

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

### *Local Coordinator Report - James Murray*

WHO's declaration on 2020 as the "Year of the Nurse and Midwife," has done little to alter the continuing lack of respect and value for Registered Nurses demonstrated by our employers and our government.

Despite watching the pandemic unfold in Asia and Europe in late 2019, it wasn't enough to propel our governments and hospital leaders into preparing for the inevitable. When the virus finally hit home, we found ourselves with inadequate supplies of PPE and throwing out long established principles of infection control best practice, and we were told to begin using our PPE for extended periods, between many patients. A practice that would previously result in discipline if observed by hospital leadership, is now the accepted norm.

Notwithstanding Collective Agreement requirements and assurances from leaders and public statements confirming adequate supplies, it turned out that we do not have adequate supplies. It would be easy for me to throw the blame only at Mr. Ford and his government, but if truth be told, all political parties at all levels, including hospital leaders and Chief Nursing Officers, have failed front line care givers with inadequate pandemic planning and PPE supplies.

These past few months have created many challenges. The ever-changing infection control processes and PPE conservation requirements have been difficult to keep straight and have caused increased anxiety for all of us on the front line. Conflicting information from hospital leaders, occupational health representatives, public health officials, and the Chief Medical Officer of Health has only compounded the problem.

Yet throughout all this misinformation and chaos, nurses continued to show up for work every day and provide the best possible care they could for their patients. Does that sense of duty and obligation during this crisis make nurses hero's, as so many have claimed? Or was this just good marketing by corporations and organizations to use the most respected profession as a tool to extort money from the public for their products or foundations?

According to Merriam-Webster a hero is defined as:

- a mythological or legendary figure often of divine descent endowed with great strength or ability,

#### Inside this issue:

<i>CBS Report</i>	3
<i>Chelsey Park Report</i>	4
LHSC MRT&D Report	5
LHSC RN/CE Reports	6
<i>LHSC RN HR&amp;E/RTW Report</i>	8
<i>LHSC RN OH&amp;S Report</i>	9
LHSC Vacation Entitlement Chart	11
<i>LHSC RN Professional Practice Report</i>	13
Middlesex Terrace Report	14
Appendix - Central Contract Highlights	15

#### HOW TO REACH US?

## *Coordinator Report cont'd*

- an illustrious warrior,
- a person admired for achievements and noble qualities, or
- one who shows great courage.

As I reflect on the work done by all the remarkable nurses I have had the pleasure to know and work alongside, and support as a Union representative over my 34 year career, I would say that these qualities that define a hero are exemplified by nurses every day, in every situation, in every act they perform. I am humbled by the amazing work Nurses do every day.

### **HOSPITAL CENTRAL NEGOTIATIONS**

On Monday, Arbitrator Stout released the Hospital Award and the Items in Agreement to ONA and the Ontario Hospital Association. Members can access both documents as well as a highlights document on our bargaining page at [www.ona.org/bargaining](http://www.ona.org/bargaining). We are outraged and profoundly disappointed in the award and the government wage restraint legislation Bill 124 that supports it. We are beginning to put some actions in place to mobilize our members, so please stay tuned. Please send in your email to Premier Ford to withdraw Bill 124. Visit [www.ona.org/bill124](http://www.ona.org/bill124) to send it now.

### **LONG TERM CARE**

ONA is demanding urgent action from the provincial government to address the conditions in the province's long-term care homes – not only in the five homes identified in a scathing report from the Canadian military. ONA has continued to raise the alarm and has tried to work with government to ensure that both workers and their residents are safe. Unfortunately, ONA has been forced to use the legal system to compel groups of long-term care homes to follow the directives issued by government. ONA received an arbitration award on May 4 that addresses many of these same issues for more than 200 Ontario long-term care homes, and continues to push employers to ensure the award is adhered to.

### **PANDEMIC PAY DECISION**

On May 29, the government made its final decision regarding who will receive pandemic pay. Over the past several weeks ONA had many discussions with the Ministers of Health and Long-Term Care, their deputies, and other senior government officials imploring that ALL health-care workers should receive the pandemic pay. ONA took our message to the public, and asked them to send an email to their MPP to advocate for pandemic pay for all. More than 5,200 sent in their messages of support, yet our request was turned down. Although the government did add public health nurses, respiratory therapists and others after the pandemic pay list was originally released, we were hopeful that more would be added; however, this was not the case. **Send your message: pandemic pay for all health-care workers:** Please join the thousands, and send your own message here [www.ona.org/pandemic-pay](http://www.ona.org/pandemic-pay)

### **MEMORIAL DONATIONS IN HONOUR OF BRIAN BEATTIE, RN**

In honour of the passing of Brian Beattie due to COVID-19, ONA has set up a memorial page with links to the charities where donations can be made in Brian's name (<https://www.ona.org/news-posts/ilm-brian-beattie/>). Please feel free to make a donation and, if you wish, share your condolences on our [Facebook page](#). Local 100 has made a contribution on behalf of our members.

