

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

Local General Meeting:

December 8/21 @ 1930
via ZOOM

Register by sending
email to:

local100office@ona.org

Local Coordinator Report - Alan Warrington

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“Your Union, Your Future”; “Votre Syndicat, Votre Avenir” was the slogan at ONA’s recent Biennial Convention (https://www.youtube.com/watch?v=8gx_3YnrHWs) held virtually in mid-November due to pandemic gathering restrictions. The week opened with a very powerful Human Rights & Equity (HRE) Caucus with key discussions facilitated by panelists and guest speakers addressing the following: [“Beyond good intentions: Confronting Racial Discrimination through Solidarity”](#); “Exploring Our Own Everyday Privilege”; “Fighting for a seat at the Table: Race, Gender and Black Nurses”; introduction of the Healthcare Professionals Against Racism (HPAR) group (<https://hparcanada.ca/>) and concluded with an interview of Washington Black author Esi Edugyan, co-facilitated by ONA Local 100 member and Provincial HRE Team member: Jasen Richards. ONA has reaffirmed its commitment to address inequity and injustice in our workplaces and throughout society by highlighting “Anti-racism and anti-oppression initiatives, please watch the following [video](#) for details.

In addition to presentations on the work of the union over the past two (2) years, the much-anticipated ONA Strategic Plan was unveiled to delegates. Feedback, from local and bargaining leaders as well as grass roots members, was gathered to discern what ONA is doing well and where improvements can be sought. Please stay tuned as more details and opportunities roll out in the coming months. A member portal, “Access ONA”, will be up and running soon to assist with accurate contact information databases so that important messaging reaches our entire membership in a timely manner.

At the 2019 Biennial Convention, three (3) new Board Committees were established:

- Enterprise Risk Committee
- Quality Committee
- Governance Committee

Each of these has been operationalized and reports on their work and future goals were highlighted at convention.

HOW TO REACH US?

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Coordinator Report cont'd

Constitutional amendments addressed several housekeeping issues. However, much discussion was generated around the need to have union experience to hold several Local Executive positions, specifically: Local Coordinator (LC), Vice-Coordinator, Treasurer and Bargaining Unit President (BUP). All motions passed except for the BUP position. Therefore, some prior union (the board will ensure policy is drafted to take into consideration non-ONA experience) would be required to hold/run for the first three (3) positions. However, the requirements could be waved following a discussion with the respective ONA Regional Vice-President. While language was inserted into the discipline provisions of the constitution to address the issues around cyberbullying and harassment. All local and bargaining unit elections will need to be completed on or before November 1st of the election year. This was supported to “ensure there is sufficient time for proper turnover of material/property/equipment in accordance with ONA policies. It also ensures that newly elected officers can arrange and receive any necessary time off/leaves of absence from their employer”.

Amendments to the Statement of Beliefs document were adopted by the delegates at convention. Several addressed the inclusion of the healthcare professional groups that ONA represents in addition to Registered Nurses (RNs). However, the most notable is a rewording of our vision and mission statements and the addition of “values” as follows:

Vision

Our vision is empowered members taking collective action for safe, equitable workplaces and high-quality health-care for all Ontarians.

Mission

Our mission at ONA is to defend the rights of and advocate for nurses and health-care professionals who care for the health of Ontarians.

Values

Strength and Unity: Determined and together, we harness our collective power and achieve our shared goals.

Integrity and Professionalism: We are committed to doing what is right, advancing the interests of our members, and advocating for patients, residents, and clients.

Diversity, Equity, and Inclusion: We embrace our differences and seek to create an organization, a health-care system, and a society where all people are valued, included, and respected.

The new Board of Directors (2022-2024) was introduced:

Provincial President: **CATHRYN HOY**
Provincial 1st Vice-President: **ANGELA PREOCANIN**
Vice-President, Region 1: **DAWN ARMSTRONG**
Vice-President, Region 2: **BERNADETTE ROBINSON**
Vice-President, Region 3: **DJ SANDERSON**
Vice-President, Region 4: **ERIN ARISS**
Vice-President, Region 5: **ALAN WARRINGTON**

Two very special people, and current board members, are retiring: **Vicki McKenna** (Provincial President) & **Karen Bertrand** (Vice-President, Region 5). Their passion and advocacy on behalf of ONA members, on the board of directors, has almost 30 combined years of service. We want to collectively thank them both for their immeasurable commitment and time on behalf of our members. We wish them health and happiness as they embark on their journeys of retirement life, to spend more time with friends and family. While closer to Local 100, we wish Dianne Popp (Chelsey Park BUP) a fond farewell as she too begins a much-deserved retirement. She has served in many roles on our local executive over the years and will be missed. Congratulations to you all!

