note 9)	Available net assets	2021	2020
Net assets, beginning of year	16,953,104	4,873,917	21,827,021	19,294,906
Excess (deficiency) of revenue over expenses	(2,074,412)	4,006,418	1,932,006	2,532,115
Transfers from available net assets	4,006,419	(4,006,419)	-	-
Net assets, end of year	18,885,111	4,873,916	23,759,027	21,827,021

Statement of Cash Flows

FOR THE YEAR ENDED DECEMBER 31, 2021

	2021	2020
Cash provided by (used for) the following activities		
Operating		
Cash received from members	13,375,648	12,548,445
Operating expenses paid	(4,888,911)	(4,193,339)
Cash paid for salaries and benefits	(6,583,753)	(6,190,362)
Cash received for interest	18,714	21,039
	1,921,698	2,185,783
Investing		
Purchase of capital assets	(263,726)	(193,496)
Proceeds on disposal of capital assets	1,000	1,100
	(262,726)	(192,396)
Increase in cash resources	1,658,972	1,993,387
Cash resources, beginning of year	4,042,663	2,049,276
Cash resources, end of year	5,701,635	4,042,663

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

1. Incorporation and nature of the organization

Saskatchewan Union of Nurses ("SUN") is registered under the Trade Unions Act of Canada. The Organization's primary purpose is to play an advocacy role to protect the rights of members, individually and collectively, and to enhance the socio economic and general welfare of members through collective bargaining, research and education.

SUN is exempt from income taxes under Section 149 of the Income Tax Act, Canada.

COVID-19

In March 2020, there was a global outbreak of COVID-19 (coronavirus), which has had a significant impact on businesses through the restrictions put in place by the Canadian, provincial, and municipal governments regarding travel, business operations and isolation/quarantine orders. This pandemic had a limited effect on SUN's financial performance and SUN did not receive any government assistance relating to the COVID-19 pandemic in the current year.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations as issued by the Accounting Standards Board in Canada using the following significant accounting policies:

Marketable securities and investments

Marketable securities and investments are recorded at fair value. Changes in market value are reported in the statement of operations as unrealized investment gains (losses).

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the declining balance method at rates intended to amortize the cost of assets over their estimated useful lives, except leasehold improvements and computer software. Amortization on leasehold improvements is provided using the straight line method over the term of the lease.

	Rate
Buildings	4 %
Computer equipment	30 %

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

	Rate
Computer software	5 years
Furniture and fixtures	20 %
Leasehold improvements	10 years
Land improvements	8 %
Incorporation costs	7 %

Revenue recognition

Member dues are recognized in operations in the period to which they relate and collectibility is reasonably assured.

Investment income and other revenue is recognized in operations when earned and in the period to which it relates. Other revenue relates to income earned on condominium rental and administrative fees. SUN Merchandise Sales are recorded as revenue at the point of sale.

Appropriation

Net assets are appropriated for specified purposes by policy of the Board of Directors. Appropriations are initially determined by an allocation of member dues and adjusted for related expenditures and transfers from (to) available net assets. The purpose of the appropriations is to set aside funds for expenditures anticipated in future years. The Board approves all transfers.

Fund accounting

SUN follows the deferral method of accounting for contributions and reports using fund accounting, and maintains 11 funds:

- The Operating Fund is used to account for all revenue and expenses related to general and ancillary operations of SUN.
- The Collective Bargaining Defense Fund is used to defend collective bargaining including providing strike and/or lock out pay, covering member and staff expenses associated with collective bargaining as well as strike or labour dispute averting or supporting campaigns and covering staff and legal expenses associated with running and settling a labour dispute.
- The Campaign Fund is used to reduce the financial burden on the budget while undertaking multi year campaigns.
- The Legal Challenge Fund is used to fund costs associated with legal and legislation challenges that have an impact on members.
- The Legal Assistance Fund is used to fund the legal assistance costs for members.
- The Membership Education Fund is used to fund members unbudgeted internal or external education opportunities.
- The Capital Fund is used to reduce the financial burden on the yearly budget to cover major capital expenditures.

2. Significant accounting policies (continued from previous page)

Fund accounting

- The Convention Fund is used to reduce the financial burden on the yearly budget to cover member attendance at various conventions.
- The Saskatchewan Health Coalition Fund is used to reduce the financial burden on the yearly budget to fund a multi year commitment to the Saskatchewan Health Coalition.
- The Pandemic Response Fund is used to include virtual event support, virtual platforms, virtual voting at general meetings and enhanced member education.
- The Succession Planning Fund is used to identify long range human resource needs through assessment, development, and mentorship. Also, to support human resource planning that includes but is not limited to planned/unplanned vacancies, organizational movement, and member engagement. The fund is intended to encompass in-scope, out-of-scope and elected positions.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary.

SUN capital assets have finite useful lives. Consequently, the amortization amount of these assets is allocated on a systematic basis over their useful lives. Judgement is therefore required on:

- The determination of the useful lives, as this is based on the management's estimates regarding the period over which the assets are expected to produce; and
- The determination of the amortization method.

Both the amortization period and method have an impact on the amortization expense that is recorded in each period.

Employee benefit accruals include estimates for vacation, overtime and retiring allowance that have been earned.

Accounts payable and accruals include an estimate for member leaves of absence. Member leaves of absence are based

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

on the pay rates and the number of hours of leave for each of the members.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenue and expenses in the periods in which they become known.

Financial instruments

SUN recognizes its financial instruments when the SUN becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, SUN irrevocably elected to subsequently measure cash, marketable securities and investments at fair value. SUN subsequently measures all other financial assets and liabilities at amortized cost.

Transaction costs and financing fees directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in the excess of revenue over expenses for the current period. Conversely, transaction costs and financing fees are added to the carrying amount for those financial instruments subsequently measured at amortized cost or cost.

Financial asset impairment:

SUN assesses impairment of all of its financial assets measured at cost or amortized cost. Management considers whether there has been a breach in contract, such as a default or delinquency in interest or principal payments in determining whether objective evidence of impairment exists. When there is an indication of impairment, SUN determines whether it has resulted in a significant adverse change in the expected timing or amount of future cash flows during the year. If so, SUN reduces the carrying amount of any impaired financial assets to the highest of: the present value of cash flows expected to be generated by holding the assets; the amount that could be realized by selling the assets; and the amount expected to be realized by exercising any rights to collateral held against those assets. Any impairment, which is not considered temporary, is included in current year excess of revenue over expenses.

SUN reverses impairment losses on financial assets when there is a decrease in impairment and the decrease can be objectively related to an event occurring after the impairment loss was recognized. The amount of the reversal is recognized in the excess (deficiency) of earnings in the year the reversal occurs.

Employee future benefits

The SUN has a defined benefit plan under which both the Organization and employees make contributions. SUN's obligations to the multi-employer plan is limited to the monthly required contributions.

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

3. Marketable securities

SUN has various short term marketable securities with interest rates between 0.40% to 2.47% (2020 - 1.86% to 3.02%) and maturity dates ranging between January 2022 to August 2022 (2020 - March 2021 to December 2021). Marketable securities, held by brokers, are comprised of the following:

	2021	2020
Cash account	86	13,621
Guaranteed investment certificates, investment savings account	4,616,123	14,891,750
	4,616,209	14,905,371

4. Investments

SUN has various long term investments with interest rates ranging between 0.65% to 1.35% (2020 - 0.82% to 2.47%) and maturity dates ranging between January 2023 to February 2025 (2020 - January 2022 to September 2023).

	2021	2020
Guaranteed investment certificates	12,043,126	1,498,087

5. Capital assets

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Land	181,000	-	181,000	181,000
Buildings	1,701,316	788,119	913,197	923,552
Computer equipment	659,712	439,712	220,000	165,682
Computer software	188,072	188,072	-	37,614
Furniture and fixtures	327,461	241,044	86,417	40,246
Leasehold improvements	22,719	22,719	-	1,084
Land improvements	71,215	21,160	50,055	5,715
Incorporation costs	704	630	74	80
	3,152,199	1,701,456	1,450,743	1,354,973

6. Financial instruments

SUN, as part of its operations, carries a number of financial instruments. It is management's opinion that SUN is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

Credit concentration

SUN's accounts receivable consist of member dues receivable, the majority of which are from government-related entities. Management believes that there is no unusual exposure associated with the collection of these receivables.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk.

Marketable securities and Investments consist primarily of commercial high-grade guaranteed investment certificates and an investment savings account. Accordingly the portfolio maximizes coverage under the Canadian Deposit Insurance Corporation and provides for a return that is low risk and of the most favourable interest rates.

Interest rate risk is mitigated due to the relatively short term nature of the marketable securities and investments.

7. Employee accruals

Accrued employee benefits consist of the following:

	2021	2020
Vacation pay	494,543	430,591
Overtime pay	54,878	67,003
Retiring allowances	274,680	193,919
Other	500	168
	824,601	691,681

The retiring allowance is available to employees having 15 years of service at SUN and whom are at least 55 years of age. Upon either retirement or resignation, each employee shall receive this pay which shall be in the amount of 5 days multiplied by the employee's daily pay rate multiplied by the employee's number of years of service at SUN.

8. Employee future benefits

Defined benefit plan

The SUN has a defined benefit plan under which both the Organization and employees make contributions. Saskatchewan Union of Nurse's contributions are 10% of the individual's annual salary and corresponding expense totalled \$196,502 in 2021 (2020 - \$199,489). SUN's obligations to the multiemployer plan is limited to the monthly required contributions.

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

9. Appropriated net assets

	Balance, beginning of year	Excess (deficiency) of revenue over expenses	Transfer from available net assets	Balance, end of year
Collective Bargaining Defense Fund	5,849,530	(899,327)	857,705	5,807,908
Campaign Fund	4,406,232	(777,608)	400,000	4,028,624
Legal Assistance Fund	250,000	-	-	250,000
Member Education Fund	250,000	487	(487)	250,000
Capital Fund	1,394,371	-	(263,726)	1,130,645
Legal Challenge Fund	2,000,000	(17,071)	17,071	2,000,000
Convention Fund	1,492,971	(109,933)	2,975,856	4,358,894
Saskatchewan Health Coalition Fund	60,000	(40,000)	20,000	40,000
Succession Plan Fund	500,000	(29,064)	-	470,936
Pandemic Response Fund	750,000	(201,896)	-	548,104
	16,953,104	(2,074,412)	4,006,419	18,885,111

10. Commitments

SUN has entered into various lease agreements with estimated minimum annual payments as follows:

2022	190,419
2023	110,855
2024	60,000
2025	60,000
2026	60,000
Thereafter, to 2032	320,000
	801,274

11. Budget information

During the year, the Board approved its operating budget based on planned expenses and current year sources of revenue. The budget balances have been attached for information purposes only and are unaudited.

Notes to the Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021

12. Administration and occupancy expenses

Administration and occupancy expenses are comprised of the following:

	2021	2020
Books and subscriptions	67,078	54,942
Contract services	604,649	320,925
Courier	6,820	7,877
Equipment rentals	156,854	119,520
Insurance	31,172	28,416
Miscellaneous	9,793	27,485
Office rent and utilities	218,621	215,149
Office supplies	71,271	37,576
Postage	322,881	42,688
Property taxes	32,698	32,386
Repairs and maintenance	154,077	195,893
Telephone	115,369	119,405
	1,791,283	1,202,262

13. Comparative figures

Certain comparative figures have been reclassified to conform with current year presentation.

ANNUAL MEETING

The theme of SUN's 2022 Annual Meeting is **No Matter What**, in tribute to the spirit and grit of registered nurses. Saskatchewan's healthcare system has been strained for many years and the arrival of COVID-19 only added further burdens to a struggling system. No Matter What speaks to the determination of registered nurses, who have borne the strain of the pandemic and have continued on, showing up and facing impossible realities. Registered nurses are an irreplaceable constant in our healthcare system who have sacrificed so much to care for so many. You are driven by the call to care, your dedication to your patients, and the belief in a better tomorrow. At this Annual Meeting, we celebrate you, SUN members, and all that you do and all that you are, and reaffirm our commitment as your Union, No Matter What.

Regardless of personal opinions and viewpoints, SUN keeps our collective focus on "Healthy Members, Healthy Union, Healthy Communities". While the world around us continues to take steps to open up and return to pre-COVID times, SUN will continue to err on the side of caution, hosting our 2022 Annual Meeting in a virtual format.

Whether the Annual Meeting is held in a virtual setting or in-person, the opportunities for engagement, rules and privileges, climate goals, rules of order, and expectations of decorum remain the same.

SUN's Annual Meeting is a great opportunity for all members to listen, learn, support, and encourage each other with constructive and respectful discussions.

Members are encouraged to attend all three days of the Annual Meeting.

April 25 | Orientation to Annual Meeting Procedures

Kicking off the week of the Annual Meeting, SUN will be hosting virtual orientation sessions to review the rules and procedures followed during business meetings.

TIME: 12:00 | 20:00

April 27-29 | Annual Meeting

The 2022 Annual Meeting will continue to provide members with the opportunity to have a voice, show support for the work of the Union, seek clarification on business matters, and vote on resolutions, motions, and elections — all from the safety and comfort of your own home.

