

Hello ONA100 Members,

We thank you for taking the time to review this newsletter and report. Included in this newsletter are important updates from our portfolio VPs and your bargaining unit leaders.

Bargaining Updates:

The Provincial collective agreement decision was released the first week of September. ONA finds the decision by Arbitrator Price to be unfair and lacking the necessary requirements for today's health-care environment. This ruling failed to acknowledge the complex and overwhelming circumstances that nurses and health-care workers face every single day. Conditions such as chronic understaffing, escalating patient acuity, and increasing workplace violence. Things that we are seeing at ONA100 daily. Arbitrator Price's decision does not reflect the experiences of front-line professionals who continue to experience physical and emotional strain to provide the safe and high-quality care that our patients deserve. ONA maintains that any decision affecting its members must fully consider the pressures and risks inherent in their work, and this ruling does not meet that standard. Stay tuned for the next steps as we challenge this decision and utilize our collective power.

Part of the provincial agreement was the change to paid transfer of accountability (TOA). TOA was effective as of November 2nd 2025 at 0700 (or the start of your unit's "day" shift). LHSC is working to implement the coding system for payment and so payment may be delayed by 1-2 pay periods. This delay has been approved by the provincial negotiations team as they want to ensure the proper payment process is followed and there are no errors due to rushing. Our local collective agreement will be heading to arbitration in early 2026. We will remain hopeful to settle through mediation with the employer before that date but be assured that your local bargaining unit committee remains committed to ensuring your union rights are upheld and that the contract remains fair!

Organizational Practices/Policies:

Lately we've seen more incidents and investigations happening when standards and organizational practices aren't followed. It's important that we all follow our organization's policies and practices, even when they take extra time or add another task to the day. These steps are there to keep patients safe and protect our practice. We know and recognize that this can be challenging for our members. RNs who are unable to meet required standards due to workload, patient acuity, or competing priorities should be completing a PRW (aka workload form) to document these challenges and provide evidence for why this could not be done. Whenever possible, concerns should also be escalated in the moment to the charge nurse or appropriate leader so that they can try to support and mitigate these issues in a

timely manner. By consistently following our policies and communicating issues as they occur, we help protect our patients, our colleagues, and our own professional practice.

Member Survey:

As an ONA member, your voice matters. ONA Provincial conducts a members' survey every two years; it is open to all ONA members to complete. This survey informs urgent and long terms plans for the union and the work we do! Please take a few minutes to complete this important survey. It can be accessed through the below link, or QR code.

[2025 ONA Members' Survey](#)



The survey closes January 9, 2026

Change to BlueCross:

Since the transition to a new insurance provider, we have noticed some issues with coverage and discrepancies between what was previously covered and what is covered now. We encourage all members to submit preauthorization requests whenever possible to help avoid unexpected changes in benefit coverage. If you experience any reduction in coverage or have concerns about the plan, please reach out to us so we can assist you.

Finally, as ONA members you have important rights under your collective agreements, and if you ever have questions, concerns, or feel something isn't quite right, please give us a call—we're always happy to help you work through any situation or issue.

In Solidarity,

Lindsay Carnahan
ONA100 RN Bargaining Unit President

Grievance Portfolio – Michelle Black

A total of 135 grievances have been filed on behalf of RNs this year. Grievance trends remain consistent and the majority of grievances filed in 2025 are related to the following:

Disciplines – Almost 45% of grievances filed in 2025 have been related to disciplines. These range from a verbal warning, the lowest level of formal discipline, all the way to termination of employment. The common reasons for discipline remain consistent: LHSC's Code of Conduct and Core Values; breaches of Harassment, Bullying, and Discrimination policy; breaches of Time and Pay policy (unauthorized absences/time theft); and breaches of Privacy and Confidentiality policies. ***The employer is taking a zero-tolerance approach when it comes to Privacy and Confidentiality and terminating members for all substantiated privacy breaches.***

It is extremely important that you know and understand LHSC's policies and procedures and your responsibilities as an employee. All policies and procedures can be found on the LHSC intranet and the LHSC policy manager. The ONA100 VPs are also available to support you in understanding these policies and responsibilities; do not hesitate to reach out.

Premium Pay Article 14.06 – If you complete a shift, leave the Hospital, and are called back to work within 24 hours on a day you were previously scheduled off, you are entitled to double time premium. For example, if you work a 12h day shift, leave the Hospital, and are called for a 12h day shift the following day, you are entitled to double time premium for the additional shift. This is applicable to full-time and regular part-time nurses.

