

# Newsletter

## September 2018



Representing ONA Members at: CBS, Chelsey Park NH, Elmwood NH, Extencicare NH, LHSC MRT&D, LHSC CE & RN, Middlesex Terrace NH & Meadowpark NH

### Save the date:

Local General  
Christmas Meeting  
December 5, 2018  
@ 19:30 hours at  
Lamplighter Inn

## *Local Coordinator Report - James Murray*

It's hard to believe that we are approaching autumn with the temperatures such as they have been. With influenza season approaching, and Local Elections to plan for, winter isn't far away.

### **ONA Wins Second Decision on "Unreasonable and Illogical" Vaccinate or Mask Influenza Policies**

ONA has won a second decision on the controversial vaccinate or mask (VOM) policy, striking down the policy in effect at St. Michael's Hospital and several other hospitals that form the Toronto Academic Health Science Network (TAHSN). These policies force nurses and other health-care workers to wear an unfitted surgical mask for the entirety of their shift if they choose not to receive the influenza vaccine.

After reviewing extensive expert evidence submitted by both ONA and St. Michael's Hospital, which was the lead case for the TAHSN group, Arbitrator William Kaplan, in his September 6 decision, found that St. Michael's VOM policy is "illogical and makes no sense" and "is the exact opposite of being reasonable." In reaching this conclusion, Arbitrator Kaplan rejected the hospital's evidence.

### **ONA Local Elections**

Interested in becoming more involved in the Union? Now is your chance! It's Election time for ONA Local 100, 2019 – 2020 term. The call for nominations begins September 21, 2018. See the entire package attached to this newsletter, and Facebook and the Local 100 website for full details and a complete list of positions.

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## HOW TO REACH US?

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## *Coordinator Report cont'd*

### **Program For Exposure Incident Reporting – PEIR**

PEIR is the **Program for Exposure Incident Reporting**. Unfortunately, it is a voluntary program for employers and employees to report when unplanned exposures to biological, physical or chemicals agents occur in the workplace. PEIR enables employees to report exposures when they occur, in case a related illness develops in the future. For more information contact the Local Office.

### *CBS Report - Marylee Lee, BUP*

It certainly was a hot and very busy summer for all at CBS. We have had 2 pleas and messaging from CBS for more donors to donate blood. All mobile clinics and clinics at the permanent site have been very well attended, and across the country we have been successful at collecting more units. The supply of blood is now at better levels for patients in Canada. We all worked very hard to achieve this and at times staffing levels were not optimal. I have asked management to look into staffing levels during times when a plea for blood is announced.

At the end of June we said farewell to 4 more RN's as they opted to take the voluntary layoff package due to the implementation of the new DCA model. As difficult as it was to say goodbye to our colleagues, we enjoyed a wonderful farewell brunch.

As our hours now have increased due to these layoffs, management recognizes that it is having difficulty filling these new DCA (donor care associate) positions. I believe this just goes to show that as Registered Nurses, we are not easily replaced by unregulated health care providers.

We had our first meeting with management in July regarding our Professional Standards of Practice Issue in our need to be able to document when being consulted by these DCA's. We are trying to work with management to come up with solutions for this Standard of Practice issue. Our first meeting went as well as expected and we will be meeting with again in October. The support from ONA has been awesome! The Professional Practice Team and our LRO are very knowledgeable and have been guiding us through this process with expertise and support. After our October meeting we are hoping to have more information for you and would like to organize a session to get you all updated and answer any questions you may have as well as get your input. Stay tuned for possible dates for this opportunity to meet with our Professional Practice Team and LRO.

November 7<sup>th</sup> is the date set for our local elections. Anybody wishing to run in these elections please see me for nomination papers. The positions of Bargaining Unit President, ONA Representatives for London and Windsor as well as Representatives for Occupational Health and Safety are all open for election, so please get in your nominations by the deadline date. I am in the process of trying to book a room at the permanent site so that you may cast your ballot on November 7<sup>th</sup>. I will send an email out with further details. I am working on details for the Windsor nurses, so that they also have an opportunity to cast their votes.

Also just a reminder for any nurses asked to attend a meeting with management that they should request union representation for any meeting. You also have the right to know what the meeting is about prior to the date of the meeting.

## *Chelsey Park Report - Dianne Popp, BUP*

A reminder that the local and bargaining unit elections are coming up. If you are interested in a position, there is the BUP position for Chelsey Park and Local positions of Local Coordinator and Secretary/Treasurer- you will need to fill out the proper nomination forms and submit them to Local 100. These forms will be posted on our ONA board. Election day is November 7.

