

## **COLLECTIVE AGREEMENT**

Between:

**NORTH YORK GENERAL HOSPITAL  
(OCCUPATIONAL HEALTH NURSES)  
(Hereinafter referred to as the "Employer")**

And:

**ONTARIO NURSES' ASSOCIATION  
(Hereinafter referred to as "the Union")**

**Expiry: April 1, 2023**

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## **ARTICLE 1 – PURPOSE**

- 1.01 The general purpose of this Agreement is to establish and maintain collective bargaining relations between the Hospital and the nurses covered by this Agreement; to provide for on-going means of communication between the Union and the Hospital and the prompt disposition of grievances and the final settlement of disputes and to establish and maintain mutually satisfactory salaries, hours of work and other conditions of employment in accordance with the provisions of this Agreement.
- 1.02 It is recognized that nurses wish to work together with the Hospital to secure the best possible quality occupational health services. Appropriate committees have been created under this Agreement to work towards this objective.
- 1.03 The employer shall not propose and/or enter into any agreement with an employee that pertains to any terms or conditions of employment that contravene the collective agreement. Any such agreement shall be null and void.

## **ARTICLE 2 - RECOGNITION**

- 2.01 The Employer recognizes the Association as the exclusive bargaining agent for all Occupational Health Nurses employed in a nursing capacity by North York General Hospital in the City of North York, Ontario save and except supervisors and persons above the rank of supervisors.
- Clarity Note: For the sake of clarity, the parties agree that the position of IPAC and Occupational Health Coordinator is excluded from the bargaining unit notwithstanding its overlapping functions with members of the bargaining unit.
- 2.02 The word "employees" when used throughout this Agreement shall mean persons included in the above described bargaining unit.
- 2.03 In this Agreement, "Local Union" refers to the Local of the Ontario Nurses' Association at North York General Employer namely Local No. 6.

## **ARTICLE 3 - RESERVATION AND CONTINUATION OF MANAGEMENT FUNCTIONS**

- 3.01 The Association recognizes that the management of the Employer and the direction of working forces are fixed exclusively in the Employer and shall remain solely with the Employer except as specifically limited by the provisions of this Agreement, and without restricting the generality of the foregoing the Association acknowledges that it is the exclusive function of the Employer to:

- (a) maintain order, discipline and efficiency;
- (b) hire, assign, discharge, direct, promote, demote, classify, transfer, layoff, recall and suspend or otherwise discipline employees, provided that a claim of discharge or discipline without cause may be the subject of a grievance and dealt with as hereinafter provided;
- (c) determine in the interest of efficient operation and highest standard of service, job rating or classification, the hours of work, work assignments, methods of doing the work and the working establishment for the service;
- (d) generally to manage the operation that the Employer is engaged in and without restricting the generality of the foregoing to determine the number of personnel required, the services to be performed and the methods, procedures and equipment in connection therewith;
- (e) make and enforce and alter from time to time reasonable rules and regulations to be observed by the nurses not inconsistent with the provisions of this Agreement. The Employer will advise the Union of any change of rules and regulations.

3.02 These rights shall not be exercised in a manner inconsistent with the provisions of this Agreement.

#### **ARTICLE 4 – DEFINITIONS**

4.01 A registered nurse is a nurse who holds a Certificate of Registration with the College of Nurses of Ontario in accordance with the *Regulated Health Professions Act*, and *the Nursing Act*.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, she or he shall be treated in a manner consistent with this Article.

4.02 A nurse who holds a Temporary Class Certificate of Registration must obtain her or his General Class Certificate of Registration prior to the expiry of her or his Temporary Class Certificate of Registration. If the nurse fails to obtain her or his General Class Certificate of Registration prior to the expiry of her or his Temporary Class Certificate of Registration, she or he may be placed on an unpaid leave of absence, otherwise she or he will be deemed to be not qualified for the position of registered nurse and she or he will be terminated from the employ of the Hospital. Such termination shall not be the subject of a grievance or arbitration.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated*

*Health Professions Act*, she or he shall be treated in a manner consistent with this Article.

4.03 A full-time nurse is a nurse who is regularly scheduled to work the normal full-time hours referred to in Article 15.

4.04 A regular part-time nurse is a nurse who regularly works less than the normal full-time hours referred to in Article 15 and who offers to make a commitment to be available for work on a regular predetermined basis. All other part-time nurses shall be considered casual nurses. The predetermined basis upon which the commitment to be available is made shall be determined in local negotiations.

The definitions shall not have the effect of changing the composition of any existing bargaining units. The Hospital shall not refuse to accept an offer from a nurse to make a commitment to be available for work on a regular predetermined basis solely for the purpose of utilizing casual nurses so as to restrict the number of regular part-time nurses.

4.05 This combined agreement contains provisions applicable to full-time nurses and provisions applicable to part-time nurses.

## **ARTICLE 5 – RELATIONSHIP**

The parties agree that a safe workplace, free of violence (including domestic violence) and harassment, is a fundamental principle of a healthy workplace. Commitment to a healthy workplace requires a high degree of cooperation between employers, employees, physicians, and the Union. Nurses should feel empowered to report incidents of disruptive behaviour, including physician behaviour, without fear of retaliation. The parties are both committed to a harassment free environment and recognize the importance of addressing discrimination and harassment issues in a timely and effective manner as set out below:

5.01 The Hospital and the Union agree that there will be no discrimination, interference, intimidation, restriction or coercion exercised or practiced by any of their representatives with respect to any nurse because of the nurse's membership or non-membership in the Union or activity or lack of activity on behalf of the Union or by reason of exercising their rights under the Collective Agreement.

5.02 The Union agrees there will be no Union activity, solicitation for membership, or collection of Union dues on Hospital premises or during working hours except with the written permission of the Hospital or as specifically provided for in this Agreement.

5.03 It is agreed that there will be no discrimination by either party or by any of the nurses covered by this Agreement on the basis of race, creed, colour, ethnic origin, place of origin, sex, sexual orientation, marital status, family status, age, ancestry, citizenship, disability, gender identity, gender

expression, record of offences or any other factor which is not pertinent to the employment relationship. ref: *Ontario Human Rights Code*.

## 5.04

Harassment and Discrimination

- (a) "Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status, gender identity, gender expression, or disability". ref: *Ontario Human Rights Code*, Sec. 5 (2) and 10 (1).
- (b) "Every person who is an employee has a right to freedom from harassment in the workplace because of sex by his or her employer or agent of the employer or by another employee". ref: *Ontario Human Rights Code*, Sec. 7 (2)

The right to freedom from harassment in the workplace applies also to sexual orientation.

- (c) "Every person has a right to be free from,
  - i) A sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome; or
  - ii) A reprisal or threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person". ref *Ontario Human Rights Code*, Sec. 7 (3)
- (d) The parties recommend and encourage any employee who may have a harassment or discrimination complaint to follow the complaints process as set out in the employer's harassment policies and process.
- (e) In recognizing the importance of a harassment free environment, the employer and the union will review hospital policies and processes with respect to harassment with the employee during her or his orientation period.
- (f) Where a nurse requests the assistance and support of the union in dealing with harassment or discrimination issues, such representation shall be allowed.

- (g) A nurse who believes that she or he has been harassed contrary to this provision may file a grievance under Article 9 of this Agreement.
- (h) The parties will determine the appropriate means of promoting an effective and meaningful way of addressing discrimination and harassment issues, which may include, but is not limited to the following:
  - i) Reviewing the hospital's harassment policy and making joint recommendations to the Chief Nursing Executive;
  - ii) Promoting a harassment free workplace where there is 'zero tolerance';
  - iii) Ensuring that all employees are familiar with the employer's harassment policy by identifying educational opportunities, including the orientation period for new employees;
  - iv) Identifying supports and solutions to assist employees to deal with harassment and discrimination issues (i.e. Employee assistance Programs, staff supports);
  - v) Development of processes to address the accommodations/modified work needs for nurses;
  - vi) Development of assertiveness training programs.

NOTE: "Harassment" means engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome". ref: *Ontario Human Rights Code*, Sec. 10 (1)

5.05 The Hospital and the Union recognize their joint duty to accommodate disabled employees in accordance with the provisions of the *Ontario Human Rights Code*.

5.06 Whistle Blowing Protection

Provided a nurse has followed reasonable policies or procedures issued by the Hospital concerned to protect the Hospital's entitlement to investigate and address any allegation of wrongdoing, nurses will not be subject to discipline or reprisal for the reasonable exercise of their professional obligations, including those related to patient advocacy.

5.07 In dealing with complaints, Hospitals shall ensure that the process is fair for all.

5.08 In dealing with physician conduct, the Hospital may incorporate tools, definitions and processes from the College of Physicians and Surgeons' *Guidebook for Managing Disruptive Physician Behaviour*.



## **ARTICLE 6 – NO STRIKES NO LOCKOUTS**

- 6.01 The Union agrees there shall be no strikes and the Hospital agrees there shall be no lockouts so long as this Agreement continues to operate. The terms "strike" and "lockout" shall bear the meaning given them in the *Ontario Labour Relations Act*.

## **ARTICLE 7 – UNION SECURITY**

- 7.01 The Hospital will deduct from each nurse covered by this Agreement an amount equal to the regular monthly Union dues designated by the Union. The deduction period for a part-time nurse may be extended where the nurse does not receive any pay in a particular month.

Where a nurse has no dues deducted during the payroll period from which dues are normally deducted, that deduction shall be made in the next payroll period provided the nurse has earnings in the next payroll period.

If the failure to deduct dues results from an error by the Hospital, then, as soon as the error is called to its attention by the union, the Hospital shall make the deduction in the manner agreed to by the parties. If there is no agreement, the Hospital shall make the deduction in the manner prescribed by the union.

- 7.02 Such dues shall be deducted monthly and in the case of newly employed nurses, such deductions shall commence in the month following their date of hire.
- 7.03 The amount of the regular monthly dues shall be those authorized by the Union and the Vice-President, Local Finance of the Union shall notify the Hospital of any changes therein and such notification shall be the Hospital's conclusive authority to make the deduction as specified in the Dues Notification Letter. In the case of any changes to the local dues levies, notification will be made by the local treasurer and such notification shall be the Hospital's conclusive authority to make the deduction specified.
- 7.04 In consideration of the deducting and forwarding of Union dues by the Hospital, the Union agrees to indemnify and save harmless the Hospital against any claims or liabilities arising or resulting from the operation of this Article.
- 7.05 The amounts so deducted shall be remitted monthly to the Vice-President, Local Finance of the Union, no later than the end of the month following the month in which the dues were deducted. In remitting such dues, the Hospital shall provide a list of nurses from whom deductions were made, their work site (if the bargaining unit covers more than one site), and the nurses' social insurance numbers, amount of dues deducted and, where feasible, the Hospital shall also provide the professional designation, job classification,

and status of the nurses. The list shall also include deletions and additions from the preceding month highlighting new hires, resignations, terminations, new unpaid leave of absence of greater than one (1) month, returns from leaves of absence. A copy of this list will be sent concurrently to the local Union. The Hospital shall provide the information currently provided, in an electronic format.

The Hospital will also identify the dues month, name(s) of the bargaining unit and payroll contact information.

The Hospital will provide the members' current addresses and phone numbers it has on record, with the dues lists, at least every six months.

7.06 The Hospital agrees that an officer of the Union or Union representative shall be allowed a reasonable period during regular working hours to interview newly hired nurses during their probationary period. The Employer agrees to provide the Union with the names of new nurses prior to this time. During such interview, membership forms may be provided to the nurse. These interviews shall be scheduled in advance as determined by the parties and may be arranged collectively or individually by the hospital.

NOTE: The hospital will provide each nurse electronically, with a T-4 Supplementary Slip showing the dues deducted in the previous year for income tax purposes.

## **ARTICLE 8 – REPRESENTATION AND COMMITTEES**

### 8.01 Meetings

The parties recognize the value of nurses' input and participation in committee meetings. All joint Employer-Union meetings shall be scheduled where practical, during the nurse's regular working hours. The Employer will provide replacement staff where operationally required.

The employer agrees to pay for time spent during regular working hours for representatives of the Union attending meetings with the Employer.

Upon request the employer will meet with the bargaining unit to discuss and make reasonable efforts to resolve concerns pertaining to scheduling meetings.

### 8.02 Union Representatives & Grievance Committee

(a) The Hospital agrees to recognize two (2) Union representatives to be elected or appointed from amongst nurses in the bargaining unit for the purpose of dealing with Union business as provided in this Collective Agreement.

- (b) The Hospital will recognize a Grievance Committee composed of two (2) representatives of the union, one of which shall be the bargaining unit president or designate. This committee shall operate and conduct itself in accordance with the provisions of the Collective Agreement.
- (c) It is agreed that Union representatives and members of the Grievance Committee have their regular duties and responsibilities to perform for the Hospital and shall not leave their regular duties without first obtaining permission from their immediate supervisor. Such permission shall not be unreasonably withheld. If, in the performance of their duties, a union representative or member of the Grievance Committee is required to enter a unit within the hospital in which they are not ordinarily employed they shall, immediately upon entering such unit, report their presence to the supervisor or nurse in charge, as the case may be. When resuming their regular duties and responsibilities, such representatives shall again report to their immediate supervisor. The Hospital agrees to pay for all time spent during their regular hours by such representatives hereunder. The Hospital agrees to pay a grievor for all time spent during his or her regular hours at Step 1 and Step 2 grievance meetings.

### 8.03 Hospital-Association Committee

- (a) There shall be a Hospital-Association Committee comprised of representatives of the Hospital, one of whom shall be the Chief Nursing Executive or nursing designate and representatives of the Union, one of whom shall be the Bargaining Unit President or designate.
- (b) The Committee shall meet every two (2) months unless otherwise agreed and as required under Article 10.01 (a) (iv). The duties of chair and secretary shall alternate between the parties. Where possible, agenda items will be exchanged in writing at least five (5) calendar days prior to the meeting. A record shall be maintained of matters referred to the Committee and the recommended disposition, if any, unless agreed to the contrary. Copies of the record shall be provided to Committee members.
- (c) The purpose of the Committee includes:
  - i) Promoting and providing effective and meaningful communication of information and ideas, including but not limited to workload measurement tools and the promotion of best practices. Such communication may include discussion of workload measurement and patient acuity systems. The Hospital will provide, upon request, information on workload measurement systems applicable to nursing currently used by the Hospital, and evaluations completed by the Hospital of such systems.

- ii) Reviewing professional responsibility complaints with a view to identifying trends and sharing organizational successes and solutions, making joint recommendations on matters of concern including the quality and quantity of care and discussing the development and implementation of quality initiatives;
- iii) Making joint recommendations to the Chief Nursing Executive; on matters of concern regarding recurring workload issues including the development of staffing guidelines, the use of agency nurses and use of overtime;
- iv) Dealing with complaints referred to it in accordance with the provisions of Article 10, Professional Responsibility;
- v) Discussing and reviewing matters relating to orientation and in-service programs;
- vi) Promote the creation of full-time positions for nurses, and discuss the effect of such changes on the employment status of the nurses.

This may include the impact, if any, on part-time and full-time, job sharing and retention and recruitment.

- (d) The Hospital agrees to pay for the time spent during regular working hours for representatives of the union attending at such meetings.
- (e) Where a Committee representative designated by the Union attends Committee meetings outside of their regularly scheduled hours, they will be paid for all time spent in attendance at such meetings at their regular straight time hourly rate of pay. Such payment shall be limited to two (2) Committee representatives per meeting.

#### 8.04

- (a) Negotiating Committee

The Hospital agrees to recognize a Negotiating Committee comprised of one (1) representative of the Union for the purpose of negotiating a renewal agreement. The Hospital agrees to pay members of the Negotiating Committee for time spent during regular working hours in negotiations with the Hospital for a renewal agreement up to, but not including, arbitration.

Where a Committee representative designated by the Union attends committee meetings outside of their regularly scheduled hours, they will be paid for all time spent in attendance at such meetings at their regular straight time hourly rate of pay. Such payment shall be limited to one (1) Committee representative per meeting. Part-time

members will be credited with service and seniority for confirmed attendance at such meetings.

