



Vol. 9, No 2, December 1998

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OHS Week

JOURNAL OF THE FIIQ

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to the erosion
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The Journal Committee is proud to present the fall issue of *FIIQ Actualités*. A final issue for 1998, fresh strength, and a newly-elected or reelected team. In fact, two new recruits joined the ranks of the Journal Committee at the *FIIQ* Convention in June. Benoît Frenette and André Bergeron were elected and will work alongside Michelle Choquette and Marielle Ruel to make this journal as interesting as possible. The new team wishes to give special thanks to the two outgoing members, Wendy Sherry-Poirier and Céline Franche, for their involvement and participation. In this issue, in the form of a chat with the Executive Committee members in charge, we have a piece on the current negotiations and on the World Women's March of the Year 2000. We also have a report on the solidarity mission in Mexico, the consequences and implications of the Essential Services Council order, latex allergy and finally, the setting up of regional nursing commissions.

Happy reading,
André Bergeron
nurse

In contact

Putting a stop to the erosion of public services

Saying No to privatization

During the electoral campaign, the FIIQ noted and highlighted the unequivocal direction taken by political parties in terms of health care. Both main parties made health care a top priority of their respective campaigns. But they did it with aspects that come from the same basic direction: privatization of the health-care system. With the election of the new PQ government and its zero-deficit objectives, we can expect continued under-financing of the health-care network, which leaves the door wide open for the private sector.



The State shuns its responsibility

The overall principles of the health-care system, i.e.: free of cost, universality, comprehensiveness and accessibility, have been called into question. We already see shifts in the vocabulary used to describe the principles of the public health-care system: comprehensive services has become what is medically necessary and accessibility has become equity.

The drop in federal transfer payments and budget cut-backs linked to the zero-deficit objective have led to a shortfall of over 2 billion dollars for the network. Faced with this situation, the idea of privatizing certain services has gained ground. We know that private spending for health care has doubled over the past 20 years; it has gone from 17% to 32%. The government has withdrawn Medicare coverage for services such as dental care for children between the ages of 10 and 13, as well as eye exams for people between the ages of 18 and 64. You could also say that bed closures and shorter hospital stays have had the effect of leaving convalescence without coverage.

It is creeping up on us

Slowly but surely, the way is being cleared for privatization, and it is certainly not the few million dollars promised by the government that will slow down the development of private medical services. There is no obvious intention of the sort. We are all in a position to see that the government

does not give the public network, and particularly the CLSCs, the resources required to meet the needs created by the shift toward ambulatory care.

Consequently, there are fewer services available and waiting lists for basic services are getting longer, forcing people to turn to private services. Do we have to keep repeating that private clinics are not at all a solution for the population? They carry costs for the consumer (vaccines, injections, and tests) and do not offer any kind of coordination with regard to continuity of care. And what about private residences for the elderly? They are in constant progression because there are not enough places in public institutions and we know that the heavier cases do not receive care adapted to their needs.

Let us remember that between 1992 and 1996, there were 216 000 fewer nursing hours worked and that hospital stays decreased by 30%. This means that patients were taken care of more and more quickly and sent home faster and faster, with less and less care, with the CLSCs unable to meet the new needs of home care. We therefore see work overload for the women who must take care of those who are sick, accompanied by a proliferation of private services to take the place of services that should be provided by the CLSCs. And that's another thing, how long are we going to have to wait for comprehensive public coverage of nursing care and home care?

We already know full well that it is the private sector,

including insurance companies, that benefits, increasing its range of procedures (cataracts, cancer) and waiting in the wings for Medicare coverage to be withdrawn from other services so it can take over. As citizens, we must demand that the Quebec government hold a public debate on the privatization of health-care services in our society.

Reinvesting in the public system

As nurses, we feel that prevention and health promotion are the only effective ways to register significant savings and curtail the rising cost of health care. However, as we speak, we see that nurses are virtually absent from schools, that CLSC nurses are mainly assigned to home care, and that hospital nurses no longer have time to do prevention work. The network needs new money. Experience has shown that privatization costs us all more as a group and is furthermore inequitable.

The FIIQ refuses to accept that waiting, suffering, worrying and discomfort be based on income. As nurses, union members and citizens, we must take advantage of all public forums to demand a public debate on the privatization of health-care services. The FIIQ will work hard to bring this about.

Jennie Skene

Jennie Skene,
President

Status of women

One hundred and fifty women representing 67 countries all over the world met in Montreal on October 16, 17 and 18, 1998. Communicating in French, English and Spanish, they formulated a platform of demands and created an international liaison committee.