Our last Labour/Management meeting was cancelled and will be rebooked. If you have something you want discussed there, please forward your issues to me [Dianne] or Vivien. We will be discussing workload/parking/staff replacement/mold in the basement.

Please let me know if you are ever mandated to stay 4 hours overtime and we could grieve it. Remember it is up to you to protect your license. Management is under the impression that if you leave and no RN replacing you it is abandonment of residents. If you have told them you can't stay then it is up to management of figure out a solution or work, not you.

I have been hearing from a few members that they have been the only RN in the building + working a medication cart. If you want this to change, you must call management + fill out a Professional Responsibility Workload form [submit it to me, Dianne]. Without these forms nothing will change.

Parking remains an issue. Parking is not allowed on site unless you are car pooling or it is after 4:30 pm or weekends unless you have permission from S. Holster Administrator only. Maintenance has been writing down license plate numbers and all those in violation will be called into the office. I personally am getting tired of walking especially in the rain than thunderstorms. We will be talking about this and hopefully getting an update on the plans at our meeting.

Our next BU meeting is scheduled for September 27 at 4 pm - I'm hoping to book the small meeting room- remember you will not be able to park on site if coming in for meeting.

## *LHSC MRT&D - Janice Bell, BUP*

Vacation selection for 2019 is rapidly approaching. It will be conducted as it was last year, since the trial option was never agreed to, nor signed by the Employer.

2018 is the year for Local Elections, the positions for which are outlined at the end of Local 100 Newsletter. For the benefit of those who are new to the bargaining unit since the last round of Local elections, a review of the process may be in order: They are held every two years, thereby making all elected positions two year terms. This year's elections will be held on Wednesday, November 07, 2018. We have been granted permission again by the Employer, for the convenience of the members, to hold the voting on site in the student class room, from 4-6:15pm. As a reminder, you must be off-duty when you vote. The Union requires two volunteer scrutineers to monitor the ballot box during the voting, check in bona-fide members from the list provided by Ellie from the Local office, hand out and retrieve the completed ballots, count the completed ballots at the end of the evening and return the box and completed ballots to the Local office. We will instruct the scrutineers with the finer details, once we know

## *LHSC MRT&D cont'd*

who are volunteering. Incidentally, if your name is on the ballot, running for a position but not acclaimed, you would be ineligible to be a scrutineer.

By the time you read this newsletter, I expect that the evening for the ratification vote will be upon us, or have already taken place, so in the interest of expediency, you will have received a separate email regarding that process.

Our department recently experienced a critical injury of a radiation therapist. Our thoughts are with Kim during her convalescence. A debriefing of the incident at an upcoming staff meeting, should help us become more prepared for hopefully the unlikelihood of a future incident.

In closing, congratulations to Melissa O'Neil for securing a newly minted APRT position destined to be for palliative care and SBRT. I understand that there was keen interest in the application process.

## *LHSC RN/CE Report - James Murray, BUP*

### **New Local Agreements**

The new Local Collective Agreement language has been reviewed by ONA and is now with the Employer for their review. We hope to have this printed and available by December. The new Central Collective Agreement is currently under review by the OHA.

### **RPT Language Changes**

Unit meetings are being arranged for both RPT A & B RN's who currently work less than 48 hours per pay period. These RN's will be provided with the option to remain at their current level of commitment while they remain in their current position, or increase to a 48hr commitment per pay period. When those meetings are complete, a date to implement the new language will be determined and communicated to all nurses on the unit. Sufficient notice of the change will be provided to all. Units should transition to the new RPT language prior to the **next** vacation planning period. The new RPT language is attached for your review.

### **Union Dues Deductions From Retro Payments**

Despite the message that you received from LHSC concerning Union dues deductions on your retroactive payments, dues have already been deducted for the period of retroactivity, no further deductions should occur.

### **Vaccinate or Mask Win**

It's too early to tell how LHSC will interpret the Vaccinate or Mask award out of Toronto. However, now that two very prominent Arbitrators have overturned the Vaccinate or Mask policies at the majority of Ontario Hospitals, I would hope that LHSC senior leadership will do the

## *LHSC MRT&D cont'd*

right thing and withdraw their policy. If not, ONA will proceed with yet another grievance. Which would be unfortunate as Ontario taxpayers will foot the bill as LHSC spends thousands of scarce funding dollars on a policy which is not supported by science or Arbitrators!

### **PRW Process Goes Online!!**

ONA leadership and LHSC have jointly developed an online Professional Responsibility Workload form. The link is found on the Nursing homepage under Quick Links, or @ <https://onaprw.lhsc.on.ca/>. You can also access the online PRC from the ONA-Local 100 website @ <https://onalocal100.on.ca/professional-practice/>.

