

# Newsletter

## Local Coordinator Report - Rob Mugford

I have enjoyed my first few months as Local Coordinator learning about the role and how I can best support our Local 100 members. Just like everyone else I hope to see spread the Covid-19 virus slow right down for everyone's health and to get back to in person meet/greets. Even with Nursing week coming up in May, I want to thank you for everything you do to support each other during these unprecedented times. It does not go unnoticed that you continue to work during challenging times. ONA Local 100 Executive continue to have your back and look to support you in any way we can!

### Nurses Week

Nursing Week 2022, May 9-15, will be our third Nursing Week since the outbreak of the COVID-19 pandemic. While our communities may be coming to terms with living with COVID-19, it is unlikely we will easily let go of the burnout and trauma we have experienced since the outbreak began in 2020. We have had to learn all over again the lessons about how to keep safe and healthy in our workplaces.

Nursing Week is a time of celebration, yet this year we are sending a message of support and unity as we honour our nurses. Deserve to be celebrated for your work, but more importantly, you deserve the respect, fairness and support you have too often been denied throughout this pandemic. Our theme this year reflects this reality: ***Dedicated to Care. Fighting for Change. | Les soins sont notre mission. Le changement est notre combat.***

Nurses deserve and demand respect. Despite the obvious devaluation of our work by the government and decision-makers, we remain dedicated to providing safe quality care. We are also committed to fighting for change: better working conditions, safe staffing and the fairness we deserve from employers and our government.

### Political Action

The Ontario Nurses' Association (ONA) is launching a province-wide multi-media ad campaign calling out the government's failure to address critical health-care issues and urging Ontarians to vote for public health care in the upcoming provincial election. <https://www.ona.org/news-posts/ona-launches-campaign-vote/>

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## HOW TO REACH US?

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 Web: [www.onalocal100.on.ca](http://www.onalocal100.on.ca), Facebook: ONA Local 100, email: [local100@skynet.ca](mailto:local100@skynet.ca)

## Coordinator Report cont'd

The more we can spread the word about voting for public health care, the better the impact we will have on June 2. A provincial government change cannot come soon enough.

### **Transfer of Bargaining Units to Local 45**

The Board of Directors have approved the move of listed Local 100 bargaining units to join Local 45, effective January 1, 2022: *Chesley Park (Oxford) Nursing Home; Canadian Blood Services-London; Extendicare London; Middlesex Terrace Nursing Home; Elmwood Place Retirement Community; Meadow Park Nursing Home.*

The details regarding the implementation of the \$5,000 nurse payment have been released by the government. [Click here for more information and to download the guide.](#)

### **ONA Local 100 Bursaries 2022**

We are pleased to once again be able to offer bursaries to our ONA members to further their education or the education of their children. Please see the attached documents and application forms. If you have any questions, please ask your Bargaining Unit President or call the Local 100 office.

*LHSC RN:* Four (4) \$500 bursaries for members to use to expand their knowledge (can be a workshop or conference, etc.), two (2) bursaries \$1000 for members enrolled in post-degree nursing courses AND four (4) bursaries \$500 for a member's child who is enrolled in post-secondary education.

*LHSC RN:* Two (2) \$500 bursaries, in honour of Gail Hathaway, for an LHSC RN who is enrolled in post-secondary education which benefits the profession.

*LHSC MRT&D:* Two (2) \$500 bursaries for members to use to expand their knowledge (can be a course, workshop or conference, etc.) and three (3) \$500 bursaries for an MRT&D members child who is enrolled in post-secondary education.

See further on in this newsletter the application form and criteria details.

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## LHSC MRT&D Report

Hello

The Cancer program continues down the road to repair. With almost complete return to pre-flood condition, we are now undergoing installation of the second replacement CT Simulator as well as the start up of our replacement treatment unit, the TB I.

As we celebrate the return to normal both in the radiation program and in the world at large, we would also like to take time to celebrate those great colleagues who are retiring. Congratulations to Janice P and Carrie S. Both have contributed decades to helping our patients receive the best care with a smiling face. They each have many great stories to share and they have each touched the hearts of their work family members. I personally have great memories working with them both, hopefully we can get together soon and celebrate them.

As the page turns, we welcome new members into our work family. We have two new dosimetrist positions, as we try to keep up with our increase in workload and increased complexity of radiation treatment plans. Currently Jen N is transitioning from treatment to treatment planning and in the future Llana T will be transitioning.