#### 8.05 Occupational Health & Safety

- (a) It is a mutual interest of the parties to promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and occupational diseases. The parties agree that health and safety is of the utmost importance and agree to promote health and safety and wellness throughout the organization. The employer shall provide orientation and training in health and safety to new and current employees on an ongoing basis, and employees shall attend required health and safety training sessions. Accordingly, the parties fully endorse the responsibilities of employer and employee under the *Occupational Health and Safety Act*, making particular reference to the following:
- i) The employer shall take every precaution reasonable in the circumstances for the protection of a worker. [*Occupational Health and Safety Act*, s. 25 (2) (h)].
  - ii) When faced with occupational health and safety decisions, the hospital will not await full scientific or absolute certainty before taking reasonable action(s) that reduces risk and protects employees.
  - iii) Hospitals will ensure adequate stocks of the N95 respirator (or such other personal protective equipment as the parties may in writing agree) to be made available to employees at short notice in the event there are reasonable indications of the emergence of a pandemic.
  - iv) When the employer receives written recommendations from a health and safety representative, that employer shall respond in writing within twenty-one days. [*Occupational Health and Safety Act*, s. 9 (20)].
  - v) The employer's response shall contain a timetable for implementing the recommendations the employer agrees with and give reasons why the employer disagrees with any of the recommendations that the employer does not accept. [*Occupational Health and Safety Act*, s.9 (21)].
  - vi) The employer shall ensure that the equipment, materials and protective devices as prescribed are provided. [*Occupational Health and Safety Act*, s. 25 (1) (a)].

- vii) The employee shall use or wear the equipment, protective devices or clothing that the employer requires to be used or worn. [*Occupational Health and Safety Act*, s. 28 (1) (b)]
  - viii) The employee shall not use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker. [*Occupational Health and Safety Act*, s. 28 (2) (b)].
  - ix) A worker who is required by his or her employer to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training. Personal protective equipment that is to be provided, worn or used shall, be properly used and maintained, be a proper fit, be inspected for damage or deterioration and be stored in a convenient, clean and sanitary location when not in use. [*O. Reg. 67/93 – Health Care*].
- (b) The parties will determine appropriate solutions to promote health and safety in workplaces, including, but not limited to:
- i) Violence in the Workplace (include Verbal Abuse)
  - ii) In particular, the local parties will consider appropriate measures to address violence in the workplace, which may include, among other remedies:
    - A) Electronic and visual flagging;
    - B) Properly trained security who can de-escalate, immobilize and detain / restrain;
    - C) Appropriate personal alarms;
    - D) Organizational wide risk assessments assessing environment, risk from patient population, acuity, communication, and work flow and individual client assessments;
    - E) Training in de-escalation, “break-free” and safe immobilization / detainment / restraint.
  - iii) Musculoskeletal Injury Prevention
  - iv) Needle Stick and other sharps Injury Prevention

- v) Nurses who regularly work alone or who are isolated in the workplace
  - vi) Wellness initiatives
- (c) It is understood that communication on issues of mutual concern should occur between the Joint Health and Safety Committee, Infection Control, Risk Management and Emergency Planning.
- (d) In the event there are reasonable indications of the emergence of a pandemic any nurse working at more than one health care facility will, upon the request of the hospital, provide information of such employment to the hospital. No consequence will flow from such disclosure, other than as strictly necessary to prevent the spread of infection.
- (e) Joint Health and Safety Committee
- i) Recognizing its responsibilities under the applicable legislation, the Hospital agrees to accept as a member of its Joint Health and Safety Committee, at least one (1) representative selected or appointed by the Union from amongst bargaining unit employees from each Hospital site.
- Note: The intent of 8.05 (e) i) is not to increase the number of members allotted to ONA on the JHSC.*
- ii) Such Committee shall identify potential dangers and hazards; institute means of improving health and safety programs and recommend actions to be taken to improve conditions related to safety and health.
  - iii) The Hospital agrees to cooperate in providing necessary information and management support to enable the Committee to fulfil its functions. In addition, the Hospital will provide the Committee with access to all accident reports, health and safety records and any other pertinent information in its possession. The Committee shall respect the confidentiality of the information.
  - iv) Meetings shall be held every second month or more frequently at the call of the co-Chairs, if required. The Committee shall maintain minutes of all meetings and make the same available for review. Copies shall be sent to the Committee members within a reasonable period of time following the meeting. The Joint Health and Safety Committee will determine the appropriate mechanism to communicate the minutes of the proceedings of the Committee to the organization.

- v) Any representative appointed or selected in accordance with (e) (i) hereof, shall serve for a term of at least two (2) calendar years from the date of appointment. Time off for representatives to perform these duties shall be granted.

“A member of a committee is entitled to,

- A) One hour or such longer period of time as the committee determines is necessary to prepare for each committee meeting;
- B) Such time as is necessary to attend meetings of the committee;
- C) Such time as is necessary to carry out [inspections and investigations under subsection 9 (26), 9 (27), and 9 (31) of the Act.]" ref: *Occupational Health and Safety Act*, Sec. 9 (34);
- D) Where an investigation is required under the *Occupational Health and Safety Act*, the Committee shall determine the appropriate member or members who will participate in the investigation, recognizing the interests of a Union representative to be involved in an investigation involving Union members; and

"A member of a committee shall be deemed to be at work during the times described [above] and the member's employer shall pay the member for those times at the member's regular or premium rate as may be proper." ref: *Occupational Health and Safety Act*, Sec. 9 (35)

- vi) The Union agrees to endeavour to obtain the full cooperation of its membership in the observation of all safety rules and practices.
- vii) Pregnant employees may request to be temporarily transferred from their current duties if, in the professional opinion of the employee's physician a risk to the pregnancy and/or unborn child is identified. If a temporary transfer is not feasible, the employee will be granted an unpaid leave of absence before commencement of the pregnancy leave.
- viii) Where the Hospital identifies high risk areas where employees are exposed to infectious or communicable diseases for which there are available protective medications, such medications shall be provided at no cost to the nurses.



- ix) At least one of the employees representing workers under the *Occupational Health and Safety Act*, who are trained to be certified workers as defined under the *Act*, shall be from the Union. Upon written request, all Union members on the Joint Health and Safety Committee shall be trained as certified workers.
  - x) "A member of a committee shall be deemed to be at work while the member is fulfilling the requirements for becoming certified by the Workplace Health and Safety Agency, and the member's employer shall pay the member for the time spent at the member's regular or premium rate as may be proper". ref: *Occupational Health and Safety Act, Sec. 9 (36)* "[This provision] does not apply with respect to workers who are paid by the Agency for the time spent fulfilling the requirements for becoming certified". ref: Sec 9 (37)
  - xi) "Workplace violence" means,
    - (a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
    - (b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
    - (c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.
- E) A refusal to work or do particular work as outlined in Article 8.05 (e) (xi) (B) shall not be considered a contravention of Article 6.01.

NOTE 1: Issues relating to chairing of meetings and responsibility for the taking of minutes should be discussed with the Hospital and the other Unions representing employees of the Hospital.

NOTE 2: Workplace harassment means:

- (a) Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or

Workplace sexual harassment;

- (a) Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- (b) Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Ref: *Occupational Health and Safety Act, Sec. 1 (1)*.

8.06 The Union may hold meetings on Hospital premises providing permission has been first obtained from the Hospital.

8.07 The Union shall keep the Hospital notified in writing of the names of the union representatives and/or Committee members and Officers of the Union appointed or selected under this Article as well as the effective date of their respective appointments.

8.08 All reference to union representatives, committee members and officers in this Agreement shall be deemed to mean nurse representatives, committee members or officers of the Union.

The Union will advise the Hospital in writing of the name of the contact person(s) for the Union for all purposes under the collective agreement.

8.09 The Hospital agrees to give representatives of the Ontario Nurses' Association access to the premises of the Hospital for the purpose of attending grievance meetings or otherwise assisting in the administration of this Agreement, provided prior arrangements are made with the Administrator. Such representatives shall have access to the premises only with the approval of the Hospital which will not be unreasonably withheld except where the Bargaining Unit President position is vacant or in the event that the Bargaining Unit President is subject to discipline, in which case only prior notice is required.

8.10 Where a nurse makes prior arrangements for time off from a tour of duty, the nurse shall not be scheduled to work another tour that day.

8.11 Nurses who are members of committees pursuant to Regulation 965 of the *Public Hospitals Act* will suffer no loss of earnings for time spent during regular working hours for attending committee meetings.

Where a nurse attends a committee meeting outside of regularly scheduled hours, they will be paid for all hours spent in attendance at meetings at her or his regular straight time hourly rate.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while in attendance at such committee meetings.

8.12 Where there is a Nursing Practice Council, or equivalent, whose membership includes bargaining unit members, the Hospital, in consultation with the local union, will develop a transparent process to seek and establish membership in the Council for such nurses who are bargaining unit members.

8.13 The Hospital will discuss government initiatives with the Union that impact on the bargaining unit.

8.14 Payment for meetings outside scheduled work hours

When an employee is required by the Employer to attend meetings, in-service and other work related functions outside their regularly scheduled working hours, and the nurse does attend same, they shall be paid for all time spent on such attendance at their regular straight time hourly rate of pay or at the nurse's option, they shall receive equivalent time off.

8.15 Travel Expense

The parties agree that where Union business requires staff to travel between sites; and where the Employer requires such Union representation to be present; that transportation will either be provided by the Employer or reimbursement of travel expenses will be made as per the "Use of Private Motor Vehicles for Hospital Business" policy.

Reimbursement is made by submitting a "Travel Expense Voucher" for approval to the Manager of Labour Relations or their designate and payment will be made within twenty-five (25) calendar days of request.

## **ARTICLE 9 – GRIEVANCE PROCEDURE**

9.01 For the purposes of this Agreement, a grievance is defined as 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.

9.02 At the time formal discipline is imposed or at any stage of the grievance procedure, including the complaint stage, a nurse is entitled to be represented by her or his union representative. In the case of suspension or discharge, the Hospital shall notify the nurse of this right in advance. The Hospital also agrees, as a good labour relations practice, in most circumstances it will also notify the Union.

The Hospital agrees that where a nurse is required to attend a meeting with the Hospital that may lead to disciplinary action, as a good labour relations

practice, it will inform the nurse of the purpose of the meeting and her or his right to union representation.

All investigations related to a nurse's employment will be completed in a timely manner.

- 9.03 It is the intent of the parties that complaints of nurses shall be adjusted as quickly as possible, and it is understood that a nurse has no grievance until they have first given their immediate supervisor the opportunity of adjusting the complaint. Such complaint shall be discussed with her or his immediate supervisor within nine (9) calendar days after the circumstances giving rise to it have occurred or ought reasonably to have come to the attention of the nurse. This discussion may include consultation, advice and assistance from others. If there is no settlement within nine (9) calendar days, it shall then be taken up as a grievance within nine (9) calendar days in the following manner and sequence:

Step No. 1

The nurse may submit a written grievance, through the Union, signed by the nurse, to their Chief Nursing Executive; or designate. The grievance shall be on a form referred to in Article 9.09 and shall identify the nature of the grievance and the remedy sought and should identify the provisions of the Agreement which are alleged to be violated. The parties may, if they so desire, meet to discuss the grievance at a time and place suitable to both parties. The Chief Nursing Executive or designate will deliver her or his decision in writing within nine (9) calendar days following the day on which the grievance was presented to her or him. Failing settlement, then:

Step No. 2

Within nine (9) calendar days following the decision under Step No. 1, the grievance may be submitted in writing to the Hospital Administrator or designate. A meeting will then be held between the Hospital Administrator or designate and the Grievance Committee within nine (9) calendar days of the submission of the grievance at Step 2 unless extended by agreement of the parties. It is understood and agreed that a representative(s) of the Ontario Nurses' Association and the grievor may be present at the meeting. It is further understood that the Hospital Administrator or designate may have such counsel and assistance as she or he may desire at such meeting. The decision of the Hospital shall be delivered in writing to the Labour Relations Officer and the local Union representative within nine (9) calendar days following the date of such meeting.

- 9.04 A complaint or grievance arising directly between the Hospital and the Union concerning the interpretation, application or alleged violation of the Agreement shall be originated at Step No. 2 within fourteen (14) calendar days following the circumstances giving rise to the complaint or grievance. A grievance by the Hospital shall be filed with the Bargaining Unit President or designate.

9.05 Where a number of nurses have identical grievances and each nurse would be entitled to grieve separately they may present a group grievance in writing signed by each nurse who is grieving to the Chief Nursing Executive or designate within fourteen (14) calendar days after the circumstances giving rise to the grievance have occurred or ought reasonably to have come to the attention of the nurse(s). The grievance shall then be treated as being initiated at Step No. 1 and the applicable provisions of this Article shall then apply with respect to the processing of such grievance.

9.06 (a) Probationary Release

The release of a probationary nurse for reasons based on performance and ability to do the job, including skills, suitability and availability shall not be subject to the grievance procedure unless the probationary nurse is released for:

- i) Reasons which are arbitrary, discriminatory or in bad faith;
- ii) Exercising a right under this Agreement.

The Hospital agrees to provide a probationary nurse with written reasons for her or his release within seven (7) days of such release, with a copy to the Union.

A claim by a probationary nurse that she or he has been unjustly released shall be treated as a grievance, provided the nurse is entitled to grieve, if a written statement of such grievance is lodged by the nurse with the Hospital at Step 2 within seven (7) days after the date the release is effective. Such grievance shall be treated as a special grievance as set out below.

(b) Discipline/Discharge/Suspension

The Hospital agrees to provide written reasons within seven (7) calendar days to the affected nurse in the case of discharge or suspension and further agrees that it will not suspend, discharge or otherwise discipline a nurse who has completed her or his probationary period, without just cause.

A claim by a nurse who has completed her or his probationary period that she or he has been unjustly discharged or suspended shall be treated as a grievance if a written statement of such grievance is lodged by the nurse with the Hospital at Step No. 2 within seven (7) calendar days after the date the discharge or suspension is effected. Such special grievance may be settled under the Grievance or Arbitration Procedure by:

- i) Confirming the Hospital's action in dismissing the nurse; or

- ii) Reinstating the nurse with or without loss of seniority and with or without full compensation for the time lost; or
- iii) By any other arrangement which may be deemed just and equitable.

- 9.07 (a) Failing settlement under the foregoing procedure of any grievance between the parties arising from the interpretation, application, administration or alleged violation of this Agreement, including any question as to whether a matter is arbitrable, such grievance may be submitted to arbitration as hereinafter provided. If no written request for arbitration is received within thirty-six (36) calendar days after the decision under Step No. 2 is given, the grievance shall be deemed to have been abandoned. Where such a written request is postmarked within thirty-four (34) calendar days after the decision under Step No. 2, it will be deemed to have been received within the time limits.
- (b) The parties agree that it is their intent to resolve grievances without recourse to arbitration, wherever possible. Therefore, notwithstanding (a) above, the parties may, upon mutual agreement, engage the services of a mediator in an effort to resolve the grievance and may extend the time limits for the request for arbitration. The parties will share equally the fees and expenses, if any, of the mediator.

9.08 It is understood and agreed that the Union has carriage of all grievances throughout the grievance and arbitration procedure and not any individual or group of individuals. All agreements reached under the grievance procedure between the representatives of the Hospital and the representatives of the Union will be final and binding upon the Hospital and the Union and the nurses.

9.09 Union grievances shall be on the form set out in Appendix 1.

9.10 (a) Sole Arbitrator

The matter shall be determined by a sole arbitrator. When either party requests that any matter be submitted to arbitration, it shall make such request in writing addressed to the other party to this Agreement and, at the same time, it shall propose the name of a sole arbitrator. Within seven (7) days thereafter, the other party shall agree in writing or propose an alternate name(s). If there is no agreement within fourteen (14) days, the Minister of Labour for the Province of Ontario shall have the power to effect such appointment upon application thereto by the party invoking the arbitration procedure. No person may be appointed as an arbitrator who has been involved in an attempt to negotiate or settle the grievance. The parties agree to equally share the fees and expenses of the arbitrator. The Sole Arbitrator shall proceed by way of mediation-arbitration on mutual agreement of both parties.

Once appointed, the sole arbitrator shall have all powers as set out in *Section 48(12)* of the *Labour Relations Act*, including the power to mediate/arbitrate the grievance, to impose a settlement and to limit evidence and submissions.

