



LHSC RN BU Newsletter
October 2024

Bargaining Unit President Report – Lindsay Carnahan

Hello ONA100 members,

Your ONA100 team is happy to bring you some updates and important information below. Please feel free to share this newsletter with any of your ONA colleagues, and I encourage you to have those that are not receiving updates, to reach out so that we can ensure our contact information on file is accurate.

It is important that ONA100 has your personal email and phone number on file. This helps ensure that you are receiving important updates and information from your local and provincial team. This is especially important as we enter central and local negotiations for our contracts that expire in March 2025. Please keep reading below to hear about important dates and how YOU can get involved in your contract bargaining.

While central negotiations proposals are underway, I ask that you start to consider what you'd like to see in your local contract. In December you will see a survey sent to your personal email address asking for suggested amendments and additions.

Our current local contract can be found online at <https://www.ona.org/your-contracts-rights/find-your-contract/>

Please see below a breakdown of which contract covers what. We are covered by 2 collective agreements: one central and one local. Broadly, the central agreement applies to the any provincial hospital represented by ONA and the local agreement is specific to our bargaining unit at LHSC.

Which contract covers what?

| Central Agreement | Local Agreement |
|---|--|
| Wages | Scheduling |
| Premiums (shift, weekend, on-call, student supervision, etc.) | Composition of committees (such as Labour-Management, Grievance, Joint Health and Safety, etc.) |
| Medical, extended health care, mental health, and dental benefits | Union leaves of absence |
| Amount of vacation | Vacation time off and scheduling rules |
| Professional responsibility clause | Travel and parking |
| Grievance procedures such as layoffs | Scheduling Penalty Premiums (consecutive tours, consecutive weekends, time off between shifts, etc.) |
| Pension improvements | Meal breaks and rest periods |
| Sick time provisions | Bulletin boards |



| Central Agreement | Local Agreement |
|---|---------------------|
| Protection from harassment and discrimination | Uniforms |
| Protection from discipline/termination | Modified work rules |
| Bereavement leave | Job sharing |
| Salary top-ups for pregnancy/parental leave | |
| Mentoring | |

In Solidarity,
Lindsay Carnahan

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

We want to send a big shout out to all of our members who participated in ONA events this year. We had a great turnout of members from locals in the region at London Pride. ONA 100 was able to reciprocate and show support at Windsor Pride.

ONA 100 came out to support our colleagues in long term care and it made a huge impact. They were successful in winning a fair contract where they saw wage increases and better benefits. This is proof that there is strength in presenting a united front.

Both the central and local collective agreements expire in March of 2025 meaning that negotiations are coming up. For the first time in ONA's bargaining history, negotiations topics are allowed to be shared publicly, and we as general members have the right to vote for our priorities. Imagine having a direct say in shaping your working conditions, pay, benefits and overall job security. That is the power of collective bargaining. When we come together as a united voice, we negotiate from a position of strength.

Political Action

What is it and what difference does it make?

Political action refers to any activity that individuals or groups undertake to influence government decisions, public policies or social issues. This can include voting, lobbying, protests, petitions, advocacy campaigns, or grassroots organizing. The goal of political action is to bring about change, promote specific interests, or raise awareness on issues affecting the public, often through collective efforts or public demonstrations of support.

We are sometimes met with reluctance to participate in collective action. This reluctance stems from concerns like personal cost, skepticism about the effectiveness of collective efforts, or fear of backlash. Participating in collective action does require time and effort but the potential long-term benefits often outweigh these costs. The visibility and pressure generated by collective action often force decision-makers to respond or consider reform. Inaction can have long-term negative consequences, as silence may be seen as acceptance of harmful policies or conditions. There is strength in numbers, and you cannot be punished for participating in appropriate collective action. Collective action amplifies individual voices, turning isolated concerns into a powerful force for change.



ONA 100 is the second largest bargaining unit in the province. Together we have the power to demand a good contract.

Change begins with small steps. ONA has planned political actions for the coming weeks and months to show that we stand united in our demands. The first political action involves signing a pledge card to show your commitment to wearing a blue bracelet on November 6th and participating in a virtual Zoom webinar, where attendees will vote on hospital demand proposals. Help us send the message that we are UNITED TO WIN!