Highlights of the electronic form:

1. RN's use their hospital login and password to complete a form. They can save an unfinished form and complete and submit it later.
2. RN's can log in at any time to see the leader's response.
3. Multiple staff can co-sign a form using their personal email address (this allows ONA to more easily contact a member).
4. Leaders will receive an email notification when they have a PRW submitted for which they are responsible.
5. ONA can better track forms to monitor trends.

We encourage everyone to use the electronic form however, paper forms will continue to be accepted. An electronic PRW Tip Sheet is available on the Local 100 website.

### **Individual Special Circumstance Agreements (ISC)**

A significant number of Nurses with expired ISC's who continue to work reduced hours, are finding that they have accumulated excess vacation which they have to pay back. **Don't let this happen to you.** Renew your ISC **before** it expires and contact the Union office if you receive a letter from HR asking you to return paid vacation time.

### **Significant Vacation Planning Dates**

Planner Period:	June 1- November 30	December 1 - May 30
Posting of Planner:	March 1	September 1
Top 1/3 pick :	until March 15	until September 15
Approved Planner Posted:	by March 30	by September 30
Remaining 2/3 pick:	March 30 - April 15	September 30 - October 15
Approved vacation Posted:	by May 1	by November 1
Integrated quota requests Allowed:	May 1 - 7	November 1 - 7
Final Approved Planner Posted:	May 15 - June 1	November 15 - December 1

Vacation will not normally be approved between December 15 and January 15.

## *LHSC RN /CE Report cont'd*

### **Vacation Bank vs OT Bank**

Members are being told by their coordinators that the Union agreed to a pay out of vacation banks in excess of 75 hours as of January 1. **The Union did not agree to any such thing!** We did negotiate new language regarding banked OT, which will allow a Nurse to carry a banked OT balance of 75hrs at all times, an increase from 37.5hrs, but we certainly did not agree to any changes regarding vacation banks. Please let us know if you have received this message from your leader and we will assist in their re-education!

### **Non-Union Temp Positions – What You Should Know**

Thinking of working outside of the Bargaining Unit temporarily in a management or non-union position? Are you already in a Temp- non-union position? You should know the facts. Article 10.11 applies in situations of non-union temporary transfers. Here is what you should know:

1. As a non-union employee, you are not eligible for ONA LEAP, Malpractice, or HIV/HEP C insurance coverage.
2. Your extended health and dental benefits transfer to the non-union plan, with reduced coverage and limits.
3. Short-Term Disability (STD) and Long-Term Disability (LTD) revert to the non-union plan with a reduced coverage period.
4. As a non-union employee, you cannot request vacation on the BU Vacation planner.
5. As a non-union employee, you are considered an external applicant to job postings, and your application is only considered if a BU member is not qualified.
6. You must remain in the BU for a period of 5 months before you take another Non-union position or you forfeit your seniority.
7. If you return to the BU within 3 months, there is no impact to your seniority. Out greater than 3 months but less than a year, no accrual of seniority for the period of absence. Out greater than 1 year, seniority is forfeit.

The Union is aware that many members are currently working in non-union accreditation, leadership and, clinical informatics positions to name a few. To ensure your BU rights are protected, please contact the Union before you accept a temporary non-union position. The Hospital is required to notify the Union of a temporary transfer. If they do not, it is the Union's position that the transfer is permanent, and all Bargaining Unit (BU) seniority is forfeit.

### **Personal Panic Alarms – PPA**

The Union has become aware that members are being asked to pay when a PPA is re-issued. It is the Unions position that PPA are no different than any other PPE that the employer is required to provide to the employee, for free! You are not required to pay for your PPA.

### **UH OR**

In an effort to resolve the outstanding professional responsibility complaints identified by RN's, ONA has met several times with both senior leadership and professional practice, at the Hospi-

## *LHSC RN Report cont'd*

tal Association Committee and in other meetings. ONA has vigorously advocated to enhance current recruitment strategies to address the RN shortages, in conjunction with reductions in service volumes to safe levels until staffing number stabilize. Several of our recommendations including ongoing internship opportunities, an increase in internship positions and a review of the current RN schedule, have been agreed to. ONA has also recommended that an external consultant be retained by LHSC to examine the current work environment and make recommendation to improve the recruitment and retention capabilities. We continue to meet weekly with front-line OR leadership and they have been advised of our intent to begin the Independent Assessment Committee process.