To ensure members are able to speak and engage in the democratic process, the **Annual Meeting** will be hosted on the **Zoom** platform. **Voting** on motions, resolutions, and elections will take place using the online voting service, **Election-Buddy**.

TIME: Call to Order is 09:00 each day.

April 27 | Virtual Fun Night

This virtual Fun Night promises to deliver giggles, snorts, deep belly chuckles, and bring tears to your eyes from laughing along with hilarious Canadian comedians. Visit the Annual Meeting website to learn

more about the entertainers.

TIME: 19:00-21:00

REGISTRATION FEES

There is NO REGISTRATION FEE to attend the 2022 Annual Meeting or Fun Night; however, registration is required.

Visit Annual Meeting Website – sun.swoogo.com/2022-Annual-Meeting – for more information and/or the register.

ANNUAL MEETING PLATFORMS

ENSURING MEMBERS CAN HAVE A VOICE AND ENGAGE IN THE DEMOCRATIC PROCESS ARE TWO KEY COMPONENTS OF A SUCCESSFUL ANNUAL MEETING.

TO PARTICIPATE IN THE 2022 ANNUAL MEETING, MEMBERS WILL BE ENGAGING IN THE SCHEDULED EVENTS UTILIZING THE BENEFITS OF THREE DIFFERENT PLATFORMS.



ANNUAL MEETING ORIENTATION SESSION

Members are encouraged to attend a short orientation session to learn more about the above platforms and how to engage in the 2022 Annual Meeting.

Monday, April 25 at 12:00 and 20:00

ANNUAL MEETING – April 27-29

Zoom

Utilizing a familiar system, the business portion of the Annual Meeting will be hosted on Zoom.

Through the Zoom platform, members will be able to speak to the Chair to seek clarification or rise in favour or against a resolution or motion.

Requirements:

- Computer /Laptop/ Tablet or mobile device with internet
- Zoom Cloud Meetings App (if required, the system will prompt you to download on entry to meeting)

- Microphone is required to speak during the meeting
- Webcam is recommended
- Stable internet connection

There will not be a phone-in option available for this meeting.

ElectionBuddy

Voting on motions, resolutions, amendments, and elections will be conducted via the online voting platform, ElectionBuddy.

The voting platform will run concurrent to the Annual Meeting running on the Zoom platform; attendees will be required to navigate between the two platforms. Accessing each platform on a separate device is strongly encouraged.

Requirements:

- Computer /Laptop/ Tablet or mobile device with internet
- Access to email for voting credentials

FUN NIGHT – April 27

SUN's Virtual Event Space

The 2022 Fun Night will be hosted on SUN's Virtual Event Space.

To engage with our speakers, members are encouraged to enter questions into the Q&A module and post comments into the chat room.

No webcam or microphone is required to participate in events held on SUN's Virtual Event Space.

Requirements:

- Computer/laptop/tablet or mobile device with internet and speakers.
- Stable internet connection
- Compatible web browser:
 - Firefox 20 and later
 - Safari 6 and later
 - Chrome 19 and later
 - Edge 40 and later

Internet Explorer is no longer supported by the event platform



SASKATCHEWAN UNION OF NURSES

APRIL 27, 28, 29

Order of Business

Call to Order

O Canada

Blessing: Judy Pelly, Knowledge Keeper

Announcements:

- Welcome
- Statement on Harassment Free Convention
- Youth Delegate Draw Results
- Meeting Material
- Credentials Reports
- General Meeting Rules and Privileges
- Bio-breaks, Lunch breaks, Adjournment times
- Fun Night

Special Orders:

- April 27 at 13:00 – Dr. Marie Helen Pelletier
- April 28 at 11:00 – Linda Silas, CFNU President
- April 28 at 13:00 – Susan Stewart
- April 29 at 11:00 – Lori Johb, SFL President
- TBA – Howard Catton, CEO, International Council of Nurses

Introductions:

- Board of Directors
- Guests
- Parliamentarian

NOTES - Bylaw 3.02

A tentative agenda for the Annual Meeting will be printed in the Annual Meeting issue of SUNSpots. A final agenda, if different than the tentative agenda, shall be available at the Annual Meeting prior to the vote on adoption of the agenda.

Urgent Resolutions may be submitted to the Constitution, Bylaws & Resolutions Committee until 12:00 on April 28, 2022.



2022

ANNUAL MEETING AGENDA

Approval of Agenda

Approval of 2021 Minutes

Disposition of 2021 Resolutions

President's Address

First Vice-President's Report

Auditor's Report

Committee Reports:

- Constitution, Bylaws and Resolutions Committee
- Nominations Committee
- Program Committee

Lifetime Memberships Presentation

Constitution, Bylaws and Resolutions Report

Discussion Paper Presentation

New Business

Unfinished Business

Announcement of 2023 Annual Meeting

Nominations Committee:

- Elections Results
- Introduction of Board of Directors

President's Address

Adjournment

GENERAL AGENDA TIMES

Call to Order:	09:00
Morning Break:	10:00 to 10:15
Morning Break:	11:00 to 11:15
Lunch Break:	12:00 to 13:00
Call to Order:	13:00
Afternoon Break:	14:15 to 14:30
Adjournment:	15:30

ROBERT'S RULES OF ORDER

WHEN CONDUCTING IN-PERSON OR VIRTUAL BUSINESS MEETINGS, SUCH AS THE ANNUAL MEETING AND THE BARGAINING CONFERENCE, SUN FOLLOWS ROBERT'S RULES OF ORDER. THE FOLLOWING IS A BRIEF OVERVIEW TO ASSIST MEMBERS DURING THE MEETING.

The purpose of "Robert's Rules of Order" includes the following:

- ensures majority rule;
- provides order, fairness, and decorum; and,
- facilitates the transaction of business and expedites meetings.

BASIC PRINCIPLES

- All members have equal rights, privileges, and obligations.
- Full and free discussion of every motion is a basic right.
- Only one question at a time may be considered, and only one person may have the floor at any one time.
- Members have a right to know what the immediately pending question is and to have it restated before a vote is taken.
- No person can speak until recognized by the Chair.
- Personal remarks are always out of order.
- A majority vote (50% + 1) is "the majority of the total number of those who are members of the voting body at the time of the vote."

- A two-thirds vote is required to:
 - Suspend or modify a rule of order previously adopted.
 - Prevent introduction of a question for consideration.
 - Close or limit debate (calling the question).
 - Implement constitutional changes

ROLE OF THE PRESIDING OFFICER

- The SUN President is the presiding officer or meeting Chair for all business meetings of the Union.
- The Chair remains impartial during a debate — the presiding officer must relinquish the Chair in order to debate the merits of a motion. In such instances, the First Vice-President takes over as Chair.
- Introduce business in proper order.
- Recognizes speakers.
- Determines if a motion is in order.
- Keeps discussion relevant to the pending motion.
- Maintains order and decorum by ensuring Robert's Rules of Order are adhered to.

- Puts motions to a vote and announce results.

ROLE OF THE PARLIAMENTARIAN

- A Parliamentarian is an expert in interpreting and applying the "rules of order".
- The presiding officer/Chair may consult with the Parliamentarian.
- The presiding officer/Chair may ask the Parliamentarian to give an explanation directly to the assembly.
- The Parliamentarian can call the attention of the Chair if they notice something out of order.

RULES OF DEBATE

- No members may speak until recognized by the Chair.
- All discussion must be respectful and relevant to the immediate question.
- No member can speak more than once to a motion.
- This does not prohibit one from requesting a point of clarification from the Chair.
- A member speaking twice will close debate/discussion on the motion currently on the floor.

- All remarks must be addressed to the Chair — cross debate is not permitted.
- Debate must address the issue.
- No one is permitted to make personal attacks or question the motives of other speakers or the Chair.
- Members may not disrupt the assembly.
- The presiding officer must relinquish the Chair in order to participate in debate and cannot resume the Chair until the pending main question is disposed of.

PROCEDURES FOR SPEAKING TO RESOLUTIONS

- The Constitution, Bylaws & Resolutions (CB&R) Committee will read the resolution to be discussed.
- The presiding officer/Chair will open debate.
- The mover of the resolution has the right to speak first.
- To speak to the resolutions, you must be recognized by the Chair.
- Prior to speaking, the speaker must state their name and Local number.

PROCEDURE FOR AMENDING A RESOLUTION

- An amendment is any change made to the resolution being presented.
- A member must have the floor in order to make an amendment.
- When recognized by the Chair, the mover must state their name,

Local number, and read the amendment they wish to present.

- A seconder is required for all amendments.
- The seconder will be required to state their name, Local number and confirm they second the amendment, before discussion on the amendment may begin.
- After the amendment has been moved and seconded, the mover may speak to their amendment.
- Discussion/debate on the amendment commences. Only the amendment may be discussed at this time.
- A vote is taken on the amendment.
- If the amendment is carried, then the amendment is applied to the original resolution.
 - The Chair will read the amended resolution to the assembly and open the floor for discussion.
 - Following discussion, the vote is called on the amended resolution.
- If the amendment is defeated, discussion/debate returns to the original resolution.

VOTING ON A RESOLUTION

- Debate is closed when: discussion has ended OR a member “calls the question”
- The Chair restates the resolution and calls for the vote.
- The Chair announces the results – carried or defeated.

CALLING THE QUESTION

- Any member in attendance may “call the question” at any time to halt debate/discussion. This motion requires a seconder.
- This motion **cannot be amended or discussed/debated.**
- When the “question is called” by a member, the Chair will immediately call for a vote to determine if the assembly wishes to stop discussion/debate.
- If the vote is carried: the assembly will immediately vote on the resolution on the floor.
- If defeated: discussion/debate continues.

SPEAKERS OUT OF ORDER

- “Out of order” refers to actions or behaviour not in accordance with the Rules and Privileges (page 31), and Climate Goals (page 30) of the meeting.
- Other reasons speakers will be deemed out of order include, but are not limited to:
 - Makes personal remarks regarding another speaker or Chair.
 - Interrupts a speaker or speaks without being recognized by the Chair.
 - Speaks to a motion or matter not currently on the floor/ before the assembly.
 - Speaks to a motion or matter previously discussed and voted on.

MOTIONS REFERENCE GUIDE

IN ORDER OF PRECEDENCE

MOTION	EXAMPLE	SEC	DEBATE	AMEND	VOTE	NOTES
MAIN MOTION (may be moved only when no other motion is pending)	I move that...	Yes	Yes	Yes	Majority*	Introduces business to assembly.
1. RAISE A QUESTION OF PRIVILEGE	I rise to a question of privilege	No	No	No	2/3	Privileged motion. Ruled upon by Chair.
2. CALL FOR ORDERS OF THE DAY	I call for orders of the day	No	No	No	None	Privileged motion. Enforced by demand of one member.
3. LAY ON TABLE	I move to lay the motion on the table	Yes	No	No	Majority	Lays aside a motion when more urgent business arises.
4. CALL THE QUESTION	I move to call the question	Yes	No	No	2/3	If adopted, closes debate.
5. LIMIT/ EXTEND DEBATE	I move to limit debate to ___ minutes	Yes	Yes	Yes	2/3	May change length of speeches or length of debate.
6. POSTPONE DEFINITELY	I move to postpone the... motion till next meeting	Yes	Yes	Yes	Majority	Debate confined to merits of postponing question.
7. COMMIT/ RECOMMIT	I move to refer this motion to a committee	Yes	Yes	Yes	Majority	Debate confined to merits of referring motion to committee.
8. AMEND	I move to amend the motion by...	Yes	Yes	Yes	Majority	Debatable only if applicable motion is debatable.
9. POSTPONE INDEFINITELY	I move to postpone this motion indefinitely	Yes	Yes	No	Majority	Debate may go into merits of main motion. Adoption kills motion.

*Except when bylaw requires 2/3 or when changes something already adopted.

QUORUM is the number of **registered** members **that are** entitled to vote **who must be present in order to legally transact the meeting's business**. SUN's Bylaw 3.10 (vi) states that the quorum for a general meeting of the union shall be a majority of those members registered in attendance on each day of the meeting. Therefore, if on any given day 300 members are registered, quorum would be 151 members. If at least 151 members remain at the meeting, business, including voting on resolutions, can proceed.

NOTE: Quorum and the number of votes required to carry a motion are two separate issues. For example, x number of members are registered on any given day. A majority of those constitute a quorum **to carry on the business of the day**. Of that quorum, a majority or 2/3 of the members **present and voting will determine if a motion passes or is defeated**.