**Please know that ONA will continue to voice your concerns to the government about the issues that affect you, your patients, residents and clients.**

## *CBS Report - Marylee Lee, BUP*

As you all know from my previous emails that we will NOT be included in the \$4/hr pay increase for ONA members working on the frontlines. This was a provincial initiative and CBS wanted to implement a national pay process. Instead CBS has committed to employees that they will be maintaining employee pay throughout this pandemic. With our hours being decreased, either by cancellation of mobile clinics or the cancellation of plasma at the London clinic, we all realized that meant our pay would be decreasing. I have been working with our LRO and ONA Central in how this will work. This will be a national process for all employees.

The following statement has just been released as of May 25<sup>th</sup>, 2020 by CBS

“We are providing support for non-full-time employees whose earnings may have been reduced due to COVID-19 through our newly implemented pandemic top-up. This new measure is intended to provide part-time and casual employees with their regular pre-pandemic pay, whether they are currently working or on a paid leave of absence. “Regular pay” is calculated based on the employee’s 26-week average in the weeks prior to March 15, 2020 when the pandemic was declared. If you are affected, your paycheck may look a little higher on May 29. The first installment of the pandemic top-up is related to the hours worked from May 11–24. Any retroactive top-up from work performed from March 16–May 10 will be processed on later paychecks.

The pandemic top-up is a new process for timekeepers and payroll, so there may be adjustments required along the way. To ensure we are supporting affected employees as best as possible, we encourage you to speak with your supervisor or manager or use the dedicated email we have set up to receive your feedback and answer your questions: [pandemictopup@blood.ca](mailto:pandemictopup@blood.ca). The dedicated email is also available to supervisors and managers. To give our schedulers/timekeepers the time they need to make the necessary adjustments, we ask that you use this dedicated email for all of your questions and comments instead of contacting them directly. Please provide as much information as you can and a member of the team will respond as soon as possible.” Also remember that no overtime, premiums, meal allowances or non-statutory payments in lieu will be compensated, compensation will be based on actual hours worked. It is not known how long this pay system will continue, however it will depend on the duration of the pandemic, availability of work, funding etc.

I also hope that everyone had a **Happy and Healthy Nurses’ Week!** It has been a stressful time for everyone, one of our main hurdles we have overcome has been getting the proper PPE for everyone during this unprecedented time of the COVID 19 virus. Just to ponder for a moment and celebrate what ONA has accomplished by advocating for us in getting the proper PPE, is cause for celebration at Nurse’s Week! We have all been working diligently behind the scenes to make this happen! I want to particularly thank our President Vicki McKenna and her team for all the support, education and town hall meetings, to regularly update us and help strategize to make the Precautionary Principle a priority and to allow our voices heard for when point of care assessments are done in situations when our professional opinions count! I also want to personally thank our Local 100 staff and LRO Jill Allingham for all the support in answering questions, filing grievances and relaying our frontline stories to ONA on our behalf. I could not be more proud to belong to such a great union as the ONA! The team work has been exceptional.

Sadly though we must also remember one of our own members and all the healthcare workers who put their safety above others. I can’t help but think that of the lives that have been lost were so unnecessary. The delay in getting the proper PPE is something we shouldn’t have to fight for. PPE should always be available for when it’s required.

Our work is not done and we will not rest on our laurels, as the pandemic is not over and the situation may change in the future. Please know that ONA and I as your BUP are keeping a close eye on changes that may affect us or our work. If you have any concerns please bring them forward.

How rather ironic that May 12<sup>th</sup> was the 200<sup>th</sup> anniversary of Florence Nightingale's birth, and that the year 2020 is the International Year of the Nurse and Midwife. This is not how I imagined that we celebrate, but perhaps it’s a

## *CBS Report cont'd*

time of reflection on the importance of our role as nurses!

It's been gratifying to hear of so many accolades from the public, let's keep that momentum going, and be proud to be nurses! We need to toot our own horns too! We deserve those accolades and the proper personal protection equipment to do our jobs safely.

Lastly, 2 reminders; Bursary applications are due July 15<sup>th</sup> and ONA elections will be held in the fall. Anyone contemplating running for office for any of the positions, including BUP, Health and Safety Reps, or Labour Management Committee member, please let me know of your intentions, so that I can get the proper paperwork to you.

Keep doing a great job everyone and hope you all stay safe!

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

I hope everyone had a great nursing week despite the current situation!

I have put carbon copy PRC (workload) forms on each floor-if you feel you are putting your license at risk- fill out the form. Remember that LTC members are being reported to the CNO more since the Long term care inquiry. You need to protect yourself and the CNO will ask about workload forms if they were to come calling.

I have copies of our current contract in my office. If you would like a copy let me know.

I met with Suzi and Sue Roberts to discuss the pandemic preparation/ policies/ legislation and PPE. If after completing your assessment you feel you need an N95 for your safety, they are in the pandemic room - use them if your assessment indicates to use them. You must stay safe.

I am part of the JHSC currently as our representative (Charlene) is off. We are meeting every 2 weeks and discuss how much PPE we have and other pandemic issues. For updates watch for memos at work and you can go to the ONA website for updates (ONA.org) as well. I hope you have been taking part in the Town Hall meetings to keep yourself up to date on pandemic issues. Come talk to me if you have concerns about COVID and what is happening at work.

