



HEALTH CARE WORKERS COORDINATING COMMITTEE

2015 CONFERENCE

SECOND CALL

DATE:

SEPTEMBER 22 - 25, 2015

LOCATION:

DELTA OTTAWA CITY CENTRE

**101 RUE LYON STREET
OTTAWA, ON
K1R 5T9**

If you require small local financial assistance, on-site child care, simultaneous French translation, ASL, or have any other accessibility needs, please see our website at:

www.cupe.on.ca or contact our office at 905-739-9739.

THESE FORMS MUST BE COMPLETED AND RETURNED BY SEPTEMBER 9, 2015

If you require this notice in French, please also visit our website.

HCWCC CONFERENCE 2015

REGISTRATION FEES:

AFFILIATES	\$ 215.00
NON-AFFILIATES	\$ 375.00
LATE FEE (PER DELEGATE) (EFFECTIVE 4:00 PM SEPTEMBER 9, 2015)	\$ 50.00

HOTEL INFORMATION:

ALL RESERVATIONS ARE TO BE MADE THROUGH W.E. TRAVEL: 1-888-676-7747	
\$164.00 + taxes	DELTA MODE SINGLE
\$164.00 + taxes	DELTA MODE DOUBLE/DOUBLE
\$214.00 + taxes	DELTA ROOM CLUB
\$314.00 + taxes	DELTA SUITE
<i>Add \$20.00 for each additional person for triple and quadruple occupancy</i>	

CUT-OFF DATE TO RECEIVE BLOCKED ROOM RATES: FRIDAY AUGUST 28, 2015

**PLEASE BE SURE TO MENTION THE "HCWCC CONFERENCE"
WHEN MAKING YOUR RESERVATIONS.**

WORKSHOP DESCRIPTIONS

HCWCC CONFERENCE 2015

1.0 PENSIONS - NHRIPP

This workshop will inform participants about the Nursing Home and Related Industries Pension Plan and how it works, talk about your life as a member of the pension plan, what will happen if you leave employment, what pension you can expect at retirement, what happens if you die, why your beneficiary is important, how your money is invested and how to contact the Pension Plan. It will finish with a question and answer period.

2.0 PENSIONS – OMERS

This workshop will inform participants about the Ontario Municipal Employees Retirement System and how it works, talk about your life as a member of the pension plan, what will happen if you leave employment, what pension you can expect at retirement, what happens if you die, why your beneficiary is important, how your money is invested and how to contact the Pension Plan. It will finish with a question and answer period.

3.0 PENSIONS - HOOPP

This workshop will inform participants about the Healthcare of Ontario Pension Plan and how it works, talk about your life as a member of the pension plan, what will happen if you leave employment, what pension you can expect at retirement, what happens if you die, why your beneficiary is important, how your money is invested and how to contact the Pension Plan. It will finish with a question and answer period.

4.0 WSIB - ATTITUDINAL BARRIERS

This course explores barriers created by negative perceptions and stereotyping of injured workers in the work reintegration process. Functional and attitudinal barriers are presented with attention to the different methods required for the elimination of attitudinal barriers. Appropriate interaction with a person with disability is highlighted so that their dignity is maintained during the return to work process. Removal of the attitudinal barriers is explored with emphasis on the need to raise awareness and develop strategies for identification, prevention and removal of negative attitudes. Psychiatric impairments and their additional complexities which add to the difficulty in ensuring successful work reintegration are discussed. The myths of mental illness are dispelled and replaced by facts. Some mental illnesses are discussed. The Human Rights Code and accommodation examples with respect to mental health issues are presented. Chronic pain is discussed and a pre-RTW checklist and accommodation ideas are explored.

5.0 TAKE ACTION

Why are some mobilization efforts effective in making change and others not? What does it take to move people into action? In this workshop we will learn how to plan and carry out actions with impact.

6.0 Passez à l'action – (TAKE ACTION – FRENCH)

*Remarque cet atelier se fera grâce à la traduction simultanée
(Will be presented using simultaneous translation)*

7.0 HEALTH AND SAFETY – PSYCHOSOCIAL AND MENTAL HEALTH AND WORK ORGANIZATION (ENGLISH)

New forms of work, job insecurity, work intensification, high demands, violence and a resulting poor work-life balance are resulting in psychosocial and mental health problems in CUPE workplaces. Employers claiming to be concerned with workers' mental health are introducing wellness programs and continuous improvement schemes. They are also bringing ill-equipped consultants into CUPE workplaces to use "tools" that profile workers to "psychologically fit" them into appropriate jobs. This workshop will examine the flaws in the new array of so-called tools and systems that are being brought into our workplaces. It will focus on the workplace as the cause of mental health issues, and not the individual. Participants will discuss strategies and actions that will actually help make workplaces psychologically healthier and safer.