(b) Arbitration Board

Either party may elect to use an Arbitration Board. The electing party shall provide notice in writing addressed to the other party to this Agreement and at the same time appoint a nominee. Within seven (7) days thereafter, the other party shall appoint its nominee, provided however, that if such party fails to appoint its nominee as herein required, the Minister of Labour for the Province of Ontario shall have the power to make such appointment upon application thereto by the party invoking the arbitration procedure.

The two nominees shall attempt to agree upon a Chair of the Arbitration Board. If they are unable to agree upon such a Chair within a period of fourteen (14) days, they shall then request the Minister of Labour for the Province of Ontario to appoint a Chair.

The proceedings of the Arbitration Board will be expedited by the parties. The decision of the majority and where there is no majority, the decision of the Chair, will be final and binding upon the parties hereto and the employee(s).

Any reference to a Sole Arbitrator in this Article is also applicable to an Arbitration Board.

- 9.11 No matter may be submitted to arbitration, which has not been properly carried through all requisite steps of the Grievance Procedure.
- 9.12 The Arbitration Board/sole Arbitrator shall not be authorized to make any decision inconsistent with the provisions of this Agreement, nor to alter, modify, add to or amend any part of this Agreement.
- 9.13 The proceedings of the Arbitration Board/sole Arbitrator will be expedited by the parties hereto and the decision of the majority and where there is no majority the decision of the chair will be final and binding upon the parties hereto and the nurse or nurses concerned.
- 9.14 Each of the parties hereto will bear the expense of any nominee appointed by it and the parties will share equally the fees and expenses, if any, of the chair of the Arbitration Board or sole Arbitrator.
- 9.15 The time limits set out in the Grievance and Arbitration Procedures herein are mandatory and failure to comply strictly with such time limits except by the written agreement of the parties, shall result in the grievance being deemed to have been abandoned subject only to the provisions of Section 48 (16) of the *Labour Relations Act*.

## **ARTICLE 10 – PROFESSIONAL RESPONSIBILITY**

10.01 The parties agree that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This provision is intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, the parties encourage nurses to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care
- Balance of staff mix
- Access to contingency staff
- Appropriate number of nursing staff

In the event that the Hospital assigns a number of patients or a workload to an individual nurse or group of nurses such that they have cause to believe that they are being asked to perform more work than is consistent with proper patient care, they shall:

- (a)
  - i) At the time the workload issue occurs, discuss the issue within the unit/program to develop strategies to meet patient care needs using current resources.
  - ii) If necessary, using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (who could be within the bargaining unit) who has responsibility for timely resolution of workload issues.
  - iii) Failing resolution of the workload issue at the time of occurrence or if the issue is ongoing the nurse(s) will discuss the issue with her or his Manager or designate on the next day that the Manager (or designate) and the nurse are both working or within ten (10) calendar days whichever is sooner.  
  
When meeting with the manager, the nurse(s) may request the assistance of a Union representative to support/assist her/him at the meeting.
  - iv) Complete the ONA/Hospital Professional Responsibility Workload Report Form. The manager (or designate) will provide a written response on the ONA/Hospital *Professional Responsibility Workload Report Form* to the nurse(s) within ten (10) calendar days of receipt of the form with a copy to the Bargaining Unit President, Chief Nursing Executive, and the Senior Clinical Leader (if applicable).



When meeting with the manager, the nurse(s) may request the assistance of a Union representative to support/assist her/him at the meeting.

- v) Every effort will be made to resolve workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. The discussions and actions will be documented.
- vi) Failing resolution at the unit level, submit the ONA/Hospital Professional Responsibility Workload Report Form to the Hospital-Association Committee within twenty (20) calendar days from the date of the Manager's response or when she or he ought to have responded under (iv) above.
- vii) The Chair of the Hospital-Association Committee shall convene a meeting of the Hospital-Association Committee within fifteen (15) calendar days of the filing of the ONA/Hospital *Professional Responsibility Workload Report Form*. The Committee shall hear and attempt to resolve the issue(s) to the satisfaction of both parties and report the outcome to the nurse(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations (Appendix 6).
- viii) Any settlement arrived at under Article 10.01 (a) iii) v), or vi) shall be signed by the parties.
- ix) Failing resolution of the issues through the development of joint recommendations within fifteen (15) calendar days of the meeting of the Hospital Association Committee the issue shall be forwarded to an Independent Assessment Committee.
- x) Failing development of joint recommendation(s) and prior to the issue(s) being forwarded to the Independent Assessment Committee, the Union will forward a written report outlining the issue(s) and recommendations to the Chief Nursing Executive.
- xi) For professionals regulated by the RHPA, other than nurses, the Union may forward a written report outlining the issue(s) and recommendations to the appropriate senior executive as designated by the Hospital.
- xii) The Independent Assessment Committee is composed of three (3) registered nurses; one chosen by the Ontario Nurses' Association, one chosen by the Hospital and one chosen from a panel of independent registered nurses who are well respected within the profession. The member of the

Committee chosen from the panel of independent registered nurses shall act as Chair.

If one of the parties fails to appoint its nominee within a period of thirty (30) calendar days of giving notice to proceed to the Independent Assessment Committee, the process will proceed. This will not preclude either party from appointing their nominee prior to the commencement of the Independent Assessment Committee hearing.

A copy of the Procedural Guidelines contained in Appendix 7 shall be provided to all Chairpersons named in Appendix 2.

- xiii) The Assessment Committee shall set a date to conduct a hearing into the issue(s) within fourteen (14) calendar days of its appointment and shall be empowered to investigate as is necessary and make what findings as are appropriate in the circumstances. The Assessment Committee shall render its decision, in writing, to the parties within forty-five (45) calendar days following completion of its hearing.
  - xiv) It is understood and agreed that representatives of the Ontario Nurses' Association, including the Labour Relations Officer(s), may attend meetings held between the Hospital and the Union under this provision.
  - xv) Any issue(s) lodged under this provision shall be on the form set out in Appendix 6. Alternately, the parties may agree to an electronic version of the form and a process for signing.
  - xvi) The Chief Nursing Executive, relevant Clinical Leaders, Bargaining Unit President, and the Hospital-Association Committee, will jointly review the recommendations of the Independent Assessment Committee within thirty (30) calendar days of the release of the IAC recommendations, and develop an implementation plan for mutually agreed changes. Such meeting(s) will be booked prior to leaving the Independent Assessment Committee hearing.
- (b) i) The list of Assessment Committee Chairs is attached as Appendix 2. During the term of this Agreement, the central parties shall meet as necessary to review and amend by agreement the list of chairs of Professional Responsibility Assessment Committees.

The parties agree that should a Chair be required; the Ontario Hospital Association and the Ontario Nurses' Association will be contacted. They will provide the name of the person to be utilized on the alphabetical listing of Chairs. The name to be

provided will be the top name on the list of Chairs who has not been previously assigned.

Should the Chair who is scheduled to serve decline when requested, or it becomes obvious that she or he would not be suitable, the next person on the list will be approached to act as Chair.

- ii) Each party will bear the cost of its own nominee and will share equally the fee of the Chair and whatever other expenses are incurred by the Assessment Committee in the performance of its responsibilities as set out herein.

NOTE: It is understood and agreed that the provisions of Article 5 have application to conduct pursuant to this provision.

- 10.02 The delegation of Controlled Acts shall be in accordance with the *Regulated Health Professions Act*, Medical Directives, and related statutes and regulations and in accordance with guidelines established by the College of Nurses of Ontario from time to time, and any hospital policy related thereto, provided that if the Union is of the opinion that such delegation would be detrimental to quality patient care, the Union may refer the issue to the Hospital-Association Committee.
- 10.03 The Hospital will notify the nurse when it reports them to the College of Nurses of Ontario and refer them to the Union as a resource.
- 10.04 Should an employee, who is a Health Professional under the *Regulated Health Professions Act*, be required to provide their Regulatory College with proof of liability insurance, the Hospital, upon request from the employee, will provide the employee with a letter outlining the Hospital's liability coverage for Health Professionals in the Hospital's employ.

## **ARTICLE 11 – PROFESSIONAL DEVELOPMENT**

- 11.01 Continuous professional development is a hallmark of professional nursing practice. As a self-regulating profession, nursing recognizes the importance of maintaining a dynamic practice environment which includes ongoing learning, the maintenance of competence, career development, career counselling and succession planning. The parties agree that professional development includes a diverse range of activities, including but not limited to formal academic programs; short-term continuing education activities; certification programs; independent learning committee participation. The parties recognize their joint responsibility in and commitment to active participation in the area of professional development.
- 11.02 Committee

- (a) There shall be a committee to address the planning of professional development initiatives for nurses as described in Article 11.01. The Union will be provided with equal representation on the Hospital Professional Development Committee. There will be one (1) Hospital and one (1) ONA representatives, which will be the Bargaining Unit President or designate. The membership of the Committee may be adjusted by mutual agreement, but at least fifty (50%) percent will be elected by the Union membership. The parties may agree to incorporate other disciplines into the Committee. The Hospital agrees to pay for time spent during regular working hours for representatives of the Union attending such meetings, and will provide replacement staff where needed for such absences. Where a nurse is required to attend such meetings outside of their regularly scheduled working hours, the nurse shall be paid for all time spent in attendance at such meetings at either their regular straight time hourly rate of pay or elect to receive lieu time off.
- (b) The Committee shall meet every two (2) months unless otherwise agreed. Where possible, agenda items will be exchanged in writing at least five (5) calendar days prior to the meeting. A record shall be maintained of matters referred to the Committee and the recommended disposition, if any, unless otherwise agreed. Copies of the record shall be provided to Committee members.
- (c) The parties agree that the following key principles will provide direction for the committee functioning:
  - i) Professional development will be recognized.
  - ii) All nurses will have equal access to professional development opportunities.
  - iii) Responsibilities for professional development will be shared between the individual and the Hospital.
- (d) The purpose of the committee is to assist the Hospital in promoting a practice environment that supports continuous learning and enhances opportunities for career development through:
  - i) Reviewing annually the organization's strategic directions and priorities which impact on nursing competencies including the budget and expenditures related to nursing education. Through the Chief Nursing Executive, provide recommendations with respect to professional development initiatives in the development of the Hospital Operating Plan.
  - ii) Reviewing the demographics of the nursing complement.
  - iii) Developing guidelines for the development, implementation and evaluation of professional development initiatives.

- iv) Developing means to promote equal access to professional development opportunities including, but not limited to programs (such as conferences, seminars and workshops), funding, scheduling, leaves, mentoring roles and preceptorship.
- v) Reviewing and making recommendations regarding professional development initiatives, including but not limited to mentorship and internship.
- vi) Reviewing and making recommendations regarding the existing nursing continuing education programs; and on the use of technology to enhance access.
- vii) Developing and implementing an ongoing communication plan to advise nurses about the work of this committee and what opportunities are available for continuous learning.

#### 11.03 Orientation and In-Service Program

The Hospital recognizes the need for a Hospital Orientation Program of such duration as it may deem appropriate taking into consideration the needs of the Hospital and the nurses involved.

11.04 Before assigning a nurse to be in charge of a unit/department, the nurse will receive orientation and training to the role of the charge nurse on that unit/department. It is understood that such nurse may be assigned to any tour as part of the nurse's orientation program, providing such assignment is in accordance with any scheduling regulations or objectives contained in these provisions which form part of this Collective Agreement.

11.05 Nurses who displace other nurses in the event of a long-term layoff, nurses recalled from layoff, nurses whose probationary period has been extended under Article 12.01, and nurses who are transferred on a permanent basis may be provided any orientation determined necessary by the Hospital for the purposes of allowing the nurse to assume satisfactorily the duties of such position. A request by such a nurse for orientation shall not be unreasonably denied.

11.06 Both the Hospital and the Union recognize their joint responsibility and commitment to provide, and to participate in, in-service education. The Union supports the principle of its members' responsibility for their own professional development and the Hospital will endeavour to provide programs related to the requirements of the Hospital. Available programs will be publicized, and the Hospital will endeavour to provide nurses with opportunities to attend such programs during their regularly scheduled working hours.

11.07 The Hospital will endeavour to schedule mandatory in-service programs during a nurse's regular working hours. When a nurse is on duty and authorized to attend any in-service program within the Hospital and during their regularly scheduled working hours the nurse shall suffer no loss of regular pay. When a nurse is required by the Hospital to engage in any learning opportunities outside of their regularly scheduled working hours, the nurse shall be paid for all time spent on such learning opportunities at their regular straight time hourly rate of pay.

Where the hospital requires e-learning, it will make reasonable efforts to enable hospital e-learning requirements during a nurse's regular working hours. Where a nurse is unable to complete required hospital e-learning during regular working hours and is required to complete hospital e-learning outside of their regular working hours, the hospital will identify in advance the time that will be paid at their regular straight time hourly rate of pay.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while engaged in such learning opportunities.

11.08 Internships

The Hospital may establish internships for the purpose of meeting future projected nursing shortages and/or providing career opportunities where there are no internal qualified candidates for job postings. In such circumstances, the implementation and guidelines of such an arrangement will be determined by the Hospital and the Union subject to the following:

Internships are designed to develop the Hospital's staff in order to fill positions for which there are currently no qualified internal candidates and/or for which shortages are predicted within a five (5) year period. Internships enable hospitals to maximize the use of qualified internal staff to meet their human resources needs, while at the same time providing career development opportunities for their employees.

To provide direction to the parties in developing and implementing internship(s) the Ontario Nurses' Association and the Hospital have agreed to the following principles:

- (a) The Hospital will establish the expectations for each internship opportunity.
- (b) There will be an open application process for internship opportunities.
- (c) The opportunities will be open to currently employed nurses who can demonstrate continuous learning, and a commitment to the Hospital.
- (d) Nurses who are selected for internship opportunities will commit to continued employment on a mutually determined basis.

- (e) Initiatives to support selected candidates may include but are not limited to:
  - i) No loss of regular wages while attending a requisite course.
  - ii) Paid course fees.
  - iii) Paid time for clinical practicums in the Hospital or another clinical site.
  - iii) Any other initiatives, as agreed.
- (f) Part-time nurses will be credited with seniority and service for all such hours paid while participating in these initiatives as provided above.

11.09 The Hospital undertakes to notify the Union in advance, so far as practicable, of any technological changes which the Hospital has decided to introduce which will significantly change the status of the nurse within the bargaining unit.

The Hospital agrees to discuss with the Union the effect of such technological changes on the employment status of the nurses and to consider practical ways and means of minimizing the adverse effect, if any, on the nurses concerned.

Nurses who are subject to layoff due to technological change will then be given notice of such layoff at the earliest reasonable time and in keeping with the requirements of the applicable legislation and the provisions of Article 12.08 will apply.

11.10 Where computers and/or new computer technology (e.g. computer charting) are introduced into the workplace that nurses are required to utilize in the course of their duties, the Hospital agrees that necessary training will be provided at no cost to the nurses involved, in accordance with Article 11.07.

11.11 A copy of any completed evaluation which is to be placed in a nurse's file shall be first reviewed with the nurse. The nurse shall initial such evaluation as having been read and shall have the opportunity to add her or his views to such evaluation prior to it being placed in her or his file. It is understood that such evaluations do not constitute disciplinary action by the Hospital against the nurse.

Each nurse shall have reasonable access to all her or his employment files for the purpose of reviewing their contents in the presence of her or his supervisor. A copy of the evaluation will be provided to the nurse at her or his request. A request by a nurse for a copy of other documents in her or his file will not be unreasonably denied.

Notwithstanding Article 11.12, upon review of the file, should the nurse believe that any coaching/counselling letter is no longer applicable, she or he may request that such documentation be removed. Such request shall not be unreasonably denied.

No document shall be used against a nurse where it has not been brought to her or his attention in a timely manner.

11.12 Any letter of reprimand, suspension or other sanction will be removed from the record of a nurse eighteen (18) months following the receipt of such letter, suspension or other sanction provided that such nurse's record has been discipline free for one year. Leaves of absence in excess of sixty (60) continuous calendar days will not count towards either period referenced above.