The intention of the pledge cards is to update your information for our office. Your information will never be shared outside of ONA. This information will be used to send you important updates only. They also act as an RSVP so we have an idea of how many of our members are attending the Zoom Webinar and plan to wear their blue bracelets on November 6th.

You're Invited: Attend a Zoom Webinar to Vote on Your Bargaining Demands

Over the past few months, your elected Hospital Provincial Negotiating Team has been hard at work. They've analyzed the results from the bargaining survey, gathered feedback from members at various demand setting meetings, and integrated your ideas into the initial bargaining proposals.

During this webinar, you'll hear directly from your elected team as they present proposed changes to the collective agreement language and explain the reasoning behind these adjustments. Your input is crucial, so don't miss out on this chance to be heard.

ONA invites you to join your colleagues on November 6th to hear about and vote on your bargaining demands. The Central bargaining team has combed through your "Have your say surveys" and will present your priorities in a Zoom meeting November 6th. You will have the opportunity to vote for what you want to see as a priority in Central negotiations. Your Hospital Provincial Negotiating Team invites you to attend one of two Zoom webinars.

When: November 6, 2024 09:00-12:00, OR 19:30-22:30

Where: Zoom (cameras are off so no pressure)

Important Registration Information: To register, you'll need to complete four mandatory fields: your name, ONA ID, hospital name, and personal email address (non LHSC email)

How to register: Click on the link below – **deadline to register is NOVEMBER 1 @ 16:00**

[Hospital Members – Vote on Bargaining Demands – Ontario Nurses' Association \(ona.org\)](https://ona.org)





Grievance Chairperson Report – Michelle Black

Grievance workload continues to be high, however it is evident that having a full-time Grievance Chairperson has helped prevent the grievance backlog from returning. We have filed 140

grievances this year and of those grievances, 77 have been resolved. Of the 63 that are still open, only 19 are waiting in queue for a grievance meeting with the employer; the remaining 44 are pending settlement or have been referred to the next step in the grievance proceed called grievance arbitration. The Grievance Committee continues to work collaboratively with LHSC to resolve issues as they arise, avoiding the need to file grievances, or settling them when able in a timely manner after filing.

Over 35% of the grievances filed this year are related to disciplines. In particular, the employer is paying close attention to arrival and departure times to and from shifts as well as the length and number of breaks being taken. Be aware that there are electronic and other monitoring systems LHSC can use to track this. Please ensure you are familiar with LHSC's corporate policies, your unit policies, and your Collective Agreement rights.

Other common reasons for grievance filing in 2024 are the offering of shifts, premium pay, classification, and bargaining unit work. We are closely monitoring and grieving the elimination of Nurse Case Manager positions which are often being replaced with staff RN roles doing the same work. It has also been reported from numerous units that RN vacancies are being replaced with RPNs. We have not received enough evidence of this occurring to fully pursue a grievance at present; if this is happening in your unit, the Union **needs** to know.

If you have any questions about your Collective Agreement rights or about filing a grievance, please contact Grievance Chairperson Michelle Black, at lhscvpgrievances@ona.org

Occupational Health and Safety Report – Louise Bowers, Wayne vanHardeveld

Workplace violence and incivility in the workplace has remained a problem in the last few months for both of the ED sites. This resulted in Ministry of Labour calls, with repeat violence risk assessments of the ED's and subsequent grievances regarding safety and workplace violence. Minutes of settlement resulted in an external Violence Risk Assessment to be completed using the PSHA (Public Services Health and Safety Association). This is currently being booked for both sites with completion due by the beginning of December. The hospital also posted signage visible to members of the public and patients that state "No Excuse for Abuse". This is a small step to address the right of staff to be treated with respect, as violence should not be part of your daily job.

We continue to push to make the "No Excuse for Abuse" signage both permanent, and widespread throughout the organization, despite the organization's push-back. In addition, we are pushing for a Patient Code of Conduct to be formulated and prominently posted at all entrances to all LHSC sites. Many hospitals in the surrounding area have such signs and policies in place.