This highly important preparatory phase enabled delegates to agree on their common demands, all of which are aimed at eliminating the poverty and violence suffered by women.

A continuation of the March for Bread and Roses

On June 4, 1995, the tenth and final day of the March for bread and Roses, an impressive crowd had gone to meet the marchers at the *Plaines d'Abraham* in Quebec City. The obvious success of this historic demonstration led Françoise David, the president of the *Fédération des femmes du Québec* (Quebec Women's Federation), to begin a project for a *World March of Women* in the year 2000. The idea prospered at the Women's Forum in Beijing in the fall of 1995. Since then, approximately 1150 women's organizations from 105 countries have joined the project.

What shape will this worldwide demonstration take?

The World March will start up in each country on March 8 of the year 2000: International Women's Day.

Furthermore, a huge gathering and the arrival of an international delegation at the United Nations are scheduled for October 17: International Day of Struggle Against Poverty. The countdown has begun. In every participating country, a national World March organization is being formed and its members are thinking about what shape the event will take in their part of the world.

A platform of demands

Women from all over the world will join their voices in order that access to work, to



Marche mondiale des femmes
World March of Women
Marcha mundial de las mujeres



equal wages, to health care and to income security be put on every country's agenda. They will also march for recognition of the right to control their fertility, their bodies and their lives. The 150 delegates who met in Montreal agreed on the importance of setting up a special international fund devoted to social development. They furthermore



Are you interested in playing an active part in preparations for the *March*? Inquire in your area; regional organizing committees are in the process of being set up.

Michèle Choquette,
nurse

wished for cancellation of the debt for all Third-World countries, as well as the creation of a democratic body more effective than the UN, which would have the power to implement a fairer world economic system. We are dealing with a social project for the entire world.

An international liaison committee

This committee will be made up of 32 representatives from America, Africa, Asia and Europe. Representatives of native groups and certain international organizations will also be on the committee. There is an enormous amount of work to do, and financial resources are limited, but the spirit shared by all these women inspires faith in the event's success.

The FIHQ is an important partner in the World March

One of the Federation's mandates is to work to fight poverty in the context of deteriorating socio-economic conditions for women and nurses. Furthermore, delegates at the June Convention decided to support the demands of the *World March of the Year 2000* and committed to mobilizing nurses to participate and become involved in proposed activities. The FIHQ supports the *Fédération des femmes du Québec* with financial assistance, help with logistics and by providing nurses with as much information as possible. In fact, the last meeting of the Women's Network had to do with demands and preparations for the *World March*.



In one of his songs, Mario Chénard says:

"Who will dare, who will show they care as the century comes full circle? Who agrees, to give life a hand, as the century comes full circle?"

Perhaps the answer to this question is:

**THE WOMEN OF THE WORLD,
WHO WILL MARCH TO ELIMINATE
POVERTY AND VIOLENCE!**



QUEBEC CITY REGIONAL BOARD

An imprecise, implausible and unrealistic project

At the Quebec City Health Services and Social Services Regional Board public hearings, the FIIQ openly criticized the Board's plan and made 11 recommendations. FIIQ Vice-President and Executive committee member responsible for the Quebec City region, Ms. Sylvie Boulanger, couldn't have been clearer: **«The project on the table is too imprecise, implausible and unrealistic to obtain our agreement. Its implementation carries the risk of reducing nurses' motivation even more and pushing the network even further toward privatization.»**

According to the FIIQ, the consolidation plan looks like a second version of the restructuring plan. After having merged certain CHSLDs and CHs, the Board has adopted a new model that proposes merging these CHSLDs with CLSCs. It furthermore states that the CHUQ-CHA-Institute project was a failure, without giving a convincing explanation.



The FIIQ therefore recommended to the Regional Board that it make public an account of the first restructuring. This would make it possible to identify the mistakes made during its implementation.

The FIIQ requests two moratoriums

The FIIQ brought up the fact that the staff of health-care institutions have been moved around a lot over the last three years, and that the Regional board has been warned time and again of the mental and physical health problems affecting nurses and other network employees. The accelerated shift toward ambulatory care in the context of the first restructuring, accompanied by budget cutbacks, has led to insecurity among nurses, many of whom are in a state of psychological distress.

«Nurses are tired of working in a network that is in perpetual movement; they are asking for some time to catch their breath and adapt to their new work environments and structures. Instead of giving them this, the Regional Board's new guidelines anticipate even more

movements of personnel,» said Ms. Boulanger.

The FIIQ therefore proposed that a moratorium be imposed on management everywhere with regard to human, material and financial resource transfers that could be put into question by the 2nd version of the restructuring project. This moratorium would be in effect until the Regional Board gives its ruling on the plan that will be implemented.