11.13 The Peer Feedback Process of the Quality Assurance Program Required by the College of Nurses of Ontario

The above referenced Peer Feedback is confidential information which the nurse is expected to obtain by requesting feedback from peer(s) of their choice, for the sole purpose of meeting the requirements of the Quality Assurance Program required by the College of Nurses of Ontario. The parties recognize the importance of supporting the confidential nature of the Peer Feedback component of the Quality Assurance Program. For further clarity, the above referenced Peer Feedback will not be used as a performance evaluation under Article 11.11.

11.14 A nurse shall be entitled to leave of absence without loss of earnings from her or his regularly scheduled working hours for the purpose of writing exams arising out of the Quality Assurance Program required by the College of Nurses of Ontario.

The period of the leave will include any scheduled shift commencing on the day of the examination.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above for the purpose of writing such exams.

Note: Where exams are available online, this provision will interpret online as "writing the exam".

11.15 The Hospital will meet with the Union to discuss any remediation or continuing education required by the College of Nurses of Ontario (CNO) to re-establish eligibility for clinical practice following a nurse's return from an approved absence.

11.16 To support succession planning and retention, the parties will discuss mid-career opportunities for nurses to receive training/education.



- 11.17 Within fourteen (14) days of receipt of a written request from the nurse, either during or at the end of employment, the Hospital will provide the nurse with a letter detailing their employment dates, length of service (including total hours worked, available as of the date of the request) and experience at the Hospital.

## **ARTICLE 12 – SENIORITY**

### 12.01 Probationary Period

- (a) i) Newly hired nurses shall be considered to be on probation for a period of seventy (70) tours from date of last hire (525 hours of work for nurses whose regular hours of work are other than the standard work day). If retained after the probationary period, the full-time nurse shall be credited with seniority from date of last hire and the part-time nurse shall be credited with seniority for the seventy (70) tours (525 hours) worked. With the written consent of the Hospital, the probationary nurse and the Bargaining Unit President of the Union or designate, such probationary period may be extended. Where the Hospital requests an extension of the probationary period, it will provide notice to the Union at least seven (7) calendar days prior to the expected date of expiration of the initial probationary period. It is understood and agreed that any extension to the probationary period will not exceed an additional sixty (60) tours (450 hours) worked and, where requested, the Hospital will advise the nurse and the Union of the basis of such extension with recommendations for the nurse's professional development.
- ii) The parties recognize that ongoing feedback about the nurse's progress is important to the probationary nurse.
- (b) A nurse who transfers from casual or regular part-time to full-time status shall not be required to serve a probationary period where such nurse has previously completed one since their date of last hire. Where no such probationary period has been served, the number of tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) during the nine months immediately preceding the transfer shall be credited towards the probationary period.
- (c) A nurse who transfers from casual part-time or full-time to regular part-time status shall not be required to serve a probationary period where such nurse has previously completed one since her or his date of last hire. Where no such probationary period has been served, the number of tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) during the nine

(9) months immediately preceding the transfer shall be credited towards the probationary period.

12.02 Seniority Lists

- (a) A seniority list shall be established for all full-time nurses covered by this Agreement who have completed their probationary period. For information purposes only, the names of all full-time probationary nurses shall be included in the seniority list. Seniority on such lists will be expressed in terms of a date.
- (b) A seniority list shall be established for all regular part-time nurses covered by this Agreement who have completed their probationary period. For information purposes only, the names of all regular part-time probationary nurses shall be included in the seniority list. Seniority on such lists will be expressed in terms of total hours worked.
- (c) A seniority list shall be maintained for casual part-time nurses for the purposes of Article 12.07 only.
- (d) A copy of the current seniority list will be filed with the Bargaining Unit President of the Local Union, or designate, on request but not more frequently than once every six (6) months. A copy of the full-time, regular part-time and casual part-time seniority lists will be provided to the Bargaining Unit President electronically and posted in the workplace on or before January 30th and July 30th of each calendar year. At the same time, a copy of the seniority list shall also be posted and made available to the nurses on each unit/department. The Employer agrees to provide an up to dated seniority list whenever a long-term layoff is planned.

12.03 Retention / Transfer of Service and Seniority

A nurse's full seniority and service shall be retained by the nurse in the event that the nurse is transferred from full-time to part-time or in the event the nurse is transferred from casual to regular part-time or vice-versa. A nurse whose status is changed from full-time to part-time shall receive credit for her or his full seniority and service on the basis of 1500 hours worked for each year of full-time seniority or service. A nurse whose status is changed from part-time to full-time shall receive credit for her or his full seniority and service on the basis of one year of seniority or service for each 1500 hours worked. Any time worked in excess of an equivalent shall be pro-rated at the time of transfer. For the purpose of job posting competitions only, full-time or part-time seniority, once converted to a date, shall not precede the nurse's date of hire.

#### 12.04 Effect of Absence (Full-time)

(Article 12.04 and Note 1 following Article 12.04 apply to full-time nurses only; Note 2 provides that the accrual of seniority and service on pregnancy and parental leave also applies to part-time nurses; Note 3 provides that the clause (including the notes) must be interpreted in a manner consistent with the *Ontario Human Rights Code* and the *Employment Standards Act*).

If a nurse's absence without pay from the Hospital including absences under Article 13, Leaves of Absence, exceeds thirty (30) continuous calendar days the nurse will not accumulate seniority or service for any purposes under the Collective Agreement for the period of the absence in excess of thirty (30) continuous calendar days unless otherwise provided and the nurse will become responsible for full payment of any subsidized employee benefits in which she or he is entitled to participate during the period of absence. In the case of unpaid approved leaves of absence in excess of thirty (30) continuous calendar days a nurse may arrange with the Hospital to prepay the full premium of any applicable subsidized benefits during the period of leave in excess of thirty (30) continuous calendar days to ensure continuing coverage. In circumstances where a full-time nurse is on an unpaid leave of absence in excess of thirty (30) calendar days and voluntarily works occasional tour(s) during the leave period, the nurse shall be deemed to have continued on unpaid leave.

Notwithstanding this provision, seniority and service shall accrue if a nurse's absence is due to disability resulting in W.S.I.B. benefits or L.T.D. benefits including the period of the disability program covered by Employment Insurance.

Notwithstanding this provision, seniority and service will accrue and the Hospital will continue to pay the premiums for benefit plans for nurses for a period of up to seventeen (17) weeks while a nurse is on pregnancy leave under Article 13.07 and for a period of up to sixty-one (61) weeks while a nurse is on parental leave under Article 13.08. Seniority and service will accrue for an adoptive parent or a natural father for a period of up to sixty-three (63) weeks while such nurse is on a parental leave under Article 13.08.

NOTE 1: The accrual of seniority and service for nurses on pregnancy and parental leave applies to both full-time and part-time nurses.

NOTE 2: This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code* and the *Employment Standards Act*.

#### 12.05 Effect of Absence (Part-time)

Seniority for part-time nurses shall accrue for absences due to a disability resulting in WSIB benefits, or illness or injury in excess of thirty (30)

consecutive calendar days. The rate of accumulation will be based on the employee's normal weekly hours paid over the preceding qualifying twenty-six (26) weeks. A qualifying week is a week where the nurse is not absent due to vacation, pregnancy-parental leave, WSIB, or illness or injury that exceeds thirty (30) consecutive calendar days.

#### 12.06 Deemed Termination

A full-time or regular part-time nurse shall lose all service and seniority and shall be deemed to have terminated if the nurse:

- (a) Leaves of their own accord;
- (b) Is discharged and the discharge is not reversed through the grievance or arbitration procedure;
- (c) Has been laid off for thirty-six (36) calendar months;
- (d) Refuses to continue to work or return to work during an emergency which seriously affects the Hospital's ability to provide adequate patient care, unless a satisfactory reason is given to the Hospital;
- (e) Is absent from scheduled work for a period of three (3) or more consecutive working days without notifying the Hospital of such absence and providing a satisfactory reason to the Hospital;
- (f) Fails to return to work (subject to the provisions of 12.06 (e)) upon termination of an authorized leave of absence without satisfactory reason or utilizes a leave of absence for purposes other than that for which the leave was granted;
- (g) Fails upon being notified of a recall to signify their intention to return within twenty (20) calendar days after she or he has received the notice of recall mailed by registered mail to the last known address according to the records of the Hospital and fails to report to work within thirty (30) calendar days after she or he has received the notice of recall or such further period of time as may be agreed upon by the parties;

#### 12.07 Job Posting

- (a) i) Where a permanent full-time vacancy occurs in a classification within the bargaining unit or a new full-time position within the bargaining unit is established by the Hospital, such vacancy shall be posted for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit may make written application for such vacancy within the seven (7) day period referred to herein. Subsequent vacancies created by the filling of a posted vacancy are to be posted for seven (7) consecutive calendar days. Where a

vacancy under this provision has remained unfilled for a period of six (6) months from the date of the initial posting, and the employer still requires the position to be filled, it will be reposted as noted above.

- ii) Where a permanent regular part-time vacancy occurs in a classification within the bargaining unit or a new regular part-time position within the bargaining unit is established by the Hospital, such vacancy shall be posted for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit may make written application for such vacancy within the seven (7) day period referred to herein. Subsequent vacancies created by the filling of a posted vacancy are to be posted for seven (7) consecutive calendar days. Where a vacancy under this provision has remained unfilled for a period of six (6) months from the date of the initial posting, and the employer still requires the position to be filled, it will be reposted as noted above.
- iii) Absent exceptional circumstances, the hospital will endeavour to move nurses who have been selected for positions in accordance with Article 12.07 (c) and (d) into their positions within forty-five (45) days of their selection to the positions.
- iv) The job posting provisions take precedence over any recall rights that employees may have under this Agreement, unless otherwise provided herein.

Where a full-time employee on layoff is the successful candidate for a vacant part-time position, she or he shall retain recall rights to her or his former position in the full-time bargaining unit for a period of six (6) months from the date of their layoff. This shall also apply to a part-time employee on layoff who is the successful candidate for a vacant full-time position. In these circumstances, the job posting provisions will not apply.

- (b) A nurse may make a written request for transfer by advising the Hospital and filing a Request for Transfer form indicating their name, qualifications, experience, present area of assignment, seniority and requested area of assignment. A Request for Transfer shall become active as of the date it is received by the Hospital and shall remain so until December 31 following. Such requests will be considered as applications for posted vacancies and subsequent vacancies created by the filling of a posted vacancy.

Unsuccessful applicants will be notified. The parties will ensure that there is a means of notifying the unsuccessful applicants in a timely manner.

At the request of the nurse, the Hospital will discuss with unsuccessful applicants ways in which they can improve their qualifications for future postings.

- (c) Nurses shall be selected for positions under either Article 12.07 (a) or (b) on the basis of their skill, ability, experience and qualifications. Where these factors are relatively equal amongst the nurses considered, seniority shall govern providing the successful applicant, if any, is qualified to perform the available work within an appropriate familiarization period. Where seniority governs, the most senior applicant will be selected. Where the applicant has been selected in accordance with this Article and it is subsequently determined that they cannot satisfactorily perform the job to which she or he was promoted or transferred, the Hospital will attempt, during the first sixty (60) tours (450 hours for nurses whose regular hours of work are other than the standard work day) worked from the date on which the nurse was first assigned to the vacancy, to return the nurse to their former job, and the filling of the subsequent vacancies will likewise be reversed. If the nurse requests the Hospital will give due consideration to returning the nurse to the nurse's former position, provided that the former position has not been filled or eliminated. Such request shall not be unreasonably denied. Where the nurse is returned to her or his former position within thirty (30) tours, the hospital will select an applicant, in accordance with this provision, from the previous posting to fill the position. Where there were no qualified applicants, the position will be reposted in accordance with Article 12.07 (a). Notwithstanding the level of entry to practice (baccalaureate degree in nursing) which became effective in 2005, the Hospital will not establish qualifications, or identify them in job postings, in an arbitrary or unreasonable manner.
- d) i) Vacancies which are not expected to exceed sixty (60) calendar days (including vacancies caused due to illness, accident, leaves of absence [including pregnancy and parental]) may be filled at the discretion of the Hospital. In filling such vacancies consideration shall be given to regular part-time nurses in the bargaining unit on the basis of seniority who are qualified to perform the work in question. If the temporary vacancy is not filled by a regular part-time nurse, consideration will be given to casual part-time nurses in the bargaining unit on the basis of seniority who are qualified to perform the work in question, prior to utilizing non-bargaining unit nurses supplied by an agency or registry. It is understood, however, that where such vacancies occur on short notice, failure to offer part-time nurses such work shall not result in any claim for pay for time not worked while proper arrangements are made to fill the vacancy. Where part-time nurses fill temporary full-time vacancies, such nurses shall be considered regular part-time and shall be covered by the

terms of the part-time collective agreement. Upon completion of the temporary vacancy, such nurse shall be reinstated to her or his former position unless the position has been discontinued, in which case the nurse shall be given a comparable job. Where the parties agree, full-time nurses may be considered for temporary full-time vacancies on the same basis as regular part-time nurses. A list of all vacancies expected to be sixty (60) days or more that were filled in the preceding month under this provision, including the names of the nurses selected and the anticipated duration of the vacancy, will be provided to the Union.

- ii) Vacancies due to illness, accident, leaves of absence (including pregnancy and parental) which are expected to exceed sixty (60) calendar days will be posted in accordance with Article 12.07 (a)

(e) Specific Time-Limited Temporary Positions

Specific time-limited temporary positions which are expected to exceed a term of sixty (60) calendar days but no greater than six (6) months will be posted in accordance with Article 12.07 (a). This term may be extended a further six (6) months by mutual agreement of the local parties. Where a nurse is transferred under this Article, their vacated position shall be posted in accordance with Article 12.07 (a).

Upon completion of such temporary position, the nurse will be reinstated to her or his former position.

Should such position continue beyond the expected term, it shall be considered to be a permanent bargaining unit position, and posted as such at that time.

- (f) The Hospital shall have the right to fill any permanent vacancy on a temporary basis until the posting procedure or the Request for Transfer procedure provided herein has been complied with and arrangements have been made to permit the nurse selected to fill the vacancy to be assigned to the job.
- (g) A nurse selected as a result of a posted vacancy or a Request for Transfer need not be considered for a further permanent vacancy for a period of up to nine (9) months from the date of her or his transfer to the vacant position. This does not apply to nurses applying for vacancies or requesting a transfer to full-time or regular part-time positions posted in accordance with Article 12.07 that are on their unit.
- (h) Where nurses are reassigned to meet patient care needs at the hospital, they will be reassigned to units or areas where they are qualified to perform the available work.

12.08 Layoff – Definition and Notice

- (a) A "Layoff" shall include a reduction in a nurse's hours of work and cancellation of all or part of a nurse's scheduled shift.

Cancellation of single or partial shifts will be on the basis of seniority of the nurses on the unit on that shift unless agreed otherwise by the Hospital and the Union in local negotiations.

A partial or single shift reassignment of a nurse from her or his area of assignment will not be considered a layoff. The parties agree that the manner in which such reassignments are made will be determined by local negotiations.

- (b) A "short-term layoff" shall mean:
- i) A layoff resulting from a planned temporary closure of any part of the Hospital's facilities during all or part of the months of July and August (a "summer shutdown") or during the period between December 15<sup>th</sup> and January 15<sup>th</sup> inclusive (a "Christmas shutdown"); or
  - ii) A layoff resulting from a planned temporary closure, not anticipated to exceed six months in length, of any part of the Hospital's facilities for the purpose of construction or renovation; or
  - iii) Any other temporary layoff which is not anticipated to exceed three months in length.
- (c) A "long-term layoff" shall mean any layoff which is not a short-term layoff.
- (d) The Hospital shall provide the Union with no less than 30 calendar days' notice of a short-term layoff. Notice shall not be required in the case of a cancellation of all or part of a single scheduled shift, provided that Article 16.12 has been complied with. In giving such notice, the Hospital will indicate to the local Union the reasons causing the layoff and the anticipated duration of the layoff, and will identify the nurses likely to be affected. If requested, the Hospital will meet with the Union to review the effect on nurses in the bargaining unit.
- (e) Notice

In the event of a proposed layoff at the Hospital of a permanent or long-term nature within the bargaining unit, the Hospital shall:



- i) Provide the Union with no less than five (5) months written notice of the proposed layoff
- ii) Provide to the affected employee(s) no less than four (4) months written notice of layoff or pay in lieu thereof.