Coordinator Report cont'd

I want to thank each and everyone of you for your dedication, perseverance, and tenacity as the effects of the Covid pandemic continue to test your resiliency. These last 21 months have been nothing anyone could have imagined. There is much work to do ahead to try to heal the harm caused by the lack of resources and the continued disrespect shown to us by our government leaders.

In conclusion, I would like to welcome Robert Mugford, who will transition to the role of Local Coordinator; and Darleen Evans, who will assume my responsibilities as LHSC RN Bargaining Unit UH Site Rep in the coming weeks as I transition to the ONA Board of Directors.

Enjoy the holiday season!!!

CBS Report - Marylee Lee, BUP

First off let us send well wishes to Vicki McKenna on her upcoming retirement. Vicki has been a huge supporter of the Canadian Blood Services Nurses as the ONA president. I wanted to personally extend our thanks for all the years of hard work, with her cool head and warm heart approach as she has championed our issues and followed through with our concerns. Congratulations for a well-deserved retirement commencing at the end of this year. Also, congratulations to Cathryn Hoy our new ONA president elect. Cathryn will take the reins starting January 2022 and has the experience and knowledge to jump right into her new position to represent and push this Ford government into recognizing the importance of our Nurses. There are great things to come!

Update on Bargaining- Our last Collective agreement expired on March 31, 2020. First just to recap what has happened prior to the expiry of this contract. CBS Management indicated a desire to have a Central Contract for all CBS RNs in the province of Ontario in 2019. ONA was amenable to a Central Contract and soon after I was elected to the Central Negotiating Team. The Central Negotiating Team worked hard at identifying all our concerns and went through all our individual contracts to come up with a bargaining strategy. Shortly after this the Ford government legislated the dissolution of our right to strike and implemented Bill 124 which limits our rights to bargain freely with our employer. At this time the employer withdrew its desire to bargain Centrally. We scrambled to get this new contract in place prior to Bill 124 being implemented. This was the contract that expired in March 2020. It was now more important than ever to get new language into our contract while ONA filed a Charter of Rights Challenge against this Ford's government's blatant miss use of power.

We started to bargain our new contract in February of this year and negotiations broke down in April. We went to conciliation at the end of April however the CBS management team was not budging on anything. We felt our best option was to go through the HLDA process and arbitration. The Hospital Labour Dispute Act was put in place when the government took away our right to strike. This is the point of bargaining where we stand now. We recently just received a date for this arbitration which will be December 16th, 2022. I know this seems a long way off but with the pandemic and trying to get arbitration dates back logged for all sectors, this is the best we can do. Hopefully by this time we may have a new provincial premier and more sympathy towards our plight. Please vote carefully in the next upcoming provincial election on June 2nd, 2022. It will make a difference if we all stand together in solidarity!

Please stay tuned and visit the ONA website for updates on the Charter Challenge, this is truly important for all nurses and in all sectors. There is much to be hopeful for as The Long-Term Care sector has already won a huge success with pay equity. Our union membership dues have been put to good use for these issues and for the many grievances we have been filing on behalf of our members. If you feel you have a grievance, please feel free to discuss it with me. This is a great way to speak up against how we are being treated as employees and a way to having our voices heard!

The tables are slowly turning in our favour, our employers are slowly realizing it is difficult to hire and retain good nurses. ONA is truly working hard for you by keeping the pressure on this government and our employer. We matter to the health of all Canadians and we won't put up with being disrespected any longer.

Chelsey Park Report - Dianne Popp, BUP

I hope everyone has a wonderful holiday and a Happy New Year.

This will be my last newsletter as I am retiring after December 17, 2021 after 33 ½ years at Chelsey. It has been an honour to serve as your Bargaining Unit President for over 22 years and your union representative for over 30 years. I am still looking for someone to hand the reins over to if anyone is interested.

