

# Update

## Acting Bargaining Unit President—Angie Stott

We are working as a team to ensure that your rights as members are protected. The Local Executive is working on many files right now. Please continue to bring forward and issues or concerns.

We are continuing to file benefit grievances. We have arbitration dates on this issue, but please continue to let us know if you have any issues.

Professional Practice remains concerns remain an issue on many units. Please continue to fill out PRW's for us to be able to assist you. We have the assistance of ONA Professional Practice involved on some units and we are having on-going discussions and hoping to get some items of agreements signed off on these units. We are wanting to improve your workload and patient safety.

As always, grievances are being filed on many other issues including scheduling, job postings, failure to accommodate-date, denial of short-term disability and disciplines. I look forward to working with the local executive and membership.

If you have any questions, concerns or feel you have a grievance related to above or other issues please do not hesitate to contact the local executive.

### LHSC RN Report—Darleen Evans & Lindsay Carnahan, Site Reps

We hope everyone has been enjoying the warm weather and sunshine. It has been much needed following a dark and cold winter. We'd like to update you on some of the work that has been occurring over the past few months including some of triumphs and successes we have had for our members.

By now you have probably heard of the arbitration awards from Stout and Gedalof. This includes wage and premium increases for the years 2020-2022 along with benefit changes. Please see the ONA Central website - [Bargaining Updates - Ontario Nurses' Association \(ona.org\)](https://www.ona.org) for updates and specific information. Should you have any questions or concerns please reach out to the Local 100 office.

We should see fairly soon the results of our arbitrated 2023 Central Collective Agreement. We remain hopeful that the Arbitrator will award a contract that is favourable for ONA members and values the work we do everyday for our communities and our healthcare system. We continue to work with LHSC to negotiate a local collective agreement and will post up-

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## HOW TO REACH US?

## LHSC RN Report—Darleen Evans & Lindsay Carnahan, Site Reps

dates on our Facebook page or website to keep membership up to date.

Bill 60 was recently presented by our premier Doug Ford. ONA strongly feels that this Bill degrades our work, and our ability to provide safe and high-quality care to the public. This bill weakens the credentials required to be a nurse in Ontario. The problems in our system cannot be solved by privatization, which will only worsen staffing issues and decrease access. Please familiarize yourself with this Bill by reading ONA President Erin Ariss’s May 8<sup>th</sup> news release found on the ONA Central website.

As we look forward to better weather we are also looking towards to events and opportunities that our ONA members can participate in.

First and foremost, London Pride Parade is quickly approaching, the date will be July 23<sup>rd</sup>, 2023 rain or shine starting at noon from the Western Fair and travelling towards Victoria Park. ONA Local 100 is partnering with Local 45 to show our support with a float including bubbles, water guns, candy and music. Please consider bringing your friends and families out to join us in the parade. Reach out to the ONA office at 519-667-0937 if you are interested in participating so we can ensure we have enough swag for everyone.

During our budget meetings this year Local 100 identified that education was a priority for both our members and executive. We have built into our budget a robust education plan including opportunities for our ward reps and general membership to attend ONA related events, education and workshops both virtually and in person. Please review the ONA Central website or ONA app to review the upcoming calendars and reach out to the ONA Local 100 office if you are interested in signing up so we can ensure you are compensated and/or supported in attendance.

Speaking of the ONA app, you may not be aware but ONA has created and rolled out a new App which allows members to access their digital membership card, keep your contact information current, review their local and central collective agreements in an easy read format, sign up for workshops and education and connect with your bargaining unit executive team. The app can be found on your App Store or Play Store depending on your phone.

Nurse’s Week was held May 8<sup>th</sup>- May 14<sup>th</sup>, 2023. We know the nursing profession is struggling right now, and we appreciate the tireless, and often thankless work that you all do day in and day out to care for the public. Thank you for everything you do! We were happy to meet with so many of you during the gift card handout sessions and we appreciate the feedback everyone provided and will take that back for review. We hope all of you have an opportunity over the next few months to take some time for yourself, relax and recharge. We look forward to continuing to represent our members, to advocate for not only nursing as a profession but ensure our collective agreement rights are upheld.