Pandemic pay is still in process- the government hasn't decided how they are going to release the funds.

Please remember to check your paystubs carefully. There has been a few issues.

Any incidence of violence must be reported to me as well so that I can keep our LRO up to date on violence in our workplace.

Everyone has been doing a great job! to keep us COVID free. This pandemic will be something to tell your grandchildren about in years to come! Remember to stay safe at work and home!

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

Unfortunately, due to Covid-19, no LMM's have been held since our Feb 05, 2020 meeting, as everything seems to have ground to a halt. As we were recently given the word that we are moving forward with previously scheduled labour management meetings, by the time you read this, we should have held the LMM scheduled for June 02, 2020. Agenda items such as staffing and issues related to the most recent vacation selection debacle should consume a significant portion of the meeting. Given that vacation selection process revisions will no doubt be top of mind for many of you, when it comes to "wish list" ideas for negotiations next round, please continue to email me with your experiences, as I am forwarding them on to the LRO. Marie has read all sent to her thus far and is gaining an awareness of the frustration the members are feeling. From your emails, we will learn what areas of the process that need revision. We welcome your feedback, but you must put it in writing. Hallway conversations don't count.

The current collective agreement expires on December 31, 2020. The Union can give notice to bargain 60 days in advance of the expiration of the agreement, so we shall be seeking input via the "wish list" ideas from the membership over the summer months in order to be prepared in a timely manner. Given, we are still in COVID mode, it's unknown as to what form negotiations will take, or whether they will even be delayed. In the meantime, we will move ahead with preparations, as if they will move ahead on time. Remember, we select issues to be raised at negotiations based on the percentage of the membership who raise the same issue, so it might be a good idea to start thinking about it. I will send out forms via email, in due course.

Thanks to those who have sent in your Green Shield receipts when there have been shortfalls in payment and downright refusals to pay, by Green Shield. At the time of print, a meeting with LHSC's benefits specialist, Christine Bonatsos, has been scheduled for the same day as our LMM, so unfortunately it has not yet taken place. Once there is news to share, I will send it out via the home group email system. It's astounding, that eight months after transitioning from Manulife to GSC, that such a degree of incompetence should be allowed to continue, in a benefits provider that is serving such a large employer as LHSC.

I anticipate this to be a busy fall, what with negotiation preparations, as well as Local and Bargaining Unit elections happening. Historically, these elections have been held every second year. At the Biennial in November, 2019, it was decided that going forward, the term for Local and Bargaining Unit Executive positions will be three years. The positions up for elections can be seen on the ONA bulletin board, down what used to be referred to as the "Sup's Hallway," and will be outlined in an email sent out by Ellie closer to the time, that will include the nominations form as well as all the necessary details to apply. The deadline for the call for nominations for the various positions will be Friday, Sept 11, 2020. The final list of nominees standing for election, will be posted on Friday, Nov 13, 2020. The elections will be held on Wednesday, Nov 25, 2020. Details of where you will actually vote this year, will be circulated closer to the time. We're reminding you of the election this far in advance, in order for you to have time to consider running for any of these positions. Something that you may not be aware of, is that there is plenty of ONA led education available for those who step forward. Check out the ONA website, at [www.ona.org](http://www.ona.org). I should probably mention now that Ang and I will be calling it a day at the end of this term (December 31, 2020), as far as holding any b/u executive positions goes, so it is **vital** that you consider stepping forward to become engaged in the work of the Union. Unfortunately, over the years, fewer and fewer members have shown interest in filling positions on the b/u executive, thereby at least "getting their feet wet," so to speak. Consequently, it has come to a point that it will be nearly a total rebuild of the b/u executive, this Fall. Although, there is no official policy that members can't hold more than one b/u executive position, I don't recommend it. If "many hands make light work," then the more people that are having to double up on committee positions, the more burdensome it will become to the few that are left, holding those positions. Help your colleagues out and become engaged in the work of the Union.

I wanted to close by thanking a very generous Radiation Oncologist, Dr. David Palma from the LRCP, who is the only person other than our patients and professional association, the O.A.M.R.S. who has recognized us to be **front line workers**. Dr. Palma made a very generous gift to the Radiation Therapists on his own, realizing that we had gone unrecognized throughout the numerous revisions of eligible workers for the Pandemic Pay Premium. For the benefit of those reading this newsletter who are not from our bargaining unit, I would like to share an excerpt from Dr.

## *LHSC MRT&D cont'd*

Palma's accompanying email directed to the LRCP Radiation Therapists: "Over the past several weeks, I've been extremely impressed by the dedication and compassion I've seen in our department. You are providing critical, life-saving (or life-improving) treatments to some of the most vulnerable people in our society. You are helping others even though it does put you at risk - hopefully, the risk is very small now. For most of the Rad Oncs, we can spend our days in our offices and see patients by video, but you are truly on the front lines." We take comfort in those words, given who said them!