Many examples were used to specifically prove to what extent the Board's consolidation plan fits in with the privatization scheme. The FIIQ recommended that a moratorium be imposed on all public-private partnership and complementation agreements including the private medical mega-clinic project that would eventually be located in front of the *Enfant-Jésus* Pavilion. This moratorium would be in effect until the Arpin Committee produces a report on this issue and public debate has been held.

A poor understanding of nursing potential

The FIIQ went on to stress the fact that the Regional

Board's new guidelines are very much tainted by university control and the influence of the medical profession, particularly that of specialists, and that they show a poor understanding of the contribution of nurses and other health-care providers in the network. To this end, the FIIQ recommended that the Regional Board set up an ad hoc working committee made up of nurses and FIIQ representatives to advise the Regional Board and institutions on the appropriate use of nursing resources.

The FIIQ's recommendations have prospered

In summing-up the public hearings, Ms. Agnès Maltais, then President of the Quebec City Regional Board, asked the executive directors of all of the network's institutions to observe a moratorium on all movements of personnel until the Regional Board hands down its final decision. The Regional Board also decided to take the time to draw up certain accounts before going ahead with consolidation. With this in mind, the FIIQ declared that it would gladly cooperate with the consultations that the Regional Board said would now take place.

Micheline Poulin, consultant Communication-Information Service

MEETING with the Health Minister

Despite the request for a moratorium issued by the FIIQ and the Regional Board, some hospital directors have continued, more or less openly, to transfer clinical and administrative activities. Faced with this situation, FIIQ President Jennie Skene, accompanied by union representatives from the Quebec City region, met with Health and Social Services Minister Jean Rochon, representatives of his ministry and representatives of the Quebec City Regional Board. The purpose of this meeting was to discuss with the Minister the FIIQ's concern over the bad faith shown by hospital management with regard to the application of the moratorium on the transfers of all human, material and financial resources.

At the meeting, Ms. Skene gave Mr. Rochon a petition that had been signed by 1200 nurses in less than 48 hours. She asked the Minister to impose on all institution directors the moratorium on all human, material and financial resource transfers until the Quebec City Regional Board makes a decision on the 1999-2002 consolidation plan.

The FIIQ President used a number of examples to prove to Mr. Rochon that institution directors continue to ignore the moratorium. *«There is no lack of examples, including the pharmacy department at CSHLD St-Augustin, which is in the process of being transferred in its entirety to the Enfant-Jésus Pavilion, as well as intense pressure to do the same with the ophthalmology department at St-Sacrement. If we don't want to end up with empty shells once the Regional Board adopts its consolidation plan, the useless shifting around of network employees has to stop and costly building transformations and equipment purchases must be put on the back burner,»* said Ms. Skene.

At the end of the meeting, Mr. Rochon promised to keep a close eye on the situation and to inform the FIIQ as quickly as possible of steps taken to deal with this issue. For its part, the FIIQ intends to continue exercising pressure on employers

and the Quebec City Regional Board, and to denounce all movements of personnel and transfers of activity until the Regional Board adopts its consolida-

tion plan in mid-February 1999.

*Micheline Poulin, consultant
Communication-Information
Service*

FOR CUSE NURSES : a single union

From now on, the nurses of the Centre universitaire de santé de l'Estrie (CUSE) constitute a united front in the Eastern Townships. On October 28, 1998 the President of the Syndicat des infirmières et des infirmiers du Centre universitaire de santé de l'Estrie (SIICUSE), Luc Cayer, and FIIQ President Jennie Skene publicly announced that the CUSE's 1400 nurses would unite into a single union. The newly-grouped nurses held their founding assembly that same day.

The recent health-care reforms led to the creation, in 1996, of the Centre universitaire de santé de l'Estrie that arose out of the merger of the Hôtel-Dieu, Centre Hospitalier Universitaire de Sherbrooke and St-Vincent-de-Paul hospital centres. The Syndicat des infirmières et infirmiers du CUSE is the first major union in the region to bring about unification. This will, without a doubt, increase CUSE nurses' power of influence.



1st row, from left to right: ● Luc Cayer, President, SIICUSE ● Jennie Skene, President, FIIQ ● Gérard Therrien, union officer

2nd row: ● Marie-Andrée Prince, Secretary ● Angèle Picard, Vice-President ● Simon Barrette, union consultant, FIIQ ● Doris Allard, Vice-President ● Charlyne Morin, Vice-President ● Maryse Veilleux, Treasurer

Interview

Negotiations : Important issues at stake

The negotiations that lead up to the signing of a collective agreement are always crucial for a union organization. They make it possible to improve the working conditions and place of nurses within the health-care network. A talk with Lina Bonamie and Chantal Boivin, executive members responsible for provincial negotiations, sheds light on the steps and issues at stake in the current negotiation.