LHSC has taken the position that you are not entitled to the double time premium if the shift was previously offered to you and you did not respond or declined work. They are also refusing to pay the premium if the additional shift is offered after an overtime shift, or after a mutually agreed to shift exchange.

This is a provincial issue that other Hospital RNs are also facing. ONA is challenging this position through the grievance process. Arbitration dates have been scheduled next year. If you are not paid double time when you believe you should be, please contact the office so we can examine the facts and determine if you can be added to the grievance.

Benefit Plan Carrier Change – LHSC transitioned carriage of the benefit plan to Medavie Blue Cross (MBC) on July 1, 2025. There have been a number of issues with coverage since the transition occurred. Some of these issues have been resolved, but multiple grievances have also been filed to challenge MBC's denial of services that used to be covered by Greenshield. These denials are primarily related to mental health, dental, and drug benefits. If you are being denied reimbursement for something that used to be covered, or that you



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believe should be covered, please contact the office. We need to work together to ensure that MBC is not reducing our benefits in any way.

If you have questions about this update or any of our Collective Agreement rights, please reach out to Grievance Chairperson Michelle Black via email (lhscvpgrivances@ona.org) or phone (519-667-0937).

UH and VH Site Reps (1st Vice-Presidents) – Darleen Evans and Carrie Johnston

Welcome to Our Fall and Winter Newsletter

Connecting Our ONA Community Through the Seasons

As the leaves turn and temperatures begin to drop, we're excited to bring you the latest edition of our Fall and Winter Newsletter. This time of year in Canada is marked by vibrant colours, crisp air, and the anticipation of snowy adventures ahead. Whether you're cozying up indoors with a cup of hot chocolate or heading out to enjoy the first snowfall, our newsletter aims to keep you informed, inspired, and connected.

Inside the entirety of this newsletter, you'll discover updates on upcoming events, helpful tips for navigating common issues within we're here to support you every step of the way.

Over the past year, Local 100 has noted and excited to see an increase in grassroots members participating in union activities, including conferences and meetings, and coming forward to be representatives. This growing involvement not only strengthens our collective voice but also ensures that diverse perspectives are represented. By actively engaging in union activities, members contribute to a more dynamic and responsive organization, ultimately leading to better outcomes for everyone involved. We continue to encourage involvement in union events. Please watch for ongoing opportunities for participation on our website and Facebook pages. Your active engagement is vital for our collective success and ensures that our union remains strong and responsive to the needs of all members. This is a win together!

Privacy and confidentiality are fundamental principles in nursing practice. They ensure that patient information is protected and only shared with authorized individuals. This not only fosters trust between patients and healthcare providers but also complies with legal and ethical standards. Maintaining confidentiality is crucial for safeguarding patient dignity and promoting a safe and respectful healthcare environment. By upholding these principles, nurses play a vital role in protecting patient rights and ensuring high-quality care.



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The rationale for this part of the newsletter is to advise that breeches of this standard end with consequences that could result in discipline, termination or monetary charges under PHIPA (Personal health information protection act) and we are seeing an increase of privacy concerns in our practice recently. Please remember that maintaining these standards are an essential expectation in our profession. If in doubt, reach out to the privacy office for clarification.

BURSARY

ONA Local 100 has established a bursary for both RN and MRT. We wanted to include this as the bursary process starts April 1 and prior to the next newsletter. We wanted to ensure all qualified individuals that would be interested have the opportunity to apply.

The RN component is broken down as follows:

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 and application process and information will be made available by April 1 via email, ONA Web and Facebook. So, keep updated with these opportunities by following our social media!

ONA Provincial also has scholarship opportunities that you can explore on Access ONA.

We are happy to meet members at meetings. Our next Annual General Meeting is December 2nd at 1930 and will be held in our local office at 750 Baseline Road unit 105. Please email Ellie at local100office@ona.org to RSVP if you have not received an email. Join us for snacks (sandwiches etc.) and a chance to win door prizes. For those who wish to attend virtually, a Teams link will be provided upon registration. Changes to our constitution will be presented at this meeting and new opportunities will be highlighted. We hope to see you there!

Do you have a topic/question or scenario that you would like to see highlighted in the newsletter?

Please contact Darleen Evans (lhscuhsiterep@ona.org) or Carrie Johnston

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(lhscvhsiterep@ona.org) and we would be happy to address these on an individual basis or in the next newsletter.