MOTIONS REFERENCE GUIDE

WITH NO SPECIAL ORDER

MOTION	EXAMPLE	SEC	DEBATE	AMEND	VOTE	NOTES
POINT OF ORDER	I rise to a point of order	No	No	No	None	Ruled upon by Chair. May interrupt a speaker.
APPEAL	I appeal the decision of the Chair	Yes	Yes	No	Majority	Move at time of ruling by Chair. Non-debatable if pending motion is not debated.
COMMITTEE OF THE WHOLE	I move to suspend the rule and ...and...	Yes	No	No	2/3	Bylaws may never be suspended.
OBJECTION TO CONSIDERATION	I object to consideration of this question	No	No	No	2/3	In order only until debate on main motion begins.
COUNTED VOTE	I request a vote on the motion	No	No	No	None	To confirm the result of a vote one member may demand a rising vote.
DIVISION OF MOTION	I move to divide the motion by...	Yes	No	Yes	Majority	Separates motion if feasible.
POINT OF INFORMATION	I rise to a point of information	No	No	No	None	Answered by Chair. May interrupt a speaker if important.
RECONSIDER	I move to reconsider the vote on the motion re...	Yes	Yes	No	Majority	Must be made by member who voted on prevailing side. Non-debatable if motion to be reconsidered is not debatable.
TAKE FROM THE TABLE	I move to take the motion re... from the table	Yes	No	No	Majority	Brings a tabled motion back to the assembly.
WITHDRAW A MOTION	I ask permission to withdraw the motion	Yes	No	No	Majority	Usually done by unanimous consent.

Role of the Parliamentarian

The Parliamentarian is a consultant whose role is purely an advisor and resource person for the Chair and the meeting. Duties include: respond to questions of clarification about Rules of Order either by the Chair or the assembly; discreetly draw to the attention of the Chair any errors in following the Rules of Order; and acts as an expert on the Rules of Order to help facilitate the business of the assembly.

NOTE: A Parliamentarian does not vote or debate the issues before the assembly.

HARASSMENT-FREE CONVENTION

We, as SUN members, agree that everyone here has equal value.

Harassment divides the Union

Racism, sexism, and other forms of harassment pit groups of workers against one another and divide unions. Division undermines our struggle for social and economic justice.

Harassment hurts people

Racist and sexist remarks and graffiti create unease and stress among people. Victims of the remarks never know what other forms of harassment this will lead to. We must ensure our words are not empty, not defeated through any action that embarrasses, insults, humiliates or degrades.

When a joke is not a joke

Racial, ethnic, and sexist jokes originated in those times when groups of

people were socially under attack and lacked the power to respond effectively. These jokes are a reminder of this history. They can create an environment where more serious forms of discrimination and abuse can happen.

What to do

Complaints of harassment at SUN events will be taken seriously and will be investigated immediately. If you believe you are being harassed, act immediately:

1. If possible, make it clear you do not welcome such behavior. You can do so either on your own, verbally or in writing, or with the assistance of another party. Indicate you will take further action if the behavior continues.
2. If the inappropriate behavior persists, approach one, or both,

of the designated representatives who will investigate the matter.

You may seek out the designated anti-harassment representatives in the first instance, if you are unwilling to approach the harasser because of the impact the action(s) have on you.

Equality and solidarity

We must all work together to advance the cause of working people. Harassment divides us. It has no place at this convention.

As sisters and brothers we will not make comments or gestures, or commit any acts that are humiliating or derogatory, or cause another member to feel uncomfortable.

We declare this a harassment-free convention, and encourage SUN members to challenge issues, not individuals.

CLIMATE GOALS

Collectivity

- We actively seek information and involvement before we decide and act.
- We acknowledge and value the views of each member but work together for the benefit of the whole.
- When decisions have been made, we act and talk in concert.

Democracy

- We stop, listen to, and seek understanding of ideas that are different from our own.

Equality

- There is equality, fairness and respect in all our dealings with each other.

Honesty, integrity

- There is consistency and congruency between each person's

words and actions.

- People freely express and listen to concerns, feelings and facts.
- When conflicts arise we seek resolution face-to-face, and in ways that are personal and respectful.

Care, compassion and social justice

- We tackle problems, not people.
- We treat each other as individuals and find ways to offer each other tangible support and care.

RULES AND PRIVILEGES

- SUN climate goals will be honoured by all those in attendance.
- SUN members will be identified by wearing SUN membership cards.
- Members are required to sign in at the start of the meeting. This will be used to determine quorum.
- Speakers will use a microphone when addressing the Chair.
- Speakers must be acknowledged by the Chair before addressing the assembly.
- A speaker addressing the Chair will state their first and last name, and Local number.
- All remarks must be addressed to the Chair and confined to the question before the assembly.
- All members in good standing may address the convention. (NOTE: Honourary members are not entitled to make motions.)
- Each member in attendance, with the exception of honourary members, will be entitled to one vote.
- When the doors are sealed for a standing vote or during the election process, no one will be allowed to enter or exit the meeting room.
- Staff and guests can address the convention if requested by the assembly but have no vote.
- Motions and amendments must be presented in writing to the Chair.
- Urgent resolutions may be submitted to the CB&R Committee by the deadline announced.
- The SUN Annual Meeting shall follow Robert's Rules of Order.
- All pagers and cell phones are to be turned off or on vibrate during the meeting.

SPEAKING AT THE ANNUAL MEETING

SUN members are encouraged to ask questions and provide their feedback during the discussion of resolutions, discussion papers, and/or following presentations and reports. The floor during all SUN meetings, including the Annual Meeting, is intended to be a safe and welcoming environment for all SUN members to feel free to speak their minds in a respectful setting.

TIPS FOR SPEAKING

- Members are encouraged to review the Rules & Privileges (above), as well as the Climate Goals (page 30) of the meeting prior to attending the Annual Meeting.
- Before speaking, take a moment to gather your thoughts, write them down to ensure you are clear and concise in your question/comment.
- Be sure to speak clearly and directly into the microphone.
- Try not to move or look around as you speak. Make sure you are an appropriate distance from the microphone — not too far and not too close.

- Everyone's comments and opinions are valuable and should be treated with respect and dignity. This key principle is what ensures we have a safe and welcoming environment for members to speak and be heard.

RULES & PROCEDURES

- Speakers must be recognized by the Chair.
- Only individuals can be recognized by the Chair; groups of speakers are not permitted.
- Speakers cannot hold a spot on the speakers' list and pass the floor to another member to speak on their behalf.

- Speakers must state their name and Local number before they state their question or comment.
- Questions and comments must be presented to the Chair of the meeting, not to individuals.
- Speakers can only speak to the motion or discussion before the assembly.
- Speaking to the same motion or discussion twice will close the discussion/debate, prompting a vote on the motion, if required.

RECOMMENDATIONS

- Find yourself a quiet space to join the meeting.

- Turn off background noises — radio, TV, microwave, dishwasher, etc.
- Remember to keep your cell phone on silent mode during the meeting.
- Use earbuds or a headset with an integrated microphone. Bluetooth devices are not recommended due to additional interference and potential connection issues.
- Check your computer/device settings to ensure your earbuds/microphone are connected/recognized by the system.
- Ensure you have a stable internet connection and power source. A wired internet connection is strongly encouraged; if not an option for you, set yourself up close to your Wi-Fi router to improve the signal.

DISCUSSION PAPER

ALIGNING SUN'S STRUCTURE TO BETTER SERVE MEMBERS

The Saskatchewan Union of Nurses has undergone many structural changes since 1974; each change has been motivated by one driving factor – to serve members better.

Today, we find ourselves in a familiar situation, where the composition of the health care system has once again undergone significant change – this time, transitioning from 12 former Regional Health Authorities to a single provincial health authority.

The Saskatchewan Health Authority's (SHA's) work to unify the health care system under a single organization and the task of coordinating system-wide transformation, is and continues to be, a multi-year journey.

SUN represents over 11,000 Registered Nurses, Registered Psychiatric Nurses and Nurse Practitioners across Saskatchewan working in a variety of health care settings. Ensuring each of these members has access to effective representation, communication, and union education regardless of the geographical distance and SHA boundaries, remains our top priority during this journey.

To date, SUN is aware of the creation of six (6) SHA Areas consisting of several Health Networks. The implementation of the Health Networks and six SHA Areas creates additional challenges in ensuring effective and timely representation of members and communication between our members, the employer and the Union.

The SHA operational structure in relation to SUN's own structure does not align, creating geographic barriers as well as gaps and delays in labour relations and professional practice representation. Internally, SUN continues to adapt and make operational adjustments as the SHA works to unify the health system and coordinate system-wide transformation, to better align member services.

A greater challenge is ensuring effective representation to all members through our elected organizational structure. This challenge has clearly identified the need for a structure that provides balanced and effective elected representation of individual members and collective groups of members.

In this ever-changing environment, the SUN Board of Directors recognizes the need to consider the future and ensure that SUN's



structure provides for adequate, clear and consistent communication and representation of members.

Since June 2021, the Board of Directors has embarked on a comprehensive investigation of the current SUN structure and potential opportunities for the future. Through their work and discussion with district and local SUN leadership, the Board felt SUN members would be better served if SUN's regional boundaries aligned with the SHA geographical boundaries in place.

In December 2021, following consultation with the SUN District Council (SDC) Chairs and Local Presidents (Bylaw 5.02), it was determined that SUN's geographical boundaries would be adjusted to mirror the boundaries of the SHA Areas.

After a great deal of planning, discussion and evaluation, the Board of Directors would like to have further discussion regarding relation to SUNs Structure and the proposed concepts, at the 2022 Annual Meeting in April.

- **Adjustment to Board Composition**

- Proposed Change: Realign the geographical areas of Regional Board Representatives to mirror those of the six (6) SHA Areas. The Base Hospitals would continue to elect a representative in Regina and Saskatoon.
- Objective: Improved member representation and streamlined member services from their elected representatives.

- **Implementation of Network Leads**

- Proposed Change: Replace SDC Chair structure with two (2) elected Network Leads – North and South
- Objective: Improved communication and support for regional member concerns/issues.

- **Implementation of Network Chairperson**

- Proposed Change: Restructure SDC representation to mirror those of the SHA service areas and proposed Board composition. Change would result in six (6) Network Chairpersons
- Objective: Improved communication and assistance to locals regarding workplace issues and problems at the ground level.

The above proposed concepts are a result of the Board's work over the past several months. To ensure we are meeting our objective of implementing a structure that will support balanced and effective representation to serve and support SUN members better, member input is crucial. The Board looks forward to having open and transparent discussions with the membership at the 2022 Annual Meeting.

Respectfully submitted by: SUN Board of Directors

ELECTIONS

The following members have been **ACCLAIMED** as successful candidates:

BOARD OF DIRECTORS

Regional Representative, Region 2

Darcy McIntyre, RPN, Local 259

Regional Representative, Region 4

Maureen Arseneau, RN, Local 68

Regional Representative, Region 6

Lynne Eikel, RN, Local 141

Base Hospitals Representative, Regina

Christine Schaeffer, RN, Local 106

The following positions will be **ELECTED BY ELECTRONIC BALLOT** – voting instructions were delivered by paper letter and email **on or before March 28, 2022.**

FIRST VICE-PRESIDENT

(one to be elected)

Dawne Badrock, RN, Local 141

Denise Dick, RN, Local 68

BASE HOSPITALS REPRESENTATIVE, SASKATOON

(one to be elected)

Demjan Hohol, RN, Local 75

Melissa McGillivray, RN, Local 107

Lori Powell, RN, Local 75

POLLS OPEN MARCH 30 AT 09:00; POLLS CLOSE APRIL 13 AT 12:00.



**SASKATCHEWAN
UNION OF NURSES**

IT'S TIME TO REINVEST IN SENIORS

SAFE, DIGNIFIED CARE.

Learn more:
MakingTheDifference.ca/SaskSeniors



– Samantha, RPN



RESOLUTIONS REPORT

Bylaw Amendments

1. Amend Bylaw 2.01 by adding "personal medical choices".

If amended:

- 2.01** No person shall be discriminated against or denied membership in the Union by reason of race, colour, national origin, political affiliation, religious affiliation, age, sex, marital status, parental status, sexual orientation, physical status, health status, **personal medical choices** or employment status.

Raija-Liisa Larson, Local 62 & Laura Block, Local 299

☐ Carried ☐ Amended ☐ Defeated

2. To amend Bylaw 2 by adding as new Bylaw 2.07 and renumbering:

If amended:

- NEW Any Finance, Negotiations, or Constitution, Bylaws and Resolutions committee member running or elected as a member of the legislative assembly or member of parliament office shall resign from appointed/elected SUN positions.**

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

3. Amend Bylaw 2.16:

- in first paragraph by deleting "some or all of" and deleting "If a Local is not transferring all of its assets to the receiving Local(s), the assets not being transferred shall be disposed of as determined by the two-third (2/3) vote of the members attending the meeting."
- in second paragraph by deleting "posted on the Union's bulletin board in each of the Local's facilities for" and add "communicated to local members."

