

# Newsletter

## Local Coordinator Report - Rob Mugford

I want to say that ONA has done a great job at celebrating our union's 50th Birthday this year. Celebrate ONA 50th has included many events within the communities as well as celebrating our grass roots members this year. [ONA Celebrates 50! – Ontario Nurses' Association](#) Many great celebrations as well include the Bill 124 reopener award and the Kaplan arbitration award decision.

I want to thank our Local 100 executives in being really committed this year in building this team for its members. Our executives have taking part in many hours of education this year as well as additional work in all portfolios.

### ONA Launches New Brand Identity

One of the high points of our Biennial was the unveiling of our new brand identity. The new brand expresses our future as a union and as a grassroots movement across Ontario. The heart of this renewed brand is giving our members the tools to reclaim their voices and take action at the local level, in their workplaces and communities. Our new brand follows three principles: tell the brutal truth; rekindle the sisterhood of nursing; and restore the nobility of our professions. Every Local received a branding kit with resources for implementing the brand in your own communications and activities.

- Explore the new brand here: [ONA's Brand Website](#).
- Watch a recording of the brand reveal here: [ONA Brand Launch](#).

### Ona Access/Website

[News – Ontario Nurses' Association \(ona.org\)](#) Please continue to follow ONA News on the Ontario Nurse's Association Website. More exciting info to come soon: Constitutional Amendment results, Nurse's Week 2024 and ONA's Strategic Planning.

In Solidarity  
Robert Mugford

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## LHSC MRT&D Report—Jason Jamieson

Salary scales have been updated after our Oct 13 agreed increases, and are now active as of Nov 3rd (first pay will be Nov 24). We are still waiting on the changes to benefits to be applied, so hold off applying for reimbursement until we get confirmation on the implementation by the benefits provider. The hospital is in the process of calculating the retro pay for the past three years and is trying to get the retro pay out by the end of the year.

Keep a look out for the "Have Your Say" questionnaire, as we are heading into bargaining at the start of the year and are organizing our top priorities shortly. Happy Holiday season.

## LHSC RN BU Report—Grievance—Michelle Black

The Grievance Chairperson role was introduced to the RN Bargaining Unit in April of this year. Since it's implementation, over 200 grievances have been resolved. The below are highlights of some key resolutions achieved this year:

### Employment Standards Act (ESA)

There were multiple individual grievances and a policy/union grievance filed regarding the employer's interpretation of the "ESA 60" rule. Nurses were not being called for additional tours and shift exchanges were being denied if it would put the nurse above 60 hours in a rolling 7-day period. In discussion with the employer, we came to agree that "ESA 60" should not be applied; even if a nurse is scheduled 60 hours in a 7-day period, shift exchanges should still be approved and the nurse should still be called for additional tours. Discussions are ongoing regarding other ESA rules. If you have concerns about how the ESA is being applied, please reach out.

### 14.06 – Call Back Pay

The employer was not appropriately applying article 14.06 of our central collective agreement regarding call-back pay. This article is not only applicable to those scheduled for standby/on-call shifts, but any nurse called back to work within 24 hours of completing a regularly scheduled tour. If a nurse has completed their regularly scheduled tour **and left the hospital** and is called in to work outside of their regularly scheduled hours, they will be paid two (2) times their straight time hourly rate for all hours worked. This language is also applicable when a partial tour is offered, meaning a shift shorter than what is regularly scheduled. Multiple individual grievances and a policy/union grievance were filed, and the employer corrected their application of this article. If you were called in for such a tour and you do not believe you were not paid appropriately, please let us know.

### 14.12 – Cancellation Pay

Where less than 48 hours notice for full time or 24 hours notice for part time is given personally to the nurse for the cancellation of a shift that was added to their schedule, time and one half will be paid on the nurse's next scheduled shift. This does not include shifts added into their schedule within the same 48h period for FT or 24h period for part-time. This was not a concern until the hospital started booking overtime months in advance. With this new practice, shift cancellations were happening more frequently, and the employer was not paying this premium. Through the grievance process it was agreed that this premium will be paid to any full-time, part-time, or casual nurse who experiences a cancellation of a shift without the appropriate notice. If you have not been paid appropriately for a cancellation of a shift, please reach out.