The personal panic alarm systems will roll out in December with both ED's and Mental Health. The personal panic alarm will be attached to your ID badge. Security will be able to pinpoint where the staff member is and respond quickly. According to the vendor of this system, staff WILL NOT be tracked UNTIL they activate their panic alarm. This system will come to all units in both hospitals after the initial trial is completed. Results of the trial will be reported to the JHSC, and we will keep you updated.

The AEMS system will be phased out and a new reporting system, RL6 which is more risk based, will be rolled out. Training will begin in the next month and there are current sign ups to be done virtually. These are posted in the e-casts, although training on units will also begin soon. The estimated time to fill out a report is 3 minutes. A contest was held to rename this system and the winning name for this system for our hospital site will be SPEAK (System Promoting Excellence, Accountability and Knowledge).

We still have no terms of reference for the JHSC. It will be a year in January since our agreement expired. The hospital is still in the process of submitting a multi-site agreement as it historically was. It is in the hands of other union groups for signing. In the meantime, the division of single JHSC sites makes communication challenging, and stretches the process of achieving change. We continue to advocate for the workers in our bargaining unit pushing agenda items forward to keep workers safe.

PPE supply is reported to JHSC quarterly and HMMS inventory on hand is adequate. Both hospital sites continue to see increased staff incidence of COVID. Please ensure you complete your personal risk assessment and wear the proper PPE.

It has been addressed with IPAC and Occ Health that other facilities are reverting to spatial separation and physical barriers per CSA Z8000 for health care facilities which separates patients in waiting areas. Many facilities have re-introduced masking mandates. While masking mandates have not been reintroduced at LHSC, if they are both the collective agreement and the OHSA supports such a mandate. According to the Occupational Health and Safety Act, s. 28 (1) (b) Article 6.05: "The employee shall use or wear the equipment, protective devices or clothing that the employer requires to be used or worn." Unscreened patients sit 1 meter apart and symptomatic individuals are separated by 2 meters. We hope to get a response soon.

The Influenza and COVID-19 vaccine clinics begin Oct 21st. They are from Mon-Fri 9am-3pm. At the VH site B2 atrium and B3(C22 behind auditorium 3) at the UH site.

There are regular reports of suspicious individuals, and aggression being directed at staff in LHSC's parking lot. If you feel threatened, please do not hesitate to reach out to LHSC security, or local police as you see fit. Also know that UH campus has a partnership with UWO Campus Police, and they are able to assist you if needed.

UH site specific- From July to now, there have been 7 MOL visits- complaints about scent from waxing floors, eyewash stations pathology and OR smoke evacuator machines during cautery use. A cafeteria water leak was later found in C star- which resulted in a process change for facilities management having emergency response PPE bags in stock. Another OR visit to review smoke evacuation equipment, AEMS, and hygienist which resulted in 3 orders; updating their policy, ensuring training and procedures for workers are in use as well as physician



training. A 2wk extension was given to physicians who are currently at 70%. An ICU visit where staff and security guard tried to restrain a patient resulting in a concussion injury to security.

AEMS have been high in the OR for equipment issues, increased violence to staff on 7ip, critical care, and ED. Incivility AEMS are high on medicine, 6ip and 9ip.

MSD's indicate lower back and shoulder strains when lifting patients. Please ensure use of patient safe handling algorithm and use of lifting devices. Be aware of your stance when dealing with delirious, agitated patients and use a buddy system when completing care.

There have been more than 20 AEMS with regard to reactions to scent. LHSC does have a no scent policy.

JHSC recommendations regarding safe room identification, equipment trial use with a component of staff safety come to JHSC for review of training and maintenance.

VH site - Since July, VH has had 5 MOL visits, most surround critical injuries from trips and falls. We ask—for your safety and the safety of your friends and colleagues—please speak up and report any potential trip hazards to your management.