### **VH Mental Health Program**

ONA continues to struggle with MH leadership when it comes to addressing Health and Safety concerns. MH Leadership continues to create barriers for ONA, and fails to implement proper processes and procedures despite the agreement signed by the Ministry of Labour, ONA and the Hospital. Since we know that we cannot rely on the Ministry of Labour to properly address the safety concerns of Nurses, ONA has recently filed another grievance against the employer for failing to take every precaution reasonable for the protection of our members. ONA is exploring all avenues available to us to ensure the employer complies with their obligations under the Occupational Health and Safety Act and the Collective Agreement to provide a safe work environment.

Also, in an effort to resolve the outstanding professional responsibility complaints identified by RN's, ONA has met several times with both senior leadership and professional practice, at the Hospital Association Committee and in other meetings. We will continue to meet with MH leadership and they have been advised of our intent to proceed with an Independent Assessment Committee hearing.

**London Health Sciences Centre - Registered Nurses' Vacation Entitlement Chart**

Entitlement	3 week	4 week	5 week	6 week	7 week
	112.5 hours	150 hours	187.5 hours	225 hours	262.5 hours
	After 1 year	After 3 years	After 11 years	After 20 years	After 25 years
Date/Hours	2017/1500	2015/4500	2007/16500	1998/30000	1993/37500
FT vacation hours accrual per pay	4.33	5.77	7.21	8.65	10.09

## *LHSC RN HR&E/Attendance Report - Jasen Richards & Joanne Wilkinson, VP's*

If you are sick for (a serious, chronic condition, a catastrophic event, surgery, or an ongoing course of treatment) please log into **myTime Exclusion link** accessed through the LHSC Intranet, to manually exclude the incident from your attendance record. Here are the links to go through to find the portal:

1. LHSC Intranet
2. Program and Services
3. Human Resources
4. Employee Services
5. Attendance Management
6. Disability and Sick Exclusions Processes
7. Look half way down the Page and myTime Sick Exclusion Form link and complete the first sick incidence (<https://wb.lhsc.on.ca/etm/>)

This will allow you to document in the system that your current incidence will not be coded toward your attendance management.

If you have any questions or concerns, please contact Jasen Richards VH or Joanne Wilkinson UH.

## *LHSC RN Occupational Health & Safety - Ricki Dolsen & Alan Warrington, VP's*

There is constant construction work throughout the organization and it is paramount that our members are kept safe. Recently, the Ministry of Labour (MOL) conducted an investigation of a situation that posed a health risk to workers, related to paint application and the noxious odours it produced. While no orders were issued, several gaps were identified.

There is an increasing number of contraband items, including but not limited to weapons and illicit drugs, being found throughout the organization. As such, we need our members to ensure that AEMs are filled out that highlight the workplace hazard that these items pose. Often these issues are addressed by risk management, but it is very important for that information to be captured at JHSC. Please forward your concerns to your concerns to us.

Regrettably, the How Violence Impacts You at Work workshops scheduled in October have been cancelled. Keep an eye out for an upcoming Health & Safety Survey Monkey to assess educational interest and opportunities for the new year.

We strongly encourage our members to ask questions and ensure that they are aware of all hazards that they may be exposed to.

## *LHSC RN Professional Practice - James Gibbons & Lorri Skellett VP's*

We have seen an increase in Professional Workload Forms being submitted in the last couple of months and we thank all the RNs that have taken the time to identify their workload issues. Many staff are now using the online form. It is more convenient to use as the mandatory fields are clearly identified and when the forms are submitted, they automatically are distributed to all the necessary people. The online form can be accessed through the LHSC intranet under Programs and Services. Just click on the Nursing Homepage and there is a Quick Link on the right side to the ONA Professional Workload Form. It can also be accessed through [onaprw.lhsc.on.ca](http://onaprw.lhsc.on.ca). This form can be filled out at work when you have time or also at home for convenience. We continue to encourage nurses to fill out these forms when you are in a situation where you cannot meet your CNO Standards of Care, guidelines and/or LHSC policies and your leader cannot offer a solution to your issue.