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

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## LHSC RN BU Report—HRE & RTW—Ula Martin

At ONA, we can help with the Return-to-Work process and navigate any forms that are required to be completed by Occupational Health. If you have an upcoming procedure/surgery, please reach out to ONA **before** Occupational Health for direction and support. Please reach out to us at [LHSCUVRTWVP@ona.org](mailto:LHSCUVRTWVP@ona.org) or 519-667-0937.

For any workplace injuries, please fill out an AEMS, a Form 6, and contact [LHSCVHRTWVP@ona.org](mailto:LHSCVHRTWVP@ona.org) with any concerns or questions.

We can also help with any questions you may have regarding maternity leave, medical and individual special circumstance accommodations, Short Term Disability Benefits (STD), Employment Insurance (EI), and Long Term Disability (LTD).

If you have COVID-19, as per article 6.05 (f) below:

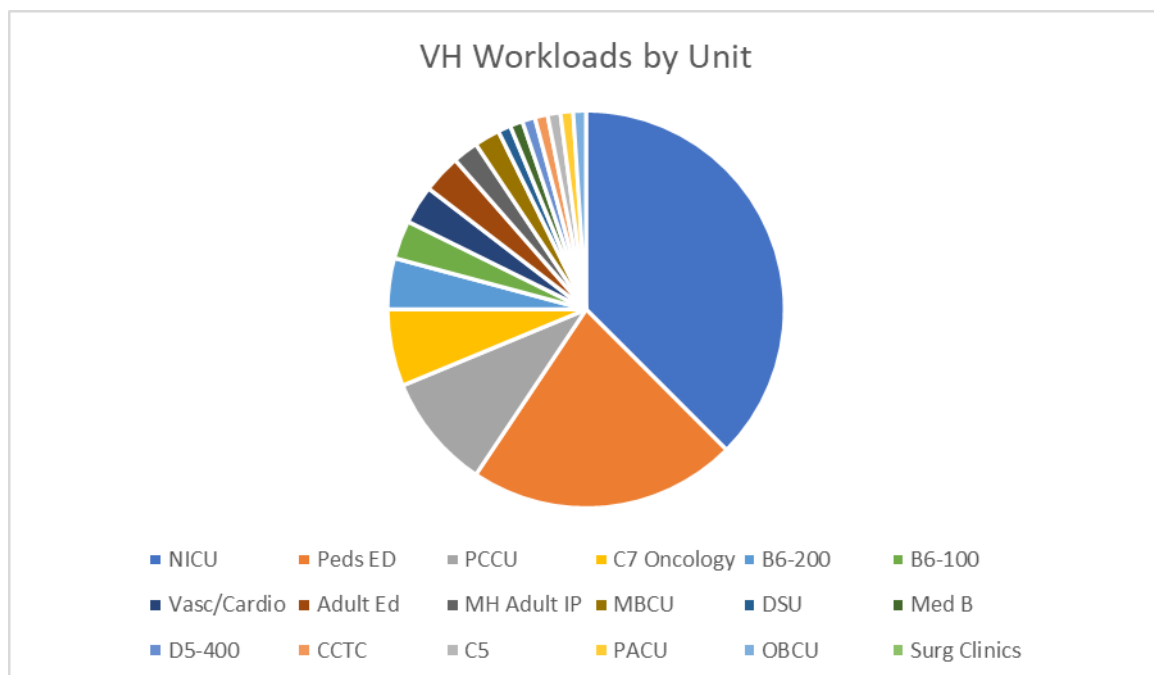
(f) Effective July 20, 2023, employees who are absent from work due to a communicable disease and required to quarantine or isolate due to: i) The employer's policy, and/or ii) Operation of law and/or iii) Direction of public health officials, shall be entitled to salary continuation for the duration of the quarantine. This includes part time workers.

