



LHSC RN BU Newsletter
April 2023

Bargaining Unit President Report – Lindsay Carnahan

Happy Spring!

ONA 100 will be holding a meeting to discuss our position in administration on April 29th, 2024 from 1930-2030 and we invite all of our local members to attend. Please sign up using the link that was sent to your personal email address. If you did not receive the link, please call the ONA 100 office and we can help arrange registration.

Angie Stott has been the administrator assisting in ONA 100 matters. Her guidance and support to the bargaining unit and executive teams has been invaluable. She has helped build a bargaining unit team and local executive who will continue to fight for our members rights and ensure that the collective agreements are upheld!

I am honoured to be appointed as your bargaining unit president and will do my best to help answer questions and provide guidance when challenges arise.

We have had several inquiries into the office about individual special circumstance agreements (ISCA's). These agreements allow the parties (LHSC and ONA) to negotiate a lesser number of hours of work for individual full-time members based on the needs of the individual member. These agreements are person-specific, not related to a position. An ISCA can be used for various reasons – late career scheduling/retention, assistance with attendance management issues, family issues, educational leave issues, family medical/care issues, etc. A letter of understanding (LOU) needs to be completed for any ISCA. If this is something you are considering, please reach out to the ONA office at 519-667-0937 or by email at local100office@ona.org to discuss the collective agreement language and how an ISCA impacts your union benefits.

Nurses Week 2024 is from May 6th-12th. Please plan on visiting your ONA representatives at one of the booths at UH or VH. The times and locations will be posted on our ONA Facebook page and website for reference. ONA representatives will be bringing gifts around to our offsite members!

As always please reach out to the ONA office or one of our local bargaining unit representatives with any questions, concerns, or feedback.

In Solidarity,
Lindsay Carnahan



Site Reps (UH & VH) Report – Darleen Evans, Carrie Johnston

The site reps of ONA 100 are excited to update you on some of the accomplishments over the past few months:

We are thankful for the additional guidance the past 2 years from Central ONA and from Angie Stott our BUP during the administration process. For the past 2 years, Angie and the Local have worked tirelessly to recruit and fill local executive and leadership positions to best represent our members. Our rebuilt team is strong and mature and comes from diverse experiences within healthcare. We look forward to meeting all of you. Let's take the opportunity to do just that during Nurses Week in May.

May 6-12, 2024, is Nurses week. A week to celebrate the entire nursing profession, especially during all the challenges we are facing in healthcare. We never give up. Please come out and visit the booths that will be set up at both UH and VH. We will be handing out gift cards and ONA swag. Come and check us out and find out about the grand prize draws. We want to engage our members to become more active in the union and become involved. Come find out more opportunities on how you can participate. You are the union! One fun way is volunteering with ONA in the Annual London Pride Parade. July 21, 2024, Local 100 will be partnering with Local 45 to host a float in the parade. We want to see a record number of ONA participants in this year's parade. Please consider being part of the fun. If you can join us, please reach out to the ONA office and submit your name. Bring a friend, family or just yourself. Call 519-667-0937.

One of our goals this year is to improve on membership engagement. We want to hear from you. What issues do you feel are affecting the nursing profession? What is important to you today in healthcare? If you are struggling or have questions, we have representatives to support every concern. From professional practice, to discipline, even leave or attendance related, we are here for you. It is so, so important for members to know their rights and obligations. The Local also offers valuable learning opportunities to learn about these rights and the Collective Agreement. Learning opportunities both virtually and in-person are offered. This is another way for you to learn about your union, what we do for you and with you and how you can get more involved. You are the voice of the Local.

Grievance Chairperson Report – Michelle Black

It has been a full year since the Grievance Chairperson role was added to our Bargaining Unit Leadership Team. Having a representative specifically dedicated to this work has made a significant impact on the grievance backlog and grievance process at LHSC. The number of outstanding grievances has been reduced by more than 70%. We have also been working hard building collaborative relationships with the employer, allowing us to resolve issues as they arise, and avoiding the need to file as many grievances.



Grievance Procedure – Central Collective Agreement Article 7

1. A nurse has no grievance until they have first brought the issue to the attention of their immediate supervisor. If you believe there has been a violation of the Local or Central Collective Agreement, speak with your manager as soon as possible. If they are not able to resolve the issue, an individual grievance may be filed.
2. A “Step 2” meeting is then held with the relevant representative from the Hospital and the Union. Ideally this discussion results in a resolution to the grievance.
3. Failing settlement at Step 2, the grievance may be referred to arbitration. This is where a third party, called an arbitrator, is solicited to help the Hospital and the Union come to a resolution. This step can take anywhere from 18 to 24 months and is what approximately 50% of our outstanding grievances are waiting for.