NOTE: Where a proposed layoff results in the subsequent displacement of any member(s) of the bargaining unit, the original notice to the Union provided in (i) above shall be considered notice to the Union of any subsequent layoff.

In the event of the elimination of a vacant position or in circumstances where the Hospital decides not to fill a vacated position, the Union will be provided with notice at the time the decision is made.

The Hospital shall meet with the Union to review the following:

- iii) The reasons causing the layoff/elimination;
- iv) The service which the Hospital will undertake after the layoff/elimination;
- v) The method of implementation including the areas of cut-back and the nurses to be laid off; and
- vi) Any limits which the parties may agree on the number of nurses who may be newly assigned to a unit or area.

12.09

Layoff – Process and Options

- (a) In the event of a layoff, nurses shall be laid off in the reverse order of seniority provided that the nurses who are entitled to remain on the basis of seniority are qualified to perform the available work. Subject to the foregoing, probationary nurses shall be first laid off.
- (b) Nurses shall have the following entitlements in the event of a layoff;

Prior to implementing a short-term layoff on a unit/department, nurses will first be offered, in order of seniority, the opportunity to take vacation day(s), utilize any compensating/lieu time credits or to take unpaid leaves in order to minimize the impact of a short-term layoff.

- i) A nurse who has been notified of a short-term layoff may:
  - (A) Accept the layoff; or
  - (B) Opt to retire if eligible under the terms of the Hospital's pension plan as outlined in Article 19.04; or

- (C) Elect to transfer to a vacant position, provided she or he is qualified to perform the available work; or
  - (D) Displace the least senior nurse in the bargaining unit whose work she or he is qualified to perform.
- ii) A nurse who has been notified of a long-term layoff may
- (A) Accept the layoff; or
  - (B) Opt to retire if eligible under the terms of the Hospital's pension plan as outlined in Article 19.04; or
  - (C) Elect to transfer to a vacant position provided that she or he is qualified to perform the available work; or
  - (D) Displace another nurse in any classification who has lesser bargaining unit seniority and who is the least senior nurse on a unit or area whose work the nurse subject to layoff is qualified to perform.
- iii) In all cases of layoff:
- (A) Any agreement between the Hospital and the Union concerning the method of implementation of a layoff shall take precedence over the terms of this article. While an individual nurse is entitled to Union representation, the unavailability of a representative of the Union shall not delay any meeting regarding layoffs or staff reductions.
  - (B) Where a vacancy occurs in a position following a layoff hereunder as a result of which a nurse has been transferred to another position, the affected nurse will be offered the opportunity to return to her or his former position providing such vacancy occurs within six (6) months of the date of layoff. Where the nurse returns to her or his former position there shall be no obligation to consider the vacancy under Article 12.07. Where the nurse refuses the opportunity to return to her or his former position the nurse shall advise the Hospital in writing.
  - (C) No reduction in the hours of work shall take place to prevent or reduce the impact of a layoff without the consent of the Union.
  - (D) All regular part-time and full-time nurses represented by the Union who are on layoff will be given a job

opportunity in the full-time and regular part-time categories before any new nurse is hired into either category.

- (E) Full-time and part-time layoff and recall rights shall be separate.
  - (F) Casual part-time nurses shall not be utilized while full-time or regular part-time nurses remain on layoff, unless the provisions of Article 12.10 have been complied with or unless the matter is covered by local scheduling.
  - (G) No new nurses shall be hired until all those nurses who retain the right to be recalled have been given an opportunity to return to work.
  - (H) In this Article (12.09), a "vacant position" shall mean a position for which the posting process has been completed and no successful applicant has been appointed.
  - (I) The option to "accept a layoff" as provided in this Article includes the right of an employee to absent her or himself from the workplace.
- (c)
    - i) Where there are vacant positions available under Article 12, but the nurse is not qualified to perform the available work, and if such nurse is not able to displace another nurse under Article 12, the nurse will be provided with the necessary training up to sixteen (16) weeks' training to enable the nurse to become qualified for one of the vacant positions. In determining the position for which training will be provided the Hospital shall take account of the nurse's stated preference.
    - ii) When nurses would otherwise be recalled pursuant to Article 12 but none of the nurses on the recall list are qualified to perform the available work the Hospital will provide necessary training up to sixteen (16) weeks to nurses, in order of seniority, to enable them to become qualified to perform the available work.
    - iii) Where a nurse receives training under this provision, she or he need not be considered for any further vacancies for a period of six (6) months from the date she or he is placed in the position.

## 12.10 Recall from Layoff

Full-time and regular part-time nurses shall be recalled in the order of seniority unless otherwise agreed between the Hospital and the local Union, subject to the following provisions, provided that a nurse recalled is qualified to perform the available work:

- (a) Full-time and regular part-time nurses on layoff may notify the Hospital of their interest in accepting occasional vacancies and/or temporary vacancies which may arise and for which they are qualified. Such notification of interest shall state any restrictions on the type of assignment which a nurse is willing to accept and shall remain valid for six weeks. However, if a nurse declines an occasional or temporary vacancy the Hospital shall not be obliged to call upon the nurse again during the balance of such six-week period.
- (b) For the purposes of this article, an "occasional vacancy" shall mean an assignment which is anticipated not to exceed five shifts (37.5 hours). Occasional vacancies shall be offered first to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then to casual part-time nurses.
- (c) For the purposes of this article, a "temporary vacancy" shall mean an assignment which is anticipated to exceed five shifts (37.5 hours). Temporary vacancies which arise in the full-time bargaining unit shall be offered by seniority first to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then by seniority to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then to casual part-time nurses. Temporary vacancies which arise in the part-time unit shall be offered by seniority first to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then by seniority to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then to casual part-time nurses.
- (d) A nurse to whom an occasional or temporary vacancy is offered may accept or decline such vacancy and in either case shall maintain her or his position on the recall list.

The acceptance of a temporary vacancy that is anticipated to exceed sixty (60) calendar days shall be considered a recall from layoff for purposes of Article 12.06 (c). No new notice of layoff will be required and the nurse will be deemed to be laid off at the conclusion of the temporary vacancy.

A full-time nurse on layoff who accepts a temporary full-time vacancy within thirty (30) days of the effective day of layoff will continue to receive benefit coverage for the duration of the temporary vacancy.

A full-time nurse who has worked for more than 600 hours in 140 calendar days as the result of accepting one or more temporary vacancies shall thereafter be eligible for benefit coverage as a full-time nurse and shall be paid accordingly, and shall continue to receive benefit coverage so long as she or he continues to fill a temporary vacancy and such full-time nurse shall accrue seniority in the manner prescribed for full-time nurses throughout the period of employment.

Otherwise, a full-time nurse who accepts a temporary or occasional vacancy shall be paid her or his regular full-time rate of pay together with a percentage payment in lieu of benefits at the rate specified for part-time nurses.

A full-time nurse who accepts a temporary part-time vacancy or occasional vacancies as provided herein will accrue seniority throughout the period of such employment in the manner prescribed for part-time nurses.

A part-time nurse who accepts a temporary or occasional vacancy will accrue seniority throughout the period of such employment in the manner prescribed for part-time nurses.

#### 12.11 Transfer outside of the Bargaining Unit

- (a) A nurse who is transferred to a position outside of the bargaining unit for a period of not more than three (3) months, or is seconded to teach for an academic year shall not suffer any loss of seniority, service or benefits.

A nurse who is transferred to a position outside of the bargaining unit for a period of more than three (3) months, but not more than one (1) year, or in the case of pregnancy or parental leave up to eighteen (18) months, shall retain, but not accumulate, her or his seniority held at the time of the transfer. In the event the nurse is returned to a position in the bargaining unit, she or he shall be credited with seniority held at the time of transfer and resume accumulation from the date of her or his return to the bargaining unit.

The union will be provided notice prior to the commencement of the transfers mentioned above.

A nurse must remain in the bargaining unit for a period of at least five (5) months before transferring out of the bargaining unit again or she or he will lose all seniority held at the time of the subsequent transfer.

- (b) In the event that a nurse is transferred to a position outside of the bargaining unit for a period in excess of one (1) year, or in the case of pregnancy or parental leave up to eighteen (18) months, she or he will lose all seniority held at the time of transfer. In the event the nurse is returned to a position in the bargaining unit, the nurse's seniority will accrue from the date of her or his return to the bargaining unit.
- (c) It is understood and agreed that a nurse may decline such offer to transfer and that the period of time referred to above may be extended by agreement of the parties.
- (d) The Hospital agrees that it will not make work assignments that violate the purpose and intent of this provision. The Hospital will advise the Union of the names of any nurses performing the duties of positions outside of the bargaining unit pursuant to Articles 12.11 and/or 24.04 (b), the date the assignment commenced, the area of assignment and the duration of such assignments.
- (e) A nurse who accepts a transfer under Article 12.11 will not be required to pay union dues for any complete calendar month during which no bargaining unit work is performed.

## 12.12

### Work of the Bargaining Unit / Agency Nurses

- (a) Nurses who are in supervisory positions excluded from the bargaining unit shall not perform duties normally performed by nurses in the bargaining unit which shall directly cause or result in the layoff, loss of seniority or service or reduction in benefits to nurses in the bargaining unit.

Nurses will be assigned duties and responsibilities in accordance with the *Regulated Health Professions Act* and other applicable statutes and regulations thereto. Hospitals will not assign such duties and responsibilities to employees not covered by this agreement unless those duties and responsibilities are appropriate to the position occupied by the person to whom the duties and responsibilities are being assigned and are consistent with quality patient care.

Unless otherwise agreed by the Union and the Hospital, work performed by full-time nurses will not be assigned to part-time nurses for the purpose of eliminating full-time positions.

- (b) The Hospital shall not contract out the work of a bargaining unit nurse if, as a result of such contracting out, any bargaining unit nurse other than a casual part-time nurse is laid off, displaced or loses hours of work or pay. Prior to contracting out any available work, the Hospital will first offer the work on the basis of seniority to regular part-time nurses in the bargaining unit. Contracting out to an employer who is organized and who will employ the employees of the bargaining unit

who would otherwise be laid off, with similar terms and conditions of employment, is not a breach of this provision. This clause will not apply to the ad hoc use of agency or registry nurses for single shift coverage of vacancies due to illness or leaves of absence.

- (c) It is agreed that ad hoc usage of agency nurses (RN) will not exceed the lesser of 1.5% of the total bargaining unit hours or the Hospital's actual usage for 2005-2006 base fiscal year. The Hospital will make ongoing best efforts to reduce any use of agency nurses. Any use of Agency nurses beyond 1.5% in a fiscal year will result in a payment to the Union of sixty- two (62) cents per hour of agency use above 1.5% to be determined annually at the end of each fiscal year.

For clarity: The use of agency nurses is limited to ad hoc single shift coverage of vacancies due to illness or leaves of absence. Any other usage of agency nurses requires the Union's written consent.

### 12.13 Integrations / Rationalization

To minimize the adverse impact of integration on employees, the parties agree that a standardized approach to Human Resources Adjustment Planning should be used, including the development of provincial standards or principles.

For the purposes of this Article, the parties agree that 'integrate', 'integration' and 'health service provider' have the same meaning as defined by the Local Health System Integration Act. Throughout this agreement, the words rationalization, consolidation or integration may be used interchangeably.

In the event of a health service integration or rationalization with another service provider, the Employer and the Union agree to be guided by the following principles:

- (a) The Hospital shall notify affected nurses and the Union as soon as a formal decision to rationalize or integrate is taken;
- (b) The Hospital shall provide the Union with pertinent financial and staffing information and a copy of any reorganization plans which impact on the bargaining unit relating to the rationalization or integration of services.
- (c) The Hospital and the Union shall begin discussions concerning the specifics of the rationalization or integration forthwith after a decision to rationalize or integrate is taken;
- (d) As soon as possible in the course of developing a plan for the implementation of the rationalization or integration, the Hospital shall notify affected nurses and the Union of the projected staffing needs, and their location, which are anticipated to result; notice to affected

nurses and the Union shall include the estimated number and types of positions anticipated to be available, and their location, as the result of the rationalization or integration.

- (e) If services in the Hospital are to be reduced, transferred or eliminated as the result of rationalization or integration, or if the employment of nurses is otherwise to be affected, the Hospital shall prepare a list of the affected nurses in order of seniority by jobs for which it considers such nurses are eligible. This list will be updated to reflect any changes due to employees leaving or entering the unit;
- (f) If a rationalization or integration is anticipated to result in a loss of employment for nurses at another service provider by reason of the establishment of a new unit or the enlargement or extension of services at the hospital:
  - i) In the period before an integration or rationalization takes place, where a permanent vacancy occurs and has not been filled after Article 12.07 has been complied with, the vacancy shall be filled by the senior qualified employee of the other service provider who wishes to make an early transfer. A nurse taking such a position shall be treated as a transferring employee and not as a new hire;
  - ii) When the integration or rationalization takes place, and when nurses formerly employed by the other service provider or providers involved are transferred to the Hospital, such nurses shall maintain their seniority dates and shall be placed on seniority lists at the Hospital accordingly. Thereafter they shall exercise seniority rights in accordance with this agreement. Following implementation of the rationalization or integration, no nurse who has been transferred to the Hospital shall suffer a reduction in wages. If the wage grid in effect at the Hospital does not correspond to the grid in effect at the service provider at which such nurses were formerly employed, nurses whose wages were not identical to a wage step on the Hospital's grid shall be moved to the next higher step. Where the transferring nurse's salary exceeds the range maximum, the nurse's salary will be maintained;
  - iii) Nurses who have been transferred to the Hospital shall be subject to the benefit plans of the Hospital in the manner provided under the collective agreement. The retention, modification or abandonment of superior conditions and the provisions of sick leave plans, to which nurses who have been transferred to the Hospital were formerly subject, shall be negotiated between the Union and the Hospital. Nurses who have been transferred to the Hospital shall retain their former level of vacation entitlement or shall be entitled to the level provided by this agreement, whichever is the greater;



- iv) Hours of work shall be those of the Hospital;
  - v) A nurse who has been transferred to the Hospital and who has not completed her or his probationary period at the service provider where she or he was formerly employed shall receive credit for her or his service during such probationary period, and shall complete the balance of the probationary period required by this agreement. No new probationary period shall be served by a nurse who has been transferred to the Hospital;
- (g) If an integration or rationalization is anticipated to result in the creation of employment for nurses at another service provider by reason of the establishment of a new unit or the enlargement, transfer or extension of services at that service provider:
- i) Notice of positions at the other service provider shall be posted at the hospital for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit and nurses in other ONA bargaining units at the Hospital, if any, may make written application for such vacancy within the seven (7) day period referred to herein.
  - ii) Nurses shall be selected for positions on the basis of their skill, ability, experience and qualifications. Where these factors are relatively equal amongst the nurses considered, seniority shall govern providing the successful applicant, if any, is qualified to perform the available work within an appropriate familiarization period. Where seniority governs, the most senior applicant, regardless of her or his ONA bargaining unit, will be selected. Where the applicant has been selected in accordance with this Article and it is subsequently determined that she or he cannot satisfactorily perform the job to which she or he was promoted or transferred, the Hospital will attempt, during the first sixty (60) tours (450 hours for nurses whose regular hours of work are other than the standard work day) worked from the date on which the nurse was first assigned to the vacancy, to return the employee to her or his former job, and the filling of the subsequent vacancies will likewise be reversed.

Nothing in the foregoing shall be deemed to limit or restrict the parties rights under the *Labour Relations Act, 1995*, the *Local Health System Integration Act* or the *Public Sector Labour Relations Transition Act, 1997*, as may be amended from time to time.

- (a) Local Human Resource Plans will apply to Health Services Restructuring Commission directives and integrations, provided that in the case of integrations, this Article will apply only to a hospital which is also bound by this collective agreement as well as the Local Human Resources Plan. In other circumstances, the balance of this Article will apply.
- (b) Before issuing notice of long-term layoff pursuant to Article 12.08 (e) (ii), and following notice pursuant to Article 12.08 (e) (i), the Hospital will make offers of retirement allowance in accordance with the following conditions:
  - i) The Hospital will first make offers in order of seniority within the classification where layoffs would otherwise occur.
  - ii) The Hospital will make offers to nurses eligible for retirement under the Hospital pension plan (including regular part-time, if applicable, whether or not they participate in the hospital pension plan).
  - iii) The number of retirements the Hospital approves will not exceed the number of nurses who would otherwise be laid off.