If amended:

- 2.16** A Local may merge with and transfer its jurisdiction,

rights, privileges, duties and ~~some or all of~~ its assets to one or more other Locals. The Local which is transferring and the Local(s) which is receiving the transfer of said jurisdiction, rights, privileges, duties and assets must each approve the said merger and transfer by the two-third (2/3) vote of the members attending a meeting called for that purpose. ~~If a Local is not transferring all of its assets to the receiving Local(s), the assets not being transferred shall be disposed of as determined by the two-third (2/3) vote of the members attending the meeting.~~

Notice of such a meeting shall be **communicated to local members** ~~posted on the Union's bulletin board in each of the Local's facilities~~ for at least two weeks prior to the date of such meeting. The said notice shall include the place, date, time and purpose of the meeting. When these procedures have been completed and on receipt of all documents pertaining to the merger, the Board shall approve the transfer and issue a new or amended Charter to the Local which has resulted from the merger. The transfer of jurisdiction shall be deemed to be complete on the date the new or amended Charter is issued.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

4. Amend Bylaw 5.05.2 xii) by deleting "other than SUN/SAHO bargaining tables" and adding "all".

If amended:

First Vice-President

- 5.05.2** The First Vice-President shall:
- xii) Act to fulfill vote requirements for **all** bargaining tables ~~other than SUN/SAHO bargaining table.~~

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

5. Amend Bylaw 6.07 as follows:

- amend i) by changing “ten (10)” to “eleven (11)”
- amend ii) by adding “Nurse Practitioner defined as a member working as a Nurse Practitioner”
- amend iv) by adding “g) One (1) member who is a Nurse Practitioner”

If amended:

- 6.07** i) The SUN/SAHO Negotiations Committee shall be comprised of ~~ten (10)~~ **eleven (11)** members who shall be elected by and from the membership.
- ii) SUN/SAHO Negotiations Committee Representation

Representation is defined as follows with the option of self-declaration as noted below.

Base Hospitals

Defined as Royal University Hospital, St. Paul's Hospital, City Hospital, Regina General Hospital and Pasqua Hospital.

Regional Hospitals

Defined as Yorkton Regional Health Centre, Battlefords Union Hospital, Victoria Hospital Prince Albert, Dr. F.H. Wigmore Regional Hospital, Cypress Regional Hospital and Lloydminster Hospital.

Community Based Facilities

Defined as hospitals other than base or regional, and wellness centres.

Integrated Facilities

Defined as facilities where acute care and long-term care merged in one facility to provide both acute care and long-term care.

Home Care

Defined as members working in home care.

Long Term Care

Defined as whole long-term care facilities and

members working in integrated facilities who self-declare for long term care as identified below.

Public Health

Defined as those members working in agencies historically providing public health services.

Mental Health

Defined as members working in those agencies historically providing provincially organized mental health services, both in in-patient facilities/units and in communities. Such in-patient units are located at Weyburn, Yorkton, Swift Current, Moose Jaw, North Battleford, Prince Albert, and the Saskatchewan Hospital.

Nurse Practitioner defined as a member working as a Nurse Practitioner.

Self Identification

Members, with the express and written support of their locals and District Council, may self declare their representation in those circumstances where the majority of their work (>80%) is actually conducted in that field.

SUN Board of Directors shall have the authority to assign new members appropriately, utilizing the above criteria.

iv) The SUN/SAHO Negotiations Committee shall have the following representation:

- a) Five (5) members from hospital/community based facilities
 - i. One (1) member from Saskatoon Base Hospitals
 - ii. One (1) member from Regina Base Hospitals
 - iii. One (1) member from regional hospitals
 - iv. One (1) member from community based

facilities (hospitals, wellness centres)

- v. One (1) member from integrated facilities.
- b) One (1) member from Home Care
- c) One (1) member from Long Term Care
- d) One (1) member from Public Health
- e) One (1) member from Mental Health
- f) One (1) member from the North (defined as SUN Locals North of the 54th parallel)

g) One (1) member who is a Nurse Practitioner

Cindy McKnight, Local 246 &

Jenna-Lee Hostin, Local 8

☐ Carried ☐ Amended ☐ Defeated

Position Statements

- 6.** That a NEW position statement regarding Safe Supply be developed.

Krystle Wallman, Local 258 & Beckie Olney, Local 258

☐ Carried ☐ Amended ☐ Defeated

- 7.** That a NEW position statement regarding Harm Reduction be developed.

Krystle Wallman, Local 258 & Beckie Olney, Local 258

☐ Carried ☐ Amended ☐ Defeated

- 8.** That a NEW position statement regarding the value and necessary of trauma informed care and reducing stigma in health care settings be developed.

Krystle Wallman, Local 258 & Beckie Olney, Local 258

☐ Carried ☐ Amended ☐ Defeated

- 9.** That the Advanced Nursing Practice Position Statement be deleted and merged into Optimizing Practice of Nursing Position Statement.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

- 10.** That the current Building a Representative Workforce Position Statement be deleted and replaced with NEW.

Building a Representative Workforce

An inclusive, diverse workforce is a hallmark of a fair society, one in which each person is able to reach his or her full potential and to make a positive contribution to the community.

A representative workforce is one that reflects the make-up of the working age population at all classifications and at all levels in proportion to their potential labour force numbers in the population.

A representative workforce cannot be achieved if some groups encounter obstacles to participation. Intentional discrimination and systemic barriers create built in barriers for some groups.

SUN identifies at least four designated groups in considering the goal of achieving a representative workforce, including:

- Indigenous people,
- people with disabilities,
- visible minorities, and
- women and men in non-traditional roles.

SUN believes that a representative workforce requires the establishment of relationships involving close cooperation among the parties having individual and joint rights, responsibilities and authorities in an environment that reflects and fosters fairness and equity, consistency of approach, mutual respect and dignity, open communication and trust.

SUN believes that representative workforce strategies identify barriers that limit retention and recruitment of designated groups and develops collaborative solutions.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

11. That the current Continuing Nursing Education Position Statement be deleted and replaced with NEW.

Continuing Nursing Education

Background

Professional nursing practice and the healthcare system are evolving at a substantial rate requiring registered nurses, through mandated continuing competence programs and continuing nursing education, to meet regulatory, professional, employment, and personal needs beyond entry-level requirements. Regulatory entry-level competencies outline the minimum requirements for initial licensure and create the initial foundation for registered nursing practice. The regulatory entry-level competencies and professional standards define the minimum expected professional practice by members. Regulatory competencies and standards provide the foundation for continued professional growth through continuing nursing education and lifelong learning to progress from novice to expert in their employment and practice. Mandated continuing competence programs outline the individual professional obligation for the maintenance of professional competence, however, is complemented through the activities and experiences obtained within the practice environment to meet standards of care and ensuring for safe, competent, and quality care. Currency of knowledge, skills, and judgment along with lifelong learning are fundamental cornerstones of professional nursing practice and are required to address the evolving work and practice environment (Canadian Nurses Association [CNA], n.d.; Schneider & Good, 2018). The expansion of professional nursing knowledge, critical thinking, and practice occurs with participation in continuing nursing education to advance professional practice and the profession of registered nursing.

Wilson (2015) cites the following quote attributed to Florence Nightingale: “Let us never consider ourselves finished nurses. We must be learning all of our lives” (p. 56). Participation in continuing nursing education is “essential to professional nursing practice because it contributes to the

quality of patient outcomes and to the evidence base for nursing practice” and can enhance the registered nurses’ competencies in practice through varied opportunities (CNA, 2004). Continuing learning contributes to the imperative for nurses to adapt to maintain relevance as essential healthcare providers and contributes to participation in front-line leadership. (Wilson, 2015). Continuing nursing education can be obtained through various methods, formal or informal, including but not limited to webinars, courses, workshops, conferences, events, certification, simulation, computer-based learning, independent learning, professional affiliations, and academic programs (Ontario Nurses Association [ONA], 2020; Price & Reichert, 2017; Wilson, 2015).

Research conducted by Pollara Strategic Insights for the Canadian Nurses Association identified that barriers existed to sustain professional learning and providing safe care due to “staff shortages, overtime, exhaustion and perceived lack of managerial support” (p.8), meanwhile, nurses remain intent on advancing their knowledge and skills regardless of additional barriers arising from access, time and financial support (New Research Offers Insight, 2018). These barriers need to be addressed for maximum impact and benefit to the healthcare system. Pollara Strategic Insights’ survey identified that professional development remained of importance as a part of a nursing professional career, primarily focused on direct practice, education skills, and leadership. Price and Reichert (2017) reinforced the need and expectation for professional development within nurses’ career transitions, namely for competency and quality care, and was supported as an indicator of a healthy work environment. Investment in professional development has benefits for nurses, patients, and employers and is linked to career satisfaction (Price & Reichert, 2017).

Position

SUN acknowledges the regulatory requirements for lifelong learning and mandatory participation in continuing competence programs by registered nurses.

SUN believes access to continuing nursing education, supported and available by employers, is vital to safe, competent, ethical, and quality care by registered nurses.

SUN is committed to working with academic educational institutions, nursing regulatory bodies, professional associations, employers, Ministries of Health and Advanced Education, and traditional/non-traditional organizations to ensure continuing nursing education opportunities are available to registered nurses.

SUN is committed to ensuring continuing nursing education is available and accessible to all SUN members through collective bargaining, registered nurse retention and initiatives, and advocacy to establish more opportunities for access to continuing nursing education.

References:

Canadian Nurses Association. (2004). Joint position statement: promoting continuing competence for registered nurses. https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/promoting-continuing-competence-for-registered-nurses_position-statement.pdf?la=en&hash=E4D-E277D222F143D777089D0E1730263F43F0688

Canadian Nurses Association. (n.d). Professional development: Why do nurses need to ensure their knowledge is current? Retrieved February 2, 2021, from <https://www.cna-aiic.ca/en/professional-development>

New research offers insight into professional development. (2018). Canadian Nurse, 114(2), 16. <https://www.canadian-nurse.com/en/articles/issues/2018/march-april-2018/new-research-offers-insight-into-professional-development>

Ontario Nurses' Association. (2020). Position statement: continuing education. https://www.ona.org/wp-content/uploads/ona_positionstatement_continuingeducation_202009.pdf

Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. Administrative Sciences, 7(2), 1-13. <https://doi.org/10.3390/admsci7020017>

Schneider, M., & Good, S. (2018). Meeting the challenges of nursing staff education. Nursing 2018, 48(8), 16-17. <https://doi.org/10.1097/01.NURSE.0000541402.97845.2f>

Wilson, C. (2015). The role of nursing professional development in the future of nursing. Journal for Nurses in Professional Development, 31(1), 56-57. <https://doi.org/10.1097/NND.0000000000000144>

SUN Board of Directors

☒ Carried ☐ Amended ☐ Defeated

12. That the current Discrimination, Racism and Employment Equity Position Statement be deleted and replaced with NEW.

Discrimination, Racism and Employment Equity

The Saskatchewan Union of Nurses believes that it is the right of all its members to work in an environment that promotes dignity and respect for everyone. SUN opposes the act of racism which may be defined as a set of practices that subordinates people because of their color, physical features or ethnic background.

To practice racism, one group must have social, economic or political power over another group. This power is used to exclude or restrict the other group's access to housing, jobs, education, participation in an organization, or respect. SUN is committed to working towards the goal of having all workplaces free of harassment and discrimination with a zero tolerance approach. This will be achieved by:

- A commitment to provide a positive and inclusive environment for all constituents within the membership. The Union will work to promote respect for Indigenous people, people with disabilities and diversity of race, culture, religion, sexual orientation, and gender identity.
- Assisting in the prevention and resolution of incidents of discrimination and racism through support and information to identify and effectively resolve incidents of racism and discrimination.
- Policies, activities and structures that reflect its commitment to equality for all members, including employment equity programs.

Employment Equity

Employment Equity is a program designed to achieve a work force which represents, at all levels, the diverse popu-

lation it serves. This initiative seeks to develop a workplace that is fair to all and supportive of diversity among staff. It will provide for examination and removal of all types of barriers to employment and advancement opportunities to ensure that no one is denied employment or advancement opportunities for reasons unrelated to their ability to do the job. An Employment Equity strategy will help to meet the needs of a diverse population and better represent the public it serves by increasing access to the different talents and skills throughout the province.

Women, visible minorities, Indigenous people, and persons with disabilities have been under-represented or disproportionately represented in the labour force, and therefore these four groups have been designated for Employment Equity programs. While many employment equity initiatives have been designed specifically to benefit these four groups, employment equity programs and related changes will have positive results for everyone, ensuring equal access to employment and advancement opportunities for all individuals in the future.

Components of employment equity will include efforts to:

- at all levels, represent and reflect the diverse population the organization serves;
- value diversity and be free from adverse discrimination; identify and remove barriers which restrict or inhibit members of designated groups from being employed, advanced or educated in the organization;
- act to redress existing employment imbalances and disadvantages.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

13. That the Discrimination, Racism and Employment Equity position statement be amended to add **personal/conscientious medical choices** alongside aboriginal people, people with disabilities and diversity of race, culture, religion and sexual orientation.