## LHSC RN BU Report—Professional Practice—Ali McKeen

**148 total workloads received between May 1, 2023 and November 8, 2023**

### 99 workloads for VH

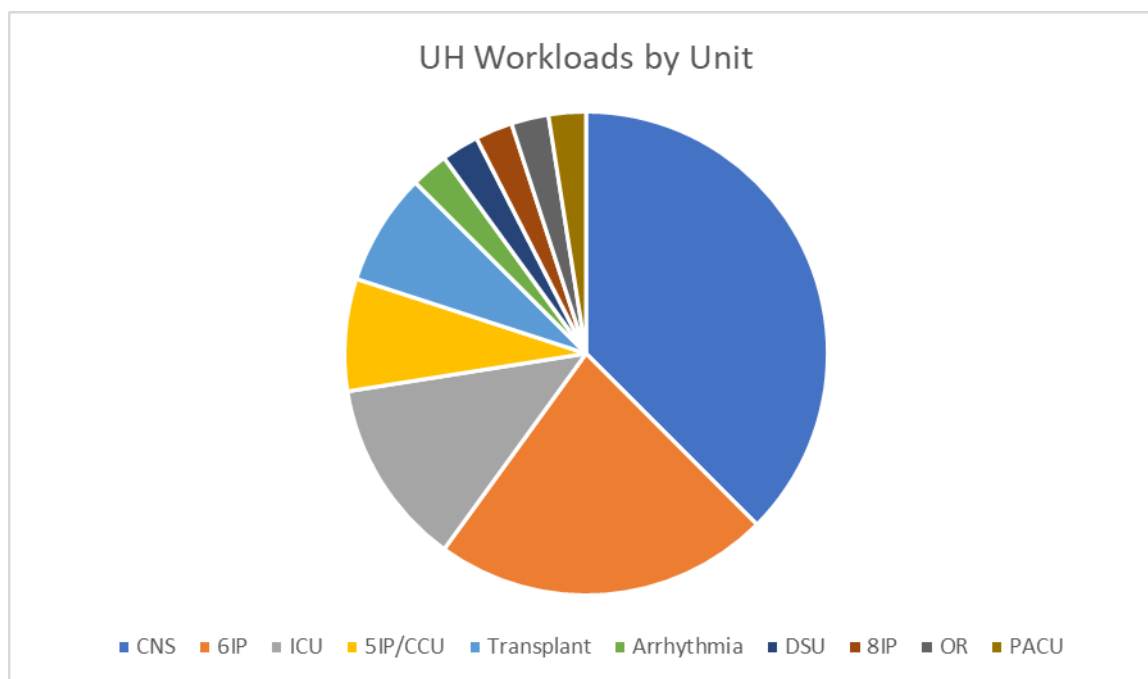
Adult ED = 3, B6-100 = 3, B6-200 = 4, Cancer Care Adult IP = 6, NICU = 36  
 PCCU = 9, Day Surgery = 1, Peds ED = 21, Medicine B = 1, Mental Health Adult IP = 2  
 MBCU = 2, D5-400 = 1, CCTC = 1, C5 Surgical = 1, Vascular/Cardiology = 3  
 PACU = 1, OBCU = 1, Ambulatory Surgical Care = 3



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

### 40 workloads for UH

CNS = 15, Arrhythmia Service = 1, 5IP/CCU = 3, Day Surgery = 1, 6IP = 9  
8IP = 1, ICU = 5, Transplant Unit = 3, OR = 1, PACU = 1



### 9 workloads for City Wide

VAST = 9

Short staffing continues to be the most predominant workload issue faced by all units. The staffing crisis is compounded by the fact that there is a lot of onboarding of new staff and a high number of junior nurses working on the unit.

High acuity and fluctuating patient acuities is adding to the increased workload experienced by nurses working on all units.

Currently, ONA and LHSC have 3 Minutes of Settlement (MOS) that have just progressed past the 3 month mark post implementation. These MOS are for the NICU at VH, the Peds ED at VH and 8IP at UH. There are several other units with MOS still in the draft stage.

Please continue to complete an online Professional Responsibility Workload Complaint Form (“workload”) any time you feel that you are unable to meet your College of Nurses of Ontario (CNO) Practice Standards

**REMEMBER!!!** The CNO has made some recent and significant changes to the Practice Standards. I encourage you to visit [www.cno.org](http://www.cno.org) to review these changes.