A nurse who elects a retirement option shall receive, following completion of the last day of work, a retirement allowance of one (1) week's salary for each year of service, to a maximum ceiling of thirty-five (35) weeks' salary.

For a regular part-time nurse, the retirement allowance will be based on the nurse's normal weekly hours. The normal weekly hours shall be calculated by using the same time period used for calculation of the Employment Insurance benefit.

- iv) If a nurse(s) on the unit referred to in paragraph (i) does not accept the offer, the Hospital will then extend the offer, in order of seniority, to eligible nurses in the same classification in the unit where a nurse who has been notified of a long-term lay-off elects to displace in accordance with Article 12.09 (b) ii) (D) and one subsequent displacement. The Hospital is not required to offer retirement allowances in accordance with this provision on any subsequent displacements i.e., the offer shall follow the displaced nurse, to a maximum of two displacements.

NOTE: For the purposes of this provision, Charge Nurse and

Team Lead shall be considered as within the same classification as a "General Duty RN" , or any other classification agreed by the parties.

- (c) Where a nurse has received individual notice of long-term layoff under Article 12.08 such nurse may resign and receive a separation allowance as follows:
- i) Where a nurse resigns effective within thirty (30) days after receiving individual notice of long-term layoff, she or he shall be entitled to a separation allowance of two (2) weeks' salary for each year of continuous service to a maximum of sixteen (16) weeks' pay, and, on production of receipts from an approved educational program, within twelve (12) months of resignation will be reimbursed for tuition fees up to a maximum of three thousand (\$3,000.00) dollars.
  - ii) Where a nurse resigns effective later than thirty (30) days after receiving individual notice of long-term layoff, she or he shall be entitled to a separation allowance of four (4) weeks' salary, and, on production of receipts from an approved educational program, within twelve (12) months of resignation will be reimbursed for tuition fees up to a maximum of one thousand two hundred and fifty (\$1,250.00) dollars.

*Note: 12.14 (a) and (b) shall not come into force until April 1, 2023*

#### 12.15 Labour Adjustment Service Provider

The Hospital and the Union will utilize the services of such labour adjustment service provider as the parties may agree upon for purposes of counselling, adjustment, training and development services.

NOTE: Seniority lists and layoff and recall rights of part-time employees shall be separate from full-time employees.

NOTE: The seniority list referred to in Article 12.02 shall include any other information that is currently provided to the Union.

#### 12.16 Information Reported to the Union

- (a) A copy of all job postings will be provided to the local Union at the time of posting.
- (b) The employer shall provide the union each month a copy of:

- i) A list of vacancies filled in the preceding month under Articles 12.07 (a) and (b), and the names of the successful applicants, will be posted, with a copy provided to the Union.
  - ii) The Hospital will provide the Union with a list of unfilled previously posted vacancies on a monthly basis in an electronic format. The Union will also be advised of any posted positions that have been rescinded by the Hospital in the preceding month.
- (c) A list of all vacancies expected to be sixty (60) days or more that were filled in the preceding month as per 12.07 (d), including the names of the nurses selected and the anticipated duration of the vacancy, will be provided to the Union.
- (d) In order for the Union to be able to monitor the extent of work assignment between RNs and RPNs in the Hospital, the Hospital will provide the Union's Labour Relations Officer and Bargaining Unit President with semi-annual reports (by March 31 and September 30 each year), in an electronic format, by bargaining unit, site and by nursing unit/department, of the following:
- i) The number of part-time and full-time RN bargaining unit hours worked.
  - ii) The number of part-time and full-time RPN bargaining unit hours worked.
- (e) The Hospital will provide the Union, on a quarterly basis, with satisfactory reporting respecting the use of agency nurses and the percentage that use represent of total bargaining unit hours worked (RN). The Union may, at its expense arrange for an audit of the information provided and the employer will cooperate in that audit process.
- (f) Details of the reporting requirements under (b) ii), (d) and (e) above will be agreed upon by the parties where applicable.

### **ARTICLE 13 – LEAVES OF ABSENCE**

- 13.01 Written requests for a personal leave of absence without pay will be considered on an individual basis by the Chief Nursing Executive, Supervisor or designate. Such requests are to be given as far in advance as possible and a written reply will be given within fourteen (14) days; except in cases of emergency in which case a reply will be given as soon as possible. Such leave shall not be unreasonably withheld.

13.02 (a) Leave for Union Business

The Hospital agrees to grant leaves of absence, without pay, to nurses selected by the Union to attend to Union business including but not limited to conferences, conventions and Provincial Committee meetings and to any nurse elected to the position of Local Co-ordinator. During such leave of absence, a nurse's salary and applicable benefits or percentage in lieu of fringe benefits shall be maintained by the Hospital and the local Union agrees to reimburse the Hospital in the amount of the daily rate of the full-time nurse or in the amount of the full cost of such salary and percentage in lieu of fringe benefits of a part-time nurse except for Provincial Committee meetings which will be reimbursed by the Union. The Hospital will bill the local Union within a reasonable period of time. Part-time nurses will receive service and seniority credit for all leaves granted under this Article.

- i) Leave of absence for Association business shall be given to an aggregate total of twenty (20) days during each year of this Agreement provided adequate notice is given the Employer and such leave of absence does not interfere with the continuance of efficient operations in the Hospital. Such leave shall not be arbitrarily withheld.

It is agreed that not more than two (2) nurses shall be absent on such leave at the same time, excluding arbitrations and negotiations.

ii) Local Coordinator Leave

The Employer agrees to grant leaves of absence, without pay, to nurses elected to the position of Local Coordinator. Subject to reasonable notice, it is understood and agreed that a Local Coordinator shall be granted twelve (12) days per year to fulfill the duties of the position.

These days will not be counted in the Union Leave days referred to in 13.02 (a) i) above.

This provision will apply to only one Co-coordinator position.

(b) ONA Staff Leave

Upon application in writing by the Union on behalf of a nurse to the Hospital, an unpaid leave of absence may be granted to such nurse selected for a secondment or a temporary staff position with the Ontario Nurses' Association. Such leave shall not be unreasonably denied or extended beyond twelve (12) months. Notwithstanding Article 12.04, there shall be no loss of service or seniority for a nurse during such leave of absence. It is understood that during such leave

the nurse shall be deemed to be an employee of the Ontario Nurses' Association. The nurse agrees to notify the Hospital of her or his intention to return to work at least two (2) weeks prior to the date of such return. The nurse shall be reinstated to her or his former position, unless that position has been discontinued, in which case the employee shall be given a comparable job.

#### 13.03 Leave, Board of Directors

A nurse who is elected to the Board of Directors of the Ontario Nurses' Association, other than to the office of President, shall be granted upon request such leave(s) of absence as she or he may require to fulfil the duties of the position. Reasonable notice – sufficient to adequately allow the Hospital to minimize disruption of its services shall be given to the Hospital for such leave of absence. Leave of absence under this provision shall be in addition to the Union leave provided in Article 13.02 above. During such leave of absence, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary and applicable benefits or percentage in lieu of benefits.

#### 13.04 Leave, President, ONA

Upon application in writing by the Union on behalf of the nurse to the Hospital, a leave of absence shall be granted to such nurse elected to the office of President of the Ontario Nurses' Association. Notwithstanding Article 12.04, there shall be no loss of service or seniority for a nurse during such leave of absence. During such leave of absence, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary and applicable benefits. It is understood, however, that during such leave the nurse shall be deemed to be an employee of the Ontario Nurses' Association. The nurse agrees to notify the Hospital of her or his intention to return to work at least two (2) weeks prior to the date of such return.

Notwithstanding the above, the Hospital and the Union may make alternate arrangements in respect to salary and benefit continuation.

#### 13.05 Bereavement Leave

A nurse who notifies the Hospital as soon as possible following a bereavement shall be granted four (4) consecutive working days off without loss of regular pay for scheduled hours, in conjunction with the day of the funeral, or a memorial service (or equivalent) of a member of her or his immediate family. "Immediate family" means parent, brother, sister, spouse, son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandparent of spouse, grandchild, legal guardian and step-parent. A nurse shall be granted one (1) day bereavement leave without loss of regular earnings to attend the funeral of, or a memorial service (or equivalent) for her or his aunt, uncle,

niece or nephew. "Spouse" for the purposes of bereavement leave will be defined as in the *Family Law Act*. "Spouse" for the purposes of bereavement leave will also include a partner of the same sex. "Immediate family" and "In-laws" as set out above shall include the relatives of "spouses" as defined herein. Where a nurse does not qualify under the above-noted conditions, the Hospital may nonetheless grant a paid bereavement leave. The Hospital, in its discretion, may extend such leave with or without pay, particularly where extensive travel is required.

Notwithstanding the above, individuals will be granted flexibility to distribute their bereavement leave entitlement over two (2) occasions, not exceeding four (4) days in total, in order to accommodate religious and cultural diversity.

Part-time nurses will be credited with seniority and service for all such leave.

### 13.06

#### Jury & Witness Duty

- (a) If a full-time or part-time nurse is required to serve as a juror in any court of law, or is required to attend as a witness in a court proceeding in which the Crown is a party, or is required by subpoena to attend a court of law in connection with a case arising from the nurse's duties at a hospital, or is required to attend a coroner's inquest in connection with a case arising from the nurse's duties at a hospital, or is required by subpoena to appear as a witness before the College of Nurses of Ontario, the nurse shall not lose service/seniority or regular pay because of such attendance and shall not be required to work the night shift prior to, or on the day of such duty provided that the nurse:
- i) Notifies the Hospital immediately on the nurse's notification that she or he will be required to attend court;
  - ii) Presents proof of service requiring the nurse's attendance;
  - iii) Deposits with the Hospital the full amount of compensation received excluding mileage, travelling and meal allowances and an official receipt where available.

In addition, where a full-time nurse or regular part-time nurse is selected for jury duty, she or he shall be paid for all hours scheduled and not be expected to attend at work. If there are no scheduled hours of work, regular part-time nurses will be paid based on the average number of hours worked in the previous thirteen (13) pay periods prior to the first day of jury duty. Upon completion of the process the nurse shall be returned to that point on her or his former schedule that is considered appropriate by the Hospital.

- (b) Where the Hospital requires a nurse to attend any meetings in preparation for a case or legal proceedings which either arises from

a nurse's employment with the Hospital or otherwise involves the Hospital, the Hospital will make every reasonable effort to schedule such meetings at the Hospital during the nurse's regularly scheduled hours of work. If the nurse is required to attend such meetings outside of her or his regularly scheduled hours, the nurse shall be paid for all hours spent in such meetings at her or his regular straight time hourly rate of pay.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while in attendance at such meetings.

### 13.07 Pregnancy Leave

- (a) Pregnancy leave will be granted in accordance with the provisions of the *Employment Standards Act*, except where amended in this provision, which may be up to seventeen (17) weeks.
- (b) The nurse shall give written notification at least two (2) weeks in advance of the date of commencement of such leave and the expected date of return.

A nurse who has given notice to begin a pregnancy/maternity leave may change the start date to an earlier date provided that written notice is given at least two (2) weeks prior to the new, earlier date. Alternatively, a nurse who would like to change the start date of her pregnancy/maternity leave to a later date than she originally communicated can do so provided that written notice is given at least two (2) weeks prior to the date the leave was originally scheduled to begin. A change to the originally communicated leave start date should not exceed the leave entitlement provided under the ESA. In addition to providing new written notice, the Hospital strongly encourages nurses to clearly state the number of weeks that she plans to take within the new written notice.

- (c) The nurse shall reconfirm her intention to return to work on the date originally approved in subsection (b) above by written notification received by the Hospital at least four (4) weeks in advance thereof. The nurse shall be reinstated to her former position unless the position has been discontinued in which case, she shall be given a comparable job.

A nurse may adjust the date of return to an earlier or later date than she was scheduled provided that it does not exceed the leave entitlement under the ESA and that written notice is provided to the employee's immediate supervisor at least four (4) weeks prior to the new, earlier date or if later, the date the employee was originally going to return.



- (d) Nurses newly hired to replace nurses who are on approved pregnancy leave may be released and such release shall not be the subject of a grievance or arbitration. If retained by the Hospital, in a permanent position, the nurse shall be credited with seniority from date of hire subject to successfully completing her or his probationary period. The nurse shall be credited with tours worked (hours worked for nurses whose regular hours of work are other than the standard work day) towards the probationary period provided in Article 12.01 (a) to a maximum of 30 tours (225 hours for nurses whose regular hours of work are other than the standard work day).

The Hospital will outline to nurses hired to fill such temporary vacancies the circumstances giving rise to the vacancy and the special conditions relating to such employment.

- (e) The Hospital may request a nurse to commence pregnancy leave at such time as the duties of her position cannot reasonably be performed by a pregnant woman or the performance or non-performance of her work is materially affected by the pregnancy.
- (f) On confirmation by the Employment Insurance Commission of the appropriateness of the Hospital's Supplemental Unemployment Benefit (SUB) Plan, a nurse who is on pregnancy leave as provided under this Agreement who has applied for and is in receipt of Employment Insurance pregnancy benefits pursuant to Section 22 of the *Employment Insurance Act* shall be paid a supplemental employment benefit. That benefit will be equivalent to the difference between ninety-three percent (93%) of her regular weekly earnings and the sum of her weekly Employment Insurance benefits and any other earnings. Biweekly payment shall commence upon receipt by the Hospital of the nurse's Employment Insurance cheque stub as proof that she is in receipt of Employment Insurance pregnancy benefits, and shall continue for a maximum period of sixteen (16) weeks, and shall be inclusive of the Employment Insurance waiting period. The nurse's regular weekly earnings shall be determined by multiplying her regular hourly rate on her last day worked prior to the commencement of the leave times her normal weekly hours. The normal weekly hours for a part-time nurse shall be calculated by using the same time period used for calculation of the Employment Insurance benefit.

The nurse does not have any vested right except to receive payments for the covered employment insurance period. The plan provides that payments in respect of guaranteed annual remuneration or in respect of deferred remuneration or severance pay benefits are not reduced or increased by payments received under the plan.

The employer shall continue to pay the percentage in lieu of benefits for part-time nurses based on the nurse's normal weekly hours for

the full duration of the pregnancy leave in addition to pension contributions if applicable.

## 13.08

Parental Leave

- (a) A nurse who becomes a parent of a child is eligible to take a parental leave in accordance with the provisions of the *Employment Standards Act*, except where amended in this provision.
- (b) A nurse who has taken a pregnancy leave under Article 13.07 is eligible to be granted a parental leave of up to sixty-one (61) weeks' duration, in accordance with the *Employment Standards Act*. Otherwise, a nurse who is eligible for a parental leave may extend the parental leave for a period of up to sixty-three (63) weeks' duration, consideration being given to any requirements of adoption authorities. In cases of adoption, the nurse shall advise the hospital as far in advance as possible with respect to a prospective adoption and shall request the leave of absence, in writing, upon receipt of confirmation of the pending adoption. If, because of late receipt of confirmation of the pending adoption, the nurse finds it impossible to request the leave of absence in writing, the request may be made verbally and subsequently verified in writing.
- (c) The nurse shall be reinstated to her or his former position, unless that position has been discontinued, in which case the nurse shall be given a comparable job.
- (d) Nurses newly hired to replace nurses who are on approved parental leave may be released and such release shall not be the subject of a grievance or arbitration. If retained by the Hospital, in a permanent position, the nurse shall be credited with seniority from date of hire subject to successfully completing her or his probationary period. The nurse shall be credited with tours worked (hours worked for nurses whose regular hours of work are other than the standard work day) towards the probationary period provided in Article 12.01 (a) to a maximum of 30 tours (225 hours for nurses whose regular hours of work are other than the standard work day).

The Hospital will outline to nurses hired to fill such temporary vacancies, the circumstances giving rise to the vacancy and the special conditions relating to such employment.