We have held our local negotiations and are still waiting for agreement on several points. After that a ratification vote will be held for those items. Watch for the date on the ONA board.

If you are looking to change the present workload issues, you must fill out the professional responsibility and workload forms. Located in the filing cabinet on each floor or an electronic version can be found on the back computers. This enables a meeting to discuss these concerns and try to get a change. I know everyone is carrying an overwhelming workload most days. It is up to you to protect your nursing license.

ONA will be involved in discussion on the new build i.e. staff transfer/contract etc. in the new years – Stay Tuned!

Thank you to everyone that did get vaccinated. I know no one enjoys working in outbreak! Over 16,000 residents in LTC in Ontario contracted COVID. It is not clear what the CNO will do with nurses fired due to not being vaccinated.

With the provincial election coming next year in June, if you want to see change – get involved. We all need to stand together to improve our health care system for all. Tell me you wouldn't like to see more staff in LTC, better conditions for our residents and for the public in general.

LHSC MRT&D - Jason Jamieson BUP

The past few months have been an unprecedented whirlwind. On August 24 a water pipe burst and flooded the LRCP which you may have heard about on the news or in emails, but words do not convey the magnitude of this event. The leak on the second floor proceeded to flow down every crack and crevice to the first floor and ended the morning by disabling our only two CT Simulators and knocking six of the nine radiation treatment machines out of service. This resulted in chaos for most of our patients. A few radiation treatment machines were able to return over the next few days, a few over the following few weeks, and the final 2 returned to service near the start of October. It took a few weeks to get one of our CT Simulators back in service which resulted in some of our patients being referred to other cancer centres for treatment. We were able to get some of our patients scanned in Kitchener-Waterloo in the evenings and on weekends. After a few weeks we were able to get a few hours daily on a similar scanner in the diagnostic imaging department, which was incredibly helpful as was the Kitchener-Waterloo cancer centre assistance. It is great to have such wonderful colleagues in diagnostic radiology at VH and in radiation therapy in KW. Our members went above and beyond during this time, working to try to get every patient treated each day with limited resources. They worked extended shifts, sometimes working until midnight (considering we are a day clinic open from 7:30am -6:30 pm) and spent countless hours rearranging our over 200 patients each day. They exemplify great values and constantly show why they are such an amazing group of people, with a tireless drive to make our cancer treatment easier and better for our patients. It is truly an honour to work alongside these people. In the coming months we will have all our services back up, but this back up is with temporary walls, plastic ceilings and temporary carpet. It will be a long time until we have fully repaired and replaced all that was damaged physically.

We continue to proceed with negotiations. We had been stalled while we awaited decisions from ONA Central arbitration as well as the decision from the Ontario treasury board. Now that we have these results we will be pro-

LHSC MRT&D cont'd

ceeding to conciliation at the end of this year. We will then proceed to arbitration, likely in the new year. We continue to be suppressed by Bill 124 and await the results of the charter challenge. We encourage all Local 100 members to be involved and send emails to the Ontario government to repeal this bill.

Our employer's new vaccine mandate is something new for us to deal with, and we continued to evolve our response. ONA continues to strive for open discussion with the employer with any change in policy. We have had several members terminated currently with the possibility of several more. We value these colleagues' diligent work, not only over the last 20 months of this pandemic, but also over the decades they have worked with us. We continue to seek a better resolution through the current processes in place.

We are concerned with the current staffing levels and workload especially following our flooding event and the new vaccinate or terminate policy. Several jobs had been posted to fill positions which staff vacated this year, but not all have been filled. Any further reduction in staff number may result in a decrease in services available. This is deeply concerning for our patients as it may cause a delay in their care, as well as stretching our members past their limits. Members are encouraged to fill in workload forms when staffing is reduced and daily tasks are not getting done. We will continue to raise these issues with our employer and having proper documentation is essential to this process.

on behalf of our BU Reps

Jason Jamieson
BUP MRT&D
ONA Local 100

LHSC RN Report - James Gibbons, BUP

Local Negotiations

Your negotiation team started its work back in February to try and negotiate improvements to the language to our local collective agreement. We started the process by reaching out to the membership to find out what was important to you. Based on the information we obtained through the SurveyMonkey results, we formulated what the membership priorities were. In May we exchanged proposals with the employer and entered bargaining in July. ONA and the employer were able to agree on some things, but not all. The negotiation team stood firm on what we thought were items that would provide for better work life balance for our members and had little to no impact on the employer.