I'll also like to congratulate Quinn S being successful for the clinical instructor position. Congratulations also to Danielle V who will temporarily take the clinical instructor position. There has been a lot of move-

## MRT&D cont'd

ment of staff so congratulations to those who are successful in transferring to Part Time and to the others who transferred from contracts and PT into those FT positions.

For news from the union work, we recently had a LMM which included the new HR management. Bringing them up to speed on our outstanding issues and concerns took the full meeting and no immediate solutions were reached. We continue to strive for a more robust staffing number with the goal of having enough staff to complete work without needing overtime each day. We are hoping the change in leadership will be positive for resolving our concerns. We continue to have issues with our benefits provider, which have not been resolved since we started being these issues forward over a year ago. We will not stand for the downgrading of our benefits in order to make the organizations more money.

Other union news includes finally receiving a date for the start of arbitration for our collective agreement negotiations, unfortunately they are extremely busy and we have been scheduled for December 2022. We will be almost two years out of our contract by the start of arbitration but will hopefully see some improvement in our position at that time.

On behalf of MRT&D Representatives

Jason Jamieson

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## LHSC RN Report

ONA Local 100 Executive first want to extend our appreciation to all the dedicated ONA members who have displayed incredible resilience working through a pandemic that has lasted over 2 years. The challenges faced both personally and professionally have been exhausting, yet you still display the highest level of professionalism, strength and courage in caring for your patients.

As we enter the 6<sup>th</sup> wave of the pandemic, many challenges still exist, including the ability to provide appropriate safe staffing levels, aging equipment impacting the ability to perform the necessary work and the need of more leadership support on the units.

In addition, there have been continued concerns brought forth related to shift deviation, preceptorship and redeployment/reassignment. Along with this, we have seen an increase in workplace violence. Violence in the workplace should never be tolerated nor should it be part of your work environment. We encourage our members to self report any act of violence through the AEMS reporting system.

ONA is actively engaging with the organization in meaningful discussions to resolve many of these issues on your behalf.

ONA Local 100 recently had our annual budget meeting in March 2022 where membership approved a reduction to the local levy by \$2.00 monthly.

We have also finalized the RN Local Collective Agreement. Changes included:

- Changes to the process when requesting STAT time. The employer will respond to all STAT requests within 21 days.
- Pay errors, when identified, will be corrected if the error is 15 hours or more within 1 week of notifying your leader.
- Full time and Part time members will be considered for all temporary positions.

The Ontario Government will be providing a retention bonus for nurses. This retention bonus is in the amount of up to \$5000 which will be paid out in separate intervals in spring and Fall. Additional information related to eligibility can be found on <https://www.ona.org/wp-content/uploads/temporary-retention-incentive-for-nurses-program-guide-v1.0final.pdf>

## LHSC RN BU Report cont'd

Recently, ONA had a successful arbitration win related to Article 14.06 as it relates to callback pay. This language provides nurses with 2X the rate of pay (double-time) for callback within 24 hours of the last scheduled shift worked. We encourage members to contact the local office if they have questions related to this article.

This year, the provincial election will be held on June 2, 2022. We encourage all members to vote and have your voice heard. More information will be disseminated in the upcoming weeks.

ONA Local 100 is excited to be participating in Pride 2022. More details to follow. If you are interested in participating, please contact the ONA office.

Nurses Week 2022 will be held the week of May 9th-May 15<sup>th</sup>. We will be onsite throughout the week between the hours of 1400-1600 & 2000-2200 at both sites. Please stop by and collect and your ONA tumbler. Members will also have an opportunity to win additional gift cards when they stop by the booth.

In addition, ONA will be hosting a social night for the members of Local 100 at Palasad South on Wednesday May 11 at 1830-2130H.

**RSVP** by phone or email the local office no later than **Wednesday May 4<sup>th</sup>** by calling the office at **519-667-0937** or [local100office@ona.org](mailto:local100office@ona.org) We look forward to celebrating with you for Nurses Week!

Please take an opportunity to join the ONA Local 100 FB page for updates on upcoming events and information.

We want to thank you once again for preserving during these challenging times. Self care and wellness is important, so please consider using the resources available to you thru the EAP program and contact your local ONA office should you require any further union support. Stay safe, Be Kind.