List of PRC activity over the last couple of months:

Site	Units	Dates	Issues	Local Meeting	Status
UH	MSICU	July 11	Short RN Staff, extensive family	July 31	Resolved
UH	Day Surgery	July 11, 12	Short RN Staff, with increased volumes, limited	July 31	Monitoring
UH	OR	July 09, Aug 16	Short RN Staff	July 31 Recommendations	Advance to IAC
UH	Dialysis	July 14	Short RN Staff Short Support Staff	July 31 Recommendations made	Monitoring
UH	6IP	June 7, 9, 16, 27 Aug 11, 12	Short RN staff, Skill mix issues, high acuity patients, no support staff, ICP with no training	July 31 Recommendations made Sept 18	Unresolved, Advance to HAC
UH	7IP	June 15, 16, 18, 20, 22, 28, July 02 Aug 8, 30	Skill mix, ICP with full assignments, Short RN staff, Short Support staff, Non nursing duties	July 31 Recommendations made Sept 18	Unresolved, Advanced to HAC

### *LHSC RN Professional Practice - cont'd*

Site	Units	Dates	Issues	Local Meeting	Status
UH	8IP	June 22 July 25, Aug 04	Short RN Staff, Skill mix, ICP 6 patients, No PSW	July 31 Recommendations made Sept 18	Monitoring
UH	5IP	July 18	Short Staff	Sept 18	
UH	MOTU	July 17, 18, Aug 13	Short support staff, Short	Sept 18	
UH	9IP	July 21, 26,27, Aug 04	Short RN staff, Short Support staff,	Sept 18	
UH	CCU	Aug 04	Short RN Staff, over census, high	Sept 18	
UH	Cath Lab	Aug 03	Short RN staff, Short MRT, high	Sept 18	
VH	Mental Health	June 13 x 2, 28 x 2, July 6, 7, 8, 10 x 2, 11,20 x 2, 24, Aug 3 x 2, 9, 12, 18 x 3, 20, 21, 27,	Short RN staff, high acuity, Skill mix	Sept 19	Moving forward in IAC process
VH	NICU	June 28, July 13, 14, 21, 27, 30, Aug 3, 8	Short RN staff, high acuity, Skill mix	Sept 19	Unresolved, currently at HAC

### *LHSC RN RTW - Jasen Richards & Katie Warrington, VP's*

When a member is close to completing the employment insurance (EI) portion of sick benefits, the hospital will send out documents to apply to Manulife for long term disability. Once completed, this paperwork should be sent directly to Manulife by the member. The hospital may offer to send it in for the member but this is not recommended. Also in this package, there is a LHSC (identified with the LHSC letterhead) form requesting consent from the member, for LHSC and Manulife to freely share personal health information. It is ONA's position that our members should not complete this consent form. In order to maintain our LTD benefits we must provide Manulife with medical updates and other information as required. However, while we are re-

## *LHSC RN RTW cont'd*

ceiving LTD benefits, the hospital should not require medical until a member is ready to return to work.

When returning to work, after being on LTD, members most often require some type of graduated hours to return them to their pre-injury schedule. It is ONA's position that our members be paid by the hospital for their actual hours worked and get topped up by Manulife until they have completed their full return to work. In the past and unfortunately even currently, our members have been just getting paid LTD until they are fully back to work. Given that LTD is not paid at 100%, and normal hours worked are 100%, this is very concerning that our members are not getting paid the wages they are entitled to. ONA has been successful at getting recalculations done in order to get our members the difference that is owed to them. Please call the ONA Local 100 office at 519-667-0937 if you find yourself in this situation currently or even recently in the past.

Moving on to Occupation Health, there has been a historical practice where Occupation Health has been requesting to have an abilities status form (ASF), completed prior to having surgery. There has been a request for this process to be stopped immediately due to it being a violation of the Collective Agreement. If Occupational Health requests this information prior to surgery, please call the ONA Local 100 office at 519-667-0937. This form should be completed after the surgery, prior to your return to work. It provides the hospital with information about any type of work modifications including hours, you may need post-surgery in order to facilitate a safe return to work. If you are having a pre-booked surgery, please call in sick as per protocol (basic information to your leader that you need to be off) a few days before your surgery.

## *Middlesex Terrace Report - Breanne Trelford, BUP*

Hi everyone! There's an election coming up if anyone is interested in nominating themselves or someone else for the role of bargaining unit president. It's a 2 year term from January 2019 - December 2020. I will be posting the forms shortly on the ONA board .

Also, while were just heading into fall don't forget to start thinking about your Christmas/New Year requests. There's a sheet posted on the ONA board this year.

Lastly, as always remember to have a union representative present anytime management wants to meet with you. I will be contacted and a date and time will be set as soon as able for all of us to meet.



# 2019/2020 Local 100 Election Package



## **16.0 ELECTIONS LOCAL**

### Local Election Committee

Local members shall elect an Election Committee of three members. This election will take place at the time of the general elections held within the local. If a member of the election committee running for a position is not acclaimed, they cannot remain on the election committee. The resulting vacancy will be advertised and replaced through an Expression of Interest and appointed by the Local Coordinator.

Posting of notice outlining the demographics of the election, the positions being contested and the details of the nomination process shall be posted on the ONA bulletin boards and the ONA website.