8.0 SANTÉ ET SÉCURITÉ - SANTÉ PSYCHOSOCIALE ET MENTALE ET ORGANISATION DU TRAVAIL (HEALTH AND SAFETY – FRENCH)

*Remarque cet atelier se fera grâce à la traduction simultanée
(Will be presented using simultaneous translation)*

Participants must register for these workshops.

Those who do not pre-register will be assigned to workshops on a first come, first serve basis.

Failure to indicate 1st and 2nd choices may result in the assignment to a workshop of our choosing.

**NOTICE TO ALL CUPE
LOCALS REPRESENTING
PSWs/HCA AND
RNs /RPNs**

HOLD DATE

TUESDAY SEPTEMBER 22, 2015

**TUESDAY - SEPTEMBER 22, 2015
9:00/9:30 AM-TO-4:00/4:30 PM
OTTAWA**

CUPE ONTARIO HCWCC WILL BE HOLDING BOTH PSW/HCA AND A RN/RPN FORUM THIS YEAR PRIOR TO THE START OF THE HCWCC CONFERENCE.

EACH PROFESSION WILL HAVE A SPECIFIC FORUM THAT WILL FOCUS ON THE ISSUES, CONCERNS AND CHALLENGES YOU FACE IN YOUR WORK AND PROFESSION.

NO COST TO ATTEND BUT YOU NEED TO REGISTER IN ADVANCE TO ENSURE THAT ADEQUATE MATERIAL AND SPACE IS PROVIDED.

AN AGENDA AND FORUM DETAILS WILL FOLLOW.

PLEASE CONFIRM ATTENDANCE BY SENDING YOUR NAME, LOCAL AND CONTACT INFORMATION TO:

MAGGIE LEWIS, SECRETARY
CUPE ONTARIO REGIONAL OFFICE
80 COMMERCE VALLEY DRIVE, EAST
MARKHAM, ON L3T 0B2

TEL: (905) 739-3999 x231

FAX: (905) 739-4001

EMAIL: MLEWIS@CUPE.CA

WORKSHOPS (SUBJECT TO CHANGE):

- 1.0 Pension - NHRIPP
- 2.0 Pension - OMERS
- 3.0 Pension - HOOPP
- 4.0 WSIB - Attitudinal Barriers
- 5.0 Take Action (English)
- 6.0 Take Action (French)
- 7.0 Health and Safety (English) - Psychosocial and Mental Health and Work Organization
- 8.0 Health and Safety (French) - Psychosocial and Mental Health and Work Organization

Participants must register for these workshops.

Those who do not pre-register, will be assigned to workshops on a first come, first serve basis.

NOTE: Workshops 6.0 & 8.0 – Will be presented using simultaneous translation

IMPORTANT – CHOOSE TWO (2) WORKSHOPS AND AN ALTERNATE

NAME	PHONE #	WORKSHOP # <i>1st choice</i>	WORKSHOP # <i>2nd choice</i>	Attending PSW/HCA? (Yes or No)	Attending RN/RPN? (Yes or No)

REGISTRATION FEE:

Affiliates	\$215.00	X	___	=	\$ _____
Non-affiliates*	\$375.00	X	___	=	\$ _____
LATE FEE per delegate	\$ 50.00	X	___	=	\$ _____
TOTAL					\$ _____

**NOTE: The surcharge of \$160.00 for non-affiliates would be applied to the first per capita tax payment if a local joins the Ontario Division within three (3) months of the Conference.*

PLEASE MAKE YOUR CHEQUE PAYABLE TO: "CUPE ONTARIO"
FORWARD WITH REGISTRATION FORM TO:

Maggie Lewis, Secretary
 CUPE Ontario Regional Office
 80 Commerce Valley Drive, East Phone: (905) 739-3999 x231
 Markham, ON L3T 0B2 Fax: (905) 739-4001

SECRETARY:	LOCAL NO.
ADDRESS:	<input style="width: 50px; height: 20px;" type="text"/> # of Health Care Members
Sector: Hospital <input type="checkbox"/> Hospital Sub-contractor <input type="checkbox"/> LTC <input type="checkbox"/> LTC Sub-contractor <input type="checkbox"/> CCAC <input type="checkbox"/> Home Care/Home Support <input type="checkbox"/> Laundry <input type="checkbox"/> Ambulance <input type="checkbox"/>	
Materials Required in: ___ English ___ French	
TELEPHONE #:	SIGNATURE:

DRAFT AGENDA

TUESDAY, SEPTEMBER 22ND

- 3:00 - 6:00 pm** Registration
 Light Refreshments
- 6:00 - 9:00 pm** Conference Theme – Take Action for Health Care
 Call to Order
 Equality Statement
 Adoption of Agenda
 Welcome CUPE Ottawa District Council
 Welcome – Diversity V/P
 Health and Safety
 Opening Remarks, Welcome and Report – HCWCC Chair – Kelly O’Sullivan
 Video Presentation
 Introduction by HCWCC Chair
 Guest Speaker, Ontario Division President Fred Hahn
 Guest Speaker, Ontario Division Secretary-Treasurer Candace Rennick

WEDNESDAY, SEPTEMBER 23RD

- 8:00 - 9:00 am** Registration
- 8:30 am** Welcome – New Member Orientation
- 9:00 – 10:15 am** Call to Order
 Credential Report
 Health Care Coordinator Report – Tracey Pinder
 Associate Coordinator Report – Sharon McKenna
- 10:15 - 10:30 am** Lifestyle Break
- 10:30 - 12:00 pm** Panel Discussion
 Announcement – Rooms for Workshops
- 12:00 – 1:30 pm** Rally and Lunch Break
- 1:30 – 2:45 pm** Sectoral Meetings – Reports/Concerns
-  LTC
 -  Hospitals
 -  Home Care/Home Support
 -  CCAC
 -  Public Health
 -  Laundry
- 2:45 - 3:00 pm** Lifestyle Break
- 3:00 – 4:30 pm** Sectoral Meetings Continued

DRAFT AGENDA

4:30-5:00 pm By-election for:
✚ Area 3 Representative and Alternate
✚ Area 4 Alternate
✚ Home Care Alternate

6:30 - 8:30 pm Health & Safety Forum

THURSDAY, SEPTEMBER 24TH

9:00 - 10:30 am Workshops
10:30 - 10:45 am Lifestyle Break
10:45 – NOON Workshops
NOON – 1:30 pm Lunch Break
1:30 - 2:45 pm Workshops
2:45 - 3:00 pm Lifestyle Break
3:00 – 5:00 pm Workshops
7:30 – 8:30 pm Activity
9:00 pm Social & Dance



FRIDAY, SEPTEMBER 25TH

9:00 – 10:00 am Credential Report
Bylaw Amendment
New Business
10:00 - 10:15 am Lifestyle Break
10:15 – 12:00 pm Guest Speakers
12:00 pm (NOON) Closing Remarks and Adjournment



HCWCC CONFERENCE ACCESS REQUEST FORM

(Please make copies of this form and distribute to each delegate)

Local No. _____

(Please print or type)

Name of Delegate: _____

Address: _____

Postal Code: _____

Telephone - Home: _____ Office: _____

Email: _____

PLEASE CHECK SERVICE(S) REQUIRED (All services will be provided by CUPE Ontario):

GUIDE/PERSONAL ASSISTANCE: I will provide my own One is required

	<u>HOTEL</u>	<u>EVENT</u>
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

ALTERNATIVE COMMUNICATION

French Translation

Real Time Captioning

Alternative Media

Large Print (Font Size _____)

I NEED MATERIALS IN ADVANCE
(in order to accommodate a disability)

Electronically

Serious allergy alert (Please specify)

Will you require any other accommodations at the event? (Please specify)

Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.) (Please specify)

Other services? (Please specify)

*Please complete and return by **September 9th, 2015** to:*

*CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2*

Tel: 905-739-9739

Fax: 905-739-9740

Any delegate intending to bring their child(ren) to a conference, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES

CHILD'S NAME	AGE	MEDICAL PROBLEMS, ALLERGIES OR SPECIAL CARE

CONSENT

I, _____ (parent/guardian) hereby give permission for my child registered above to participate in various recreational and leisure activities offered by the trained staff of the On-Site Child Care during the period of the above-named conference.

RELEASE OF RESPONSIBILITY

I, _____ (parent/guardian) hereby release CUPE Ontario from any and all claims for damages to the safety or health of my child registered above, howsoever caused, while participating in any activities of the On-Site Child Care during the period of the above-named conference.