James Gibbons, Bargaining Unit President  
Rebecca Jesney ONA Site Rep VH & Darleen Evans Site Rep UH



### 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 BU Report—HRE &amp; RTW

<b>COVID-19 &amp; REPORTING TO WORK</b>		
<b>Asymptomatic Exposure</b>	<b>Symptomatic Exposure</b>	<b>Symptomatic no Exposure</b>
<ul style="list-style-type: none"> <li>- Fail daily screening tool due to exposure</li> <li>- Complete RAT test and report results through <a href="https://ohss-kics.lhsc.on.ca/">https://ohss-kics.lhsc.on.ca/</a></li> <li>- only one negative RAT needed to clear staff to return</li> <li>- OHSS COVID-19 Team will follow up on all failed screens, but if RAT negative, report to work on <b>work-isolation</b> (see below)</li> </ul> <p><i>*For <b>full-time</b> staff: if you miss work related to an asymptomatic non-occupational exposure, you <b>will not be paid</b> your sick benefits. If you develop any of the COVID-19 symptoms, report it to the COVID-19 team immediately to be paid sick from your date of symptom onset</i></p>	<ul style="list-style-type: none"> <li>- Fail daily screening tool and call the OHSS COVID-19 Hotline at ext. 42827</li> <li>- Get a PCR test ASAP (walk-ins available at VH Testing Centre)</li> <li><i>*If staff obtain positive RAT result, PCR testing is not required (See Positive Cases)</i></li> <li>- If PCR negative, follow up with OHSS COVID-19 Hotline</li> <li>- Once staff is 24h symptom-improved (48h if GI symptoms), eligible for return-to-work on <b>work-isolation</b> (see below)</li> <li>- Notify leader and staffing when returning to work</li> <li>- If PCR positive, see positive cases</li> </ul>	<ul style="list-style-type: none"> <li>- Fail daily screening tool and call the OHSS COVID-19 Hotline at ext. 42827</li> <li>- Get PCR test ASAP (walk-ins available at VH Testing Centre)</li> <li><i>*If staff obtain positive RAT result, PCR testing not required (See Positive Cases)</i></li> <li>- If PCR negative, staff can self-clear for return-to-work once staff is 24h symptom-improved (48h if GI symptoms)</li> <li>- notify leader and staffing when returning to work</li> <li>- If 5 or more shifts missed, OHSS clearance is required. Please call Main OHSS at 52286 (VH) or 33201 (UH)</li> <li>- If PCR positive, see positive cases</li> </ul>
<b>Positive Cases (RAT or PCR Confirmed)</b>		
<ul style="list-style-type: none"> <li>- Report positive RAT or PCR to COVID-19 Team at <a href="mailto:LHSCOHSSCOVID19@lhsc.on.ca">LHSCOHSSCOVID19@lhsc.on.ca</a></li> <li>- Collect two RAT's 24h apart on, or after, day 5 following symptoms onset/positive test</li> <li>- If either test positive, continue to test until two negative RATs completed 24h apart</li> <li>- If both RATs negative <b>and</b> staff symptom-improved for 24h (48h if GI symptoms), staff may return to work on day 6 or later. Report RAT results through <a href="https://ohss-kics.lhsc.on.ca/">https://ohss-kics.lhsc.on.ca/</a></li> <li>- If staff remain RAT positive, do not continue testing past day 10</li> <li>- Return-to-work on or after day 6 with two negative RATs or day 11 without negative RATs, whichever is sooner</li> <li>- If symptoms persist beyond 10 days, OHSS clearance is required. Please call Main OHSS at 52286 (VH) or 33201 (UH)</li> <li>- notify leader and staffing when returning to work</li> </ul>		

## LHSC RN BU Report—HRE &amp; RTW cont'd

<b>WORK ISOLATION</b>	
<b>Household Exposure</b>	<b>Non-Household Exposure</b>
- Daily RAT until day 15 where day 0 is the most recent positive household member's date of symptom onset	- Daily RAT until day 10, where day 0 is the last day of exposure to the positive individual
- Report RAT results in KICS	- Report RAT results in KICS
- Staff may attend work if they continue to test negative and remain asymptomatic	
- If symptoms develop, do not report to work (see symptomatic exposure)	

If you are off unpaid related to COVID-19, you are eligible for a benefit through the Employment Standards Act called the **Income Protection Benefit (IPB)**. This offers \$200 a day for up to three missed days of work related to COVID-19. This benefit is paid by the employer and LHSC is reimbursed by the government. To apply, email [go2hr@lhsc.on.ca](mailto:go2hr@lhsc.on.ca) with your name, first day off, and request to start IPB. If you have any questions or concerns regarding absence/illness, return-to-work, WSIB, or accommodations, please email Lesley Gibbons (VH) at [LHSCVHRTWVP@ona.org](mailto:LHSCVHRTWVP@ona.org) or Michelle Black (UH) at [LHSCUHRWVP@lhsc.on.ca](mailto:LHSCUHRWVP@lhsc.on.ca)