Raija-Liisa Larson, Local 62 & Laura Block, Local 299

☐ Carried ☐ Amended ☐ Defeated

14. That the Essential Service Workers Position Statement be deleted.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

15. That the current Genuine Health Reform Position Statement be deleted and replaced with NEW.

Genuine Health Reform

SUN supports genuine health reform, which would be characterized by:

1. A health care system based on health promotion, disease prevention, and primary care. In such a system, the needs of patients and families would come first, and would be best met in community health centers, which would provide community-based primary care, and refer patients to special health and social services as required, including mental health, addictions, long-term care, public health, home care and acute care services.
2. A real commitment to the basic principles of Medicare, in particular the stabilization of health-care funding at the federal and provincial level to permit long-term planning of health delivery.
3. A reallocation of resources away from "sickness treatment" and towards primary health and preventative services.
4. Reduction of over-treatment and inappropriate treatment by eliminating fee-for-service as the dominant method of reimbursement for physicians.
5. Expansion of community clinics and the preservation of existing health facilities as community health centers which deliver a full range of community-based services.
6. An expanded role for registered nurses in the delivery of

health care.

7. Expanded health research and evaluation of the benefits and costs of all health delivery, services and procedures to ensure that treatments are producing desired outcomes.

8. The establishment of provincial health goals, guidelines and targets to address the social and economic factors affecting health. Social and economic factors are the most important determinant of health, not health care. Goals would include education towards promotion of wellness.

9. Implementation of practical human resource strategies that will provide experienced, trained personnel performing appropriate functions.

10. Alliances with other organizations who support progressive health reform.

11. A reformed health care system would have primary health care at the centre, providing access to acute, emergency, long-term care, public health, home care and other health and social services essential to good health.

Primary health care can be defined as

- essential health care which includes health promotion, illness prevention, curative, rehabilitative and supportive programs;
- based on practical, scientifically sound and socially acceptable methods and technology employed at a cost that the community can afford;
- the first element of a continuing health care process;
- universally accessible to all persons in the community and available where the health needs of the individual can be most appropriately met;
- a service which makes health a high priority in the overall process of development of the community and the country;
- a service which ensures and requires the full participation of individuals and groups fostering a spirit of self-reliance and self-determination with regard to health.

Primary health care includes at least the following eight

essential elements:

1. Education of people to understand the causes of ill health, methods of preventing and controlling them, and promoting their own health care needs.
2. Ensuring an adequate, affordable food supply and a balanced diet.
3. Providing an adequate supply of safe water and basic sanitation.
4. Providing maternal and child health care, including family planning.
5. Ensuring immunization against the major infectious diseases.
6. Preventing and controlling Locally endemic diseases.
7. Appropriate treatment of common diseases and injuries.
8. Providing essential drugs.

SUN supports the CFNU's call for the federal government to take action on:

- A national health human resources plan;
- A national prescription drug program;
- A safe seniors strategy; and,
- Defending public funding and delivery of health care.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

16. That the current Internationally Educated Nurses Position Statement be deleted and replaced with NEW.

Internationally Educated Nurses

To address the chronic shortage of registered nurses in Saskatchewan, the provincial government and regional health authorities previously embarked on an aggressive international recruitment campaign. As a result of the recruitment campaign, SUN is sensitive to the needs and supports required for internationally educated nurses. Upon arriving in Canada, a growing number of internationally educated nurses find themselves in unknown

circumstances, alone, and are provided minimal community support. SUN has observed these nurses express an exaggerated obligation to the employer, which sometimes prevents them from expressing their concerns, demanding their rights, or seeking assistance from the Union as many have never worked in unionized environments.

Current state statistics from the Canadian Institute for Health Information [CIHI] (2020) identified that internationally educated nurses represented 8.9% of the nurses licensed to practice in 2019 in Canada, and more specifically made up the following proportion of the nursing workforce supply: Registered Nurses 9.4%; Nurse Practitioners 4.2%; and Registered Psychiatric Nurses 4.5%.

While there has been a decrease in international recruitment campaigns within Saskatchewan, the risk of anticipated and actual nursing shortages require vigilance in monitoring and preparation for a resurgence in international recruitment in the future. The International Council of Nurses (2019) has outlined the need for mindfulness and action related to international career mobility and ethical recruitment of internationally educated nurses. Central to their position is the adoption of foundational principles by stakeholders that will contribute to “regulated, ethical, and cost-effective recruitment processes” (p. 2). The principles outlined are inclusive of:

- Comprehensive and effective regulation
- Access to full and flexible employment opportunities
- Freedom of movement
- Freedom from discrimination
- Good faith contracting
- Equal pay for work of equal value
- Access to grievance processes
- Safe work environment
- Effective orientation/mentoring/supervision
- Freedom of association
- Regulation of recruitment
- National self-sustainability (p. 2-4).

Position

SUN is committed to representing internationally educated registered nurses and supports the ethical recruitment recommendations and principles outlined in the International Council of Nurses (ICN) position statement - *International career mobility and ethical nurse recruitment, 2019*.

SUN believes upon acceptance of an offer of employment, internationally educated nurses are entitled to Union protection and representation subject to the respective collective bargaining agreement. SUN believes that all contracts between employers or their agents and internationally educated nurses should be reviewed by SUN in advance of the offer of employment.

SUN believes the employer must demonstrate accountability for third parties contracted to recruit nurses, including the following items:

- Appropriate accommodations,
- Relocation allowances,
- Demonstrated sensitivity and attention to cultural issues faced by both internationally educated nurses and their Saskatchewan co-workers, and
- Facilitating contact so that internationally educated nurses are assisted in establishing a community.

SUN believes the employer must ensure that any recruitment initiatives do not create additional fees or barriers to internationally educated nurses obtaining employment in the bargaining unit. To allow an agent of the employer to charge a fee to the nurse constitutes interference in the matter of hiring.

SUN will provide enhanced Union orientation, focusing on areas that will affect employment, that include but are not limited to: hours of work, overtime, job postings, seniority, no discrimination/harassment, occupational health & safety, labour relations, and nursing practice to ensure

members are aware of their rights.

SUN will ensure that internationally educated nurses will be provided with contact information for their Local union representatives who will provide advocacy and support for professional practice and workplace issues.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

17. That Mandatory Immunization Position Statement be amended to remove “mandatory” and change “required” to “encouraged”.

Mandatory Immunization

The Saskatchewan Union of Nurses supports the ~~mandatory~~ immunization of health care employees, for the safety of themselves, their families and colleagues, and vulnerable patients/residents/clients, while respecting the right of individuals not to be immunized for medical or religious reasons.

~~Mandatory~~ Vaccination policies must be based on scientific evidence and supported by public health officials.

Employees who are ~~required~~ **encouraged** by the Employer to be immunized shall suffer no loss of pay or reduction of sick leave credits.

In the event that an Employer ~~requires~~ **encourages** ~~mandatory~~ immunization during outbreaks of flu or other viruses/pandemic situations, employees unable to be immunized for medical or religious reasons or are unwilling to be immunized, should have access to the following options:

- regular antigen testing;
- continued appropriate PPE;
- antiviral drugs, as relevant;
- being reassigned to another position where possible.

We will continue to defend members’ interests and ensure that Employers respect the terms and conditions of collective agreements and the Human Rights Code.

Alison Morris, Local 60 & David Winter, Local 11

☐ Carried ☐ Amended ☐ Defeated

18. That the Midwifery Position Statement be deleted.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

19. That the current Nurse/Patient Ratios Position Statement be deleted and replaced with NEW Safe Nurse Staffing Position Statement (new position statement is combination of old Nurse/Patient Ratios and old Overcapacity Protocols).

Safe Nurse Staffing

Nurse staffing within the healthcare system has been extensively studied, reported, and analyzed in the literature, where it has been identified as an ongoing issue that has yet to be resolved. Various methods have been identified to find solutions, and in some cases mandated through legislation, to support optimal care and patient outcomes.

Safe nurse staffing links patients, nurses, the practice environment, and the healthcare organization to best support high-quality care in all practice settings, which can limit risk for negative outcomes, harm, or death (International Council of Nurses [ICN], 2018; Registered Nurses’ Association of Ontario [RNAO], 2017). The Agency for Healthcare Research and Quality [AHRQ] (2019) reinforces the relationship between nursing, staffing, and patient safety, and highlights that front-line nurses are central to the identification, recognition, and application of processes for safe quality care that benefits both the patient and nurses. They further cite that when the assignment of patients exceeds the abilities to provide care or workload is excessive, that

the impact on patient care exists and staffing requires real-time coordination to prevent negative outcomes.

Nurse staffing directly impacts patient safety, patient outcomes, and the ability of registered nurses to meet regulatory and employment requirements and is linked to professional satisfaction. The Registered Nurses' Association of Ontario (2017) states that safe staffing and workload strategies are foundational to healthy work environments, and "can improve nurses' well-being and retention, improve the quality of patient care, and yield financial benefits for organizations" (p. 24). Thomas-Hawkins et al. (2020) found that patient safety outcomes could be positively impacted with sufficient registered nurse staffing, reasonable workloads, and appropriate organization for essential care to be completed with the right amount of time and resources. The International Council of Nurses (2018) outlines the following elements for evidence-based nurse staffing:

- real-time patient needs assessment,
- local assessment of nurse staffing requirements to provide a service,
- nursing and interdisciplinary care delivery models that enable nurses to work to their optimal scope of practice,
- good human resource practices to recruit and retain nurses,
- healthy work environments and occupational health and safety policies and services that support high quality professional practice,
- workforce planning systems to ensure that the supply of staff meets patient needs,
- tools to support workload measurement and its management,
- rostering to ensure scheduling meets anticipated fluctuations in workload,
- metrics to assess the impact of nurse staffing on patient care and policies that guide and support best practice across all of these (p.1).

The role of the registered nurse is critical to the determination of safe nurse staffing to meet the individual and collective needs of patients within practice settings and organizations. Key organizational recommendations for staffing and workload need to focus on creating the culture, structure, and environment through collaboration that include:

- workforce planning for safe, competent, culturally sensitive and ethical care and patient outcomes;
- staffing determinations at the unit/operational level with nursing staff;
- collaborative multi-level organizational development of models/staffing with sufficient appropriate providers;
- financial responsibility for appropriate staffing;
- effective communication strategies for emerging staffing needs;
- use of tools for staffing, patient care needs and workload; and,
- decision-making based on evidence (RNAO, 2017).

At the individual level, nurses need to be knowledgeable and engaged in decision-making for staffing that incorporates the patient(s), team members, professional practice, and the organization (RNAO, 2017). Reporting and documentation need to be completed to address unsafe staffing and this requires recognition, identification, and participation to find solutions (ICN, 2018; RNAO, 2017). Regulatory, union, and employment resources exist for registered nurses to use when confronted with the inability to meet their professional responsibilities and accountabilities. Decision-making and escalation of concerns are rooted in registered nursing foundational knowledge, judgment, critical thinking, nursing process, and problem-solving strategies to ensure safe, competent, and ethical professional practice.

Position

SUN endorses registered nurse safe staffing levels that

assure high-quality, safe, competent, ethical care to achieve optimal patient, nursing, and organizational outcomes.

SUN will develop a strategy to pursue registered nurse safe staffing levels through collective bargaining.

SUN will advocate for registered nurse safe staffing that is compliant with regulatory and professional responsibilities and accountabilities, consistent with evidence and research-based practice to guide decision-making and support the implementation of models of care that ensure safe, competent, ethical, and high-quality registered nursing practice.

SUN will advocate for needs assessments for registered nurse safe staffing levels, use of nursing workload tools, and integration of solutions that reflect the patient, nurse, organizational and environmental factors for optimal care.

SUN believes that when safe staffing does not occur, the full extent of the collective bargaining agreement, and consultation with registered nursing regulatory bodies, should be used to address the inability to uphold professional responsibilities and accountabilities as required in standards, competencies, code of ethics, and scope of practice in the best interest of patients, organizations and the healthcare system.

Management strategies – including overcapacity protocols and efforts to optimize internal resources and processes – can mitigate but cannot resolve the core problems (CAEP/ NENA, 2014).

SUN believes that complex system issues are at the root of overcrowding and overcapacity in emergency departments and in hospitals. These system issues include but are not limited to:

- lack of community resources and long-term care alternatives;

- lack of available hospital beds;
- shortage of nurses, physicians and other health-care providers;
- lack of alternatives to the use of emergency departments for urgent or ambulatory care; and
- need for improved strategies for health promotion and disease prevention.

SUN is fundamentally opposed to working environments that endanger patients and registered nurses as a result of overcapacity, hallway nursing, and overcrowding due to organizational decision-making that does not respond and address system needs for healthcare services. These decisions do not support the ability of registered nurses to uphold their legislated, regulatory, and employment responsibilities and accountabilities leading to jeopardizing patient safety and placing patients at increased risk for negative health outcomes.