Representing 47 500 nurses at the bargaining table means protecting the interests of all nurses who work in health-care institutions. It is a task that not only requires lengthy preparation, but also conviction and determination.

Marielle Ruel, nurse

A two-fold consultation

Before drafting the collective agreement, it is imperative for the Federation to consult its members. An initial consultation aimed at identifying problems brought to light the extent of difficulties experienced by nurses within the changing health-care network. This information made it possible to find avenues of solutions, which were then translated into demands.

A second consultation process gave nurses the chance to give their opinion on the solutions devised by the Negotiating Committee and the Federation's decision-making bodies. Local teams consulted members in general assemblies throughout this process. "Nurses really had the necessary space to express what they wanted", stated Lina Bonamie.



Last June, FIQ delegates met in a Federal Council meeting to agree on the demands that should be put forth and upheld at the bargaining table. This work also made it possible to pinpoint the stakes and priorities involved for the drafting the collective agreement.

High stakes

The collective agreement has changed very little since the 1989 bargaining round. The only changes, which took place in 1995, were aimed at preserving job

security and facilitating redeployment of nurses affected by the reorganization of the health and social services network. In fact, says Lina Bonamie, "seeing as, since 1991, we have had two extensions of the collective agreement, a wage freeze and 1% clawback, nurses are more determined than ever to obtain more favorable working conditions and mechanisms that will permanently settle workload problems." This is what 96% of nurses expressed during the consultation.



Lina Bonamie

- 4th Vice-President
- Executive Committee member responsible for the Negotiation Sector and for the Task and Organization of Work Sector
- graduated from CEGEP Maisonneuve in 1975
- nurse at the Maisonneuve-Rosemont hospital
- union member since 1989



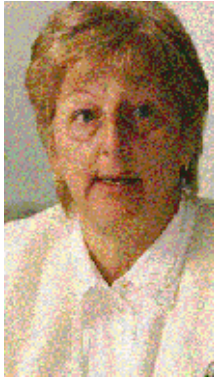
Chantal Boivin

- Associate Secretary
- Executive Committee member responsible for the Occupational Health and Safety Sector and negotiations
- graduated from Hôpital d'Alma in 1968
- nurse at Complexe Sagamie, Saint-Vallier Pavillon
- union member since 1975



Clear priorities

As mentioned by the two executive committee members, exchanges with members confirm the fact that all health-care workers recognize: for the last few years, nurses have been carrying the full burden of the health-care network on their shoulders. During the consultation, members clearly stated that *"the heavy work load too often forces them to leave aside listening, support, teaching and prevention so that they can meet more pressing needs. Nurses want a quality of life at work that will enable them to enjoy life at the end of their eight hours of work."* Lina Bonamie adds *"members will be able to indicate clearly that they want to be at the heart of the multidisciplinary team. Nurses want their expertise to be recognized and they want to be given responsibilities that correspond to this expertise."* This recognition would give a second wind and renewed energy to



all those who have chosen the nursing profession.

On another front, there are two dimensions to the issue of salaries for nurses. First, nurses' buying power has eroded since 1991 and second, the true worth of nursing work is under-rated. These factors explain why it is important not only to have a significant wage increase, but also to take into account the positioning of nurses' salary scales in the salary scales of health-care workers. Therefore, emphasis at the bargaining table will be placed on workload, working conditions and salaries. This was the will expressed by the majority of nurses.



Negotiations that are off to a slow start

The first part of the draft collective agreement was presented to the management negotiating committee in June. The second phase, with the part on nursing issues, i.e.: workload, the organization of work and the plan for development of human resources, was presented November 6.

In order for the negotiation process to get underway, the employer must present its offers. The November 30 elections slowed the process down, since the Bouchard government was not interested in negotiating the working conditions of public and para-public sector employees during the electoral campaign. The bargaining schedule will therefore only really be determined after the election campaign.



For Lina Bonamie and Chantal Boivin, one thing is clear: *"the message sent by nurses has been understood by the Negotiating Committee and the Executive Committee and it will be defended vigorously at the bargaining table. But, as we well know, bargaining leverage is required to reach the objectives we have set. This balance of power rests on the involvement, determination and convictions of 47 500 nurses."*

With this in mind, nurses will be asked periodically to participate in local general assemblies over the next few months to make decisions regarding the content of their future collective agreement. It is important for all nurses to speak out and exercise their individual decision-making power so that the FIIQ's collective strength can be felt.