## LHSC RN Report—Michelle Black, VP—Grievance Chairperson

The Grievance Chairperson Representative is a new role in the LHSC RN Bargaining Unit. The main function of this representative is to advocate for and guide members through the grievance process, acting as the center of communication between the member, Bargaining Unit, and Labour Relations Officer (LRO) for grievance related matters. The Bargaining Unit Leadership Team is looking forward to working with LHSC’s RN members to carve a path for this role and improve knowledge and communication around the grievance process.

### *What is a Grievance?*

- A difference arising between the parties relating to the interpretation, application, administration or alleged violation of the agreement, including any question as to whether a matter is arbitrable.
- A method of dispute resolution under the collective agreement (CA) and *Labour Relations Act*

### *Why File a Grievance?*

- To protect collective agreement rights; if an employer is allowed to violate the CA, members may lose these rights. To bring



## LHSC RN BU Report—Grievance Chairperson

life to the CA so it is not just words on a piece of paper; need for careful and intelligent enforcement.

- To demonstrate a need and to support amendments and provisions to the CA during negotiations.
- To “test” the language of the CA; confirm the accuracy of the Union’s interpretation of or reliance on certain provisions.

### *Before Filing of a Formal Written Grievance:*

- A verbal complaint must be made to provide the opportunity for the parties to discuss the issue(s) and for the grievor’s immediate supervisor to rectify the complaint.
- The member alone, member and ONA representative or the ONA representative on behalf of the member may request this opportunity.
- If you perceive a violation of your CA rights, contact your Bargaining Unit Leadership Team or the Local office and we will help guide you through this step.
- If the issue cannot be resolved by your immediate supervisor, grievance rights will be reserved with the employer, a fact-finding questionnaire will be sent for you to complete and return detailing the facts, and the information will be sent to our Servicing Labour Relations Officer for review.

If you have any questions regarding the collective agreement or grievance process, please contact Grievance Chairperson, Michelle Black, at [lhscvpgrievances@ona.org](mailto:lhscvpgrievances@ona.org)

## LHSC RN BU Report—OH&S —Louise Bowers & Lindsay Carnahan, VP’s

On May 5<sup>th</sup>, WHO declared an end to the Covid-19 as a public health emergency. The mask mandates at LHSC will be end June 5<sup>th</sup> per Public Health guidelines. Please remember to do a point of care risk assessment (PCRA) before every patient interaction. There are no current shortages of PPE and you still have the option to wear an N95, eye protection, gown and gloves. Transplant and Oncology areas will continue to wear masks with patient interactions. Please ensure your FIT test is up to date.

Now that we are post pandemic, nurses have seen increased psychological injuries in the workplace and now qualify as “first responders” and can receive unlimited mental health support. Workplace violence (WPV) and increased incivility are on the rise with healthcare workers in Ontario; comprising predominantly of women, men, visible minorities, aboriginals, and LGBTQI workers. Our clients and public being frustrated with policies, long wait times in the ER, and disruptions of services, are lashing out at the front-line workers; causing both physical and psychological traumas. We are seeing an increase in physical assaults both physical and verbal from clients, patients, physicians and to each other; resulting in an increased absenteeism, and decreased job performance with higher patient care ratios. Many staff have experienced sleep disorders, anxiety issues and PTSD. They are seeking jobs elsewhere and retention is becoming difficult.

To mitigate these risks, we need to ensure all staff complete their workplace violence training. Currently LHSC is at 60.8% compliance. If you have not yet received your training, reach out to your manager/directors to book on a day off or arrange a working day. If you have difficulties with this, please reach out to the ONA to help facilitate this through your Health and Safety reps.