Occupational Health and Safety Portfolio – Louise Bowers and Wayne Van Hardeveld

Both Emergency depts began Phase 1 of the duress/panic button roll out. There have been a few glitches with downtime; resulting in daily backups of the system. Staff otherwise have no concerns with use. Phase 2 is expected to roll out for Mental Health in Feb.

A new in-house Workplace Violence Training taught by Security is expected to roll out in the New Year, adapted from the Control Institute. It will focus on more de-escalation of behavior with a couple of new holds. Training will remain 3 tiered with basic, intermediate and high risk. High risk will continue for ED and Mental Health staff.

MOL Visits for UH- In May - MDR equipment safety order resulting in monthly inspections in this area and Facilities. An ED visit regarding safety concerns re- # security with the roll out of the Evolve Weapons Detection System. The ED saw an increase of one 8 hr. guard. A visit regarding TB surveillance- updating policy and review of high- risk depts. In July, a dermatitis Occ Health involving sanitizer and with the Legionnaires outbreak in London it was discovered one of the cooling towers at Vic tested positive. UH had 4 orders and VH 3, with compliance orders to provide training, maintenance records, and repair of coolers. In Sept, Isoflurane use in the ICU with ADU machines policy updates and clarification of pharmacy safe preparation for workers.

MOL Visits for VH -The VH site had an MOL visit involving an aggressive patient on medicine resulting in a new violence risk assessment. On June 10th a critical injury involving a worker falling down a set of stairs resulted in an order to fix chipped stairs that caused the tripping hazard. On July 3rd LHSC received orders for the presence of Legionnaires in the cooling towers. Aug 13th the MOL issued orders for the failure of negative pressure rooms that were identified on several medicine units resulting in 2 orders requiring monthly inspections and ensuring that training is provided on the policy and how to conduct a tissue test. On Aug 19th, the Hamilton office MOL inspectors came for a visit to view the Evolv weapons detection system. Aug 26th there was a follow-up to the negative pressure rooms which resulted in an organizational approach to how IPAC uses and determines patient placement in negative pressure rooms. Sept 11th saw a visit for exposure to radiation by a student who was not wearing a dosimeter. Sept 17th there was a critical incident report at youth opportunities unlimited (Y.O.U), an LHSC worker suffered from a twisted ankle injury due to uneven ground and broken patio stones.

UH has had covid and influenza outbreaks on medicine and CNS. The VH site has seen C-diff and MRSA on B9 and NICU. At JHSC and through our ONA contract we receive quarterly updates on what PPE stock is available. If your department/work environment does not have PPE readily available, please call the ONA office to let us know, and fill out a SPEAK report. Units on outbreak

can also request HEPA filter units. If you are caring for a patient on Airvo, or on airborne precautions please consider these additional measures for everyone's safety! A request can be made through Facilities and IPAC. If you are denied, please let us know.

Currently, at both sites we are seeing an increase in incivility reports, level 2 (first aid) musculoskeletal reports and breach of scent policy reports. UH has seen 114 violence SPEAKs from Jan to Sept and the VH site continues to see dozens of reports each week. We know this is not the full snapshot. We know that there are incidents going unreported or ones that are just verbally being passed on to the managers and leaders. We need accurate data to be able to identify stats and trends to push for protection and advocate for meaningful, systemic changes. SPEAK reports need to be filled out for any violent incident, physical or verbal. Remember to fill out a WSIB claim for any violent episode causing injury. WSIB should not be counted in attendance program, and this documentation protects you. Nurses are not given the same recognition of as EMS, police and firefighters. Psychological injury and PTSD are more difficult to prove without documentation to support treatment.

Recognize signs and symptoms of empathetic strain and traumatic stress as found on the CMHA site.

- Self-awareness- feeling unhappy, overwhelmed
- Early Intervention- allows us to track both physical and emotional load, implementing strategies.
- Physical- Insomnia, headaches, frequent illness, increased use of substance, absenteeism.
- Emotional- behavioral- anger irritability, emotional distancing, dreading certain patients and shifts, decreased job satisfaction, strained personal relationships, overwhelmed and detached.

Recognizing these will help you take proactive steps to seek support, set boundaries, and implement self-care strategies.

We are continuing to track the use of restraints and whether units have the appropriate supply and skills to utilize them effectively. We are also monitoring incidents in the parking lots and garages, along with the number of weapons entering the EDs. Finally, as noted we have seen an increase in incivility of staff to staff, staff to affiliates (including physicians), visitors or staff etc. Some of these involve racial slurs. This is not acceptable!