Beware of latex!

For a few years now, allergies to latex have been recognized as an important problem affecting nurses and other health-care workers.

Canadian studies have shown reactions to latex in 10% to 14% of Operating Room nurses who frequently use latex gloves. These studies also show a constant rise in the percentage of hospital nurses sensitive to latex.¹

This rise is largely explained by the increasingly frequent use of universal precautions. It is widely recognized in the medical community that the only effective protection against infections transmitted by blood, stool and saliva is to wear gloves for any procedure that entails a risk of coming into contact with biological fluids.

Condoms and latex gloves are the main culprits in the rising number of latex allergy cases.² Over 2 000 000 pairs of gloves are used per year in some of the larger hospitals.

There are several FIIQ members who have serious allergies to latex. In fact, a survey conducted by the *Syndicat professionnel des infirmières et infirmiers du Québec* among its local teams shows how widespread the problem is. So, in order to answer your questions, put your minds at rest and increase your awareness of the problems faced by some nurses, the Occupational Health and Safety Sector has taken a look at the literature that covers the most recent developments on the subject.

What is latex allergy?

An allergy is sensitivity to a given substance, i.e.: the allergen. The presence of the allergen in the body sets off a series of chemical reactions that in turn cause allergy symptoms.

In the case of an allergy to latex gloves, the allergen is one or various proteins found in rubber-tree sap. The allergenic protein mixes in with the fine powder that lines the inside of the gloves. Every time we put on or take off a pair of gloves, this poison is sent into the air, where it circulates freely and eventually crosses the path of an allergic organism.

What is latex?
Latex is a viscous liquid produced by the hevea or rubber tree. Over 40 000 commonly used items contain latex, including a number of medical instruments: radiology materials, tube feeding and medicating devices, anesthesia circuits, gloves, catheters, Band-Aids...

What are the clinical signs of a latex allergy?

There are several different manifestations, which can go from a skin rash to an asthma attack, with hives, rhinitis and conjunctivitis along the way. In a worst case scenario, latex can cause anaphylactic shock. Allergic reactions may occur a few minutes or a few hours after contact with a product that contains latex.

Who are those most likely to develop a latex allergy?

They are people who are in daily contact with the product: medical personnel, dentists and dental hygienists, rubber industry workers. However, people with multiple allergies (hay fever, asthma) and hybrid allergies (bananas, kiwi, tropical fruit, nuts) are also a high-risk group.

How do you diagnose a latex allergy?

The skin test for latex allergy, called *Prick Test*, is the most reliable and surest method of identifying individuals who are allergic.

Should you need a diagnosis, an allergist is the ideal person to assess this type of allergy.

Can the allergy be treated?

There is no treatment to cure or eradicate latex allergy. The most effective way to avoid a reaction is to stay away from products that contain latex. However, there are medications to suppress allergic symptoms.

Can the allergy get worse?

The more you are exposed to latex, the higher the risk of a serious allergic reaction. While it is very rare, anaphylactic shock can occur.

1 Smith, Sue, Timdall, Judi Young, Alaine, "Do you have a latex protocol?" *Canadian Operating Room Nursing Journal*, Sept.-Oct. 1993, p. 27.

2 *Québec Science*, June 1997.

Are there latex substitutes?

Yes, when it comes to medical supplies, there are a number of substitutes.

These include vinyl, silicone, synthetic rubber, neoprene, styrene, nitrile and tactylon.

With regard to condoms, the substitute to latex is a natural membrane condom. Not only is it a good contraceptive, it also protects against regularly occurring STDs. However, they are not as effective as latex condoms against AIDS and Hepatitis.

When it comes to everyday items, silicone or vinyl products are a good alternative. The allergenic properties of latex products can be lessened by washing them in soapy water for a number of minutes. Clothing that may contain stretchy material must be washed before being worn.

Can latex allergy be considered an occupational disease?

Yes, latex allergy can be recognized as an occupational disease. To be entitled to the compensation paid by the Commission de la santé et de la sécurité au travail (CSST), your attending physician must confirm the link between your work and your allergy to latex.

Furthermore, if this occupational disease leaves permanent damage or after-effects, you may be entitled to additional compensation in the form of a lump sum.

According to CSST statistics, there were 306 cases of dermatosis which received compensation in the health and social services sector between 1987 and 1990. However, the CSST's classification does not make it possible to identify latex gloves as the sole causal agent.

What attitude should the employer adopt?

As with all occupational health and safety problems, the employer must have a proactive attitude aimed at providing safe, i.e.: latex-free, work environments and equipment to employees with the allergy.