In the past 3 months, pulling data from stats and trends aems review, show that workplace violence (wpv) has marginally decreased over the last 3 months. This data is important for us within the Joint Health and Safety Committee (JHSC) to be able to bring concerns forward. Please utilize your panic alarms, and call a Code White, to ensure security assistance. If there is a delay in assistance or defect with your panic alarm, we need to know this. Include this in the aems as well. If there is a staffing shortage when incidents occur include this in your aems. “Staffing Shortages Are a Hazard”. Please follow up with your Unit reps and Professional Practice to fill out your workloads. This data can and is used to address hazards, create better controls, identify contributing factors, and improve on policies for prevention. If you cannot fill out your aems on your shift, then you can ask your charge nurse or call your manager from home to complete it for you.

WPV top areas remain in Mental Health, the Emergency rooms, slightly higher in the Childrens ED, Medicine, Critical Care and



## LHSC RN BU Report—OH&S

Neuro floors. I believe the aems we see are under reported and we would like to see more staff reporting.

There have been 312 incivility reports in the past year with 14 of them involving physicians which have gone onto Medical Affairs to deal with. Abuse whether mental or physical is not part of our job! Aems are not punitive and if you do receive reprisal filling them out, we want to know about it. There is a confidential email you can reach out to. It is [staffconfidentialcom-plaint@lhsc.on.ca](mailto:staffconfidentialcom-plaint@lhsc.on.ca). The email will be triaged through Andrew Doppler in Human Resources to be addressed. There is also a whistleblower extension to use as well # 50094. This number goes out to the Chair of the Finance and Audit Committee of the Board to address concerns.

Security at both sites are addressed every month at JHSC and remain on the agenda. The University Site has seen an increase from 2 to 3 security guards (SG) with 1 stationed in the ED. The VH site continues to have 3 with 1 stationed at triage. Mental health areas; B8 and D4-300 have had over 60 aems with workplace violence since January. We continue to ask for a SG to be posted on B8 monthly. The MOL has been in to assess both areas and updated VRA’s completed. Meetings are in progress to address safety concerns with staff and a new seclusion room is in progress on B8. There is a 3<sup>rd</sup> party Paladin Security which was announced at April’s JHSC. They will be scheduled 24-7 at the VH site and 16 hr shifts at the UH site 0700-2300 hrs. They will have vehicles to patrol the outdoor areas and conduct foot patrols in the parking garages /stairwells. These measures will hopefully decrease vandalism to staff vehicles and increase surveillance to the E zone at VH. They will also assist with door locking. This is not a reduction of security services but an increase. We will continue to advocate for the MH/ED areas at the VH site and UH site for an increase of security presence.

Needlestick injuries make up for roughly 33,000 injuries in Ontario. These occur when administering, recapping, disposal and blood draws. Staff recapping needles make up for 25-30% of these injuries. The use of safety engineered needles in LHSC has decreased these injuries. Through the aems process, sharps containers are now installed on the Wow (computer) stations to further decrease injury with staff carrying open needles to the containers. Please continue to use gloves as a PPE barrier. If an injury occurs, continue to fill out the aems and ensure the client is tested for blood borne pathogens such as HepB/C and HIV. Working nights with reduced lighting and staff reductions as a “hazard” need to be identified in the aems when filling them out. Please ensure flashlights work and batteries available.

Staff hazards include suture needles, scalpels and blades in the OR/Clinic areas. Please ensure you use proper disposal and have working Allen keys to remove blades to send to MDR. Utilize a second staff member to hold a client’s arm when doing blood draws to avoid injury. Aems for needlestick injuries have slightly increased in the last couple months predominantly with blood draws, SC injections and blade removal in the OR.

Musculoskeletal disorder (MSD) injuries affect the upper body and limbs. They are currently the leading cause of worker pain and disability; making up for 40% of WSIB claims in Ontario. An increase in average patient weight, an aging and more acutely ill population of patients have put an increased demand on healthcare.