References:

- Canadian Association of Emergency Physicians and National Emergency Nurses Association. (2014). Joint Position Statement – Emergency Department Overcrowding. <https://nena.ca/w/wp-content/uploads/2014/11/ED-Overcrowding2.pdf>
- Agency for Healthcare Research and Quality. (2019). Nursing and patient safety. Patient Safety Network. Retrieved February 9, 2021, from <https://psnet.ahrq.gov/primer/nursing-and-patient-safety>
- International Council of Nurses. (2018). Position statement: Evidence-based safe nurse staffing. https://www.icn.ch/sites/default/files/inline-files/PS_C_%20Evidence%20based%20safe%20nurse%20staffing_1.pdf
- Registered Nurses' Association of Ontario. (2017). Best practice guideline: Developing and sustaining safe, effective staffing and workload practices (2nd ed.). https://rnao.ca/sites/rnao-ca/files/bpg/Staffing_and_Workload_Practices_2017.pdf
- Thomas-Hawkins, C., Flynn, L., & Dillon, J. (2020). Registered nurse staffing, workload, and nursing care left undone, and their relationships to patient safety in hemodialysis units. *Nephrology Nursing Journal*, 47(2), 133-142. <https://doi.org/10.37526/1526-744X.2020.47.2.133>

SUN Board of Directors

☒ Carried ☐ Amended ☐ Defeated

20. That the current Optimizing the Practice of Nursing Position Statement be deleted and replaced with NEW (new position statement is merged with old Advanced Practice Nursing).

Optimizing the Practice of Nursing

The healthcare system and stakeholders identify the need to address multiple perspectives, needs, demands, and expectations that are both internal and external influences “to provide better health, better health care (person and family centred) and better value” (Canadian Nurses Association [CNA], 2019, p. 5), and to support sustainability and equitable access within the system (Principal Nursing Advisors Task Force [PNATF], 2020). Optimizing the practice of nursing is required to address this evolving healthcare system, as leaders, who have historically retained the highest levels of trust from the public and represent the largest group of healthcare professionals in Canada (PNATF, 2020). The Principal Nursing Advisors Task Force (PNATF) (2020) published their report on developing a vision of nursing in Canada, and they identified three primary areas for optimization and sustainability. The three primary areas addressing all categories of nurses are: “a pan-Canadian regulatory framework, integrated entry-level nursing education and, optimal nursing scope of practice” (p. 11). Collaboration and consultation will continue to address recommendations for the future of Nursing in Canada.

Within Saskatchewan, registered nurses are the nursing providers with the broadest breadth and depth of foundational knowledge and practice within the healthcare system. Individual registered nurses, the organizations that represent them within the profession (regulatory, labour, and professional), employers, government, and the public intersect on nursing scope of practice (International Council of Nurses [ICN], 2013). Nurses and scopes of practice must remain resilient and responsive to the changes needed for optimal nursing practice (ICN, 2013). The optimization of practice and roles will require legislation, regulation,

education, and practice environments to recognize the unique and shared contributions of each category of nursing provider in a collaborative team and within the continuum of care (CNA, 2019; ICN, 2013; Lankshear & Martin, 2019). Refocusing nursing practice from the completion of tasks, functions, or skills, and reorienting towards the contribution of foundational nursing knowledge, judgment and practice can remove practice limits or confusion allowing registered nurses to make a greater contribution within healthcare and the healthcare system (ICN, 2013; Lankshear & Martin, 2019). Central to the optimization of nursing practice and roles is the requirement for continuing nursing education and lifelong learning for all registered nurses to adapt and grow their professional practice throughout their careers.

Advanced Practice Nursing

Advanced practice nursing (APN) is an inclusive term representative of nursing practice by registered nurses’ with advanced clinical expertise, who meet client needs across the continuum of care for individuals up to and including the population level (Canadian Nurses Association [CNA], 2019). There are two recognized advanced practice nursing roles in Canada, the Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP). Neither role currently has title protection under *The Registered Nurses’ Act, 1988* or *The Registered Psychiatric Nurses’ Act, 1993*. Nurse practitioners are defined as a separate category of practice, designation, and scope of practice as outlined in the Saskatchewan Registered Nurses Association [SRNA] Bylaws (current).

Further, there are requirements for education, licensure, practice requirements, and regulatory obligations to support expanded legislative authority within their professional practice and environments. Both CNSs and NPs have recognized positions and contributions to be made within the Saskatchewan healthcare system.

The Canadian Nurses’ Association (2019) cites the following definitions for Clinical Nurse Specialist and Nurse Practitioner:

Clinical Nurse Specialist: A registered nurse with advanced nursing knowledge and skills in making complex decisions who holds a master's or doctoral degree in nursing with expertise in a clinical nursing specialty. The CNS role reflects and demonstrates the characteristics and competencies of APN within an RN scope of practice (p. 47).

Nurse Practitioner: A registered nurse with additional educational preparation and experience who possesses and demonstrates the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their scope of practice (p. 48).

The recognition and contribution of the CNS and NP within varied health-care settings has been illustrated in systemic reviews and meta-synthesis, including primary care, long-term care, cancer care, and transitional models of care (CNA, 2019). The Canadian Nurses Association, 2019 states: "A key finding is that the positive impact of the CNS and NP roles may be most prominent for high-risk, high-cost, high-volume client populations requiring complex acute and chronic disease management care" (p. 9). Further, the integration and advancement of these roles in Canada are noted to "achieve better care for individuals, improve the health status of Canadians and contribute to lower health-care costs" (p. 45), and can be realized through the utility of expanded roles in an evolving healthcare system that is sustainable, efficient and effective.

Position

SUN promotes optimizing the practice and roles of RNs, RPNs, and NPs.

SUN believes that the optimization of RN, RPN, and NP practice and roles are key to the advancement of the healthcare system to achieve high-quality, safe, effective, accessible, and appropriate healthcare.

Advanced practice nursing roles in Saskatchewan must be identified, implemented, utilized, and authorized to practice to the breadth and depth of the regulated and professional scopes of practice.

SUN is committed to working with employers, registered nurse regulatory bodies, educational institutions, stakeholders, and the public to develop and promote advanced practice nursing and to ensure broad access.

SUN will work to promote education opportunities for SUN members that will provide access to advanced practice nursing education, financial supports, and professional advancement.

SUN recognizes and supports the consistent enactment and utilization of the Clinical Nurse Specialist and Nurse Practitioner roles within the healthcare system to achieve the goals of safe, accessible, affordable, and high-quality care that is timely and appropriate as a solution for health-care delivery across the healthcare system.

SUN believes optimized RN, RPN, and NP professional practice can be achieved in several ways:

- Advances in curriculum development are an important and necessary way to achieve optimization. Through the inclusion of new knowledge and competencies in basic nursing education programs, including nurse practitioner programs, the nursing practice can be optimized. This is a key strategy in preparing newly graduated RNs, RPNs, and NPs to enter the nursing profession prepared to contribute to the complex healthcare environment.
- Focused continuing nursing education and life long learning for practicing members are required. Education aimed at optimizing RN, RPN, and NP practice and roles ensures all members are practicing from the same knowledge base and can provide consistent care.

- A clear role definition and a role redesign of registered nursing practice that highlights the crucial responsibilities and contribution of RNs, RPNs, and NPs are required.
- SUN is committed to working with nursing education programs, professional associations, registered nursing regulatory bodies, Saskatchewan Association of Health Organizations, employers, and the Ministries of Health, Advanced Education, Employment and Immigration, and other stakeholders to ensure that opportunities exist to optimize RN, RPN, and NP practice and roles to meet the needs of the Saskatchewan healthcare system now and in the future.
- SUN is dedicated to supporting continuing nursing education and lifelong learning for all members that optimizes RN, RPN, and NP practice and roles for optimal scope implementation in the healthcare system.
- Through collective bargaining and registered nursing recruitment and retention initiatives, SUN will strive to have optimized practice and roles recognized and implemented in all health care settings. RNs, RPNs, and NPs are ideally positioned to provide comprehensive assessments, treatments, health promotion, and disease prevention.

References:

- Besner, J. (2008). Powerpoint: Health System & Workforce Optimization: Focus on Nursing. Retrieved January 17, 2012 from http://www.calgaryhealthregion.ca/hswru/documents/presentations/Besner_NSHealth-CareConference_April_2008.pdf
- Bisognano, M. (2010). Nursing's role in transforming healthcare. Healthcare Executive, Canadian Nurses Association. (2019). Advanced practice nursing framework: A pan-Canadian framework. <https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/advanced-practice-nursing-framework-en.pdf>
- International Council of Nurses. (2013). Position statement: Scope of nursing practice. https://www.icn.ch/sites/default/files/inline-files/B07_Scope_Nsg_Practice.pdf
- Lankshear, S., & Martin, D. (2019). Getting comfortable with "it depends":

Embracing the impermanence of scope of practice. *Nursing Leadership*, 32(1), 30-41. <https://doi.org/10.12927/cjnl.2019.25850>

Principal Nursing Advisors Task Force. (2020). The vision for the future of nursing in Canada. Retrieved from <https://indigenousnurses.ca/resources/publications/vision-future-nursing-canada>

Romanow, R.J. (2002). Building on values: The future of health care in Canada – Final report. Ottawa, ON: Government of Canada.

Weymier, R. E. (2003). Improving patient care: Ideas for optimizing your nursing staff. *Family Practice Management*, 10(2), 51-52.

White, D., Jackson, K., Besner, J., Suter, E., Doran, D., McGillis Hall, L., & Parent, K. (2009). Enhancing nursing role effectiveness through job redesign. Alberta Health Services. Calgary, AB: Author.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

21. That the current Overcapacity Protocols Position Statement be deleted (content of old position statement has been merged into NEW Safe Nurse Staffing Position Statement).

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

22. That the current Patient- and Family-Centred Care Position Statement be deleted.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

23. That the current Preceptors Position Statement be deleted and replaced with NEW.

Preceptors

Within the context of SUN collective agreements, the term 'Preceptor' is a registered nurse who educates, supervises, assesses, and evaluates a student in a formal clinical practicum. In this situation, the registered nurse is not employed by the student's educational program and the student is not an employed unregulated care provider. SUN members who become preceptors assume the role and responsibility

ties of an instructor; namely, supervision of practice, assessment of skills and abilities, the legal responsibility for the student in the clinical environment, and often, written evaluation of the student's progress. Supervision requirements with students are contingent on effective communication, knowledge of the student, and expectations in the practice setting, and will vary to ensure safe patient care while respecting that students retain their accountabilities when practicing in their role (CNPS, 2012).

Preceptorship is an assignment by the employer to a registered nurse, who has expressed interest in being a preceptor and should involve active communication, education, and orientation for the registered nurse to fulfill the role and responsibilities. Nursing students are focused on the practical application of their theoretical knowledge and skills into practice settings to solidify their foundational practice, which includes application of skill development, problem-solving, critical thinking, organization, and time management (Thomas et al., 2018). Preceptors in these practice settings are critical to assist students in their practice and require orientation, education, and a supportive environment to be mutually beneficial and successful (Loughran & Koharchik, 2019). Support for both the Preceptor and student for a successful experience is important to promote safe practice, the transition to practice, and the development of future nursing colleagues, and can be achieved through the implementation of strategies for preceptors (Thomas et al., 2018). Integration of strategies for successful preceptorships require collaboration to implement steps that facilitate the following: "establish a working relationship; know the student's goals and course outcomes; create a respectful learning environment; establish learning styles; provide good feedback; be a resource and offer insight; communicate with course faculty; and, recognize not all preceptor/student personalities/relationships work" (p. 178). The Registered Nurses' Association of Ontario [RNAO] has prepared their guideline, Practice Education in Nursing (2016) that addresses recommendations for students, preceptors, faculty, curriculum, service

agencies, and system/policy to foster and encourage experiences and environments that are supportive for preparation of nurses.

Position

SUN believes that preceptorship is a voluntary role available to all members, and members have the right to refuse participation without recrimination.

SUN believes that preceptors must receive education in their role, function, and responsibilities before participating in any preceptorship program. We believe that this is the responsibility of the employer and should be paid per the collective bargaining agreement.

SUN believes that employees who agree to act as preceptors must be advised in writing, by the employer, in advance, of their legal obligations and liability when acting as a preceptor.

SUN believes that compensation for the preceptor is a collective bargaining issue and must be dealt with in the provincial collective bargaining context.

SUN believes that prior to commencement of preceptorship, the employer and the employee will discuss work assignment adjustments that may be required.

SUN believes that students should not be counted within the staffing complement on a shift, nor expected to fulfill any role other than as a learner, as they are unable to autonomously practice without the support and supervision of a registered nurse.

References:

- Canadian Nurses Protective Society. (2012). InfoLAW: Supervision. <https://cnps.ca/article/supervision/>
- Loughran, M. C., & Koharchik, L. (2019). Ensuring a successful preceptorship. *American Journal of Nursing*, 119(5), 61-65. <https://doi.org/10.1097/01.NAJ.0000557917.73516.00>
- Registered Nurses' Association of Ontario. (2016). Best practice guide-

line: Practice education in nursing. <https://rnao.ca/bpg/guidelines/practice-education-nursing>

Thomas, C. M., Allen, R., & Edwards, J. (2018). Strategies for successful nurse student preceptorships. *Journal of Christian Nursing*, 35(3), 174-179. <https://doi.org/10.1097/cnj.0000000000000506>

SUN Board of Directors

☒ Carried ☐ Amended ☐ Defeated

24. That the current Social Programs/Political Action Position Statement be deleted and replaced with NEW.

Social Programs/Political Action

International Social Framework

The Saskatchewan Union of Nurses will:

1. Work to promote:
 - world peace
 - an end to all terrorism
 - food, shelter, clothing, education and health for all people
 - the eradication of poverty and ignorance
 - democracy
 - truth, honesty and respect for people everywhere
 - an end to racism
 - proper working conditions globally
 - the protection of the earth's environment
2. Urge governments to include women in the peacemaking process.
3. Call for national and international policies based on democratic principles and a human rights framework which promotes women's equality.