Please be aware of how to call a code white to summon security and be aware of your lock and hide rooms in the event of a code silver!

Professional Practice Portfolio – Ali McKeen and Chris Palmer

- There were 199 workloads submitted between May 1 and November 18, 2025
 - VH = 135
 - UH = 43
 - City Wide = 21
- This chart highlights the units that submitted the most workloads in the May 1 – November 18 timeframe:

UH	#	VH	#
Medicine	11	NICU	22
CNS	8	CCTC	22
Cath Lab	8	Peds ED	14
OR	5	Adult Mental Health	10
6IP (CVT)	4	Medicine (A + B)	10

- There is really no change in the types of workloads issues we are seeing across the organization. Departments continue to be most affected by short staffing caused by lack of replacement staff, unfilled temporary and permanent lines and unfilled sick calls. We also see some units impacted by known absences not being replaced utilizing premiums (i.e. WCW, callback, etc.).
- Reassignment continues to be a challenge across both sites. Please continue to complete workload forms when you are reassigned to a unit and are having to take an assignment that you do not have the knowledge/skill to provide proper care for. If you do not feel you are able to meet the expectations, put forth by the College of Nurses of Ontario (CNO), then it is your professional responsibility to bring this concern forward. Please escalate your concerns at the moment of reassignment to ensure the best chance for resolution and proper support.
- Other workload issues we are seeing include skill mix issues, a large number of novice RNs on shift, lack of support staff, increased nurse to patient ratios, and completion of non-nursing tasks (taking RNs away from patient care).
- ONA has escalated the workload concerns of the following units to our Hospital Association Committee for further discussion:
 - July 28 – Vascular/Cardiology and VAST (City Wide)
 - October 6 – CCTC, UH Medicine and Adult Mental Health
 - November 24 – Peds ED, NICU, C5 Surgical Care, Ortho/Trauma/Spine and Clinical Neurosciences
 - December 3 – Cardiac Cath Lab
- Upcoming in-services – we are looking to book in person in-services on the medical-surgical units at UH in 2026 – please stay tuned for these dates/times



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- Your Professional Practice VPs are available to provide workload in services via Teams or in person. If this is something you are interested in for yourself, or your unit, please reach out to lhscuhppvp@ona.org to make arrangements. There are additional resources available on ONA Local 100's website at www.onalocal100.on.ca under Bargaining Units, LHSC RN, and Professional/Workload Issues, VP. Here you will find links to several College of Nurses of Ontario (CNO) Practice Standards, a workload demo video, a direct link to the workload system through the LHSC intranet and general guidelines for completion. ONA also has workload "cheat cards" available. Please reach out if you are interested.
- The CNO has made changes to the Documentation practice standard. The draft of this updated standard can be found on the CNO website at www.cno.org and is found under the "Standards & Learning" tab at the top. Please have a look at this updated standard that will take effect on February 1, 2026.

Return to Work and Accommodations/Human Rights and Equity Portfolio – Ula Martin and 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.

The Attendance Support Program (ASP) has now been rolled out throughout the hospital. You will get automated quarterly letters letting you know about your sick time and number of sick days/incidences. If you get emailed or talked to by your leader and asked to attend 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. We have found that the Leaders are also suggesting you talk to Occ Health's Attendance Nurse Practitioner. We want to let you know that you **DO NOT** have to do this, as you have your own health care providers you use.

The Chronic Illness/Disability Program was rolled out this past April by Occ Health. If you have a Chronic Illness/Disability that is strongly impacting your ability to attend work regularly, please contact Occ Health to obtain a Chronic Illness/Disability Verification Form. This is important as if you have a Chronic Illness/Disability, those incidences won't be included in the Attendance Support Program. To link your chronic incidences together, after your Chronic Illness Verification Form has been approved and once you hit your 6th sick incident, you will have to complete an Absence Notification Form with your Health Care Provider. This will allow you to potentially link your chronic disability incidences together and



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not lose out on the first 15 hours of your pay for your 6th and subsequent absence, which is outlined in article 12.07 in the Collective Agreement.

Occupational Health will reimburse you in full for any forms/notes that are required to be completed. Please send in your receipts to VHOccHealthServices@lhsc.on.ca or UHOccHealthServices@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).

We hope that everyone has a healthy and happy holiday season! Please do not hesitate to reach out to your bargaining unit team with any questions, concerns, comments or topics you would like to see covered in future newsletters or memos.

In Solidarity,

Your ONA100 Bargaining Unit Team