Recent Arbitration Wins

In Charge Person (ICP) Training – There are minimum standards for supervisor training outlined in the Occupational Health and Safety Act (OHSA). In 2022, the Union was made aware that units across the organization were assigning members as ICP without the appropriate training. A Union grievance was filed and referred to arbitration. On April 17th, the Hospital and the Union mediated a settlement. Key Points:

- To be assigned ICP, you need to complete, at minimum, the *Health and Safety at Work for Supervisors* iLearn.
- If it is not confirmed you will be able to complete this iLearn during the first shift as ICP, you can decline the assignment without reprisal.
- Once you have been assigned as ICP, you should be directed to sign up for the next 2-day online *Health and Safety at Work for Supervisors* course.

Benefits – In 2019, the Hospital changed benefit providers for our drug and extended health benefits. After this change, a Union grievance along with hundreds of individual grievances were filed. On March 27th, the Hospital and the Union signed a settlement agreement resolving almost 400 benefit related grievances. We are currently working through the implementation process and more information about this will follow in the coming weeks. If you have any questions regarding our Collective Agreements or grievance process, please contact Grievance Chairperson, Michelle Black, at lhscvpgrievances@ona.org

Occupational Health and Safety Report – Louise Bowers

Workplace violence continues to be a problem at both sites, predominantly in both Emergency departments and Mental Health. Wait times in the ED are 10-18 hrs. At the VH site, there are up to 15 MH patients sitting in care spaces waiting to be seen. Despite having 3 security guards, incivility by visitors and assaults still occur. Weapons and illegal contraband are increasing and under- reported at both sites. UH is starting to see a rise in the MH population and has only 1 security guard in the ED. The Ministry of Labour has been at both sites dealing with the violence. There have been no orders at the VH site. The UH



site did receive orders revolving around code silver training and updating of policies. Staff are being punched in the head, kicked in the chest /stomach, and bitten during these takedowns. Both patients and family members have threatened to kill staff. Security has locked up knives, shanks, axes, bats and guns for patients who verbally admit to carrying them. Our concern remains that weapons and contraband are still making it into the hospitals and going unreported. No progress has been made regarding the code of conduct for visitors and patients.

At JHSC in December, we asked for updates with regard to our panic alarm system and wandering. A demo was completed at the UH ED site of a personal panic alarm system which went well. Updates to Wi-Fi are currently being completed at both sites. There has been no commitment from the hospital to staff implementation yet. A small, hand-picked group did visit Windsor and checked out their AI Evolve scanning system, which has been successful in screening for weapons and contraband at hospital entrances. No further commitment has been made by the employer regarding this, which would be a more proactive approach to ensuring the safety of all staff. Through JHSC we are pursuing improved interim measures by Emergency Management to avoid a critical incident. We are awaiting updates on all safe rooms and an improved phased code silver approach.

In the meantime, if you do feel you are in imminent danger and calling the ext. 5555 code silver/white with weapon is taking too long to triage through the management decision tree, please call 911. Lockdown measures can take up to an hour. Please do continue to fill aems in the event of any act of aggression or violence. We will follow up and ask for repeat violence risk assessments of your work area and if need be, call the MOL back. On the floors having no swipe access, please do not barricade entrances with stretchers and feel the need to stay and protect the patients. In a code silver situation, you “hide and survive”.

Know where your safe room is on your floor.

Workplace violence and harassment is not part of your job! Report this to your supervisor, fill out an aems. If you are experiencing harassment from co-workers/management, then use the staff confidential email to report. Safety is the responsibility of everyone. In January we were notified by the MOL, our terms of reference for our multi-site JHSC expired in 2022. A re-application I believe was sent. In the meantime, the organization felt it best to revert to a more conventional site-based committee structure which divided everyone, dissolving important committees such as workplace violence prevention, stats and trends, and workplace inspection. This has become challenging for us to ensure the worker concerns are addressed in a timely manner and not just the employer agenda discussed. We are all currently working on individual terms of references for each site and other offsites. Stay tuned.



Needlestick injuries are on the rise again. The MOL did a recent blitz and wrote 12 orders on needle safety at both sites, which included physician training.

Slips/trips/falls have doubled since last year. Please ensure you are walking on designated pathways and wearing proper footwear. You should have enough space to move your toes and heels no higher than 5cm(2inches).

MSD- back and shoulder injuries are increasing especially on the medicine and both ED's. Please ensure you follow the SAFE PATIENT HANDLING PROCEDURE AND ASSESSMENT ALGORITHM. Use your portable lift equipment and look for the green biomed sticker to ensure it has been inspected within the last year. MOL will be doing blitz visits in the coming months.