Rationale:

- We oppose all personal and national acts of violence and acts of terrorism in any and all forms.
- We understand that workers are always on the front lines of all conflicts and disasters. We now find ourselves facing conflicts that may involve us, and our children, in a never ending war.
- Women are usually the first victims of fundamen-

talism, war, and injustice, and women are often the first to develop alternatives to violence.

- True peacemaking must include women and their respective organizations in the process of finding solutions to international terrorism and war.

Medicare

SUN endorses the five principles of Medicare and the provisions of THE CANADA HEALTH ACT:

- 1) accessibility
- 2) comprehensiveness
- 3) universality
- 4) portability
- 5) public administration.

Employment Insurance

The Employment Insurance program must be there in tough times for those who paid into it. Laid-off workers need adequate benefits to support themselves and their families while they search for a new job. Too many workers who lose their jobs fall through the cracks of the EI system.

Since the mid-1990s, the government has built up a huge surplus from EI premiums, the result of deep cuts in benefits paid to unemployed workers and rules that prevent most unemployed workers from qualifying for benefits at all. As examples of this change:

- In 1996, the maximum weekly benefit was \$604. Today's maximum is only \$435, and the average benefit is just \$335 per week.
- In 2006-07, only four in ten unemployed workers, and even fewer women, qualified for EI. Those who do qualify are eligible, on average, for just 32 weeks of benefits. Some who do qualify are only eligible for a maximum of 14 weeks of benefits.

The federal government must:

- Provide regular benefits on the basis of reasonable hours of work, no matter where workers live

and work in Canada.

- Raise benefits immediately.
- Increase the period for which benefits can be collected.
- Invest part of the EI surplus on better training and labour adjustment programs.

Social Policy

1. Social programs should be used to help build communities and contribute to equality of opportunity and living standards for all members of society.

Social programs should make a positive contribution to the ongoing struggles for equality and independence of women, Indigenous people, people with disabilities and visible minorities.

Social programs should provide real security to all working people and protect them from the avoidable harshness of the market-based economy by providing non-market income and services.

2. Employment

Social security should be based on:

- Good job opportunities for all;
- Strong comprehensive pay equity legislation;
- Strong employment equity legislation;
- Effective labour standards with adequate minimum wage laws;
- Strong trade union membership and collective bargaining rights.

3. Training and Education

Opportunities for education and training should be a matter of right. Learning has both intrinsic and economic value, and contributes to equality of living standards and opportunity. Education and training should not be used to punish the recipients of income security.

4. Our Social Security System should:

- Provide strong, universal earnings replacement for working people when their earnings are inter-

rupted through unemployment, retirement, maternity and parental leave, sickness and disability.

- Include a guaranteed annual income to all Canadians in a manner that respects the dignity of the people receiving benefits.
- Guarantee access to essential health and educational services and other services needed to participate fully in the economic, social and political life of the country.

5. Women's Rights

We advocate strong employment equity laws that include equal pay for work of equal value, and for employment standards legislation that would increase minimum wages and provide paid maternity and necessary leave for family responsibilities.

6. Child Care

A national child care system should be established. Quality child care is an important environment for the social and intellectual development of children.

7. The Deficit, Taxation and Social Spending

Deficits should be tackled by reducing unnecessary spending, eliminating tax loopholes, eliminating the capital gains, and inheritance exemptions, reducing the upper level RRSP deductions, increasing corporate taxes, and acting to create lower interest rates and create employment. Economic recovery may depend on maintaining, or even increasing, social spending. Tax reform must be part of deficit reduction plans.

8. Coalitions With Other Groups/Political Action

The Union must work to effect change that will improve opportunities for our children and for ourselves to live healthy and productive lives. Our ability to do so will depend on organized political action. Saskatchewan nurses are well-placed to speak up and speak out and to be key players in coalitions. We will act on and create as many opportunities

for united action with other groups and individuals that share SUN's vision for a healthier society.

SUN Board of Directors

☒ Carried ☐ Amended ☐ Defeated

25. That the current Support for Newly Hired Nurses Position Statement be deleted and replaced with NEW.

Support for Newly Hired Nurses

'Newly hired nurses' can be recent graduates or registered nurses in a new practice setting, specialty, or position requiring orientation, training, mentorship, or preceptorship by the employer to successfully integrate into the work environment.

Nursing academic programs prepare graduate nurses to function at a novice level to meet the entry-level competencies outlined by registered nursing regulatory bodies. Academic nursing programs prepare new graduates for entry to practice and initial transition from a student to registered nurse role, however, they cannot prepare students for all situations in professional practice (Blevins, 2018). For success and retention within the work environment, the transitional period needs to focus on structure, support, and socialization (Africa 2017; Blevins, 2018). Established transitional programs have demonstrated "higher levels of competence, greater job satisfaction, and raised retention rates. Higher retention rates directly align with staffing stability in ensuring consistency and continuity, both contributing factors to attaining patient safety" (Africa, 2017, p. 179). The integration of new registered nurse graduates requires additional steps and programming to ensure their success, patient safety, and ability to grow their professional practice.

New graduates and registered nurses in new working environments require supports to solidify and advance professional practice for safe, competent, ethical patient care.

Formal and informal programming in the work environment facilitates the integration of new knowledge, skills, and judgment to meet the needs of the registered nurse, patients, and the organization.

Orientation for newly hired registered nurses should be formalized for a specific period, individualized based on the registered nurse, practice setting, and environment, and followed by a period of supernumerary support and mentorship or preceptorship using a needs-based approach.

Role modeling to support the learning and professional growth of registered nurses is often utilized in two different forms: mentorship and preceptorship. A period of formal orientation precedes both forms of role modeling. Clarity is required to understand the differences between mentorship and preceptorship for application:

The purpose of mentorship is to "assist novice and experienced individuals to develop professionally while facilitating integration within the workplace, employee engagement, job satisfaction, networking and succession planning for both individuals" (Rohatinsky et al., 2018, p.324). Mentorship focuses on a collegial relationship and can be both formal and informal. The relationship can be both short-term and long-term depending on the needs of the mentee and the mentor's assessment; ultimately, it should be mutually beneficial to both.

The purpose of preceptorship is to "assist novice individuals to adjust to and learn a new role, become acquainted with a new work environment, and develop clinical skills in order to produce a competent, functioning employee" (Rohatinsky et al., 2018, p.324). Preceptorship focuses on an evaluative relationship and is typically formal. The length of the relationship is usually predetermined and short-term, for the primary benefit of the preceptee (cited in College & Association of Registered Nurses of Alberta [CARNA], 2019, p.1).

Partnering newly hired registered nurses with those with

greater experience in mentoring relationships allows for the sharing of knowledge, wisdom, and experience to foster a positive professional working environment. Mentoring incorporates a wide range of roles: advisor, teacher, coach, protector, sponsor, resource, sounding board, challenger, and role model (Dirks, 2021). A collaborative mentorship relationship has been shown to contribute to recruitment and retention, decreased turnover, professional growth and development, increased self-confidence and resiliency, psychosocial supports, patient safety, increased patient outcomes, development of clinical expertise, quality of care, and quality work environments (CARNA, 2019; Dirks, 2021).

Formal and informal programming within employment and professional practice supports the stabilization of the registered nursing workforce to create quality work environments for safe patient care, positive patient outcomes, and accessibility to healthcare services. Failure to ensure this stability can lead to negative consequences for the profession, damaging the province's ability to retain experienced registered nurses, and to attract and retain new registered nurses to the profession in Saskatchewan.

Position

SUN believes newly hired registered nurses require a supportive practice environment and sufficient resources to ensure successful integration into nursing practice and employment to ensure safe, competent, and ethical patient care.

SUN believes that members who have returned to practice following an extended absence from the workplace, require the same level of support and opportunity as newly hired registered nurses, for re-integration to ensure safe, competent, and ethical patient care.

SUN believes there is a requirement for registered nurses providing mentorship or preceptorship to receive education on their role, function, and responsibilities. We believe that this is the responsibility of the employer and should be

paid per the collective bargaining agreement.

SUN believes that the mentorship and preceptorship of registered nurses are voluntary roles available to members, and members have the right to refuse participation without recrimination when it is not a primary responsibility in their position.

SUN believes it is the employer's responsibility and accountability in the collective bargaining agreement, to provide orientation, training, in-services, professional development, and staff development for members in the workplace. Further, the employer has a responsibility to provide accessible, professional supports for continuing nursing education and lifelong learning to optimize nursing practice.

References:

Africa, L. M. (2017). Transition to practice programs: Effective solutions to achieving strategic staffing in today's healthcare systems. *Nursing Economic\$, 35*(4), 178-183.

Blevins, S. (2018). From nursing student to registered nurse: The challenge of transition. *MEDSURG Nursing, 27*(3), 199-200.

College & Association of Registered Nurses of Alberta. (2019). Practice advice: Mentoring. https://nurses.ab.ca/docs/default-source/document-library/practice-advice/mentoring.pdf?sfvrsn=7fd267e6_4

Dirks, J. L. (2021). Alternative approaches to mentoring. *Critical Care Nurse, 41*(1), e9-e16. <https://doi.org/10.4037/ccn2021789>

SUN Board of Directors

☒ Carried ☐ Amended ☐ Defeated

26. That the current Workplace Issues Position Statement be deleted and two NEW position statements be created: section on Harassment to be a NEW Position Statement and section on Quality Work Environment to be a NEW Position Statement.

Harassment

The Saskatchewan Union of Nurses believes that every worker is entitled to employment free of harassment where

everyone is treated with dignity and respect.

Harassment is defined in The Occupational Health and Safety Act as any objectionable conduct, comment or display by a person that:

- is directed at a worker;
- is made on the basis of race, creed, religion, colour, sex, sexual orientation, gender identity, marital status, family status, disability, physical size or weight, age, nationality, ancestry, or place of origin; and
- constitutes a threat to the health or safety of the worker.

This type of harassment is prohibited in the Occupational Health and Safety Act, 1993, Section 2 (1) (l) and the Saskatchewan Human Rights Code. It also extends to sexual harassment, which is conduct, comment, gesture or contact of a sexual nature that is offensive, unsolicited or unwelcome.

Sexual harassment may include:

- a threat of reprisal for refusing to comply with a sexually orientated request, the threat could be expressed directly or implied;
- unwelcome remarks, jokes, innuendoes, propositions, or taunting about a person's body, attire, sex, sexual orientation, or gender identity;
- displaying pornographic or sexually explicit pictures or material;
- unwelcome physical contact;
- unwelcome invitations or requests, direct or indirect, to engage in behaviour of a sexual nature; and
- refusing to work with or have contact with workers on-the-job because of their sex, gender or sexual orientation.

This also extends to personal harassment which is unwelcome comments or actions directed at a worker, which is not necessarily based on race, creed or one of the other

prohibited grounds described above, but are abusive and humiliating and interferes with a person's work performance, health, safety or well-being.

Personal harassment may include:

- practical jokes which may cause embarrassment, endanger safety or affect work performance negatively;
- vandalism of personal property;
- verbal abuse or threats;
- insulting, derogatory or degrading comments, jokes or gestures;
- refusing to work or cooperate with others; and
- unwelcome physical contact.

1. SUN is committed to working towards the goal of harassment free workplaces and a harassment free union.

2. The Saskatchewan Union of Nurses encourages SUN members to participate in the development of Harassment policies through their involvement on the Occupational Health and Safety Committee in their workplace and in their Local.

In addition to the requirements set out in the OHS Regulations in particular Section 36 and the Code of Practice, the Union recommends that the Local and/or the SUN OHS Representative should ensure that the policy:

- ▶ gives both the alleged harassed and the alleged harasser their right to natural justice and fairness and does not violate their rights under the collective agreement;
- ▶ does not conflict in any way with the collective agreement;
- ▶ includes a statement outlining the right of workers to union representation;
- ▶ includes a statement outlining the right of workers to access Worker's Compensation if time away from work is required due to the harassment and/or counselling sessions;
- ▶ does not include discipline or disciplinary penal-

ties;

- ▶ contains a commitment and plan to educate the workers in the workplace on harassment and the policy;
- ▶ contains the statement that the Harassment Policy is not intended to discourage or prevent the complainant from exercising any other legal rights under the law such as filing a complaint under The Saskatchewan Human Rights Code, filing a grievance under the collective agreement, contacting the OHS Branch, etc.