- (e) On confirmation by the Employment Insurance Commission of the appropriateness of the Hospital's Supplemental Unemployment Benefit (SUB) Plan, a nurse who is on parental leave as provided under this Agreement who has applied for and is in receipt of Employment Insurance parental benefits pursuant to Section 23 of the *Employment Insurance Act* shall be paid a supplemental employment benefit. That benefit will be equivalent to the difference between ninety-three (93%) percent of the nurse's regular weekly

earnings and the sum of her or his weekly Employment Insurance benefits and any other earnings. Biweekly payment shall commence following completion of the one (1) week Employment Insurance waiting period, and receipt by the Hospital of the employee's Employment Insurance cheque stub as proof that she or he is in receipt of Employment Insurance parental benefits and shall continue while the nurse is in receipt of such benefits for a maximum period of twelve (12) weeks. The employee's regular weekly earnings shall be determined by multiplying her or his regular hourly rate on her or his last day worked prior to the commencement of the leave times her or his normal weekly hours. The normal weekly hours for a part-time nurse shall be calculated by using the same time period used for calculation of the Employment Insurance benefit.

Employees that incur the waiting period immediately prior to the parental leave (e.g. in cases of adoption or when the parental leave is the only leave taken) may be eligible for an additional one (1) week of top-up under the Hospital's Supplemental Unemployment Benefit Plan. To qualify for SUB, an employee must provide the Payroll Office with an EI benefits statement as proof that he or she is in receipt of Employment Insurance benefits. Subsequent to receiving the EI statement, Payroll will begin the bi-weekly top-up payments in alignment with the pay schedule currently in place.

The nurse does not have any vested right except to receive payments for the covered employment insurance period. The plan provides that payments in respect of guaranteed annual remuneration or in respect of deferred remuneration or severance pay benefits are not reduced or increased by payments received under the plan.

The employer shall continue to pay the percentage in lieu of benefits for part-time nurses based on the nurse's normal weekly hours for the portion of the parental leave for which SUB payments are being made, i.e. 12 weeks, in addition to pension contributions if applicable.

Where a nurse elects to receive parental leave benefits pursuant to Section 12 (3) (b) (ii) of the *Employment Insurance Act*, the amount of any Supplemental Unemployment Benefit payable by the Hospital will be no greater than what would have been payable had the nurse elected to receive the parental leave benefit pursuant to Section 12 (3) (b) (i) of the *Employment Insurance Act*.

## 13.09

### Education Leave

The parties acknowledge that the responsibility for professional development is shared between the nurse and the Hospital. In this regard, the parties will endeavour to provide flexible work schedules to accommodate the nurse's time off requirements.

- (a) Leaves of absence, without pay, for the purposes of furthering professional nursing career development may be granted on written application by the nurse to the Chief Nursing Executive, Supervisor or designate. Requests for such leave will not be unreasonably denied.
- (b) A full-time or regular part-time employee shall be entitled to leave of absence without pay from her or his regularly scheduled working hours for the purpose of taking any examinations required in any recognized course in which employees are enrolled to enhance their qualifications.

For greater clarity, the period of the leave shall include the night shift prior to and any scheduled shifts commencing on the day of the examination as long as payment under this clause does not result in payment for more than one regularly scheduled shift.

The employee agrees to notify the immediate manager of the date of the examination as soon as possible after she or he has become aware of the date of the exam.

- (c) Leave of absence without pay from regularly scheduled hours for the purpose of attending short courses, workshops or seminars to further professional career development may be granted at the discretion of the Hospital upon written application by the employee to the Clinical Team Manager, Supervisor or designate.
- (d) Regular part-time employees will be credited with seniority and service for all such hours paid for writing examinations, attending courses, workshops or seminars to further career development as provided above.

13.10 Professional leave with pay will be granted to full-time and regular part-time nurses who are elected or appointed to the College of Nurses to attend scheduled meetings of the College of Nurses.

Regular part-time nurses who are elected or appointed to the College of Nurses will be credited with seniority and service for all such hours paid as provided above.

#### 13.11 Pre-Paid Leave Plan

The Hospital agrees to introduce a pre-paid leave program, funded solely by the nurse, subject to the following terms and conditions:

- (a) The plan is available to nurses wishing to spread four (4) years' salary over a five (5) year period, in accordance with Part LXVIII of the *Income Tax Regulations*, Section 6801, to enable them to take a one (1) year leave of absence following the four (4) years of salary deferral.

- (b) The nurse must make written application to the Clinical Team Manager or Supervisor at least six (6) months prior to the intended commencement date of the program (i.e., the salary deferral portion), stating the intended purpose of the leave.
- (c) There shall be one (1) nurse that may be absent at any one time. The year for purposes of the program shall be September 1 of one year to August 31 the following year or such other twelve (12) month period as may be agreed upon by the nurse, the Union and the Hospital.
- (d) Written applications will be reviewed by the Clinical Team Manager, Supervisor or designate. Leaves requested for the purpose of pursuing further formal education will be given priority. Applications for leaves requested for other purposes will be given the next level of priority on the basis of seniority.
- (e) During the four (4) years of salary deferral, 20% of the nurse's gross annual earnings will be deducted and held for the nurse and will not be accessible to her or him until the year of the leave or upon withdrawal from the plan.
- (f) The manner in which the deferred salary is held shall be at the discretion of the Hospital.
- (g) All deferred salary, plus accrued interest, if any, shall be paid to the nurse at the commencement of the leave or in accordance with such other payment schedule as may be agreed upon between the Hospital and the nurse.
- (h) All benefits shall be kept whole during the four (4) years of salary deferral. During the year of the leave, seniority will accumulate. Service for the purpose of vacation and salary progression and other benefits will be retained but will not accumulate during the period of leave. Full-time nurses shall become responsible for the full payment of premiums for any health and welfare benefits in which they are participating. Contributions to the Healthcare of Ontario Pension Plan will be in accordance with the Plan. Full-time nurses will not be eligible to participate in the disability income plan during the year of leave.
- (i) A nurse may withdraw from the plan at any time during the deferral portion provided three (3) months' notice is given to the Clinical Team Manager or Supervisor. Deferred salary, plus accrued interest, if any, will be returned to the nurse, within a reasonable period of time.
- (j) If the nurse terminates employment, the deferred salary held by the Hospital plus accrued interest, if any, will be returned to the nurse

within a reasonable period of time. In case of the nurse's death, the funds will be paid to the nurse's estate.

- (k) The Hospital will endeavour to find a temporary replacement for the nurse as far in advance as practicable. If the Hospital is unable to find a suitable replacement, it may postpone the leave. The Hospital will give the nurse as much notice as is reasonably possible. The nurse will have the option of remaining in the Plan and rearranging the leave at a mutually agreeable time or of withdrawing from the Plan and having the deferred salary, plus accrued interest, if any, paid out to the employee within a reasonable period of time.
- (l) The nurse will be reinstated to her or his former position unless the position has been discontinued, in which case the nurse shall be given a comparable job.
- (m) Final approval for entry into the pre-paid leave program will be subject to the nurse entering into a formal agreement with the Hospital in order to authorize the Hospital to make the appropriate deductions from the nurse's pay. Such agreement will include:
  - i) A statement that the employee is entering the pre-paid leave program in accordance with Article 13.11 of the Collective Agreement.
  - ii) The period of salary deferral and the period for which the leave is requested.
  - iii) The manner in which the deferred salary is to be held.

The letter of application from the nurse to the Hospital to enter the pre-paid leave program will be appended to and form part of the written agreement.

NOTE: The parties may agree to a time frame that is different from that referenced in (a) above, in which case the provisions of this article will apply with the necessary changes.

## 13.12

### Secondments

- (a) A nurse who is seconded from the Hospital to a committee/position involving the Health Sector, the Broader Public Sector, or the Ministry of Health and Long Term Care (MOHLTC) shall be granted a leave of absence without pay for a period of up to five (5) years. Notwithstanding Article 12.04 there shall be no loss of seniority or service during such leave. Subject to the agreement of the agency to which the nurse is seconded, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Hospital shall be reimbursed for the full cost of salary and applicable benefits by the agency to which the nurse is seconded. The nurse agrees to

notify the Hospital of her or his intention to return to work at least two (2) weeks prior to the date of such return.

- (b) The Hospital shall seek the Union's agreement to establish secondment arrangements. Such agreement shall not be unreasonably denied. The terms and conditions will be established by agreement of the parties.

A nurse who is seconded to another Employer, for a period not greater than one (1) year, shall not suffer any loss of seniority, service or benefits for the duration of the secondment.

Notwithstanding Article 12.12, the parties also agree that a hospital may allow a nurse from another Employer to be seconded to the hospital for a period not greater than one (1) year. It is understood that this nurse remains the nurse of the sending Employer and is subject to the terms and conditions of employment of that Employer. If the seconded nurse is not covered by an ONA collective agreement, the Hospital will ensure that the Union receives the equivalent of the dues remittance for all such workers.

- 13.13 (a) Family Medical Leave will be granted in accordance with the *Employment Standards Act* for up to twenty-eight (28) weeks within a fifty-two (52) week period.
- (b) A nurse who is on Family Medical Leave shall continue to accumulate seniority and service and the Hospital will continue to pay its share of the premiums of the subsidized nurse benefits, including pension, in which the employee is participating during the leave.
- (c) Subject to any changes in a nurse's status which would have occurred had he or she not been on Family Medical Leave, the nurse shall be reinstated to her former duties, on the same shift in the same department, and at the same rate of pay.

13.14 Military Leave

A nurse will be granted unpaid leave without loss of seniority in order to meet any obligations pertaining to the Canadian Military Reserve. The nurse will give as much notice as reasonably possible.

- 13.15 Domestic or Sexual Violence Leave will be granted in accordance with the *Employment Standards Act*.

**ARTICLE 14 – SICK LEAVE AND LONG-TERM DISABILITY**

(Articles 14.01 to 14.11 apply to full-time nurses only)

- 14.01 The Hospital will assume total responsibility for providing and funding a short-term sick leave plan at least equivalent to that described in the 1992 Hospitals of Ontario Disability Income Plan.
- The Hospital will pay 75% of the billed premium towards coverage of eligible employees under the long-term disability portion of the Plan (HOODIP or an equivalent plan). The employee will pay the balance of the billed premium through payroll deduction. For the purpose of transfer to the short-term portion of the disability program, employees on the payroll as of the effective date of the transfer with three (3) months or more of service shall be deemed to have three (3) months of service. For the purpose of transfer to the long-term portion of the disability program, employees on the active payroll as of the effective date of the transfer with one (1) year or more of service shall be deemed to have one (1) year of service.
- 14.02 When a nurse has completed any portion of her or his regularly scheduled tour prior to going on sick leave benefits or WSIB benefits, the nurse shall be paid for the balance of the tour at her or his regular straight time hourly rate. This provision will not disentitle the nurse to a lieu day under Article 17.05 if she or he otherwise qualifies.
- 14.03 Any dispute which may arise concerning a nurse's entitlement to short-term or long-term benefits under HOODIP or an equivalent plan may be subject to grievance and arbitration under the provisions of this Agreement. If a claim for long-term disability is denied, the employee must fully comply with the carrier's medical appeals process, if available to the nurse, prior to referring a grievance to arbitration, provided that the process is completed within ninety (90) days of its inception, unless that time is extended by mutual agreement of the Hospital and the Union. Following the exhaustion of the 90 days or the completion of the process, whichever comes first such grievance shall be referred to arbitration within thirty-six (36) calendar days.
- 14.04 No sick pay benefit is payable under HOODIP for the first fifteen (15) hours of absence for the sixth (6<sup>th</sup>) and subsequent period(s) of absence in the same fiscal year (April 1<sup>st</sup> through March 31<sup>st</sup>).
- 14.05 For nurses whose regular hours of work are other than the standard work day, the short-term sick leave plan will provide payment for the number of hours of absence according to the scheduled tour to a total of 562.5 hours. All other provisions of the existing plan shall apply with the necessary changes.
- 14.06 Absences due to pregnancy related illness shall be considered as sick leave under the sick leave plan.
- 14.07 A nurse who is absent from work as a result of an illness or injury sustained at work and who has been awaiting approval of a claim for WSIB benefits for a period longer than one complete tour or more may apply to the Hospital for payment equivalent to the lesser of the benefit the employee would receive from WSIB if the employee's claim was approved, or the benefit to



which the employee would be entitled under the short-term sick portion of the disability income plan (HOODIP or equivalent plan). Payment will be provided only if the employee provides evidence of disability satisfactory to the Hospital and a written undertaking satisfactory to the Hospital that any payments will be refunded to the Hospital following final determination of the claim by The Workplace Safety and Insurance Board. If the claim for WSIB benefits is not approved, the monies paid as an advance will be applied towards the benefits to which the employee would be entitled under the short-term portion of the disability income plan. Any payment under this provision will continue for a maximum of fifteen (15) weeks.

14.08 Nurses returning to work from an illness or injury compensable from the Workplace Safety and Insurance Board will be assigned light work as necessary, if available.

14.09 If the Employer requires the employee to obtain a medical certificate, the employer shall pay the full cost of obtaining the certificate. A medical certificate will include a certificate from a nurse practitioner and/or midwife in the context of the employee's pregnancy.

14.10 Attendance Management

Days of absence arising out of a medically-established serious chronic condition, an ongoing course of treatment, a catastrophic event, absence for which WSIB benefits are payable, medically necessary surgical interventions, or days where the employee is asymptomatic and is under a doctor's care from the commencement of symptoms for a confirmed communicable disease (and has provided medical substantiation of such symptoms) but is required to be absent under the Hospital or public health authority protocol, will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program. Leaves covered under the Employment Standards Act, 2000 and leaves under Article 13 will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program.

NOTE: This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code*.

14.11 When an employee's sick leave is interrupted due to a death in the immediate family (as per 13.05), bereavement pay will be provided to replace sick pay.

## **ARTICLE 15 – HOURS OF WORK AND SCHEDULING**

15.01 The following provision designating regular hours on a daily tour and regular daily tours over the schedule determined by the Hospital shall not be construed to be a guarantee of the hours of work to be performed on each tour or during each tour schedule.

- (a) The normal daily tour shall be seven and one-half (7½) consecutive hours in any twenty-four (24) hour period exclusive of an unpaid one-half (½) hour meal period.
- (b) Employees shall be entitled, subject to the exigencies of departmental needs, to relief periods during the tour on the basis of fifteen (15) minutes for each half tour.
- (c) The regular daily tours of duty of a full-time nurse shall average five (5) days per week over the schedule determined by the Hospital.
- (d) Where a nurse notifies her or his supervisor that they have been or will be unable to take the normal meal break due to the requirement of providing patient care, such nurse shall be paid time and one half (1½) their regular straight time hourly rate for all time worked in excess of their normal daily hours.
- (e) The Hospital shall not enter into any agreement with employees under Section 17 (2) of the Employment Standards Act, 2000 that conflicts with the collective agreement.
- (f) Nurses will be scheduled every other weekend off. If the employee is required to work on a second consecutive and subsequent weekend the employee will receive premium pay as per the Collective Agreement for all hours worked on the weekend and subsequent weekends until a full weekend is scheduled off, except where:
  - i) Such weekend has been worked by the employee to satisfy specific days off requested by the employee; or
  - ii) The employee is working the weekend as a result of an exchange of shifts with another employee; or
  - iii) The employee has requested weekend work.

#### 15.02 Scheduling of Meal Periods and Relief Periods

Regular tours (7.5 hours):

The first thirty (30) minutes of break time shall be considered the paid relief period and the second thirty (30) minutes will be considered an unpaid meal period.

#### 15.03 Scheduling Regulations

- (a) The Employer shall provide two (2) weekends off in four (4) but shall endeavour to provide one weekend off in two.