ONA will proceed to ratification vote Friday December 03, 2021, via Zoom. Times have sent out to the membership. Information will be provided to members prior to casting their vote.

Green Shield Canada (GSC)

GSC is our benefits provider and because not all benefits can be submitted electronically, some require that you submit the receipts and mail in your claim. Important to remember that when submitting electronic claims, it is important for you to keep all your receipts for a minimum 13 months. This is because routine audits are done by GSC. Also a complete list of what our plan covers, can be found on the people and culture web site.

Grievances

We have filed 190 grievances, they range from failure to offer additional tours to termination. We have also filed 316 benefits grievances. Tyler Boggs from Cavalluzzo has been assigned that file.

Also we are currently working through the grievance process as it relates to the vaccination policy. Grievances were filed for the terminations, as well as for any nurse placed on unpaid LOA. Any nurses that was placed on an unpaid LOA and has not been in contact with the ONA office, Please contact the ONA office (519) 667-0937 or by email local100office@ona.org

Centralized staffing

Changes are coming to centralized staffing.

Changes to the Bargaining Unit Leadership team

We have more movement within the RN Bargaining Unit Leadership Team. Magdalen Moulton-Sauvé will be stepping down from her role as the VP for Return-to-Work portfolio. Replacing her will be Michelle Black. Michelle has been a strong advocate for nurses at UH is her role as a ward rep on 8IP and VAST. She can be reached at lhscuhrtwvp@ona.org.

Also ONA Local 100 is excited to have Darleen Evans joining the team as the UH Site rep replacing Alan Warrington. Darleen has been a ED nurse for 19 years, a graduate of UWO Nursing, class of 1994. Previous ONA experience includes ward representative and Darleen has a passion for health and safety. Darleen will be joining the joint health and safety committee in January. Alan will be joining ONA Board of Directors as the VP for Region 5.

We wish everyone all the best in their future endeavors!

LHSC RN Report cont'd

Occupational Health & Safety

Over the last several months, the Ministry of Labour visited LHSC a number of times and over a number of issues. The MOL visits in response to critical injuries or occupational illness, in response to complaints or work refusals, as part of their safe at work program to audit compliance to the Occupational Health and Safety Act such as they did randomly throughout the pandemic.

They visited in response to a work refusal in the pathology lab that was not being addressed. They visited numerous times over the MRI incident when there was a quench after a vital signs machine was sucked into the machine magnet. The second MSICU fire was reported to the MOL as workers did not feel the employer responded appropriately to the first fire and as a result a second fire occurred. These events were well substantiated by AEMS and JHSC involvement and the MOL wrote several orders especially in the MRI suite where the employer was not in compliance with the American College of Radiology MRI safety Guidelines. In all these situations, those participating in the MOL visit were aware of the issues and involved staff/unions and JHSC representatives were able to collaborate the safety hazards and the steps to try to resolve before the MOL was called.

The MOL visited times and orders were written. This is a real imbalance and I wish to suggest why this has occurred. Two of our highest risk areas for violence is the VIC emerg and mental health both adult and pediatric. Many anonymous complaints were entered on line to the Ministry of Labour. Generally the MOL inspector tries to contact the complainant to understand the hazards so they have a better understanding of the issues and are prepared with the appropriate questions to dig down to the concerns. In this type of complaint the MOL comes in blind and meets with representation of the JHSC (usually the worker Co chair) and the unit leaders, members of the occupational health and safety department the first question they ask, did you know about this? The complainant suggests AEMS were completed with no identifying AEMS number- so we can't look it up, they asked the leaders if workers have brought these issues forward and they often are unclear. The MOL goes to the units identified in the complaint and speak to other workers who have not been able to substantiate the concerns reported. The result is no resolution to the concerns. No orders.

The JHSC members receive immediate notification of lost time or critical injuries but any AEMS involving no injury and perhaps a near miss, we get weekly. In one month the JHSC gets 1000 pages of AEMS sent to us electronically. In some instances, the complainant has filed a complaint very quickly after completing an AEMS and the JHSC had not yet seen it prior to the MOL visit to investigate. We have no knowledge of the events leading up to the complaint.