The employer must furthermore undertake preventive measures such as:

- doing an inventory of materials that contain latex and replacing them with substitutes;
- making employees aware, via training and information, of the potential risks linked to latex.

What approach should the union take?

The union can take steps for prevention and compensation. Where prevention is concerned, it is a question of briefing the *comité pari-*

taire de santé et de sécurité (Parity Committee on Health and Safety) about the latex issue so that the institution can adopt a policy on latex-free material. Information campaigns can also be organized to increase employees' awareness of the latex allergy phenomenon. With regard to compensation, union activities would focus mainly on helping nurses prepare their file to claim compensation payments from the CSST.

Lucille Auger, consultant, Occupational Health and Safety Sector

TO FIND OUT MORE

- **ASSTSAS**
5100, Sherbrooke Est
9^e floor, Montréal (QC)
H1V 3R9
- **CSST**
1199, De Bleury
Montréal (QC) H3C 4E1
- **Medical Supplies Office**
Dir. Gen. of Health
Protection
Health Canada
775 Brookfield Road
Ottawa (Ontario)
K1A 1C1

For nurses who are online:

- **ECI Medical Technologies**
[http : //
www.elastyren.com/info/
question.html](http://www.elastyren.com/info/question.html)
- **Canadian Latex Allergy Association**
[http : //
www.interlog.com/~polar/
/latex.html](http://www.interlog.com/~polar/latex.html)

Precautions : What precautions should be taken by a person with the allergy?

- Avoid all contact with latex products and use substitutes.
- Notify the institution's health service of the allergy and demand a latex-free environment.
- Tell your co-workers about the allergy and ask for their cooperation.
- Always have medication on you for symptom control, such as an anakit for more serious reactions, and tell your relatives, friends and colleagues where you keep your medication.
- Wear a Medic-Alert bracelet.
- Watch out for allergies to food.
- When travelling abroad, always carry latex-free gloves.
- Warn your dentist or doctor about your allergy to latex before going in for a check-up and ask for the first appointment of the day so as to reduce contact with particles suspended in the air as much as possible.
- Go over the latex-free care protocol with the doctor in case of surgery.

Our strength is in talking about it

In keeping with its tradition, the Federation highlighted the 3rd week of October, **Annual Occupational Health and Safety Week**. This year, the FIIQ Occupational Health and Safety Committee focused on the issue of mental health.

We all know that, throughout Quebec, the changes put through by the government turned into the complete closure of many hospital centres, a change of vocation for certain centres, the creation of university hospital mega-centres, the broadening of the CLSC's role, or even administrative mergers and internal restructuring. Changed in this way, the network had to transform its way of providing, producing and distributing health-care services to the Quebec population.



C.H.U.M., Montreal
Hôtel-Dieu Pavillon



C.H. Angrignon,
Verdun Pavillon



The brochure and poster created to support our theme: *Our strength is in talking about it*, were designed to make people think about the effects of these changes in the health-care network on the mental health of its employees.



C.H. régional de Baie-Comeau and CLSC et Centre d'hébergement de Manicouagan



C.H.A., St-Sacrement Pavillion

C.H. régional de
Rimouski



C.H.U.Q.



C.H. Beauce-Étchemin



A number of activities took place in health-care institutions, such as lunch-conferences, information booths, videos, answer panels... Health and Safety Week is a week that is increasingly making its mark in Occupational Health and Safety.

Toward a Regional Nursing Commission

On February 25, the FIIQ presented a brief regarding Bill 404 to amend **The Act Respecting Social Services and Health Services** at the parliamentary commission on social affairs. In this brief, the Federation requested that a nursing commission be created within each Regional Board. The role of this commission would be to focus on health care, the delivery and distribution of care and their impact on the population, aside from all economic considerations. The commission would have official recognition, and therefore be included in the legislation. Furthermore, in order to give the nursing commission the credibility it needs, the FIIQ feels it should be represented on the Board of Directors of the Regional Board.

This request was justified by the concerns of primary care nurses, the presence of nurses in all areas of life and care, and their contribution to the development of services adapted to the new social realities of health.

On October 1, 1997, the Laurentides Regional Board unanimously passed a motion stating its agreement in principle with the creation of a regional nursing commission. This commission meets three times a year and is made up of 10 members: 8 nurses, 2 of whom are FIIQ members, and 2 observers without voting privileges who were named upon recommendation by other committee members. Given a two-year mandate by the Board of Directors of the Regional Board, the Commission's job is to give its opinion on all issues linked to nursing care in relation to the needs of the population in the Laurentides region.