With the implementation of the new push/pull procedure decreasing wait times in the ED, this has created space problems on the floors, specifically hallways. Ensure you are maintaining the fire code and do not block exits or extinguishers. Stretchers with patients awaiting admission, seated patients in chairs waiting for pickup after discharge, physio equipment and wows, have become problematic for staff dealing with not only increased workload; but no place to sit.

Studies show workers spend up to half of their working day standing or walking. Prolonged standing can cause joint compression, varicose veins, sore feet, leg swelling, lower back pain, stiffness in the neck and shoulders. It can also be risky for pregnant workers leading to increased pre-term births, high blood pressure and low birth weights.

Please ensure your workstation has adjustable height work surface, a seat for resting if standing is unavoidable, and if you are in an area of lower walking traffic, ask for slanted edge anti-fatigue mats. Please fill out aems if this is not happening in your area. The safety assistants can help you with an ergo assessment.

Many of our staff report feeling burnt out, fed up with increased workloads, and decreased staffing. Report this as a hazard through your aems and fill out the workloads. Lack of support from management and no input in decision making is impacting workers' health and productivity, leading to high staff turnover. Work stress leads to MSD injury, cardiovascular disease, stomach/bowel issues, insomnia, anxiety and depression. Take time for you, utilize wellness programs available and be kind to one another.

“Unity is strength. When there is teamwork and collaboration, wonderful things can be achieved.” (Mattie Stepanek was poet and peace ambassador who managed to publish 7 books before passing at the age of 13)



I would like to share a video link by singer Billy Gilman of one of Mattie's poems to help inspire you when work situations bring you down.

<https://www.youtube.com/watch?v=msdl7Nufxw4>

Professional Practice Portfolio – Ali McKeen

- **156 workloads** received from November 9, 2023 to April 11, 2024
 - **VH = 119**
 - Units with most workload submissions:
 - NICU = 22
 - PCCU = 19
 - Peds ED = 16
 - Adult Mental Health = 14
 - B6-100 = 10
 - **UH = 37**
 - Units with the most workload submissions:
 - ICU = 14
 - OR = 6
 - Emergency = 4
 - CNS (7IP + EMU) = 4
 - 6IP (CVT) = 2
 - City-Wide = 0
- Common issues identified in the workloads were:
 - Short staffing (most prevalent issue) – inadequate baseline RN staffing to manage patient volumes and acuity
 - Increased/high/changing acuity
 - Lack of adequate support staff (PSW, aide, clerk, EDT, HNO)
 - Gaps in patient care
 - Insufficient training and mentorship support
 - Large number of junior RNs
 - Increased nurse to patient ratios
 - Increase in non-nursing, non-patient focused tasks
 - Overcapacity or use of overflow space
 - Patients exhibiting violent behaviour
 - Escalating aggression from patients and families



- ONA has enjoyed having the chance to connect with RNs on the inpatient units and provide some education around workloads. We were able to connect with RNs in the following areas:
 - OR, UH
 - ED, UH
 - Medicine A and B, VH
 - C7 Oncology, VH
 - C5 Surgical, VH
 - B6-100, VH
 - B6-200, VH
- More in-service dates and times to come! If you are interested in setting up a one-on-one session or would like an in-service on your unit, please reach out at lhscuhppvp@ona.org.
- Memorandum/Minutes of Settlement (MoS) update:
 - 8IP at UH has fulfilled all items on the MoS
 - Peds ED and NICU at VH have both reached the end of the monitoring period so more details to follow soon
 - PCCU at VH is approaching the 3-month monitoring period
 - Awaiting signatures for CNS and 9IP at UH and Medicine B at VH
 - Multiple other units being reviewed by the employer
- For any Professional Practice concerns or questions, please do not hesitate to reach out to Ali McKeen in the ONA Local 100 office at 519-667-0937 or at lhscuhppvp@ona.org.

RTW and Accommodations/HR&E Report – Ula Martin, Jasen Richards

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 LHSCUHRTWVP@ona.org or 519-667-0937.

For any workplace injuries, please fill out an AEMS, a Form 6, and contact LHSCVHRTWVP@ona.org with any concerns or questions. If you are full time, you can request a pay advance while waiting for your WSIB claim to be adjudicated.



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).

Collective Agreement Tip

As per article 12.07 in our collective agreement: 12.07 No sick pay benefit is payable under HOODIP for the first fifteen (15) hours of absence for the sixth (6th) and subsequent period(s) of absence in the same fiscal year (April 1 through March 31) Occupational Health is currently working on a chronic illness process where they could streamline linking incidences together due to a chronic disability/illness. Stay tuned!