3. In a case where the alleged harasser is a SUN member, the Union and the Local will fairly represent the member.

4. The requirement under the OHS Act and Regulations does not deal with personal harassment for reasons other than those listed above. If harassment is occurring to a member not attributed to those listed (i.e. union activity) the Union will consider the appropriate course of action, if any, to deal with this. Other actions include complaints under the general health and safety provisions of the OHS Act and Regulations, filing of grievances, filing of an Unfair Labour Practice, Joint Union Management Meetings, etc.

5. The Saskatchewan Union of Nurses as an employer will ensure, insofar as is reasonably practicable, that the employer's workers are not exposed to harassment at the place of employment. The employer, in consultation with the OHS Committee, will develop a policy to prevent harassment.

6. The Saskatchewan Union of Nurses will endeavor to have union meetings and union activities with a zero tolerance for harassment and discrimination.

Quality Work Environment

Quality work environments have been extensively reviewed, researched, and analyzed within the healthcare system. The Registered Nurses' Association of Ontario [RNAO]

(2008) provides the following definition for a healthy work environment: "...a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes" (p.71). Relationships have been identified in the literature between the work environment, health, safety, quality of care, patient outcomes, job satisfaction, retention of nurses, and organizational performance (American Association of Critical Nurses [ACCN], n.d.; Canadian Association of Critical Care Nurses [CACCN], 2018; Kowalksi et al., 2020; McGillis-Hall & Visekruna, 2020; RNAO, 2008 & 2017; Ulrich et al., 2019). ACCN (n.d.) states healthy work environments result in "better staffing and retention, lower moral distress and lower rates of workplace violence" (para 1), which allow for high-quality patient care to be provided and nursing satisfaction. A meta-analysis completed by Lake et al (2019) evaluated sixteen years of evidence that showed the strong relationship between work environment, nursing, and patient outcomes. What they term to be 'better work environments' were more likely to have increased patient satisfaction, better nurse outcomes, and increased nursing assessments of quality and safety within these work environments. Their analysis showed a decrease in nursing job dissatisfaction, burnout, and intent to leave employment, and a positive effect on patient adverse events or death.

Within the Canadian healthcare system, this has become significant as evidenced in Outlook on Nursing: A Snapshot from Canadian Nurses on Work Environments pre-COVID-19 (2020) conducted by McGillis-Hall & Visekruna for the Canadian Federation of Nurses Unions [CFNU]. This study was conducted on the leading edge of one of the greatest healthcare crises in Canada, and outcomes are anticipated to worsen as the pandemic progresses further exposing the breakdown of patient care, nurses, work environments, and the healthcare system. Results of their study highlighted: > 66% of respondents rated their work environments as fair or poor; ~ 60% intend to leave their jobs within the next year; >80% of nurses have faced physical violence at work with higher levels of verbal abuse in

practice; and further highlighting the critical impact of an aging workforce, staffing, occupational health & safety, and the growing dissatisfaction within the healthcare system (McGillis-Hall & Visekruna, 2020).

The impacts and outcomes leading into the COVID-19 pandemic, and those that follow, require prioritization at the national and provincial levels. Inherent failures within our system need to be addressed to prevent the continuation of a healthcare system that does not sufficiently prioritize the patients, communities, healthcare workers, and the necessity for healthy quality work environments. The research and literature provide the evidence needed to address work environments for an improved healthcare system.

The creation of healthy quality work environments has been advanced based upon the foundational elements of communication, collaboration, decision-making, staffing, recognition, safety, professional development, autonomy, and leadership for priority implementation (AACN, n.d.; CACCN, 2018; Kowalski et al., 2020; RNAO, 2008 & 2017; Ulrich et al., 2019). To support healthy work environments RNAO has created evidence-based best practice guidelines, to support nurses, nursing practice, and the healthcare system (see RNAO 'About Healthy Work Environments' <https://rnao.ca/bpg/guidelines/hwe>). Without the incorporation of evidence-based elements into work environments, we are unable to provide optimal nursing care, outcomes, or advancement within the healthcare system to meet growing demands. Ulrich et al. (2019) issued the following call to action: "It is time for bold, intentional, and relentless efforts to create and sustain HWEs [healthy work environments] that foster excellence in patient care and optimal outcomes for patients, nurses, and other members of the health care team" (p.83).

Position

SUN believes that it is a right of all SUN members to work in healthy quality work environments that provide all the

necessary supports for the delivery of high-quality, accessible, and appropriate patient healthcare.

SUN will advocate for the development of healthy quality work environments that focus on communication, collaboration, autonomy, leadership, patient outcomes, patient safety, decision-making, safe staffing, and registered nurse health and well-being.

SUN will partner with registered nursing regulatory bodies, professional associations, employers, the Saskatchewan Association of Health Organizations, academic organizations, Ministries of Health and Advanced Education, and other stakeholders to achieve healthy quality work environments in the healthcare system.

References:

- American Association of Critical-Care Nurses. (n.d.). Healthy Work Environments. Retrieved from <https://www.aacn.org/nursing-excellence/healthy-work-environments>
- Canadian Association of Critical Care Nurses. (2018). Position statement: Healthy work environments. <https://caccn.ca/wp-content/uploads/2019/10/PS032018PSHWEnviron.pdf>
- Lake, E. T., Sanders, J., Duan, R., Riman, K., Schoenauer, K. M., & Chen, Y. (2019). A meta-analysis of the associations between the nurse work environment in hospitals and 4 sets of outcomes. *Medical Care*, 57(5), 353-361. <https://doi.org/10.1097/MLR.0000000000001109>
- Kowalski, M. O., Basile, C., Bersick, E., Cole, D. A., McClure, D. E., & Weaver, S. H. (2020). What do nurses need to practice effectively in the hospital environment? An integrative review with implications for nurse leaders. *Worldviews on Evidence-Based Nursing*, 17(1), 60-70.
- McGillis-Hall, L., & Visekruna, S. (2020). Outlook on Nursing: A snapshot from Canadian nurses on work environments pre-COVID-19. https://nursesunions.ca/wp-content/uploads/2020/12/CFNU_outlook_ENfinal_web.pdf
- Registered Nurses' Association of Ontario. (2008). Best practice guideline: Workplace health, safety and well-being of the nurse. https://rnao.ca/sites/rnao-ca/files/bpg/HWE_Workplace_Health_Safety_and_Well-Being_0.pdf
- Registered Nurses' Association of Ontario. (2017). Best practice guideline: Developing and sustaining safe, effective staffing and workload practices (2nd ed.). https://rnao.ca/sites/rnao-ca/files/bpg/Staffing_and_Workload_Practices_2017.pdf
- Ulrich, B., Barden, C., Cassidy, L., & Varn-Davis, N. (2019). Critical care

nurse work environments 2018: Findings and implications. Critical Care Nurse, 39(2), 67-84. <https://doi.org/10.4037/ccn2019605>

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

Policy Amendments

Board Policies

27. Intent to amend Board Policy 008-B-2007 (Board Appointed Representatives) by adding Workers with Disabilities to the list of SFL committees.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

28. Intent to amend Board Policy 009-B-2007 (Calendar of Routine Board Events) by deleting and creating an internal checklist to ensure timely action of activity.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

29. Intent to amend Board Policy 010-B-2007 (Risk Management) by including use of board members personal vehicles for SUN business and related risk management.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

30. Intent to amend Board Policy 028-B-2007 (President, First Vice-President, Accommodation and Relocation) by deleting bullet d) as this is covered in 038-M and is redundant in this policy.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

31. Intent to amend Board Policy 029-B-2007 (President, First Vice-President, Compensation) by changing a) to reflect current Schedule A/Rates of Pay in the SUN/SAHO

CBA, first vice-president salary to reflect step 5 of NP wage scale and president's salary to reflect step 5 of NP wage scale plus \$15.00, include reference to any other negotiated compensation as per the SUN/SAHO CBA.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

Membership Policies

32. Intent to amend Membership Policy 007-M-2007 (Legal Assistance Fund for Professional Associations Referrals) by expanding access to legal assistance funding for professional referrals based on activity outside the workplace.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

33. Intent to amend Membership Policy 021-M-2007 (Local or District Briefs) by ensuring support is available to locals and SDCs when opportunities for communications and briefs arise; to ensure an approval process is maintained; and to ensure content is in alignment with goals, objectives and policies of SUN.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

34. Intent to amend Membership Policy 028-M-2007 (Local Laptop Funding) by expanding access to the grant program every five years for each local.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

35. Intent to amend Membership Policy 037-M-2007 (Investments) by deleting and moving to Financial Policy.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

36. Intent to amend Membership Policy 053-M-2013 (Bottled Water, Potable Water, Tap Water) by deleting and creating a position statement.

SUN Board of Directors

☐ Carried ☐ Amended ☐ Defeated

Negotiations Considerations

Article 7 – Hours of Work

37. That the definition of paid hours include overtime.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

Article 8 – Overtime

38. That employees shall be able to bank greater than 100 overtime hours and be able to request from the TIL bank.

Yvonne Sawatzky, Local 259 & Tracy Prystupa, Local 259

☐ Carried ☐ Amended ☐ Defeated

39. That overtime be calculated on paid hours rather than worked hours.

Michelle Conway, Local 11 & Anika Becker, Local 11

☐ Carried ☐ Amended ☐ Defeated

Article 12 – Standby

40. That there be a definition of “brought back to duty” and “phone calls”.

Craig Schmidt, Local 106 & Logan Bobetsis, Local 106

☐ Carried ☐ Amended ☐ Defeated

41. That a rest period be provided for working standby hours and then unable to work regular scheduled shift.

Craig Schmidt, Local 106 & Logan Bobetsis, Local 106

☐ Carried ☐ Amended ☐ Defeated

42. There be an increase in standby pay.

Craig Schmidt, Local 106 & Logan Bobetsis, Local 106

☐ Carried ☐ Amended ☐ Defeated

Article 17 – Leaves of Absence

43. That OTFT staff may only accept shifts up to 224 in a six week period, these shifts shall count as hours worked if further shifts are booked by scheduling.

Yvonne Sawatzky, Local 259 & Lori Koch, Local 259

☐ Carried ☐ Amended ☐ Defeated

44. That staff who accept named replacement shifts be allowed to trade, request vacation or request TIL for these shifts in the same manner as any shift booked by scheduling for OTFT staff.

Yvonne Sawatzky, Local 259 & Dur Phommavong, Local 259

☐ Carried ☐ Amended ☐ Defeated

Article 36 – Recognition of Education

45. That nurse practitioners receive \$3/hour for recognition of education.

Philip McGee, Local 259 & Kelly Hughes, Local 259

☐ Carried ☐ Amended ☐ Defeated

Article 55 – Conditions Applicable to Northern Facilities/Agencies

46. Those employees travelling back and forth to work be paid for travel at regular time.

Todd Brown, Local 249 & Janice Natomagan, Local 249

☐ Carried ☐ Amended ☐ Defeated

Article 61 – Occupational Health and Safety

47. That language be changed that the employer cannot place an employee on unpaid leave of absence during an outbreak.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

48. That religious reasons for refusal of vaccine be added.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

49. The language be changed to “encouraged” vs “required”.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

50. That the subject of this language include COVID-19 vaccine and Influenza vaccine.

Melanie Martin, Local 106 & Barb Helfrick, Local 63

☐ Carried ☐ Amended ☐ Defeated

Business Resolutions

51. Whereas due to necessity to obtain coverage for shifts to attend union events this can create a barrier for

members to attend union education/events that are from small locals without casual pools of staff,

Whereas the COVID-19 pandemic has highlighted ways to allow for gathering/sharing information be more accessible,

Be It Resolved that SUN endeavour to record and post for the membership educational events/speakers when possible.

Krystle Wallman, Local 258 & Beckie Olney, Local 258

☐ Carried ☐ Amended ☐ Defeated

52. Whereas the Constitution, Bylaws & Resolutions Committee solicited feedback from the general membership at the annual meeting regarding member engagement in the resolutions submission process,

Whereas the Committee receives negotiations considerations while SUN is actively engaged in bargaining the SUN/SAHO agreement and unable to present for discussion any bargaining considerations at the Annual Meeting,

Be It Resolved in years the SUN bargaining committee is actively bargaining the SUN/SAHO agreement there will be no call for negotiations considerations sent out.

Constitution, Bylaws & Resolutions Committee

☐ Carried ☐ Amended ☐ Defeated

53. Whereas the SUN bylaws name the Program Committee as a standing committee,

Whereas members of the committee seek a name change more reflective of the work for the committee,

Be It Resolved that the Program Committee be known as the Community Connection Committee.

Program Committee

☐ Carried ☐ Amended ☐ Defeated

HEALTHY MEMBERS. HEALTHY UNION. HEALTHY COMMUNITIES.

REGINA OFFICE

2330 2nd Ave.
Regina, SK S4R 1A6

P: 306-525-1666
TF: 800-667-7060
F: 306-522-4612
E: regina@sun-nurses.sk.ca

SASKATOON OFFICE

204 - 440 2nd Ave. North
Saskatoon, SK S7K 2C3

P: 306-665-2100
TF: 800-667-3294
F: 306-665-9755
E: saskatoon@sun-nurses.sk.ca



**SASKATCHEWAN
UNION OF NURSES**