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

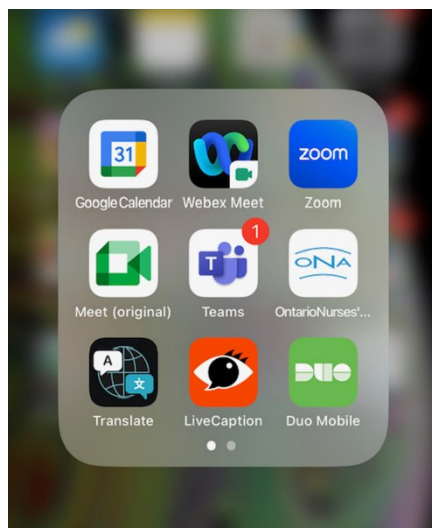
If you are interested in finding out more on how to complete a workload, please reach out to me at [lhscuhppvp@ona.org](mailto:lhscuhppvp@ona.org). I am happy to meet with you one on one to address your learning needs or I can set up an inservice for a group of nurses.

Workload in-services will be scheduled in the new year. Please watch the ONA Local 100 website for details.

Workload cheat cards are available from ONA and are a great resource to help you locate the online workload form on the LHSC intranet and include tips for how and when to complete. Please reach out if you are interested in obtaining one.

Please visit the ONA Local 100 website and watch a 10 minute video on how to locate and complete a workload form. This video is only accessible through the website at <https://www.youtube.com/watch?v=WiTckAireQg>

Did you know that ONA has an app??? This amazing tool is a great resource for accessing all kinds of important ONA information. This information includes but is not limited to Central and Local contracts, Occupational Health and Safety, Professional Practice Concerns and Professional Responsibility Complaints, Accommodation and Return to Work, Workplace Violence and Harassment, Human Rights and Equity, Legal Expense Assistance Plan (LEAP), WSIB and more!!! You can download the ONA app from your app store on your phone or tablet.



## LHSC RN BU Report—Occupational Health & Safety—Louise Bowers

A reminder to staff that Covid outbreaks continue to be seen most predominantly at the UH site. Staff should continue to wear level 3 masks when in patient care areas. It is difficult to police patient movement within the hospital, so keep that in mind when in the Tim Hortons line and cafeteria. It is recommended staff wear masks in those areas as well. We have asked at JHSC for the consideration of visitors masking which was declined by IPAC as current epidemiology does not consider it a risk. We continue to monitor the AEMS. If you become covid positive working on an outbreak floor, please fill out the AEMS so you are listed in the Occupational Health Illness reports. Full-time or part-time, you are entitled to sick time. If you are denied pay, please call the ONA office. Please do your personal risk assessment and wear your fit tested N95 when caring for covid positive patients. There are no shortages of masks, gowns or gloves. The only current substitution is with the Avagard handwash. It is on backorder and Sopura is being used as a temporary replacement. To those seeking the Covid vaccine, the Middlesex London Health Unit has both the Moderna XBB and Pfizer XBB available. If working on an outbreak floor, please be aware both sites have over 50 Amaircare air cleaning units available for use. They are used in break spaces, at nursing stations and patient ward rooms. Please reach out to your manager or IPAC to order these for your Units.

On a positive note, our needlestick injuries, which would have been high during these last few months have been low. Thanks to the safety specialists responsible for ensuring proper education and monitoring were in place for staff to reduce these numbers. The added sharps containers on the floors have been helpful in reducing injury.

Musculoskeletal injuries remain unreduced. Reduced staffing as a hazard remains a major factor along with proper education on lift devices available on the floors. Anita Joggia, the ergo specialist for LHSC has been busy assessing these areas to ensure the proper size slings are available for use, equipment has been inspected and bears the green biomed sticker for approval of use. It was identified that the pediatric floor did not have a lift for use which has been addressed. Any clinic area not having a high low stretcher please reach out to your manager and your health and safety team to follow up on. The Ministry of Labor continues its blitz for this year doing check ins with the hospital. Be aware of your Safe Patient Handling Policy and your Pre-Transfer and Reposition Assessment Algorithms which should be posted on your Units. The workplace inspection team will be auditing this and speaking to staff on inspections. If you feel your workspace area is not ergonomic, please fill out an AEMS and request an ergo assessment.

Numbers show Health and Safety should be foremost for staff. For 2018 it stated 43% of these numbers were nursing.