The number and type of unit/ward reps will be determined by a vote of the membership held at a meeting.

A member who allows her or his name to stand for an elected position must be a member of the Ontario Nurses' Association (ONA) with entitlements.

All candidates must sign a Nomination Form which stipulates that they have read, understand and agree to abide by the Local Election Guidelines. Any questions on the guidelines should be directed to the Chair of the Local Election Committee.

Active campaigning (speaking engagements, pamphleting, etc.) may begin two days after the close of nominations and must cease on Election Day.

There will be no campaigning on any employers' premises other than the specific area(s) designated by the Bargaining Unit's and consent of the employer as applicable.

On behalf of each candidate, the Local will facilitate the sending of up to three (3) emails to the appropriate ONA members. These emails will be sent by the Local Administrative Assistant once approved by the Election Committee. With the exception of the email communication provided above, candidates must not utilize the Local database information or any Local contact lists for the purpose of campaigning.

Election materials and emails must not violate the Human Rights Code. It is also a requirement that such materials be truthful, fair and in good taste.

Each candidate is entitled to one half-page article including photograph in the Local Newsletter. Subject to publication contingencies, the font size and length of information for inclusion in the ONA newsletter, and contain no more than 500 words. Each candidate's article, photograph, and email address will be posted on the Local and/or Bargaining Unit Bulletin Boards.

Candidates will not call or send electronic communications to members at their employer email address for the purpose of campaigning. Candidates may use their campaign posters to request members to contact them directly if they wish to speak to a candidate.

Candidates will respect requests from individuals not to send them any campaign-related electronic communications.

Candidates who have personal websites and wish to post an image of a person must have the expressed written consent of that individual prior to the publication of her/his image. With the permission of the endorser, endorsements on personal websites for the purpose of campaigning may include the person's position within the Ontario Nurses' Association.

If a Local Executive/Bargaining Unit chooses to hold any meeting(s) for the purpose of personally getting to know candidates, all candidates must be invited. A member of the Local Election Committee will send Local/Bargaining Unit invitations to all candidates at least two weeks in advance of the meeting. Candidates will be provided with the date and time of the meeting, including the amount of time available for them to speak.

It is understood that candidates agree to abide by the Local Election Guidelines of Local 100.

Any alleged breach of the guideline will be referred to the Local Election Committee as soon as possible. The Local Election Committee will provide a response, setting out its views as to whether or not the conduct complained of is a breach of the guidelines, or if not a breach, gives rise to a concern. Concerns will be brought to the attention of the parties along with any further actions that may be necessary to address the concern. Breaches of the guidelines and concerns of the Local Election Committee will be addressed at a Local General or Bargaining Unit Meeting.

It is understood that these guidelines apply to Local Elections only.

ONA Provincial Election Guidelines will govern provincial Elections.



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## **DATES FOR ONA LOCAL AND BARGAINING UNIT ELECTIONS THIS YEAR**

**Call for Nominations  
September 21, 2018**

**Nominations Closed  
October 16, 2018 @ noon**

**Ticket of Nominations posted  
October 26, 2018**

**Election Day  
November 7, 2018 – Locations will be  
communicated with the posting of the Ticket of  
Nominations**

If you have any questions about positions, election process, etc. please connect with your Bargaining Unit President or call the Local 100 office.

## CALL FOR NOMINATIONS

Local 100 Executive and Bargaining Unit Executives - 2019 and 2020 Calendar Years

<b>Local (Anyone from any of the Bargaining Units may run for these positions)</b>	
Local Coordinator	One position
Secretary/Treasurer	One position
Election Committee	3 Positions
<b>Canadian Blood Services (must work at this bargaining unit to run for these positions)</b>	
Bargaining Unit President	One position
Representative	One position - London
Representative	One position - Windsor
OH&S Rep	Two positions (one from London & Windsor)
OH&S Rep - Alternate	One position - Windsor
<b>Chelsey Park NH (must work at this bargaining unit to run for these positions)</b>	
Bargaining Unit President	One position
<b>Elmwood NH (must work at this bargaining unit to run for these positions)</b>	
Bargaining Unit President	One position
<b>Extendicare (must work at this bargaining unit to run for these positions)</b>	
Bargaining Unit President	One position
<b>LHSC - MRT&amp;D (must work at this bargaining unit to run for these positions)</b>	
Bargaining Unit President	One position
Negotiation Team	Two positions
Professional Practice Lead	One position
Labour/Management	Two positions (One must be from Dosimetry)
OH&S Rep	One position
OH&S Rep (Alternate)	One position
Safe Return to Work/Work Accommodation Rep	One position
<b>LHSC (RN) &amp; (Educator) - Both Sites (must work at these bargaining units (either site) to run for these positions)</b>	
Bargaining Unit President	One position (Voted on by LHSC RN and Educator BU members)
<b>LHSC (RN) - Both Sites (must work at this bargaining unit (either site) to run for these positions)</b>	
FT Negotiation Team	Three positions
PT Negotiation Team	Three positions
HAC Committee	2 positions
OH&S Representatives	8 positions
<b>LHSC(RN) - UH (must work at this site to run for these positions)</b>	