Similarly, the *Regroupement du Conseil des infirmières et infirmiers de la région du Saguenay-Lac St-Jean* also recommended to the Parliamentary Commission on Bill 404 that a regional nursing commission be created, arguing the urgency of including a nursing perspective when making decisions concerning the transformation of the health-care system. Nurses provide and coordinate care 24 hours a day and facilitate an interdisciplinary approach given their pivotal role within the health-care team. The strategic role played by nurses and their leadership within the care team have made possible and will always make possible the shift in care and its adaptation to the needs of various clients.

While taking into account regional particularities and involving all of the territory's resources, the nursing commission would no doubt be an ideal party to question the services provided.

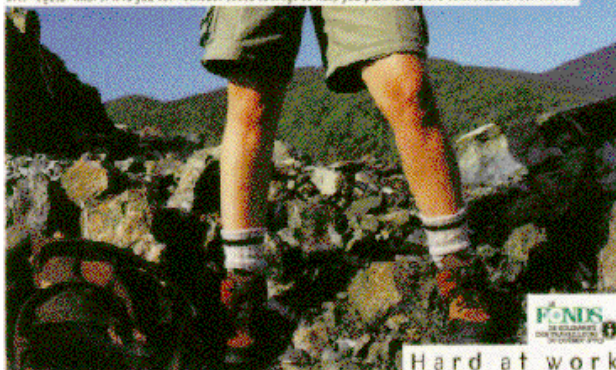
Finally, on June 15 1998 a meeting was held in Sept-Îles to lay the groundwork for a regional nursing commission on the North Shore. Once again, nurses are managing to make a place for themselves in the decision-making structure at the regional level. Beyond imagining the power of their collective values, nurses can experience this power, which inevitably leads to getting involved in order to improve not only their work environment but also their working conditions.

Benoit Frenette
Nurse



Imagine what a little payroll deduction could do for your retirement.

With the additional tax credits generated by the Solidarity Fund (QFL), you can now more income tax than with regular RRSPs. And you can reinvest these savings to help you plan for a more comfortable retirement.



Please contact Alain Desrochers, FIIQ coordinator at the Solidarity Fund (QFL), at 1 800 361-5017.

TERRITORY TAXABLE INCOME OF BETWEEN	CONTRIBUTION PER PAYROLL PERIOD		IMMEDIATE TAX SAVINGS (approx.) RRSP + CREDITS				NET PAY RECEIVED BY (approximate)		TOTAL INVESTED PER YEAR
	26 weeks	52 weeks	26 weeks	52 weeks	26 weeks	52 weeks	26 weeks	52 weeks	
\$25,000 - \$29,999	\$ 40.00	\$20.00	\$35.32	\$12.30	\$ 7.56	\$ 4.00	\$12.88	\$ 4.44	\$1,040
\$30,000 - \$34,999	\$60.00	\$30.00	\$52.80	\$18.30	\$11.90	\$5.00	\$32.20	\$16.30	\$2,600
\$35,000 - \$39,999	\$80.00	\$40.00	\$70.40	\$24.30	\$16.34	\$6.04	\$41.62	\$20.67	\$4,000
\$40,000 - \$44,999	\$ 40.00	\$20.00	\$38.24	\$12.30	\$ 9.12	\$ 3.00	\$ 9.76	\$ 4.88	\$1,040
\$45,000 - \$49,999	\$60.00	\$30.00	\$56.16	\$18.30	\$13.00	\$4.00	\$24.46	\$12.23	\$2,600
\$50,000 - \$54,999	\$80.00	\$40.00	\$74.08	\$24.30	\$16.84	\$5.04	\$34.92	\$17.47	\$4,000

For value of shares fluctuates. For detailed information on the Fund, please consult the simplified prospectus.

Essential services order Follow-up...

In June, the Essential Services Council handed down its decision regarding the pressure tactics exercised by FIIQ nurses: the overtime ban. This mobilization occurred at the beginning of the summer period.

We must remember that employers were having a hard time figuring out how they would begin the summer without systematically resorting to overtime to cover their staffing needs. It was easier for them to make nurses sweat day and night than to recognize the existence of an excessive workload and talk about it at the bargaining table. Furthermore, just before the summer period began, 14% of employers were threatening to deny annual vacations to nurses in order to make up for their own poor manpower planning.

Starting at zero hour on Monday June 22, there was no more overtime in the vast majority of institutions. Nurses pulled together in a

spirit of solidarity, and shed light on the employers' poor management. By following the FIIQ's orders, nurses made a powerful move that forced employers to fill vacant positions and thus stabilize regular teams.

A first in Quebec

The Essential Services Council order forced employers to correct an unbearable situation and forced the union to end its pressure tactics.