With JHSC, we have finally seen the implementation of bollards outside both Emergency Departments ensuring no car will drive through the department doors. On November 1<sup>st</sup> the Workplace Violence Prevention Committee was invited to partake in a presentation on the personal panic alarms which will be implemented within the next year hopefully at both sites. I believe the target finish is 2025. The hide and seek did take place at the UH ED. Security can monitor staff wearing the alarms and pinpoint their location. This will be monitored and responded to by the Security Dept. There is much work to do to improve Wi-Fi throughout the organization and at this time it is unclear if the location reach will extend to the parking garages. Stay tuned.

There will be a new implementation of an AEMS process in the next year, but it will be with JHSC worker input. There is also a new restraint policy which will come to JHSC this month. There is a Least Restraint Committee which will be presenting.

Workplace Violence Training which we reported from June was at 60.8% compliance. We have asked since that time monthly for a breakdown by department of these numbers. We have asked that physicians be included in this training and asked for a physician from the MAC (Medical Advisory Committee) to be on JHSC to help facilitate this and be a resource to answer questions regarding conflict that Medical Affairs deal with when staff put in AEMS regarding incivility. It is our hope that we can onboard more than the reported 226 trained currently so they can as-

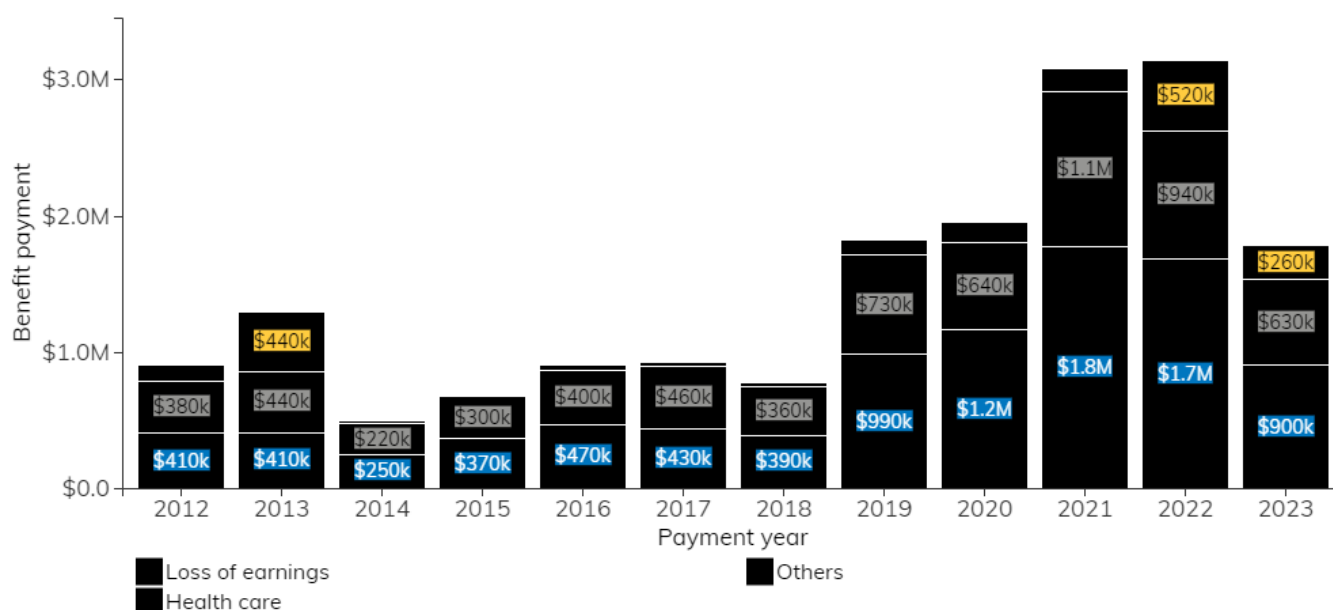
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## LHSC RN BU Report—Occupational Health & Safety cont'd

sist nurses at the bedside if needed and be able to protect themselves.

Safety Check through the WSIB site showed that LHSC allowed 548 Covid 19 claims from 2020 to 2023. The chart below shows benefit payments made. Lost time claims receiving wage loss benefits at 12 months as of Jan 1, 2023. Payment year 2023:

Others: \$257,008.56  
 Health care: \$629,112.25  
 Loss of earnings: \$903,810.81  
 Total: \$1,789,931.62



WSIB generated report for LONDON HEALTH SCIENCES CENTRE

Data source: Workplace Safety and Insurance Board

Data maturity: As of September 30, 2023

This data is licensed to you under the Government of Ontario's Open Data License <https://www.ontario.ca/page/ontarios-open-data-directive#section-8> and subject to the provisions described therein.