Signature of Parent /Guardian: _____ **Date:** _____

Name of Parent/Guardian: _____

Address: _____

Postal Code: _____

Telephone - Home: _____ **Office:** _____ **Local No.:** _____

(Please print)

Signature of Witness: _____ **Date:** _____

Name of Witness: _____

(Please print)

Please complete and return the above form
BY SEPTEMBER 9th, 2015 to:
On-Site Child Care Registration
CUPE Ontario, 80 Commerce Valley Dr. E., Suite 1, Markham, ON L3T 0B2
Phone: 905-739-9739 Fax: 905-739-9740



HEALTH CARE WORKERS COORDINATING COMMITTEE 2015 CONFERENCE

SEPTEMBER 22, 23, 24 & 25, 2015

DELTA OTTAWA CITY CENTRE

DELEGATES AND VOTING

- a) Accredited delegates are recognized as members who attend from their own local union and that the local union has paid the registration.
- b) There shall be no restriction on the number of attendees from each local union, but all attendees must be accredited delegates as in a) above.
- c) Notwithstanding the above, for purposes of voting on issues pertaining to the business of the HCWCC, the following shall be how voting delegates are selected from each local union:

Number of Local Members	Voting Delegates
1 to 100	2
101 to 250	3
251 to 400	4
for each additional 150 members	1 additional delegate
District Council	1

- d) Locals, which represent both Health Care and Non-Health Care members, shall be allowed voting delegates based only on the number of workers in the health care sector in their local membership using the above formula.



LOCAL SUPPORT APPLICATION FOR ATTENDANCE AT THE HCWCC CONFERENCE 2015

Local # _____ Number of Members in the Local _____

Name of Delegate attending event _____

Contact person for the Local _____

Email Address _____

Daytime Contact Number _____

Is the local in the process of bargaining a first collective agreement?

YES NO

Has the local been on strike or locked out in the past year?

YES NO

Method of travel: AIR TRAIN DRIVE

Please enclose the following (*does not apply to newly organized locals bargaining a first collective agreement*):

1. Approved recent trustees report
2. Copy of current bank statement

PLEASE RETURN BY SEPTEMBER 9th, 2015 TO:

Candace Rennick, Secretary-Treasurer
CUPE Ontario
80 Commerce Valley Dr. E., Suite 1
Markham, ON L3T 0B2



GUIDELINES FOR LOCAL ASSISTANCE TO SECTOR CONFERENCES

CRITERIA

In order to be considered for local assistance the local must fall into one of the 4 categories:

1. Small local from the sector of less than 100 members
2. A Northern local located north of the French River or more than 500 kms from the location of the event
3. A newly organized local union currently negotiating their first collective agreement
4. A local which has been on strike or locked out within the previous year leading up to conference.

In order for a local to be considered for local assistance the following must apply:

1. With the exception of locals negotiating a first collective agreement, the local must be up to date with its CUPE Ontario Per Capita Payments
2. For purposes of this requirement - up to date shall be not more than 3 months in arrears at the time of the conference subsidy being awarded
3. The local must demonstrate an inability to pay

DEMONSTRATING INABILITY TO PAY

A local's inability to pay will be determined based on cash assets in excess of 10x the amount to send one delegate to the conference in question. For example, if it is determined that the cost to send one delegate is \$1,000.00 the local must have less than \$10,000 available to them in cash. The following process will be applied:

1. Once an application form is received, the Secretary-Treasurer will determine the cost of the local's participation based on their delegates' current day reality (location, wages, accommodation, registration fees).
2. The local will be required to demonstrate an inability to pay by submitting to the Secretary-Treasurer a recent and approved local trustees report. The local will also be required to send a copy of their bank statement which will identify cash assets.
3. Office furniture and equipments as well as property will not be considered for purposes of determining assets.
4. Special circumstances, like a pending arbitration or strike averting campaign will be considered when determining the local's inability to pay.

APPLICATION

In order to be considered for assistance to attend an event an application must be filled out and sent back to the Secretary-Treasurer by the deadline specified on the assistance form. Such form and guidelines shall be mailed with the conference call notice.

FINANCIAL ASSISTANCE

Local assistance shall be built into the conference budget using conference revenue. Assistance shall be limited to the following:

1. Assistance will normally be limited to one member per local. Assistance will not be available if the local is otherwise sending a delegate.
2. The registration fee to attend the event shall be waived and such delegate will be entitled to all rights and privileges in accordance with the sector by-laws.
3. Return travel shall be provided in the case of air or train travel and reimbursement of mileage in the case of automobile travel. The decision should be based on the most economical and reasonable method of travel.
4. Where possible and where a conference has any unused complimentary rooms, accommodation may be provided as well.

NEWLY ORGANIZED LOCALS

Some additional support may be provided in recognition of newly organized locals who have no collective agreement and no union dues being collected. Such support to be considered at the time of conference budget planning.

PENNY \$ALE!

**2015
HCWCC CONFERENCE**

**PLEASE SUPPORT OUR PENNY SALE BY
BRINGING DONATED ITEMS.**

**ALL PROCEEDS GO TO SUPPORT THE
CAROLYN CARTER SCHOLARSHIP FUND.**

THANK-YOU !!

PENNY \$ALE!