## LHSC RN BU Report—OH&amp;S

**COVID Update:**

March 12<sup>th</sup> marked the second anniversary of the COVID 19 pandemic, and we are now in the 6<sup>th</sup> wave. Despite provincial rules surrounding mask mandates, the local health unit is still recommending that people use face coverings and get vaccinated. As of April 7<sup>th</sup>, there were 37 patients in hospital with COVID and 273 staff positive and rising. There have been 101 total deaths in the past year; with provincial totals of 319,374 as of March 18<sup>th</sup> as reported by Dr. Kieran Moore. The actual present case counts, with restricted PCR testing, are presently about 10X higher and match our case counts from this past January while in our 5<sup>th</sup> wave. Wastewater has been monitored for COVID throughout Ontario during the pandemic as an indicator of hospitalizations. London's water has shown a three-fold increase since February, and rising.

This virus has forced people through the industrial age into the digital age, placing infinite information at a person's fingertips with devices, technologies and applications changing how we perceive, engage, manage and communicate with one another in the workplace and everyday life. The healthcare population seems to be most affected and this has led to burnout from chronic exposure to increased stress, increased workloads, decreased quality of performance, inadequate medical equipment, shortages of PPE and staffing. We have endured prolonged social isolation and have avoided our family and friends to protect them from potential exposures, carrying a heavy emotional load which we are now witnessing in the workplace with anxiety, depression, and potentially suicide. Healthcare workers comprise a large amount of the infected population which has impacted our healthcare system.

We are seeing PTSD emerge more with this seemingly never-ending pandemic. The uncontrollable nature, high rates of mortality, treatments, and prolonged exposure to stress have impacted the healthcare professionals. Fear of infection, the measure of quarantine, social distancing has led to a progressive physical and emotional detachment from others decreasing our empathy. Healthcare workers have had to conserve, reuse PPE due to shortages, recognizing and suppressing a need for their own personal sup-

## LHSC RN BU Report—OH&S

port; have had to remain a steadfast resource for their patients and families which have been hard to maintain, increasing the vicarious trauma we carry within. The absence of physical contact imposed by social distancing has decreased our sense of closeness, resilience and optimism. This has created both moral injury and a sense of injustice to our emotional well-being.

Statistics say 34% of nurses will leave their roles by the end of 2022 with approximately 44% cited to have burnout and a high stress environment as their reason to leave. Benefits and pay make up 27% of the reasons healthcare workers leave their jobs.

### **AEMs & JHSC Update:**

There were 3 AEMs and MOL visits related to a cleaner that is only to be used by Sodexo called Accel Rescue wipes. These wipes were left on a unit, unknown to staff, and caused chemical burns to the worker's hands. The Intervention Wipes which have a lower peroxide content should be the only supply available to workers on the units.

There have been several reports of fires/smoking and sparking within the critical care units related to the IV pumps and arms. These began May 9<sup>th</sup>, 2021 and with ongoing investigation and MOL involvement a resolution has been reached. It was reported that the charring of adapters, and gaps between the adapter and receptacles showed wear and tear. They will be reviewing and replacing all adapters across LHSC, with the critical care areas being priority. All new adapters will have a blue dot on them to indicate they have been replaced.

We are seeing an increase of incivility amongst staff, physicians, patients, and visitors including racial slurs through the AEMs system. The Stats and Trends Committee has reported an increase in workplace violence AEMs by 223 this year in comparison to last year. LHSC has trained over a third of their staff in the new CPI violence training. Staff who have taken the course have stated there was no education around crucial conversations and de-escalation techniques. This has been brought up at Joint Health and Safety (JHSC) meetings and management is looking into other programs to address this. LHSC does have policies around Code of Conduct and Workplace Harassment. Please continue to fill out an AEMs if you are experiencing any workplace harassment and try to be mindful and kind to one another. The hospital does have drop-in services at both sites provided by Homewood Health to help support staff, this information can be found under the Where Wellness Works LHSC intranet page.

There are a few sites and free apps you can download to help with stress and mindfulness. Please check them out when you get a chance.