The vast majority of AEMS at VH are from physical violence, and verbal aggression coming from patients/families; ED and Mental Health are ground zero for the lions share of these reports, however it seems no unit is immune. Please support one another, and utilize security to protect yourself in these times of rising patient-to-staff violence and aggression.

VH has had both a Code Black, and a Code Silver this year. Both of these incidents suffered from the same deficiencies: lack of emergency preparedness training for clinical staff, security, and especially management; severely delayed emergency response; slow/inadequate lockdown; inadequate communication with staff. The organization has reviewed its Code Silver policy, and has been ordered by the MOL to review its Safe Rooms (something they continue to drag out); and is planning to review its Code Black policy as well. We are pushing for a sense of urgency in the handling of both of these Codes, as well are pushing for changes in hospital infrastructure to make our units safer.

VH also had a dramatic shutdown of a water main, resulting in the urgent rental of carnival hand washing sinks, and portable toilets. This was definitely not perfect, but considering the emergency nature of the shutdown and repairs, a lot of effort was put into this response. Definitely a learning experience, but adequate.

Parting words about intention-" It is the willingness to create a safe place: to learn collectively, to seek diversity, to acknowledge mystery, to share thinking of another, to be surprised and to honor the presence of each person's humanness, that is Body, Mind and Spirit."

Professional Practice Portfolio – Ali McKeen, Chris Palmer

Reviewed workloads submitted from April 12, 2024 (after last newsletter) to October 17, 2024 = **188 workloads**



VH = 133 workloads

Units with highest workload submissions:

- NICU = 35
- Med A + Med B + Medicine Charge RNs = 16
- Adult MH = 13
- CCTC = 11
- VAST = 6
- Adult ED = 6
- C5 Surgical = 6

UH = 52 workloads

Units with highest workload submissions:

- CNS = 12
- Cardiac Cath Labs = 9
- Medicine + Medicine Charge RNs = 5
- 6IP (CVT) = 4
- ED = 4

Off Site = 3 workloads

Predominant workload issues include:

- Short staffing – related to inadequate baseline staffing to manage volumes and acuity and less overall use of OT and WCW to fill vacant shifts
- Increasing/changing acuity
- Reassignment
- Mentorship (new orientees, IP students, student nurses)
- Large number of junior RNs and/or skill mix issues
- Increased nurse to patient ratios
- Gaps in patient care (inability to meet College of Nurses of Ontario practice standards)

Minutes of Settlement (MoS) updates:

NICU, VH – area continues to be followed due to high number of workloads submitted; more information to come soon

PCCU, VH – unit has reached the 9-month monitoring phase on November 1; more information to follow with next newsletter

Peds ED, VH – update coming soon!



Hospital Association Committee (HAC) meetings:

HAC took place on July 29 – at this meeting we presented the UH OR – multiple recommendations were made by ONA and we continue to meet with the OR leadership team to discuss collaborative efforts to fix the workload issues in this department.

HAC took place on September 30 – at this meeting we presented the Adult IP MH unit – multiple recommendations were made by ONA and we have just started to review the leadership comments and determine next steps to resolving the predominant workload issues.

Next HAC meeting to take place on November 29 – more info to follow in the next newsletter

This is a link to the ONA workload form demo that can be found on the ONA Local 100 website. The video is about 10 minutes long and shows where to find the workload form on the hospital intranet and demonstrates how to properly complete one.

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

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

We are waiting for the Attendance Support Program (ASP) to roll out to the rest of the hospital. If you get called for a meeting to discuss your attendance, please know that it is within your right to ask for a union representative to be present to help support you and ensure you are treated fairly. Please **DO NOT** share any of your medical with your leader/s and/or HR. Only Occ health is privy to your medical.

Occupational Health will reimburse you for any forms/notes that are required to be completed. Please send in your receipts to [OHSS Appointments_UH@lhsc.on.ca](mailto:OHSS_Appointments_UH@lhsc.on.ca) or [OHSS Appointments_VH@lhsc.on.ca](mailto:OHSS_Appointments_VH@lhsc.on.ca) depending on the site you work at. The reimbursement should be on your next pay under “Medical Note Reimbursement” and these reimbursements are non-taxable.

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!