Via its decision, the Council therefore recognized one of the main problems affecting nurses, i.e.: the workload. In the short term, employers had to stabilize regular teams by posting all vacant positions and, in the medium term, they have to examine the organization of work in conjunction with local teams in order to maximize currently available resources and stabilize nurses' workload. A fast-track conflict resolution mechanism was also provided in the case of a disagreement over a workload case.

How far have we come?

Of the 2500 positions that were vacant at the beginning of the summer, 2137 have been posted. The institutions that have begun a study of the workload and organization of work will be able to rearrange their ways of functioning. Furthermore, they will have everything they need to justify adding positions on units so that a greater number of nurses can have a more stable work schedule.

Even though the Essential Services Council ordered union representatives to put an end to the pressure tactics, FIIQ nurses saw their demands regarding the workload and organization

of work turned into instructions to be applied by employers. Obviously, compiling and analyzing the data will require close cooperation between union members, nurses on the units concerned and labour relations consultants. While everyone admits that work overload exists, it is up to nurses to prove it in black and white in order to get new positions created.

The Essential Services Council order gives nurses the opportunity to improve their working conditions. In order to do so, each and every one of us must get involved and take action. This is something to follow up on...

André Bergeron
Nurse

CISO Mission in MEXICO

on NAFTA and GLOBALISATION

Objectives

- Meet union and community organisations that struggle against the consequences of NAFTA and the globalisation of the economy.
- Gain practical knowledge of the effects of the Free Trade Agreement on Mexican workers.
- Learn about the history and the evolution of the Mexican trade union movement.
- Develop links of solidarity. Better understand the dynamics of the globalisation of trade.

Who can participate

- Workers of union organisations who belong to CISO and activists in Quebec community groups* who are interested in doing international solidarity work in their organisation when they return, in link with CISO.

* Two places are reserved for members of community groups.

How to sign up

- Obtain the registration form from CISO, complete it and return it before April 1, 1999.
- You must be chosen by the selection committee.
- Attend the preparatory education sessions in May and June 1999.

PLACE

Mexico City and surroundings.
Visit of the maquiladoras at Ciudad Juarez in the North.

DATES

from June 27 to July 11, 1999

COSTS

with grant : 1000 \$
without grant : 2000 \$
per participant

COMMUNITY GROUPS :
with grant : 600 \$
without grant : 1600 \$
per participant (airplane ticket, transportation within Mexico, meals and accommodation included)

At the time of selecting participants, we will know if we have a grant or not.

CENTRE INTERNATIONAL DE SOLIDARITÉ OUVRIÈRE
8405, rue Sherbrooke Est, Montréal (QC) H1L 6P3
Tel. : (514) 356-8888 • Fax : (514) 356-0475
E-mail : ciso@cam.org

FAT, our Mexican Partner for this Mission



Filing of demands

On November 6, the Negotiating Team presented the FIIQ nurses' draft collective agreement to the management party. Now that the election campaign is over and the Bouchard government has been reelected, the negotiation process should be able to proceed. We will keep you posted, either in the next issue of *FIIQ en Action* or in the small *Info-Négo* Bulletin.

ODDS AND ENDS

CAR AND HOME INSURANCE

The fire-accident-risk insurance agreement with La Sécurité assurances générales has been in effect since 1996. Let us point out that:

as of May 31, 1998 :

- 2645 FIIQ members held 4144 contracts;
- 96% of those insured renewed their contracts with La Sécurité;

in 1997:

- 95% were satisfied with the service and 39% judged the quality to be better than expected;
- 656 claims were settled;
- 96% would recommend La Sécurité to their friends;

These figures show a strong satisfaction rating with the nurses who accepted La Sécurité's offer. Many nurses said they had registered significant savings. There is no obligation for

nurses when they request a quote on car and/or home insurance. So why not take advantage of this quotation service?

For more information, inquire at your local union office. They have the information you need to get in touch with La Sécurité insurance company. To get a quote, it's just a matter of filling out a little card and sending it by return mail to La Sécurité. As a group, nurses are entitled to complementary services; why not make the most of them?

RREGOP: BUYING BACK POST-GRADUATE INTERNSHIPS

Do you contribute to RREGOP, RRPE or RRCE and have you had post-graduate training in a hospital setting? Then there's good news! You can obtain recognition – in the form of a pension credit – for practical or clinical training sessions done in a hospital setting in Quebec as part of a post-graduate training program.

This possibility is also open to nurses who have retired since March 22, 1997 as part of the voluntary departure program. For more information, do not hesitate to contact the CARRA.

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*The members of the Executive Committee
and all the employees of the Federation wish you
a Merry Christmas and a Happy New Year.*

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