<https://www.mindbeacon.com>

<https://thelifelinecanada.ca/>

[www.camh.ca](http://www.camh.ca)

Apps- Mindshift CBT-Anxiety Relief, Headspace Mindful Meditation, Wysa: Mental Health Support, Calm – sleep and meditation app, and Sanity & Self Stress Relief

A complaint with the Ministry of Labour (MOL) was filed on April 7<sup>th</sup>, related to increased aggression and violence in the Emergency Departments. There have been some serious, and quite significant incidents towards workers within these departments. Concerns around a lack of security coverage, contraband screens being consistently completed, violence policies being out of date and the failure of the employer to reassess the risks of the workplace were all issues that were brought forward. We are currently awaiting the investigation to commence which will determine if any orders will be written for the hospital. We ask that staff within these departments continue to fill out AEMs reports if they are exposed to any type of violent or aggressive incident, including threats of physical harm and verbal aggression. We know that an AEMs report can be time consuming but be assured that we are monitoring these reports, pulling the data, and using the information to try and make changes to keep you safe.

### **PPE Update:**

LHSC has been phasing out the 8210 N95 masks and transitioning to the 1870+. They are still seeking a

replacement for the 1804 masks. Occ Health has introduced a new level 3 mask by Medicom (which is pink) for those who are having problems with our present blue level 3 mask. The new Glove Restore with oatmeal has decreased the number of hand dermatitis we have seen in the AEMs. Ask your manager or leader to order them through (HMMS #163312). Keep in mind that they can also supply you with the Avaguard D sanitizer, Gloves in a Bottle and SBS40 lotion if hand dermatitis is a concern.

### **Legal Legislation:**

Our LHSC Code of Conduct explicitly condones aggressive and violent behaviour towards our staff. LHSC needs to take a firm stance that violence is not tolerated, that patients and visitors can and will be charged when necessary, and that they support our staff in enforcing behaviour expectations. Charging patients who display aggressive behaviour towards staff may now become easier and more actively enforced thanks to an amendment under Bill C-3 of the Criminal Code.

The Federal Government Bill C-3 of the Criminal Code and Canada Labour Code was amended under section 423.2 and subsection 515 (4.1) b.11 and is in effect as of Jan 16<sup>th</sup>, 2022, stating that individuals convicted of assaulting nurses or other health-care professionals may face stiffer penalties in sentencing. Violence against our members is a criminal offence, now an aggravating factor during sentencing, and should not be tolerated by employers, police, prosecutors and the courts alike. Violence should not be part of your job, if you would like to share your story contact [violence.ona.org](http://violence.ona.org). They may use your story, and information from your bargaining unit leaders to protect you from violence at work.

Thank you,  
Louise Bowers (UH OH Site VH)  
Lindsay Carnahan (VH OH Site VH)

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LHSC RN BU Report—Professional Practice

### **Professional Practice, UH Site - Ali McKeen**

Total workloads for UH site from November 1<sup>st</sup>, 2021 to March 31<sup>st</sup>, 2022

November = 12  
December = 13  
January = 19  
February = 9  
March = 5  
TOTAL = 58

Workloads were received from 15 different units at UH:

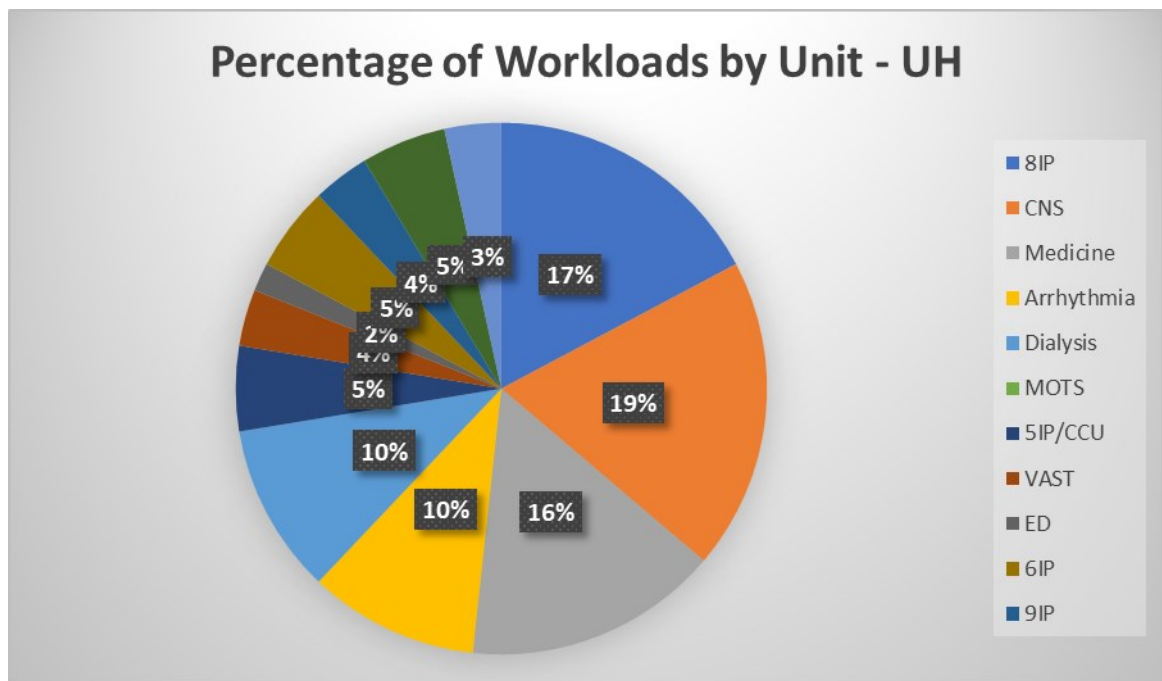
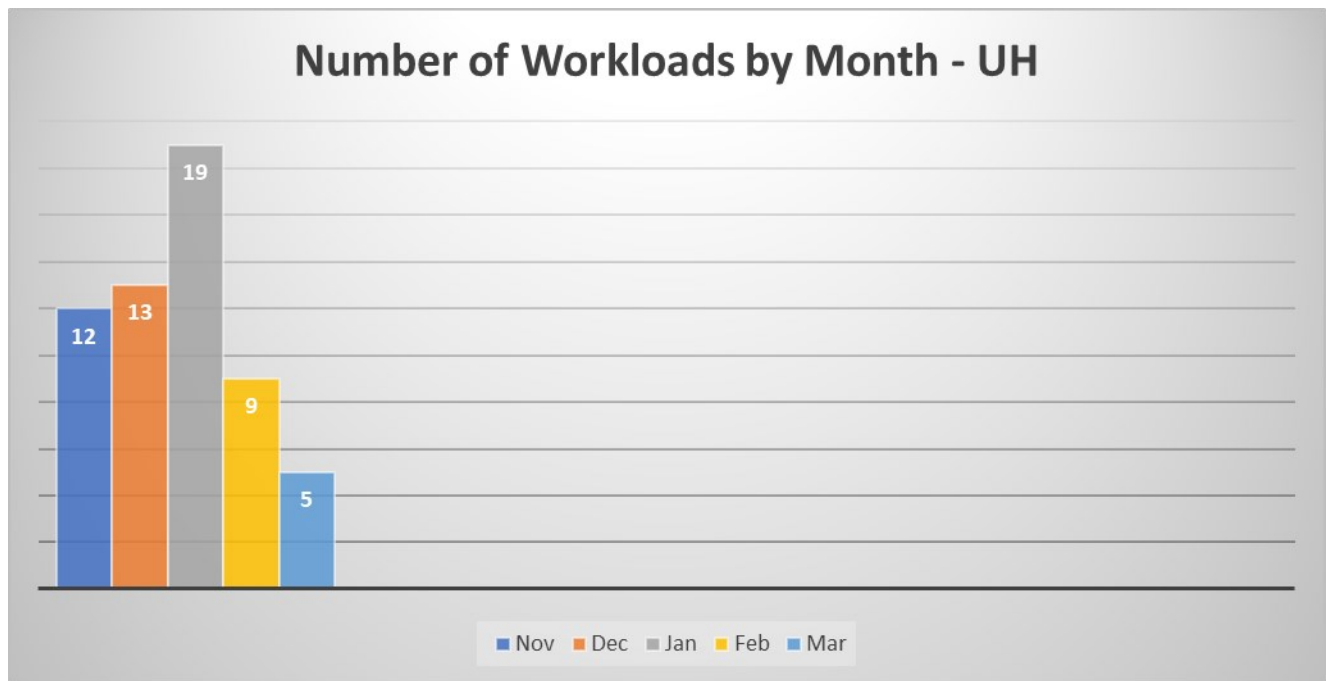
VAST, Dialysis, 7IP, 8IP, MOTU, 6IP, Medicine Charge Nurses, 4IP, 9 Acute Medicine, Arrhythmia, 6IP, PACU, 9IP, 5IP, EMU

The units with the highest amount of workload submissions were:

1. CNS = 11 (7IP + EMU)
2. 8IP = 10
3. Medicine (4IP + 9 Acute Medicine + Medicine Charge Nurses) = 9
4. Arrhythmia = 6
5. Dialysis = 6



LHSC RN BU Report—Professional Practice cont’d



The provincial nursing shortage combined with wave 5 of the Covid-19 pandemic continued to present the UH site with workload issues related to **short staffing, high acuity, lack of support staff (aide, PSW, clerk), increase in non nursing tasks** and **lack of education/training (level 2, ICP)**

ONA continues to work with leadership teams at monthly Local Resolution (workload) meetings to try and develop strategies and recommendations of how best to resolve workload issues at the unit level

## LHSC RN BU Report—Professional Practice cont'd

ONA encourages all RNs to complete a Professional Responsibility Complaint (AKA workload) when they feel that they are unable to meet the Practice Standards and Guidelines put forth by the College of Nurses of Ontario

ONA Local 100 Professional Practice reps are available to answer any questions/concerns you may have related to practice on your unit

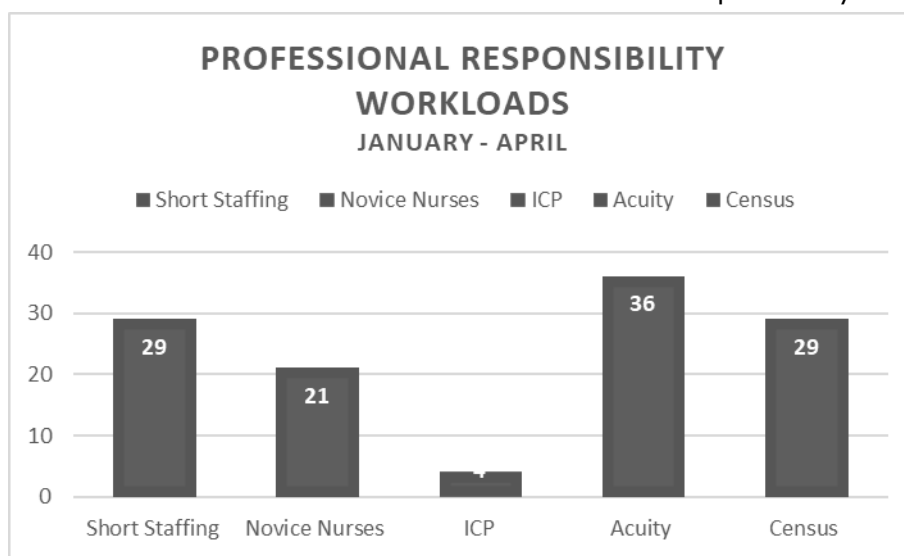
You may reach out to your Professional Practice rep independently or contact via the Local 100 office. Reps are available for one-on-one discussions or to do in-services related to workload completion at your request (in person or Zoom)

Please see the Local 100 website at [The Ontario Nurses Association \(onalocal100.on.ca\)](http://The Ontario Nurses Association (onalocal100.on.ca)) for all scheduled Zoom in-services. ONA Professional Practice reps will begin doing in hospital/in person in-services in April on individual units. Information about upcoming in-services on your units will be communicated out through your leaders. April in-services include: April 6 – PACU, Day Surgery, April 29 – 6IP, 7IP

### ONA VP Professional Practice VH Site - Melissa Mancusi RN, MN

With facing yet another wave of this pandemic our members continue to demonstrate resiliency, and strength in their continued exemplary patient care. Our members have been asked to continuously work short staffed with increased acuity and census noted throughout Professional Workload Responsibility forms. A significant challenge the entire profession is facing is the influx of novice nurses who rely on our experienced members for ongoing mentorship and peer support to ensure our next generation of nurses develop the knowledge, skills and competencies required of our profession. Members are fatigued and feeling the strain of our professional obligations, which have only been exacerbated with inappropriate supports in place for members to excel in the clinical environment. ONA Local 100 Professional Practice continues to advocate on behalf of all our members to hospital leadership. ONA continues to hold leaders accountable for ensuring our members have the necessary staffing, equipment, and work environments to allow our members to provide the best care possible.

The Professional Responsibility Workload forms have indicated several units struggling with short staffing, increased amounts of novice nurses, challenges with having enough trained ICP staff/taking on a partial or full assignment, increased acuity, and patient census. Below is a graphic depiction of the fore-mentioned concerns identified in the Professional Responsibility Workloads submitted.