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

### **HOSPITAL CENTRAL ARBITRATION AWARD**

The binding decision of the Arbitrator was released this past Monday, June 8, and as expected, the arbitrator adhered to the law and complied with Bill 124. The decision has caused a significant amount of anger amongst nurses, and rightly so. I too am angry, I am angry with a government that passed legislation in November 2019 that restricts our right to free collective bargaining and imposes 1% limit or less on wage and benefit increases. I'm also angry with our employers who sat quietly at the bargaining table and refused to defend the value and respect of our front-line nurses. But this is hardly surprising. The OHA routinely tries to slash and burn our collective agreement rights every time we sit down to bargain.

I know that ONA did all that it could to achieve the best deal possible under the laws that direct us, and all health care unions, on how we bargain collective agreements. It is ONA's belief that Bill 124 is unconstitutional, and a court challenge was filed this past January and it gives me hope to see that similar legislation in Manitoba was recently struck down by the courts.

I would be remiss of me not to acknowledge the newly formed "Ontario Nurses for a Protest." I'm not surprised with its growing membership however, if protesting nurses must be cognizant of the public health limitations currently in place on public gatherings, and our obligations to uphold the professional standards of the CNO. As the profession most trusted by the public, there is a significant risk that the actions of this group may not always be well received.

### **PANDEMIC PAY**

I know everyone is frustrated with the continued delay in receiving the promised pandemic pay and if this was a grievable manner I would have filed one long ago. This is a promise from the government, much like an election campaign promise, and there is nothing in law that binds the government to fulfill their promises, other than public pressure and the fear of losing the next election. ONA central has been engaged with pressuring the Minister, as Local 100 has been pressuring the employer from our end. HR confirmed today that LHSC has not received its funding. Please don't hesitate to bombard Mr. Ford and Ms. Elliot with emails and phone calls.

ONA has collaborated with our Union Partners in sending joint letter to the CEO's of both the Foundation and LHSC to ask that the money collected through the Foundations CoVid-19 fund raising campaign (approximately \$500,000) be used to top up the pay of our peers excluded from the list. We have not received a written reply to our letter but have been indirectly advised that they will not. Shame on them!

## *LHSC RN BUP Report cont'd*

### GRIEVANCES

Green Shield continues to reimburse nurses for less than they submit on their benefit claims and we have filed several hundred grievances. Several discussions have taken place with the employer and we hope to resolve this matter soon. It is ONA's position coverage should remain the same. Please keep sending us your claims information if you are not fully reimbursed and we will gladly look into it for you.

There has been an increased effort on both sides to resolve outstanding grievances through a mediation process suggested by ONA. This past week we met with the Director of HR and settled over 100 outstanding grievances and withdrew 7, all in one day.

### EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT

Until June 19, 2020, and as extended by the government, Health service providers shall and are authorized to do the following:

Identify staffing priorities and develop, modify and implement redeployment plans, including the following:

- Redeploying staff within different locations in (or between) facilities of the health service provider.
- Redeploying staff to provide assistance described in paragraph 2.1 within a long-term care home.
- Redeploying staff to work in COVID-19 Assessment Centres.
- Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work.
- Changing the scheduling of work or shift assignments.
- Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise.
- Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.
- Using volunteers to perform work, including to perform bargaining unit work.
- Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan.

Although you may be redeployed, we have assurances from the employer that they will adhere to the scheduling provisions of the Collective Agreement and approved vacation requests will be honoured. All other provisions of the Collective Agreement remain in effect. Any scheduling violations brought to our attention have been corrected by the employer. Click the link below for full details on the order

[https://www.ontario.ca/laws/regulation/200074?\\_ga=2.92661726.2146489651.1592268065-1495839094.1590976243](https://www.ontario.ca/laws/regulation/200074?_ga=2.92661726.2146489651.1592268065-1495839094.1590976243)

### DID YOU KNOW?

I've recently heard from a few nurses that there is an expectation to arrive on the unit at least 15-30 minutes before the start of your shift, and that you are required to stay anywhere from 15-30 minutes post shift, without pay, to complete your charting. This is incorrect. Article 13.01 of the Collective Agreement reads:

*.....it being understood that at the change of tour there will normally be additional time required for **reporting** which shall be considered to be part of the normal daily tour, for a period of up to fifteen (15) minutes duration. Should the reporting time extend beyond fifteen (15) minutes, however, the entire period shall be considered overtime for the purposes of payment under Article 14.*

## ***LHSC RN BUP Report cont'd***

If you choose to arrive early, you do so without pay, and you spend additional time at work without compensation. However, if you move that time to the end of your shift, you spend the same amount of time at work, and you are entitled to OT.

It is entirely possible that you would not be covered by LEAP, malpractice, WSIB or hospital liability if an incident were to occur before your shift begins.

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## ***LHSC RN HR&E/RTW Report - Jasen Richards & Katie Warrington, VP's***

Hello from Jasen Richards and Katie Warrington, your ONA Local 100 reps for Return to work/Accommodations/WSIB. During these unprecedented times we are here to assist you with COVID 19 related concerns as well as the usual return to work/accommodation/WSIB needs.