Staffing reductions as a “hazard”, space constraints, repetitive movements, bending, gripping, holding, twisting, reaching, workstation layouts and improper design of equipment forces the workers to assume awkward positions to do their work. June is the Ministry of Labour (MOL) blitz for LHSC. Ensure you are familiar with the Safe Patient Handling Policy and Pre- Transfer and Reposition Assessment Algorithm. I am sure managers have these posted for review on your floors for the blitz.

The MSD number of aems reflect more lower back strains/injuries. Please ensure you are using a portable lift when able. Check to ensure there is a green biomed sticker approving it for use. Notify your manager if you do not have the proper size slings available, slider sheets and slider boards. Managers are responsible to do monthly audits of their Units to ensure you have the proper working equipment. The workplace inspection team does inspections every 6 months to assess any safety hazards. It is the responsibility of “everyone” to report hazards. Please continue to fill out aems so they can be addressed by your Manager/Safety Team and JHSC reps. These numbers allow us to identify problem areas and flag us to do a deeper dive to improve the controls.



### LHSC RN BU Report—OH&S cont'd

Aems evaluation has improved certain areas using ergo assessments by Anita Jogia. Other aems improvements include VH pediatrics assessment for slider sheets/ boards, aging curtain rod replacements in the Dialysis Units, and bumper pads on equipment in the OR to avoid head injuries.

**Remember that safety isn't expensive. It's priceless!**

If you have any questions, your go to Safety Reps in ONA on JHSC are;

**VH Site**

Lindsay Carnahan, Jasen Richards, Rob Mugford, Brett Tanner, Raven McLean, Meghan Koczwarra, and Miranda Loerts

**UH Site**

Louise Bowers, James Gibbons, Marg Van Puymbroeck, and Hailey Slaats

### LHSC RN BU Report—Professional Practice Ali McKeen & Melissa Mancusi, VP's

Workloads received since last newsletter:

- October 2022 = 70 (UH = 35, VH = 35)
- November 2022 = 62 (UH = 24, VH = 38)
- December 2022 = 20 (UH = 1, VH = 19)
- January 2023 = 6 (UH = 0, VH = 6)
- February 2023 = 16 (UH = 8, VH = 8)
- March 2023 = 16 (UH = 7, VH = 9)
- April 2023 = 11 (UH = 6, VH = 5)
- May 2023 = 17 (UH = 10, VH = 7)

Workloads were received from 14 UH units, 20 VH units and 4 city wide units:

**TOTAL NUMBER OF WORKLOADS FROM OCTOBER 2022 TO APRIL 2023 = 222**

The workload issues remain consistent with SHORT STAFFING still being the predominant workload issue identified Other issues include lack of support staff, high acuity and/or changes in patient acuity and knowledge/skills/education

ONA is doing a lot of work at the Hospital Association Committee with several hospital units

There are 7 drafts of Minutes of Settlement awaiting revisions and signatures

- 3 UH units
- 4 VH units

**Education:** Workload Inservice's were offered on the following dates/times:

- April 21<sup>st</sup> at 10:00am and 10:30am
- May 1<sup>st</sup> at 1:00pm and 1:30pm
- May 9<sup>th</sup> at 11:00am and 11:30am
- May 18<sup>th</sup> at 2:00pm and 2:30pm
- May 30<sup>th</sup> at 1:00pm and 1:30pm

Unfortunately they were poorly attended. If you are interested in attending a workload Inservice reach out to



## LHSC RN BU Report—Professional Practice

the ONA Local 100 office at [local100office@ona.org](mailto:local100office@ona.org) . If you are unable to attend one of the above sessions, please feel free to reach out to [lhscuhppvp@ona.org](mailto:lhscuhppvp@ona.org) to set up an individual session

Additional workload cheat cards have been ordered. Reach out to your Professional Practice rep or to the ONA Local 100 office if you would like some for your unit.