ONA continues to support our members to continue to advocate for better patient care in your ongoing efforts to submit Professional Responsibility Workload Forms. Members should check their personal

## LHSC RN BU Report—HRE & RTW cont'd

emails on file with ONA to receive updated information about Professional Responsibility Workload Workshops available for attendance to help support your ongoing advocacy for exemplary patient care.

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### Local 100 Bursary Information

ONA Local 100 has established a bursary amount of \$9,500 to be distributed in the following manner:

LHSC MRT&D: Two (2) \$500 bursaries for members to use to expand their knowledge (can be a course, workshop or conference, etc.) and three (3) \$500 bursaries for an MRT&D members child who is enrolled in post-secondary education.

LHSC RN: Four (4) \$500 bursaries for members to use to expand their knowledge (can be a workshop or conference, etc.), two (2) bursaries \$1000 for members enrolled in post-degree Nursing University courses AND four (4) bursaries \$500 for a member's child who is enrolled in post-secondary education.

LHSC RN: Two (2) \$500 bursaries, in honour of Gail Hathaway, for an LHSC RN who is enrolled in post-secondary education which benefits the profession.

#### Applicant Eligibility Criteria and Conditions

1. Applicants must be bona fide Local members with entitlements.
2. Bursary funds will be provided to successful applicants upon proof of completion of the education. The successful applicant shall endeavour to complete the education within 12 months of notification of bursary approval.
3. You will be asked to provide your SIN number in order for ONA to issue T4A.

#### Application Procedure

Applications/information will be made available by April 1 via email, ONA Web and Facebook.

Applications must be received no later than July 15 of each calendar year.

Applicants should use the application form appended to this policy.

Successful applicants will be notified via email by July 30.

The Local Executive will determine the final selection based on the recommendation of the Local Coordinator. All selections are final and not subject to review.

Executive Members of the Local will not be eligible for a bursary.



## ONA BURSARY APPLICATION FORM - LHSC RN

Please indicate which of the following bursaries you are applying for:

One of four (4) bursaries \$500 for LHSC RN members to use to expand their Nursing knowledge (workshop or conference, etc.)

One of four (4) bursaries \$500 available for a LHSC RN member's child who is enrolled in post-secondary education.

Gail Hathaway Bursary – two (2) \$500 for an LHSC RN/CE ONA member who is enrolled in post diploma education which benefits the profession.

Two (2) bursaries \$1000 for LHSC RN members enrolled in post-degree nursing University course

### Eligibility Criteria

Applicants must be bona fide LHSC RN ONA member with entitlements.

Provide Evidence of intent (e.g., receipts, enrollment notification, a course outline). Must accompany the application.

Education must be other than that sponsored or delivered by ONA or organizations to which ONA is affiliated.

Scholarship funds will be released upon proof of course completion for the year in which the scholarship fund is applied for.

### Application Deadline

Applications must be received at ONA Local 100 by 1600 hrs. July 15 of the calendar year in which the Bursary is available. Successful applicants will be notified by email within 15 days of the closing date for applications.

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

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

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

ONA I.D. # \_\_\_\_\_ Email \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Send your application to:

ONA – Local 100  
 Rob Mugford, Local Coordinator  
 105-750 Baseline Road  
 London, ON N6C 2R5 or fax: 519-667-2072



## ONA BURSARY APPLICATION FORM – LHSC MRT&D

Please indicate which of the following bursaries you are applying for:

One of two (2) bursaries \$500 for LHSC MRT&D members to use to expand their knowledge (workshop or conference, etc.)

One of three (3) bursaries \$500 available for an MRT&D member's child who is enrolled in post-secondary education.

### Eligibility Criteria

Applicants must be bona fide LHSC MRT&D ONA member with entitlements.

Provide Evidence of intent (e.g., receipts, enrollment notification, a course outline). Must accompany the application.

Education must be other than that sponsored or delivered by ONA or organizations to which ONA is affiliated.

Scholarship funds will be released upon proof of course completion for the year in which the scholarship fund is applied for.

### Application Deadline

Applications must be received at ONA Local 100 by 1600 hrs., July 15 of the calendar year in which the Bursary is available. Successful applicants will be notified by email within 15 days of the closing date for applications.

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

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

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

ONA I.D. # \_\_\_\_\_ Email \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Send your application to:

ONA – Local 100  
 Rob Mugford, Local Coordinator  
 105-750 Baseline Road  
 London, ON N6C 2R5 or fax: 519-667-2072