There have been a number of staff who have been exposed to COVID 19 without proper PPE while at work. Please call the ONA Local 100 office 519-667-0937 or email at [local100@skynet.ca](mailto:local100@skynet.ca) as ONA is tracking all exposures. ONA is able to use this data to make recommendations to the employer to better protect our members. ONA has been finding that there have been many discrepancies on what the employer considers to be an exposure to COVID 19. If you feel you may have been exposed please contact Jasen, or call the Local 100 office. Recommendations for steps to take in reporting/dealing with the exposure are based on individual circumstances, and are not always as clear as what the employer thinks they are.

There are so many unknowns with COVID 19, especially when it comes to long term effects. ONA strongly recommends members submit a WSIB exposure claim. WSIB benefits can potentially provide coverage for a member's entire working career VS hospital benefits that only cover full time employees with limitations while employed by the current employer.

## *LHSC RN HR&E/RTW Report cont'd*

In the last few months there has been a significant increase in issues related to accommodations. If you are requiring an accommodation please connect with Jasen, Katie or call the ONA Local 100 office. We can assist you with this process. Occupational Health's role is not to be considered as a health care provider/advocate for our members. They are there solely to support the employer. We are also finding more recently that occupational health has been pressuring ONA members to provide more personal health information than what is required. Some medical information is required to support absences or accommodation/restrictions needs, but many times not on the level that occupational health is requesting. All health information should be communicated to occupational health directly through the member. ONA recommends members to email the medical notes directly to Occupational health. Direct occupational health contact via phone to the healthcare provider should **never** happen. A Member should always be aware of all medical documentation that is being shared with the employer.

In these uncertain times of COVID-19, the care nurses provide is more important than ever. As nurses, it's vital we take the same time to care for ourselves/our families, so we can continue to care for others. Stay safe everyone!

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

Report from Ricki Dolsen

ONA Local 100 has focused on the multiple effects this pandemic has had on the health and safety of our members, and the significant challenges created along the way. It is very clear that front line health care workers have been tragically let down by the lack of preparedness of health care employers, provincial and federal governments, and the Ministry of Labour. During the pandemic Local 100 has been exerting our influence wherever possible to motivate the employer on various health and safety issues, and will continue to do so.

These unprecedented times and employer negligence have resulted in nurses having to make difficult choices, deciding between their duty to the patients they serve, and the safety of themselves and their families. Their decisions led to job action the health care sector has rarely seen. While there were multiple work refusals attended by myself, and the VP / UH Site Rep Margaret VanPuymbroek and President James Murray, most were not upheld as the Ministry of Labour continues to fail to enforce the laws for the protection of front-line health care workers. Despite the result, the effects of that job action caused significant concern at Queens Park and the Ontario Hospital Association. I want to take the opportunity to say to all the brave nurses that exercised the right to refuse unsafe work that I was never so proud to be a nurse, and to fight alongside you for our basic legislative rights to be provided, and to have access to the appropriate protective equipment. On behalf of your peers I thank you for speaking up for the health and safety of yourselves, and all frontline workers. Your voices were heard provincially and it made all the difference. I strongly believe it helped facilitate Directive number five that supports a nurse's ability to determine the level of PPE based on the nurse point of care risk assessment and clinical judgment.

In addition to my role as VH safety lead I have been given the opportunity to take on the role of Joint Health and Safety Worker Co Chair. This has allowed ONA to participate in the daily COVID meetings with Union Leads, the Directors of HR and OHSS, and the Regional Allocation committee meetings of Ontario Health West. Through these venues ONA has been able to raise concerns related to: the lack of personal protective equipment (Surgical Masks, N95 respirators, gowns, shields and gloves); issues related to patient/staff perimeter screening process and screening criteria; advocate to ensure that physical distancing could be maintained throughout the workplace; advocate that the employer implement phase four masking all staff upon entry to the building are masked, at all

## *LHSC RN Occupational Health & Safety cont'd*

times; address concerns with the fit-testing process that left our members at risk to exposure; better pandemic cleaning protocols, put a stop to re-use of PPE protocols, advocate for increased access to PPE, ability for nurses to determine the level of PPE needed, purchasing and fit testing of reusable respirators, re deployment of staff to LTC, and recently, addressing the limitation and safety concerns related to new products (ie. Ethanol based Hand Sanitizer, Gowns, Face Shields) being introduced to your workplace.

There have been numerous occupational illnesses due to exposure to COVID and prolonged usage of masks. Many members have had varying degrees of facial breakdown and/or allergic reactions. Please consider how skin breakdown may impact the fit of your respirator, and contact the office if you have concerns. The importance of filing AEMs reports goes without saying, if you are not satisfied please give ONA a call, and we can help guide you in escalating your concerns.

Many members have encountered issues with being properly fit tested to different models of N95 respirators including failed quantitative testing. Should you have any concerns that you have been improperly fit tested, or it has been suggested by a fit tester that it is normal to taste the bitter solution - know if you taste the bitter solution you've failed the fit test according to CSA standards. Please ensure if you have failed qualitative fit testing that an appointment for quantitative fit testing is arranged. Note you should never be re-tested for a model you have failed; you should be fit tested to a new model. ONA continues to send the employer the names of member's that have expressed concern with improper fit testing to ensure follow up with each of those members.