Site Representative	One position (also sits on the Negotiation Team and the HAC Committee)
VP, OH&S	One position (sits on the JHSC Committee)
VP, HR&E/RTW	One position
VP, Professional Practice	One position (also sits on HAC Committee)

Ward Representatives

CCU(5IP, Cath Lab and Pacer Lab) - 2	Emergency - 2
ICU - 4	Dialysis, IV, IV Infusion & IVR - 1
NRT - 1	8IP - 1
4IP - 2	MOTS - 1
6IP - 1	7IP, Epilepsy and Neuromodulation - 1
9 IP, Ortho - 2	OR - 2
Clinics (Endo, ENT OPC, Ortho OPC, Med OPC, Surg OPC, CNS OPS, Renal & Cardic - 2	PACU/SPU/PAC - 1
	SAMU/Palliative - 1

**LHSC(RN) - VH (must work at this site to run for these positions)**

Site Representative	One position (also sits on the Negotiation Team and the HAC Committee)
VP - OH&S	One position (sits on the JHSC Committee)
VP - HR&E/RTW	One position
VP - Professional Practice	One position (also sits on HAC Committee)

**LHSC - VH (must work at this site to run for these positions)**

Ward Representatives

WAC - 1	Adult Mental Health (B7) (D4 100/400), GBU - 3
B6-100 Paeds - 1	B6-200 Paeds - 1
Birthing Centre - 1	BFMC - 1
VFMC - 1	CCL - 1
CEPS - 1	CAMH B8 - 1
PMDU - 1	CCTC - 2
PCCU - 1	NICU - 2
Adult Mental Health Day Treatment - 1	IVF - 1
Adult Emergency - 1	Paediatric Emergency - 1
Endo/DM - 1	GYN Inpt D4 - 1
IV Consultation Service - 1	C7 Oncology - 1
Dialysis (Westmount) - 1	Interventional Radiology - 1
ODC/Chemo - 1	LRCP Clinic Services - 1

MNBC - 1	Medicine A - 1
Medicine B - 1	Medicine C - 1
Medicine D - 1	
OPD Medicine - 1	OPD Surgical - 1
NICU - 2	NRT - 1
OH - 1	PCCU - 1
PACU - 1	Dialysis and Plasmapheresis VH - 2
Medicine D - 1	Day Surgery - 1
Pre-Admit - 1	CCU D5 - 1
B9 100 General Surgery	B9 200 Ortho/Trauma
C 5 Surgical Care - 3 (each wing)	C5 400 Vascular - 1
D5 100 - Cardiology/Vascular - 1	OR - 1

**(LHSC - Educator) Both Sites (must work at this bargaining unit (either site) to run for these positions)**

Educator Vice-President	One position
Negotiation Team	Two positions
Ward Representative	Two positions
OH&S Rep	Two positions

**Meadowpark NH (must work at this bargaining unit to run for these positions)**

Bargaining Unit President	One position
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**Middlesex Terrace NH (must work at this bargaining unit to run for these positions)**

Bargaining Unit President	One position
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NOMINATION FORM - 2019/2020 ELECTION  
LOCAL AND BARGAINING UNIT POSITIONS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_  
(CBS, Chelsey Park, Elmwood, Extendicare, London Health Sciences Centre (Educator, MRT&D, RN),  
Meadowpark and Middlesex Terrace)

ON A Member ID Number: \_\_\_\_\_  
(Found on your ON A Membership Card)

Position you are running for: \_\_\_\_\_  
(e.g. Local Coordinator, Bargaining Unit President, OH Rep, Negotiation Rep, etc.)

Your signature: \_\_\_\_\_

All candidates must sign a Nomination Form which stipulates that they have read, understand and agree to abide by the Local Election Guidelines.