[lhscuhppvp@ona.org](mailto:lhscuhppvp@ona.org), [lhscvhppvp@ona.org](mailto:lhscvhppvp@ona.org), [local100office@ona.org](mailto:local100office@ona.org)

<b>UH Units</b>	<b>VH Units</b>
Clinical Neurosciences (7IP + EMU) = 22	Pediatric Critical Care Unit (PCCU) = 27
Medicine = 20	Pediatric Emergency = 22
9IP (Orthopedics) = 11	Neonatal Intensive Care Unit (NICU) = 17
8IP (General Surgery) = 11	Child and Adolescent Mental Health = 8
Intensive Care Unit (ICU) = 9	D5-400, Coronary Care Unit = 7
5IP/CCU = 5	Medicine B = 5
Medicine Charge RNs = 4	B6-200 Inpatient Pediatrics = 5
<u>Post Anesthetic Care Unit (PACU) = 2</u>	Adult Emergency = 6
Transplant Unit (MOTU) = 4	Critical Care Trauma Centre = 4
Emergency = 2	Post Anesthetic Care Unit (PACU) = 3
6IP (CVT) = 2	Adult Mental Health Inpatients = 2
Dialysis = 1	Medicine Charge RNs = 2
Operating Room = 1	Day Surgery = 2
Endoscopy = 1	Mother Baby Care Unit = 2
	Mental Health Outpatient Services = 1
	C5 Surgical Care = 1
	Ortho Trauma = 1
	Dialysis = 1
	B6-100 Inpatient Pediatrics = 1
	Adult Inpatient Oncology = 1
<b>TOTAL = 95</b>	<b>TOTAL = 118</b>



## LHSC RN BU Report—Professional Practice

<b>City Wide Units</b>
VAST = 3
Unknown = 2
Occupational Health and Safety = 2
Deployed = 2
<b>TOTAL = 9</b>

## LHSC RN BU Report—RTW & HRE— Michelle Black, VP

Your local representatives are here to help you navigate LHSC’s absence/illness and return-to-work/accommodation policies as well as the WSIB process. If you are absent, need modified work, or sustain a workplace injury, call the local office, or contact your reps directly:

University Hospital: [LHSCUHRTWVP@ona.org](mailto:LHSCUHRTWVP@ona.org) Victoria Hospital: [LHSCVHRTWVP@ona.org](mailto:LHSCVHRTWVP@ona.org)

### COVID-19 and Reporting to Work

On May 8<sup>th</sup>, LHSC updated the COVID-19 return-to-work (RTW) protocol. If you have:

Respiratory Symptoms – return-to-work when fever free and symptoms have been improving for 24 hours. Continuous use of medical mask required in the building until end of Day 10 from day of symptom onset. Maintain a 2m distance when mask removed for eating and drinking.

Gastrointestinal Symptoms – return-to-work when fever free and symptoms have been improving for 48 hours. Continuous use of medical mask required in the building until end of Day 10 from day of symptom onset. Maintain a 2m distance when mask removed for eating and drinking.

Positive COVID-19 test while asymptomatic or exposure to COVID-19 – Report to work as usual. Continuous use of medical mask required in the building until end of Day 10 from positive test/exposure. If symptoms develop, see guidelines above.

PCR or RAT tests are no longer required if experiencing symptoms. You are also no longer required to contact OHSS for COVID-19 symptoms/exposure/positive test unless it results in an absence of 5 or more shifts.

### Medical Documentation

Occupational Health and Safety Services (OHSS) may request medical documentation to support any absence of any length. Supportive medical documentation is **required** when OHSS requests it and for any absence of **5 or more consecutive shifts**. Below are the six requirements for documentation to be accepted by OHSS:

- 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

Contact a RTW rep if you have questions or concerns about medical documentation requested.