There has been many concerns raised with the re deployment of staff to LTC homes, while it has impacted UNIFOR members with PSW and RPN deployment more so than ONA. ONA has collaborated with UNIFOR through the JHSC Worker Co Chair role to ensure the following: that inspections of the homes are completed, recommendations are made to LTC, ensure any written health and safety reports are shared with LHSC JHSC, and ensure adequate safety training prior to being redeployed. When issues have arisen we have been able to successfully put re deployment on hold until the safety concerns are investigated, a reassessment is conducted, and recommendations are implemented.

While the focus has turned to the pandemic response to health and safety, violence and aggression incidence has trended downward. Not surprising as the patient census has decreased as well as restricted visiting. I have continued to meet with leaders on these serious concerns most recently mental health, and B9 ortho trauma.

ONA will continue to be a strong voice as we continue through this pandemic advocating through JHSC, daily COVID meetings, the Regional Allocation Committee, and work with our other health care unions on the safety concerns that are so very important to all frontline healthcare workers.

Lastly but certainly not least I want to take the opportunity to acknowledge the safety reps who stepped in to assist me during this very busy time. Thank you, Jeff Richards, for helping me manage some of the competing priorities by attending assessments, reviewing AEMs, and researching information, and Lindsay Carnahan for stepping into the alternate co-chair role. I appreciate all the support and assistance you two have provided since this pandemic started. Also, a special thank you to all our safety reps for being our eyes and ears and making sure we have current information on the issues related to COVID and all health and safety concerns. Without you ONA would not be the effective team that we are.

If you have questions or concerns, require guidance or general health and safety issues please call the Local 100 office.

## *LHSC RN Occupational Health & Safety cont'd*

Report from Alan Warrington

The pandemic has created several challenges for the health and safety of our members. ONA continues to seek answers and resolution, from the employer, to the many issues that have arisen. The employer, the Provincial, and Federal governments were not adequately prepared for this eventuality and this has been borne greatly by frontline healthcare workers and first responders alike.

Through several forums, ONA has raised concerns related to: the lack of personal protective equipment (Surgical Masks, N95 respirators, gowns, shields and gloves); issues with the perimeter assessment areas and the screening criteria; advocated to ensure that physical distancing could be maintained throughout the workplace; advocated that the employer implement a masking process upon entry to our facilities, at all times, except only to eat and drink; supported the brave and courageous RNs who exercised their right to refuse unsafe work; instructed and addressed concerns with the fit-testing process that left our members at risk to exposure; and recently, addressing the limitation and safety concerns related to new products (ie. Ethanol based Hand Sanitizer, Gowns, Face Shields) being introduced to your workplace. The Joint Health & Safety Committee (JHSC) has been almost singularly focused on COVID19 issues for the last 2 months.

However, despite a reduced census throughout our workplace, incidents of violence and injuries continue to occur. Continue to fill out AEMs for these situations as you have done so in pre-pandemic times. Due to the prolonged usage of masks, many members have varying degrees of facial breakdown. It is paramount that you take all necessary precautions to raise any level of skin irritation or breakdown to your area leadership, completing an AEMs and following up with OHSS. Facial skin breakdown, like our hands, poses significant risk to your safety and well being, do not ignore this fact.

Many members have faced issues with being properly fit tested to alternative N95 respirators, up to and including failed quantitative testing, considering significant shortages. Should you have any issues (such as an inability to taste the bitter solution or during movements you can taste it) during your testing, please do not accept any tester suggesting that this is acceptable, you've failed the fit test. Ensure that you are referred to quantitative testing with Occupational Health & Safety Services. ONA is addressing the issues with the employers provisions for fit testing that are outdated based on the CSA standards.

If you have questions or concerns, require guidance or general health and safety issues please contact the office, who can redirect you for follow-up.

**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	2019/1500	2017/4500	2009/16500	2000/30000	1995/37500
FT vacation hours accrual per pay	4.33	5.77	7.21	8.65	10.09

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

### Report from James Gibbons

The last three months has really challenged all front line workers from equipment and supplies, to redeployment of staff. As a Critical Care Nurse it was amazing to see the support from all front line workers, as we all came together in these unrepresented times. And I am thankful that we never experienced some of the predicted modeling numbers.

Because a lot of services have been on hold, we have seen a sharp decrease in the number of workload forms due to the decrease in overall census. However once we start resuming services, I would anticipate seeing an increase in workload forms. So with that in mind, I think it's important to review the process for completing a workload forms.

- Have a conversation with your peers, discuss your issues with charge nurse. Can the assignments be changed?
- Establish lines of communication to seek immediate assistance from individuals who has the responsibility for a timely resolution. This might be a Charge Nurse, on-call manager etc...
- Failing resolution of the workload issue, complete the online Professional Responsibility Workload Form. The electronic form can be signed by multiple nurses prior to sending.
- Have a conversation with your manager or designate as soon as possible. This could be an in person conversation or by email. All ONA members are entitled to the support of a union representative at any time for any conversation with the employer.