This has occurred so many times this summer that the MOL called a meeting with the JHSC co- chairs, occupational health and safety leadership, all the directors and the ONA Bargaining Unit President.

The conversation as around the failure of the Internal Responsibility System.

What is the Internal Responsibility System? (IRS)

The IRS is not covered under the OHS Act but rather it is a philosophy that underlines the accountabilities for workplace parties under the OHS Act. It is a system that provides for workers and employers to work together to make a workplace safe. The IRS is a result of the Hamm Commission that was formed after a number of uranium miners in Elliot Lake were dying of cancers and other occupational illnesses and their concerns were not being addressed.

The IRS acknowledges that frontline workers are the experts in safety because they know the work and with in-

LHSC RN Report cont'd

volvement of workers on the Joint Health and Safety Committee with appropriate training can identify the hazards through their Workplace Inspections. The system acknowledges and requires that employers and supervisors are directly responsible to respond to the concern raised and resolve it to prevent further injury.

What is the role of the Ministry of Labour?

The inspectors identify contraventions of the OHS Act and a failure of the IRS underlying it.

What should happen?

A worker identifies a hazard and if he/she cannot fix it immediately, they report it to their supervisor and complete an AEMS. The supervisor is required to respond to that concern and seek resolution of the hazard.

The JHSC identifies hazards through their workplace inspections and there is a Stats and Trends committee that identifies concerns identified in the AEMS and will bring it back to the JHSC.

It is the expectation that every JHSC representative review every AEMS and bring forward concerns to the JHSC or seek resolution or clarification from the leader identified in the AEMS. I will admit this has been challenging over the last year as members have struggled to get any time to do the work required of our roles. It is either leave your colleagues short or insist on the time and do the best job you can given the circumstances we all are in currently.

Where do we go from here?

The MOL has mandated that we have to fix the IRS. We were here a number of years ago when I first became chair of the JHSC and here we are again.

Louise and I volunteered for the IRS committee to come up with solutions. The best plan would be for workers to take the hazards forward to their leader who works to resolve it or escalate it as needed. If the leader is not responding and with time there is no resolution the worker notifies their JHSC representative or any JHSC member and we work to resolve it or take it forward to the JHSC to make recommendations which is the path the MOL is requesting. JHSC members will not hesitate to call the MOL if no resolution.

Bottom line, ONA can't stop our members from calling the MOL but nothing is gained by anonymous calls that can't be substantiated. If you felt strongly that a call was needed, you can enter it as anonymous but you would be willing to speak to the inspector so she/he has a better understanding of the issues and their investigation is more focused. Or you can let a JHSC representative know a concern was called in and fill him/her in on the details. Just a note- completing a Professional Responsibility Form is not the same as completing an AEMS and the JHSC does not see Professional Responsibility Forms. Anything related to safety needs an AEMS.

I am afraid of reprisal?

Under section 50.1- reprisal is not allowed when a worker is exercising their rights under the OHS Act and this is taken very seriously by the JHSC and the MOL. Notify ONA JHSC reps if you feel there has been reprisal.

I think there has been some misunderstanding among JHSC reps about their roles. There is this thought that because Louise and I are the VP's of health and safety it is our responsibility alone to address health and safety concerns. I had discussion with the MOL about this and the inspector made it clear that every member of the JHSC

LHSC RN Report cont'd

share the same responsibility as the VP's. Members of the JHSC have the same powers as the worker co- chair. If a JHSC member is approached by a worker with a concern, that member needs to respond to that worker and escalate the concern if needed. The more senior members of the JHSC are really knowledgeable and can offer advice as needed. I will say if the issue is on your unit and you worry about reprisal, any ONA representative on the JHSC should be able to step in as needed.

Other Trends

There have been a number of AEMS especially from Unifor and Cope about working short and the resultant anxieties created. The Ministry of Labour is quite clear that they cannot order safe staffing levels but they hinted if there is enough evidence that working short is leading to more injuries, they would welcome a challenge to the Labour Board because that would allow them to address unsafe staffing injuries.