**\*\*\*Nominated by: (you must be nominated by two (2) bona fide ON A members)\*\*\***

\_\_\_\_\_  
Name: please print

\_\_\_\_\_  
Name: please print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ON A Member ID Number

\_\_\_\_\_  
ON A Member ID Number

Please return this form to either your Bargaining Unit President or to the Local 100 office at: 301-746 Baseline Road E., London, ON, N6C 5Z2 or via fax at: 519-667-2072 or email to: local100@skynet.ca **FORMS MUST BE RECEIVED NO LATER than NOON 12:00 p.m. on October 16/2018.** It is always a good idea to confirm receipt of the form - you can call us @ 519-667-0937.

## **ARTICLE G – PART-TIME COMMITMENT AND SCHEDULING**

### **G-1            Regular Part-Time Commitment**

In accordance with Article 2.05, the predetermined basis upon which the commitment of the regular part-time nurse to be available for work as required and scheduled by the Hospital, except where she is on approved vacation or approved leave of absence, shall be as follows:

- (a) Part-time commitment for weekends shall be no more than half of the weekends of a posted schedule where needed but in no case shall the nurse be required to work more than two (2) consecutive weekends or parts thereof; and where an employee is scheduled to be on duty for three (3) consecutive weekends, the employee will be paid premium payment in accordance with Article 14.03 of the Central Hospital Agreement for the weekend tours worked on the third (3rd) consecutive and subsequent weekend until she is scheduled for an off-duty weekend save and except where:
  - i) such weekend has been worked by the employee to satisfy specific days off requested by such employee; or
  - ii) such employee has requested weekend work; or
  - iii) such weekend is worked as the result of an exchange of tours with another employee.
- (b) A minimum of forty-eight (48) scheduled hours biweekly scheduled by the Employer. For purposes of vacation and in accordance with Article K-1 (g), a week of vacation will be considered as either 18.75 hours or 22.5 hours towards commitment.

It is understood that should the minimum hours not be available in a particular biweekly period the Hospital is only obligated to schedule the available hours. Hours not scheduled within the biweekly period will be scheduled over the six (6) week schedule with the consent of the nurse.
- (c) Christmas and Boxing Day and three (3) of the remaining paid holidays as outlined in Article J, or New Year's Day and four (4) of the remaining paid holidays as outlined in Article J.
- (d) **Unless mutually agreed, scheduled for no more than four (4) consecutive ten (10) hour tours, or three (3) consecutive twelve (12) hour tours or five (5) consecutive eight (8) hour tours.**
- e) Casuals  
All other part-time nurses shall be considered casual nurses.

Regular Part-Time Scheduling

- (a) Work schedules of six (6) weeks' duration shall be posted at least six (6) weeks in advance.
- (b) Prior to the schedule being posted, scheduling of regular part-time will be as follows:
  - i) All regular part-time nurses on the unit will be scheduled up to their commitment by seniority.
  - ii) Regular part-time nurses on the unit will be offered up to seventy-five (75) hours on a biweekly basis on the basis of rotational seniority, then
  - iii) Nursing Resource Team regular part time nurses who are qualified to perform the available work, up to commitment
  - iv) Offered to casual nurses assigned to the unit in a fair and reasonable manner
- (c) After the schedule is posted additional shifts which become available on each unit will be offered in the following order:
  - i) Regular part-time on the unit by seniority who have not been scheduled to commitment
  - ii) Regular Part-time on the unit (including job-sharers) on the basis of rotating seniority up to seventy-five (75) hours.
  - iii) Nursing Resource Team nurses who are qualified to perform the available work, on the basis of rotating seniority up to seventy-five (75) hours.
  - iv) Casual nurses assigned to the Unit in a fair and reasonable manner

The Hospital agrees to utilize a tracking document/process that documents the order in which shifts are offered. The tracking document will be made available upon request.

Scheduling will be subject to the following:

- i) Regular part-time nurses who do not wish to be considered for additional shifts above commitment must notify their Manager or designate in writing by March 1<sup>st</sup> and September 1<sup>st</sup> each year. In the event a regular part-time nurse's availability changes from above due to an unforeseen circumstance, such nurse will notify their Manager or designate of such changes in writing. Such changes will be in effect for the remainder of the time period as outlined above.
- ii) A tour will be deemed to be offered whenever a call is placed.

- iii) It is understood that the Hospital will not be required to offer tours which would result in overtime premium pay;
- iv) After the schedule has been posted and should a regular part-time nurse have his/her scheduled shift cancelled within twenty-four (24) hours prior to the commencement of such scheduled shift and should the Hospital have an opportunity within that same twenty-four (24) hour period, the same regular part-time nurse will be given the first opportunity to work that shift.
- v) Where the parties agree that a nurse has been missed for a tour in accordance with Article G-2 (b) and (c), the affected nurse will be offered a tour at a time mutually agreed to by the nurse and his/her Manager or designate.