### Report from Lorri Skellett

Thank you to all the staff who fill out PRW forms identifying a workload issue. These should be filled out when you are struggling to meet your CNO Standards, guidelines and LHSC policies. Also, please remember when you are having a workload issue, please contact the After Hours Coordinator in the moment and if they can offer no solution, please contact your leadership on call to give them a chance to resolve your issue. If there is no resolution to your workload issue, fill out a PRW form. 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.

Please see the chart on the next page for the status of forms submitted.

## *LHSC RN Professional Practice cont'd*

Site	Units	Dates	Issues	Local Meeting	Status
VH	OBCU	December 10, 2019, February 20, 2020	Short RN staff.	Spoke with staff. Lunch and learn with staff.	Monitoring
VH	NICU	December 22, 2019, February 5 and 24, 2020	Short RN Staff.	Spoke with leadership and postings up.	Monitoring
VH	Medicine A	December 28, 2019	Short staffed and frequent redeployment without training	Met with staff and also did lunch and learn with staff	Monitoring
VH	Medicine B	March 5 and May 1, 2020	Short staffed, no trained D7 staff on unit, staff redeployed.	Spoke with leadership	Monitoring
VH	Medicine D	February 24, 2020	Redeployment issues	Spoke with leadership	Monitoring
VH	Adult Mental Health	February 6, March 11 and 26, April 4 and 23, 2020	Short staff, inability to replace charge nurse sick calls	Met at PRW resolution and recommendations made	Monitoring
VH	Child and Adolescent Mental Health	January 26 and 28, 2020	Short staffed	Met at PRW resolution and recommendations made	Monitoring
VH	Vascular Surgery and Cardiology	December 1, 2019, January 21 and March 12, 2020	Short staffed for acuity on unit	Lunch and learn held for staff	Monitoring
VH	MBCU	December 11, 2019	Short staffed	Lunch and learn with staff	Monitoring
VH	PMDU	December 24 and 31, 2019	Short staffed, continuity of care and patient volumes	Met at PRW resolution and recommendations made	Monitoring
VH	Pediatric ED	December 23 and 27, 2019	Short staffed	Spoke with staff	Monitoring
VH	Ortho/Trauma	January 3 and February 13, 2020	Short staffed	Held lunch and learn for staff	Monitoring
VH	VAST	April 14, 2020	Short staffed	Spoke with staff. Postings up for staff	Monitoring
VH	Cancer Clinic	January 15 and March 30, 2020	Short staffed, work refusal related to PPE	Ministry of labour in to unit. Spoke with staff.	Resolved
VH	Day Surgery	March 11, 2020	Short staffed for patient volumes	Spoke with staff and leadership	Monitoring

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

Hopefully everyone had a good nurses week and celebrated in some way. This year nurse pioneer Florence Nightingale was born 200 years ago. As such, the year 2020 is the year of the nurse!

Just a reminder, when being called in to talk with management always request a union representative to be in attendance. Being your Bargaining Unit President I should always be there, so always ask management before hand to ensure that this is set up.

Also, if at any point you feel there is a workload issue please fill out a Professional Responsibility Workload Response Form. These should be filled out when you are having difficulty to meet the CNO standards and your quality of care is compromised. Always make management aware of the issue, then fill out the form so that the concerns are documented.

Now that the nice weather is here hopefully everyone gets some time off to relax and has a great summer!



# HIGHLIGHTS OF COLLECTIVE AGREEMENT CHANGES AS A RESULT OF THE STOUT AWARD and ITEMS IN AGREEMENT BETWEEN ONA and PARTICIPATING HOSPITALS

TERM: April 1, 2020 to June 8, 2021

## 1. Compensation

- Effective April 1, 2020: 1% across the board increases for all classifications including health care professionals.
- Effective April 1, 2021: 1% across the board increases for all classifications, including health care professionals.

### RN Salary Grid (Full-time):

- Effective April 1, 2020, \$33.56 to \$48.05
- Effective April 1, 2021, \$33.90 to \$48.53

### RN Salary Grid (Part-time, including 13% in lieu of benefits):

- Effective April 1, 2020, \$37.93 to \$54.30
- Effective April 1, 2021, \$38.31 to \$54.84

### RN Salary Grid (Part-time, including 9% in lieu of benefits):

- Effective April 1, 2020, \$36.58 to \$52.38
- Effective April 1, 2021, \$36.95 to \$52.90

### Registered Nurse – Full-time (hourly rate)

Step	Current	April 1, 2020	April 1, 2021
Start	\$33.23	\$33.56	\$33.90
1 Year	\$33.39	\$33.72	\$34.06
2 Years	\$33.94	\$34.28	\$34.62
3 Years	\$35.62	\$35.98	\$36.34
4 Years	\$37.30	\$37.67	\$38.05
5 Years	\$39.40	\$39.79	\$40.19
6 Years	\$41.52	\$41.94	\$42.36
7 Years	\$43.64	\$44.08	\$44.52
8 Years	\$46.75	\$47.22	\$47.69
25 Years	\$47.57	\$48.05	\$48.53

- **Retroactivity (Article 19.10)** - Retroactivity will be paid within four full pay periods from June 8, 2020 (August 7 or sooner) on the basis of hours paid. Retroactivity will be paid on the 1% general wage increase.
- **Wage Reopener** - The Board remains seized with respect to a re-opener on compensatory proposals in the event that ONA is successful in having Bill 124 declared unconstitutional by a court, or the Bill is otherwise amended or repealed.
- **Article 17.01 (g)** - Amended to provide 13% in lieu of benefits to employees working full-time after age 75.