We need your help. I recently responded to an AEMS where a nurse hurt her back trying to change a patient without the appropriate number of staff. She was very clear upfront they were short- the charge nurse had to take an assignment, one PSW went home sick and the second PSW was assigned constant care. What shows up in the AEMS actions that could be taken were to use the appropriate number of staff to provide the care. I responded that - the nurse was very clear upfront that they were short staffed and her injury occurred trying to do care without the appropriate number of staff because there was insufficient staff on the unit.

Please when completing AEMS be really clear, you were short staffed, by how many, how this led to your injury or near miss. We can collect this data and perhaps we can initiate change at the Ministry level.

I have to share that when I read the AEMS coming out of the emergency departments and mental health both adult and paediatrics that, I am absolutely shocked by the behaviours being exhibited by patients or their families. I am at a loss on how to address these behaviours and the lack of respect shown to the staff. The code of conduct needs enforced and repercussions for repeated behaviours needs to happen but it seems the organization is at a loss as to what to do.

Jill Ross
Louise Bowers

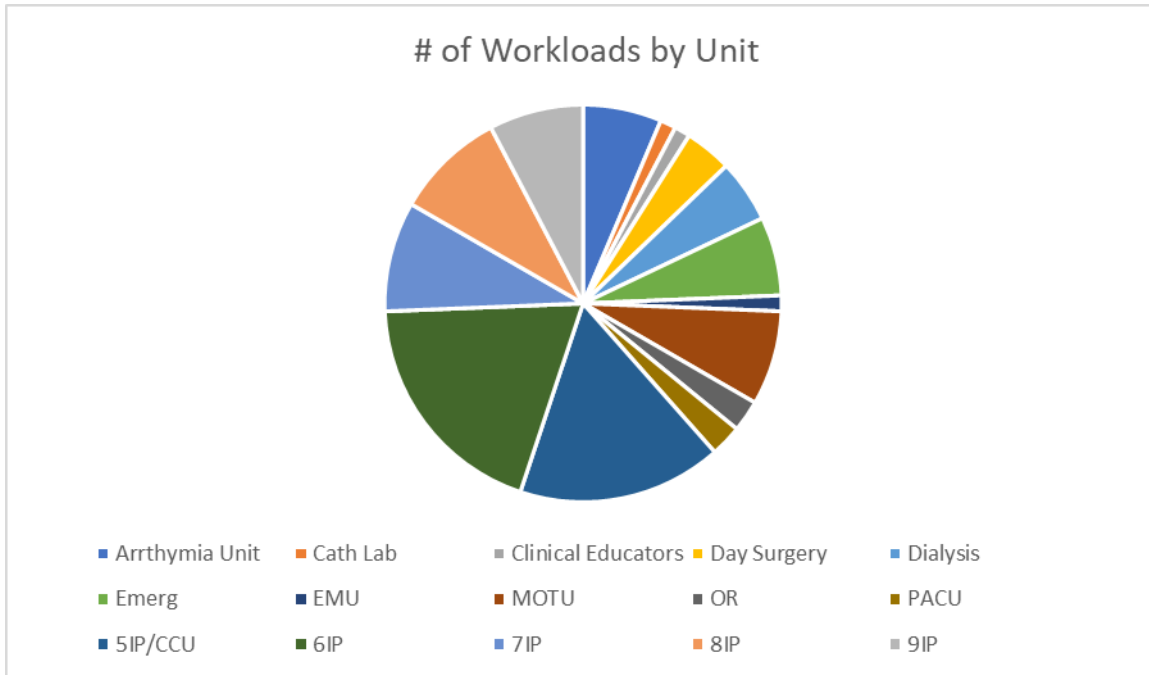
London Health Sciences Centre - Registered Nurses' Vacation Entitlement Chart

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	2020/1500	2018/4500	2010/16500	2001/30000	1996/37500
FT vacation hours accrual per pay	4.33	5.77	7.21	8.65	10.09

