

# BARGAINING SURVEY

## LOCAL 047 CHAPTER 052 REVERA – RIVER RIDGE

Your AUPE negotiating team needs to know and understand the issues that are important to you for the upcoming round of collective bargaining. As we will focus on the key membership concerns identified in this survey, your input is vital and will give us the information we need to engage the Employer at the table and negotiate a fair collective agreement on your behalf.

**PLEASE PROVIDE YOUR FEEDBACK AND IDEAS BY DECEMBER 17, 2021.  
ALL RESPONSES WILL BE KEPT CONFIDENTIAL.**

**1. What is your employment status?**

- Full-time
- Part-time
- Temporary
- Casual)

**2. What is your length of service with River Ridge?**

- 0 – 3 years
- 3 – 6 years
- 6 – 9 years
- 10+ years

**3. What is your classification? (eg: LPN, HCA, Culinary, Housekeeping etc.)**

**4. What is your full-time equivalency (FTE)?**

**5. What would be a reasonable wage increase over three or four years (e.g.: 3% for 3 years 9% total)?**

**6. What would be an acceptable number of years for a new agreement?**

**7. Do you receive/are you eligible for health benefits?**

- Yes
- No

*(Continued on page 2)*

## PRIORITIES

Please rate the following:

	Not Very Important	Somewhat Important	Very
Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct billing for prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Benefits improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Plan improvements (coverage of drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance premium cost share improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a Health Spending Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propose Vision Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short term disability insurance improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term disability insurance improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RRSP improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Security/ no contracting out protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of Seniority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniority for filling postings/ vacancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniority for picking up shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniority for master rotation changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time off w/pay in lieu of overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Leave days with pay (e.g. family illness, critical illness, family emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Vacation Leave improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPN Preceptorship compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA practicum compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPN In Charge compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPN reimbursement for scheduling responsibility and filling shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Layoff/Recall protections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being readily available or being recalled from rest breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload concerns (staff shortages, reorganizing work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload Concerns in Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, Development & Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift exchange improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equal opportunity to receive overtime offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPN professional fee reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development for all classifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift differential improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend premium improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only having day shift, afternoon shift, night shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## STAFFING & WORKLOAD

1. If you are away from the workplace for any reason (sick, union business, etc.), is your shift filled?  
 Yes  
 No
2. If the employer replaces you or your coworkers when someone is away, are the hours distributed equitably?  
 Yes  
 No
3. Has the Employer threatened to cancel approved vacation leave due to staffing shortages?  
 Yes  
 No
4. Do you feel you are given adequate notice when requested to pick up an uncovered shift of a non-emergent nature?  
 Yes  
 No
5. Do you feel the safety of your residents is compromised based on the current staffing ratios?  
 Yes  
 No
6. Do you feel your workload is manageable?  
 Yes  
 No
7. Do you feel your workload prevents you from providing the services you want to provide to the residents?  
 Yes  
 No
8. Are you putting in extra hours without pay (i.e. coffee breaks, lunchtime, etc.) to ensure your work gets completed?  
 Yes  
 No
9. Is your workload impacting your personal life (i.e. health issues, family time, etc.)?  
 Yes  
 No
10. When working alone, would you like to be compensated for the added workload?  
 Yes  
 No

## EMPLOYER/EMPLOYEE RELATIONSHIP

1. Do you feel supported by your manager or supervisor?  
 Yes  
 No
2. Do you believe your ideas and suggestions are listened to and considered by management?  
 Yes  
 No
3. Do you feel there is collaboration between yourself and the management team at Town of Coaldale?  
 Yes  
 No
4. Is your current work environment impacting your personal life (i.e. health issues, family time, etc.)?  
 Yes  
 No
5. How do you perceive the culture in the workplace?  
 Yes  
 No
6. Is there something specific you would like the bargaining committee to address with management at the table?  
 Yes  
 No

## TRAINING & ORIENTATION

1. Have you received enough training/orientation to safely provide quality care?  
 Yes  
 No

## OCCUPATIONAL HEALTH & SAFETY

1. Have you ever been the victim of violence by a resident?  
 Yes  
 No

If so, did it result in a physical injury requiring time off work?

- Yes  
 No

2. Do you believe your employer takes the necessary steps to address violence in the workplace?  
 Yes  
 No

## FINAL THOUGHTS

Do you have any other issues or comments or concerns that are important to you, important to your workplace and the work you do?

**Please return the completed survey to any member of the bargaining committee by  
December 17, 2021.**

### **REVERA - RIVER RIDGE NEGOTIATING TEAM**

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