## 2. Premiums

- **Article 14.06** - Effective April 1, 2020, amended to provide for double time (2x) regular straight time hourly rate when called back to work.

## 3. Job Security

- **Article 10.07 (c)** - Amended to include vacancies resulting from an employee who is returned to their former position under this provision. If the return is within 30 days, the applicant list from the original posting will be utilized and if there is no qualified applicant it will be reposted.
- **Article 10.07 (d) ii** - New language - vacancies under 10.07 (d) i) that are expected to exceed sixty days will be posted.
- **Article 10.07 (e)** - New language for specific time limited temporary positions of greater than 60 days and up to six months will be posted. The position may be extended upon mutual agreement for a further six (6) months, however if it extends past the end of the term, the position will become permanent and be posted.
- **Article 10.07 (f)** - Amended six (6) months to nine (9) months from date of transfer for which a nurse need not to be considered for another permanent vacancy.
- **Article 10.08 (e)** - Amended so that notice of elimination of a vacant position will no longer require five (5) months' notice. At the time the decision is made to eliminate a vacant position or intent to not fill a vacated position, notice is to be provided along with the reasons for the elimination and a meeting with the Union will occur.

- **Article 10.11** - Amended to allow temporary transfer to positions outside of the bargaining unit in cases of pregnancy or parental leaves for up to 18 months to coincide with the *Employment Standards Act*.
- **Article 10.12 (c)** - A clarity note was added to ensure the use of agency nurses will be limited to ad hoc single shift coverage of vacancies due to illness or leaves of absence, all other agency use must be approved by the Union.

#### 4. Sick Leave

- **Article 12.05** - Clarifying an employee's long-term disability benefit appeal denial must comply with the carrier's medical appeals process (if available) prior to grievances being advanced to arbitration, provided that the process is complete within 90 days unless the parties mutually agree to extend that time.

#### 5. Leave Issues

- **Article 10.04** - Effect of Absence (full-time) amended to reflect the period of parental leave is up to sixty-one (61) weeks or sixty-three (63) weeks for adoptive
- **Article 11.07** - Pregnancy Leave amended to reflect the *Employment Standards Act*, up to seventeen (17) weeks.
- **Article 11.08** - Parental Leave amended to reflect the *Employment Standards Act*, up to sixty-one (61) weeks or sixty-three (63) weeks.
- **Article 11.10** - Professional Leave amended to reflect nurses appointed to the College of Nurses (or other Regulatory College) as well as those elected.

#### 6. Workload and Professional Issues

- **Article 8.02** - Wording was changed from "inimical" to "detrimental" with the addition to the reference of "quality" patient care.
- **Article 9.04** - Amended to ensure nurses will receive orientation to the role of charge nurse on that unit before being assigned the role.
- **Article 9.15** - Clarification note added to include online examinations.
- **Article 13.01 (d)** - Amended to change "lunch" break to "meal" break.
- **Appendix 2 List of Professional Responsibility Assessment Committee Chairpersons** - Added Ella Ferris and removed Carol Anderson and Leslie Vincent.

- **Appendix 6 Workload/Professional Responsibility Workload Report Form** - Amended to add time and date manager notified and a checklist format for at risk Nursing Standard(s)/Practice Guidelines.

#### 7. Occupational Health and Safety

- **Article 6.05** - A proposal was tabled on April 9, 2020 to address emerging issues with Personal Protective Equipment and point of care risk assessments as the global pandemic continues to evolve. The Arbitrator remains seized and remitted the proposal back to the parties to negotiate within 90 days of the award.

#### 8. Enforcement

- **Article 5.05** - Amended to include professional designation to the information the Hospital must provide to the Union with dues remittance and a clarity note that all Regulated Health Professions are treated the same under this article.
- **Article 9.11** - Amended to include training related to the introduction of technology will be in accordance with Article 9.07.
- **Article 9.12** - Amended to include coaching letters, which employees may request to have removed when no longer applicable.
- **Article 9.18** - Amended to include a written request for a letter of employment will be provided either during or at the end of employment.
- **Article 10.14 (b) iii)** - Amended to clarify the retirement allowance calculation for part-time.
- **Article 10.16** – New language - Information Reported to the Union. Moves all existing and new language into one Article of all information that is to be reported to the Union. The local parties are to agree to a consolidated template for such reporting.

#### 9. Administrative, Editorial and Housekeeping

- A number of editorial and housekeeping changes were made.
- Notes in Articles 16.01 and 16.06 regarding supplemental vacation removed and a new Letter of Understanding added to address any unused days.
- Letters of Understanding re: Expedited LTD Dispute Resolution Process and re: Flattened Non-Central Wage Grids arising out of the Albertyn Award deleted, all others renewed.