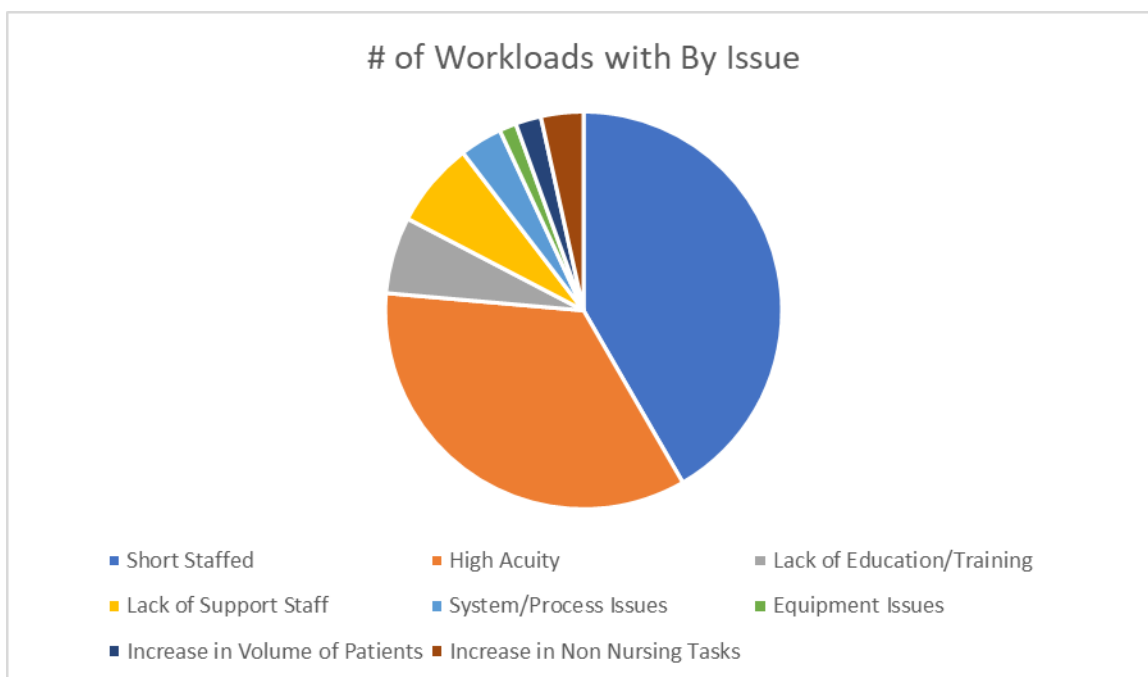
LHSC RN Report cont'd

Professional Practice, UH Site

A total of 80 workloads were received for the UH site from June 1st until October 31st, 2021. These workloads were received from 15 different units.



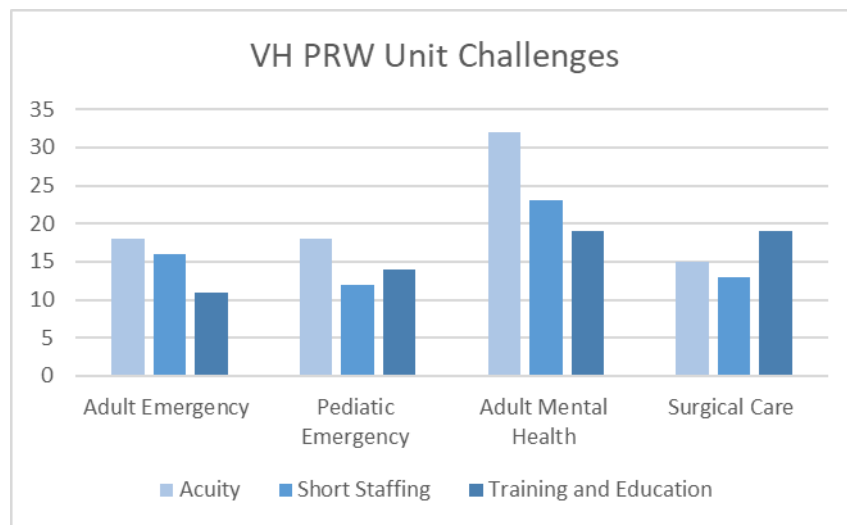
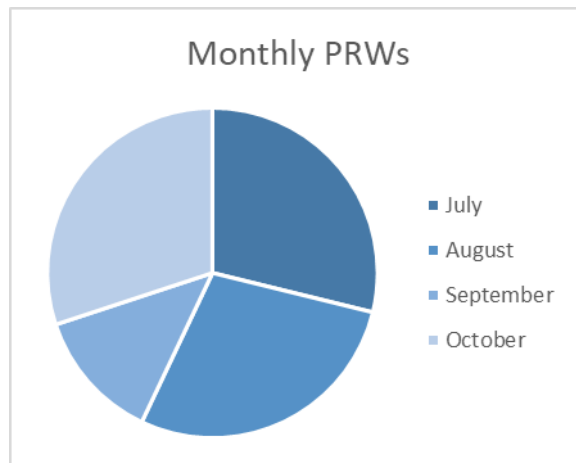
Often workloads can include a multitude of different issues. For example, one workload may have issues with short staffing, lack of support staff and high acuity. All of the issues on the different units are captured below.