Data downloaded from WSIB Safety Check tool.

Report downloaded on 2023-11-19 22:07:31

As of the Oct meeting of the Workplace Violence Prevention Committee our trained staff are now up to 74%, which still proves challenging. We continue to push the IRS (internal responsibility system) with emails to obtain the breakdown by department which has proved difficult. My latest numbers are 852 staff advanced trained in the ED and MH areas which include security staff and EDTs. There are 122 that need to recertify and 276 staff that need to register. Occ Health does not receive reports from managers on certification and has offered staff to register on days off for overtime paid hours. It has been stressed that staff would like an improved work-life balance and asked if staff could be registered on working days. We were told it was up to the individual managers depending on their staffing levels. They would like us to stress to our nursing colleagues the importance of signing up and completing the training as an additional method for us to request registrations. It is the employer's responsibility to educate the staff and provide training. Stay tuned.

There was a Code Silver on Sept 29, 2023 which involved security, the ED and 7IP at UH. A general email went out to the organization with assurance that corporate debriefing was being completed. Oct 26<sup>th</sup> Emergency Manage-



## LHSC RN BU Report—Occupational Health & Safety, cont'd

ment did a power point presentation on the Code Silver events at JHSC. This incident involved a family conflict around a patient admitted from the St Thomas Hospital to UH. OPP responded to a threat from family member involving a gun. The hospital was eventually put into lockdown with a Code Silver called. This resulted in 2 arrests and lasted just over 3 hrs. Security was posted on the CNS floor for 3 days with check-in from management for the staff. Debriefing was done with the nurses on CNS but there remain many unanswered questions from staff as to why some heard the overhead page and others did not. Staff off floor during this time did not feel safe and barricaded their exits with stretchers. These were just a few concerns. There was another corporate debrief done on Nov 2<sup>nd</sup> with LPS and a Code Silver Working Group was developed to review policies and audit the number of safe rooms. We still have many unanswered questions and hope to answer staff safety concerns after the next JHSC. Stay tuned.

With regard to metal detectors which have been on the JHSC open closed log since 2017, discussion was held at JHSC with regard to the Windsor sites proactive approach using wandering, 24-7 police and new AI technology using an iPad that picks up weapons using an audio alert and shows on the diagram where the weapon is. Workers did test runs hiding weapons in their hair, bra, shoes and the images picked them up. Management and security were open to checking this technology out and perhaps doing a road trip. Our hospital uses the same company, called Convergent for security. Stay tuned.

There have been over 110 level 2 AEMS since January in Mental Health. These have been reviewed at JHSC and the Workplace Violence Prevention Committee. Main areas of concern are B8 and B7. Challenging patients continually are breaking fire boxes, badge swipes and using metal pieces from doorframes as weapons, resulting in rooms being down for repairs. A core working group has been developed to help deal with some of these concerns. Plans for creating seclusion rooms for this area are under development. B7 has had some challenging violent patients with injuries to staff as of late. Other MH floors such as D4 300 and GBU continue to face staffing challenges and inappropriate patients from the ED admitted, which staff end up moving to PICU. With the addition of 4 more MH beds there remain continual staff challenges with staff being pulled to the ED as helping hands and on the floors a feeling of helplessness, not feeling supported by physicians after hours. It has been discussed that the Mental Health Council be reinstituted to represent all the MH staff on these floors to collectively come together to identify their inconsistencies and work collaboratively to fix them. VRA's have identified that perhaps the Mental Health rooms and areas be reworked to be consistent on every floor for both staff and patient safety. Work is ongoing in this area.