LHSC RN Report cont'd

VP of Professional Practice, Victoria Hospital Site:

Nursing continues to face challenges advocating for and maintaining safe patient care within the hospital setting as evidenced by a significant increase in Professional Responsibility Workload (PRW) forms over the summer months and into the fall. Short staffing, unit vacancies left unfilled, increased patient acuity and census as well as difficulties supporting novice staff remain constant themes identified in the PRWs. To ensure nurses have the knowledge, skills, and competencies to provide excellent care to our patients, ONA has been working collaboratively with unit leadership and our members to identify training and educational opportunities as well as to rectify unit vacancies to increase staffing levels to baseline and above when necessitated. ONA continues to advocate for the identification of members to train to their full scope of practice while holding leadership accountable for providing a supportive environment to allow staff to participate in training and education.



ONA continues to work with our members, as well as unit and hospital leadership to find strategies and solutions to mitigate the risk to our patients and their care.

LHSC RN Report cont'd

Highlights from our HOODIP benefits

If you are off sick for five plus shifts, OH will request a medical note. If your medical note is not sufficient, LHSC will not pay you your sick benefits. In the medical note OH requires six points to include

- The date you were seen by a physician
- The nature of your illness or absence
- Any care/treatment being provided
- The prognosis/length of your disability, including the anticipated date you will return to work
- The degree of disability/limitations
- Your functional abilities and limitations

In the medical note you do not need to disclose a diagnosis or specific meds you may be on. OH, may then ask for an ability's status form (physical illness or injury) or a cognitive status form (mental health related). Please contact the ONA office at 5196670937, the RTW VP for VH @ LHSCvhtwvp@ona.org or UH @ LHSCuhtwvp@ona.org. ONA can assist you with these forms.

In our HOODIP plan we get 562 hrs. or 15weeks of short-term sick time. If you are not ready to RTW, you will need to apply for EI. EI is approx. \$500/week for 15weeks and can be applied online with the government of Canada @ www.canada.ca. You will need your record of employment from LHSC. Email people and services @ GO2HR@LHSC.on.ca. If you are part time, you can apply for EI, once you have been off for 1 week.

HOOPP will send you a package in the mail once you are near the end of your short-term sick benefit, to apply for free accrual. Free accrual allows you to continue your HOOP pension while you are on a health leave without the need to make your portion of contributions. You can decide to pay the hospitals portion. It is advised to apply within 60days of receiving the disability package. HOOP will ask for periodic medical updates. If the medical is not submitted, Hoop will discontinue the benefit. HOOP will continue to pay this benefit until you return to work, reach age 65 or work greater than 35 years, end membership or reach 4 years from health leave started. If benefit is denied for any reason, you have 60 days to appeal.

If you are not ready to return to work after 15 weeks on EI, LHSC will send you another package, this is to apply for long term sick benefit. This is through Manulife. If LTD is denied, ONA can assist you with the appeal process. You can appeal three times within the year from the first denial.

Please feel free to contact the ONA office or either RTW VP, if you have any questions or need assistance.

Middlesex Terrace Report - Breanne Trelford, BUP

As everyone knows our collective agreements expired earlier this year. Central negotiations and local negotiations are now both completed, if you haven't yet seen the changes and are interested in knowing about what is new come see me. The printed collective agreements will be given out once made available.

A reminder to never go into a disciplinary meeting alone. Being your bargaining unit president I should always be there, so always ask management before hand to ensure that this is set up.

As always, a reminder to fill out the Professional Responsibility Workload forms as needed for any workload concerns. These should be filled out when you are having difficulty to meet the CNO standards and you feel your quality of care is compromised. Always make management aware of the issue, then fill out the form so that the concerns are documented. Give a copy to management and myself, and keep a copy for yourself as well.

Happy Holidays everyone!