Level 2 AEMS in all three EDs, including Childrens continue along with calls from staff to the office. Staff have safety concerns due to security not being able to remain in triage, leaving to help with the MH area in ED and escorting patients out. Childrens ED does not have a dedicated security guard, and perhaps should, given their patient demographics. This is brought up at JHSC consistently and discussed at the Workplace Violence Prevention Committee. In view of the Code Silver at UH, there are only 3 security guards there. One was stationed during lockdown at the main entrance and a second at the ED entrance, leaving the 3<sup>rd</sup> to update Emergency Management. It is unclear if the third was present on CNS at this time, but the addition of more security is always the ask at JHSC and will continue as the Paladin are not hands on and can only do parking lot and garage rounding. The UH ED now has instituted 4 more offload stretchers down the hall so ambulances can do a "dump and run" to get out in the community. Staff are expected to absorb this, and these patients could be monitored with portable telemetry waiting to see the Dr in the hallway. With current staffing shortages, this is a recipe for disaster which will cause great moral distress for the staff and poor patient outcomes.

Please do continue to fill out AEMS and include **staffing shortages** and **moral distress** as **hazards**. These ideally should be filled out sooner than later, but even a couple weeks out is fine. You can ask your charge nurse or manager to fill these out on your behalf. Include other staff members as your witness to these events and if you are restraining, call security, document using least restraint and ensure an occurrence report is filled out.

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## LHSC RN BU Report—Occupational Health & Safety cont'd

Your sensory perception impacts your reality. Learned helplessness is not part of your job! If you are experiencing workplace violence, call a code white for assistance. Nursing is now down by 42,000 staff. We need to be reactive now to survive and our employers proactive to keep us safe to build a shared vision of good healthcare.

Fate whispers to the warrior, “You cannot withstand the storm”, and the warrior whispers back, “I am the storm “

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

As we transition into the colder months, we hope everyone has been able to take some time and enjoy the late summer and fall weather. ONA and your local bargaining unit team have been hard at work and we wanted to take this opportunity to provide you with an update.

### Christmas Scheduling

ONA has received Christmas planners from the majority of units where our members work. Please ensure you take the time to review your schedule and any applicable collective agreement language that is relevant.

If you have any questions or concerns, please reach out to the Local 100 office at (519)667-0937 or via email at [local100office@ona.org](mailto:local100office@ona.org) and your question will be directed to the most appropriate union representative.

### ONA Rebranding

ONA released a new brand identity this year to celebrate its 50<sup>th</sup> anniversary. The rebrand focuses on the future of nursing, the future of the union, the grassroots movement and local action. It focuses on reclaiming our voices and our power so that we can tell the brutal truth about how the government and employers are creating the crisis in our public health care system. With slogans such as “the nurses are coming” and “we are not an option; we are a necessity” it sheds light on the status of our health care system. that our workplaces are struggling and that ONA members and our other union partners are the ones left to hold it together.

Please take a few minutes to look at the messaging ONA is sending to employers, administrators and our government.

[Ontario Nurses' Association | Local action is our action \(ona.org\)](https://ona.org)

### Dual Dues Refund

At the biennial convention it was announced that ONA’s board of directors approved the elimination of the dual dues policy. This means that effective 2024 there will no longer be a duals due refund issued to members who work at more than one ONA employer. By eliminating the dual dues, ONA can continue to provide tailored representation to each member who works at multiple sites without cutting back core services.

### Respiratory Season

As respiratory season starts to impact our members and their units, we’d like to take the opportunity to remind everyone to take care of yourself. Follow LHSC’s suggested precautions, frequent handwashing and to stay home when you are feeling unwell.



We know that some units, particularly the pediatric areas are bracing for what is projected to be another tough respiratory season. ONA is working with these units to monitor the acuity, staffing and scheduling in these departments.

### Process Changes

LHSC has rolled out several changes within the Medicine, Surgical and Emergency Department programs. We know that these changes have flagged concerns related to patient safety, staff safety and the ability to meet our CNO standards.

We have brought, and will continue to raise these issues with the employer through the different forums that we participate in.

Please continue to reach out to the ONA office, complete professional responsibility forms, and do AEMS reports when warranted.

We continue to fill our vacant ward representative vacancies, so please keep an eye out for upcoming expression of interest postings. If you are interested in sharing how ONA can grow as a union, please take the time to complete the Member Survey which is open until January 12<sup>th</sup>, 2023.

[Share your voice! Complete the ONA Members' Survey today. – Ontario Nurses' Association](#)

**London Health Sciences Centre - RN 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/1500	After 3 years/4500	After 11 years/16500	After 20 years/30000	After 25 years/37500
FT vacation hours accrual per pay	4.33	5.77	7.21	8.65	10.09