- (b) A break of at least sixteen hours duration shall be scheduled when shift rotations are changed and a break of at least forty-eight hours duration shall be scheduled when the rotation is from the night shift, unless as may be otherwise agreed between the nurse and the Employer.
- (c) The Employer shall endeavour to post schedules fifty-six (56) days in advance and shall post them no later than twenty-eight (28) days in advance.
- (d) Nurses shall not be scheduled to work split shifts.
- (e) A nurse shall be scheduled off for at least four (4) calendar days in any two-week period and in scheduling these days, a nurse shall be scheduled off at least once for a period of two (2) consecutive calendar days.
- (f) Nurses shall not be scheduled to work more than six (6) consecutive calendar days in a row.
- (g) A weekend consists of fifty-six hours away from work during the period following completion of the Friday day shift until the commencement of the Monday day shift.
- (h) A nurse shall not be required to change shift rotations more than once in a work week.
- (i) Where available, a nurse may, by mutual agreement of the nurse and the Employer, work either permanent evenings, permanent nights, days and evenings, days and nights, evenings and nights. Any such request shall be made to the immediate supervisor or designate, who shall approve or deny the request in writing as soon as possible but no less than twenty-one (21) calendar days of receipt of the request. If approved, the employee will be transitioned into the permanent shift arrangement at the start of the next posted schedule. Such request will not be unreasonably denied. Either the Employee or the Employer may discontinue the permanent shift arrangement. The employee will receive sixty (60) days' notice that the permanent shift arrangement will be discontinued.
- (j) Where there are multiple tours in a unit/department, the Employer shall ensure that nurses will not be required to work more than two (2) shift rotations, that is, any two (2) but not three (3) of days, evenings and nights. Where an employee does not usually work the day shift, the Employer may require the employee to rotate to the day tour for a maximum of two work weeks per annum for the purpose of providing training and development or for scheduling a group function. In scheduling this period, six (6) weeks' notice shall be provided to the employee. If the Employer is required to change the mix of shift rotations on a unit, it shall be done a seniority basis.

- (k) A nurse who normally rotates shall not be scheduled to work more than two (2) consecutive weeks on evening or night shift without the employee's written consent or request, and shall not be scheduled to work more than two consecutive weeks on either evening shift or night shift without being scheduled for an equal period on day shift. Scheduled time off shall not be considered part of any shift.
- (l) The Employer shall endeavour to schedule an employee off on a paid holiday falling on a Monday or Friday if the paid holiday is adjacent to a scheduled weekend off. Employees scheduled on the weekend adjacent to a paid holiday shall be scheduled to work the paid holiday, unless mutually agreed otherwise.
- (m) The above regulations may be waived provided that the employee and the Employer mutually agree in writing to the change. An electronic copy of the agreement will be forwarded to the Union.

#### 15.04 Violation of Scheduling Regulations

A nurse shall receive premium pay for all violations of the scheduling regulations unless the employee requested the change in work schedule or agreed to an exchange of shifts with another nurse.

It is agreed that a nurse's availability for additional tours and or overtime does not waive the nurse's right to premium payment provided for under this Collective Agreement.

#### 15.05 Overtime Seniority

Where overtime shifts are required, they shall be offered in order of seniority to employees who have made themselves available, in the following order:

- a) Full-time nurses from that department;
- b) Regular Part-time nurses from that department;
- c) Casual nurses from that department.

If requested by the nurse, the Employer shall allow the practice of time off in lieu of overtime payment. Unless mutually agreed to do otherwise, such hours will be taken within ninety (90) days of occurrence or during booked unit closures.

15.06 The Employer will endeavour to accommodate nurses taking courses by assisting with scheduling changes wherever possible.

#### 15.07 Scheduling of Regular Part-time and Casual Staff

- a) Regular part-time nurses in a unit shall be scheduled in order of seniority up to their commitment within each pay period before any

casual employees are utilized. The Employer shall provide the Union with the commitment for each regular part-time nurse and advise the Union of any changes thereafter.

- b) Regular part-time nurses will not be required to work their full commitment in any pay period where a week of vacation is scheduled.
- c) Before the schedule is posted, and once regular part-time nurses on the unit have been given the opportunity to work up to their commitment, any unscheduled shifts remaining shall be offered in order of seniority to the regular part-time nurses on the unit and then to casual nurses on the unit in order of seniority. Based on availability provided to the manager.

If additional unscheduled shifts remain, they shall then be offered in order of seniority to regular part-time nurses from other units and then to casual nurses on other units in order of seniority who are qualified and approved by the Manager, subject to the following:

- i) If qualified, part-time regular or part-time casual nurse may submit their availability to work additional shifts to other units, provided that the total number of shifts accepted by the nurse does not result in overtime premium pay; it is the responsibility of the employee, prior to accepting the shift, to indicate, that they would be in an overtime position. Failure to do so, will result in a nurse being paid at straight time.
- ii) Where a part-time regular or part-time casual nurse is unable to obtain the number of tours she or he wishes to work on her or his home unit, she or he may accept assignments on other units.
- d) Shifts or partial shifts that become available for any reason after the schedule has been posted will first be offered on the basis of seniority to regular part-time nurses on the unit based on availability provided to the manager.

Where no regular part-time nurse is available to perform the available work, the tour will be offered to casual part-time nurses based on availability.

If additional unscheduled shifts remain they shall then be offered in order of seniority to regular part-time nurses from other units and then to casual employees on other units in order of seniority who are qualified and approved by the Department Manager, subject to the following:

- i) If qualified, part-time regular or part-time casual nurses may submit their availability to work additional shifts to other units,

provided that the total number of shifts accepted by the nurse does not result in overtime premium pay; it is the responsibility of the nurse, prior to accepting the shift, to indicate, that they would be in an overtime position. Failure to do so, will result in a nurse being paid at straight time.

- ii) Where a part-time regular or part-time casual nurse is unable to obtain the number of tours she or he wishes to work on her or his home unit, she or he may accept assignments on other units.
- e) Nurses who wish to be considered for additional shifts must indicate their availability in the manner prescribed by the Employer.
- f) A shift shall be deemed to be offered whenever a call is placed. Where the parties agree an electronic process can be implemented related to the offering of shifts;
- g) The Employer shall not be required to offer shifts that would result in overtime premium pay, nor may an employee accept to work such shifts without first advising her immediate supervisor or designate that the shift, if worked, would result in overtime premium pay;
- h) Once a regular part-time or a casual part-time nurse accepts an additional shift, she/he must report for that shift unless arrangements satisfactory to the Employer are made.

15.08 A request to exchange shifts must be submitted in writing to the Manager or designate by the nurses concerned at least twenty-four (24) hours prior to beginning of the shift. If a shift exchange is required with less than twenty-four (24) hour notice the nurses concerned must confirm the exchange with the Manager or designate.

Once a shift exchange has been approved by the Manager or designate, the nurses involved in the exchange will not have any further responsibility for the originally scheduled shift.

No premium as they relate to scheduling regulations will be paid as a result of the exchange of shifts.

#### 15.09 Innovative Unit Scheduling

Innovative schedules other than those currently provided for in the Collective Agreement will not be implemented on any unit prior to discussion with and the written agreement of the Union. All parameters related to the introduction, discontinuation, voting process, trial periods and scheduling will be agreed upon on writing.

#### Introduction of Innovative Work Schedules

Where business conditions permit, and with the express approval of the unit manager, innovative work schedules may be introduced by

- (a) posting new vacant positions with the proposed new hours of work,
- (b) scheduling a majority vote within the applicable unit or work group, excepting that employees who do not wish to work the agreed to schedule may continue to work a normal work tour if they so wish. As a latter leave the unit through normal attrition, new vacancies may be posted at whatever the length of tours that meets the needs of the unit.

In the case of an employee applying for a posted vacancy or exercising her displacement rights in a layoff, the employee must accept the work schedule of the posted position or displaced employee.

#### Discontinuation of Innovative Work Schedules

Innovative work schedules shall be discontinued in any unit when eighty percent (80%) of the full-time and part-time employees affected by the self-scheduling arrangement so indicate by secret ballot, conducted by the Union and the Employer.

#### 15.10

#### Individual Special Circumstance Arrangements

Notwithstanding Article 4.01, the Hospital and the Union may agree in certain circumstances, the schedule of an individual full-time employee may be adjusted to enable an average weekly work assignment of 30 to 37.5 hours.

- (a) Such an arrangement shall be established by mutual agreement of the Hospital and the Union and the employee affected. The parties agree that the arrangement applies to an individual, not to a position.
- (b) The parties shall determine the introduction of a special circumstance arrangement. Issues related to vacation, paid holidays and benefit coverage will be determined by the Hospital and the Union. The employee will retain full-time status, including but not limited to seniority and service.

The parties agree that for pension purposes, there will be no reduction in the normal 37.5 hours per week pension contributions made by an employee and/or the Hospital under this provision, nor shall there be proration of Extended Health Care, Semi-Private or Dental benefits.

(NOTE: If the above proposal is satisfactory to HOOPP and Revenue Canada)

Any party may discontinue the special circumstance arrangement with notice as determined within the agreement. In the event that the employee affected resigns, transfers, is laid off or terminated, the arrangement will be deemed to be discontinued immediately, unless the parties mutually agree otherwise.

#### 15.11 Christmas/New Year's Scheduling

A nurse will be scheduled off all shifts on Christmas Day, all shifts Boxing Day, and all shifts on New Year's Day.

The Hospital shall post a request list for days off covered by this article, no later than September 15<sup>th</sup> of each year. Employees are to submit their requests for days off in writing to their immediate supervisor or designate by October 15<sup>th</sup> for the period of December 15<sup>th</sup> to January 10<sup>th</sup>. Employees may use vacation or banked lieu time, or a combination of both. Christmas and New Year's schedule shall be posted by November 5<sup>th</sup> of each year.

The Employer will approve Christmas/New Year's scheduling preferences in order of seniority. For clarity, the approval of Christmas/New Year scheduling requests will be on the basis of two distinct seniority lists: one for full-time employees, and one for part-time employees.

Any regulations can be waived providing the employee and her employer mutually agree in writing to the change.

#### 15.12 Single or Partial Shift Reassignment

When it is necessary to reassign staff from one (1) unit to another, the reassignment will first be offered on a voluntary basis, subject to maintaining operational requirements and provided the nurse is qualified to perform the required work at the novice level.

In the event that there are no volunteers, nurses will be reassigned in the following order.

1. Agency nurses
2. Casual Nursing Resource Team Nurses by order of reverse seniority
3. Part-time Nursing Resource Team nurses by order of reverse seniority
4. Full-time Nursing Resource Team nurses by order of reverse seniority
5. Part-time Specialized Resource Team nurses by order of reverse seniority
6. Full-time Specialized Resource Team nurses by order of reverse seniority
7. Casual part-time nurses by order of reverse seniority
8. Regular part-time nurses by order of reverse seniority
9. Full-time nurses by order of reverse seniority

It is understood that the above order may be altered based on a reasonable and non-arbitrary evaluation of the qualifications required, skill mix required, clinical needs, patient acuity and the staffing complement on the sending and receiving units. It is further understood that nurses who are reassigned



will be assigned to work along with a nurse from the receiving unit who will familiarize and support the reassigned nurse. The reassigned nurse shall be provided with support on the documentation practices of the receiving unit. The reassigned nurse will identify, to the nurse mentioned above, her/his skills and abilities in relation to duties required on the receiving unit. The above will be taken into consideration when the nurse's assignment is made.

It is understood that nurses will not be reassigned during their scheduled standby assignment.

It is understood that nurses will not be reassigned during their probationary period to units other than their assigned unit/department.

15.13 Master Rotations

The Bargaining Unit President and the Hospital Scheduling Committee will be provided with a copy of all current master rotations templates no later than March 31<sup>st</sup> in each year.

15.14 Telephone Standby/ Standby (On-Call)

- (a) Nurses covered under this agreement will normally be required to provide telephone standby. It is understood that from time to time that there may be a requirement for nurses to be called into work, Article 16 will apply. Employer agrees that standby will be assigned on an equitable basis among the qualified nurses who normally perform the work. Standby assignments shall be posted at the same time as the nurses' regular schedule. Nurses' shall be permitted to exchange their standby assignments, upon management approval.

The standby nurse will normally be utilized to cover the employers sick line commencing at the conclusion of their day tour till the beginning of the next day tour. Notwithstanding, the nurse may be required to be called into work.

It is understood that nurses will not be required to assume standby duty on the weekend prior to or following a week of vacation or any week where the nurse is not scheduled.

- (b) Where there is less than twelve (12) hours of time off between the time when an employee completes an on-call shift and the time when the employee returns for their next regularly scheduled shift, the Employer will provide up to two and one-half hours (2.5 hours) of straight time paid leave for that next shift.
- (c) A nurse will be relieved after sixteen (16) consecutive hours of work. An employee who is not relieved after sixteen (16) consecutive hours shall be paid at the rate of time and one-half (1 1/2) for their next shift

worked and any other premium pay entitlement provided for in the Collective Agreement.

- (d) A nurse assigned to standby shall not be assigned to take call for more than one (1) calendar week, unless mutually agreed. A week of standby shall commence at the end of shift on Thursday. Standby assignments shall be rotated between nurses. The nurse will not be scheduled for standby on consecutive weekends.

Notwithstanding the above, a standby assignment shall include both Christmas Day and Boxing Day or New Year's Eve Day and New Year's Day. Nurses shall not be scheduled standby on Christmas Day and Boxing Day or New Year's Eve Day and New Year's Day in consecutive years, unless mutually agreed.

- (e) The Hospital will notify the Bargaining Unit President or designate with no less than forty-five (45) days' notice prior to initiating ongoing standby assignments on any unit.

#### 15.15 Scheduling Committee

There will be a Scheduling Committee composed of three (3) ONA members and three (3) Hospital Representatives. The Committee will meet on a minimum every three (3) months. Ad hoc meetings as necessary. The Committee will be co-chaired by the Union and Hospital. Information pertaining to and including schedules is to be provided to the Scheduling Committee at least eight (8) weeks in advance of the implementation of any changes in Unit scheduling practices.

Terms of Reference shall be developed and reviewed each year. The Terms of Reference and any revisions made to it will be mutually agreed to by the Committee.

Each unit will provide a copy of their current posted full-time and part-time schedules to the Scheduling Committee and Bargaining Unit President by March 31<sup>st</sup> of each year and any new or revised master rotations following March 31<sup>st</sup> of each year.

### **ARTICLE 16 – PREMIUM PAYMENT**

- 16.01 (a) (Article 16.01 (a) applies to full-time nurses only)

If a nurse is authorized to work in excess of the hours referred to in Article 15.01 (a) or (c), she or he shall receive overtime premium of one and one-half (1½) times her or his regular straight time hourly rate. Overtime premium will not be duplicated for the same hours worked under Article 15.01 (a) and (c) nor shall there be any pyramiding with respect to any other premiums payable under the provisions of this Collective Agreement. Nothing herein will disentitle

the nurse to payment of the normal tour differential provided herein. For purpose of clarity, a nurse who is required to work on her or his scheduled day off shall receive overtime premium of one and one-half (1½) times her or his regular straight time hourly rate except on a paid holiday the nurse shall receive two (2) times her or his straight time hourly rate. The Hospital agrees that if the Collective Agreement provided a greater overtime premium for overtime work immediately prior to this Agreement, the Hospital will continue to pay such greater overtime premium. This is not intended to entitle the nurse to be paid for work performed while engaged in the reporting functions as provided herein.

(b) (Article 16.01 (b) applies to part-time nurses only.)

If a part-time nurse is authorized to work in excess of the hours referred to in Article 15.01 (a), she or he shall receive overtime premium of one and one-half (1½) times her or his regular straight time hourly rate. A part-time nurse (including casual nurses but not including part-time nurses who are filling temporary full-time vacancies) who works in excess of seventy-five (75) hours in a two (2) week period shall receive time and one-half (1½) her or his regular straight time hourly rate for all hours worked in excess of seventy-five (75). A part-time nurse who is filling a temporary full-time vacancy shall receive time and one-half (1½) her or his regular straight time hourly rate for all hours worked in excess of an average of 37½ hours per week over the full-time nursing schedule determined by the Hospital. Such averaging will commence at the conclusion of the two week period following the nurse's transfer to the temporary full-time position and will end at the conclusion of the two week period prior to the nurse's return to her or his former position. Notwithstanding the foregoing, no overtime premium shall be paid for a period of less than fifteen (15) minutes of overtime work where the employee is engaged in reporting functions at the end of her or his normal daily tour. If authorized overtime amounts to fifteen (15) minutes or more, overtime premium shall be paid for the total period in excess of the normal daily tour. Overtime premium will not be duplicated for the same hours worked under Article 15.01 (a) nor shall there be any pyramiding with respect to any other premiums payable under the provisions of this Collective Agreement. Nothing herein will disentitle the nurse to payment of the normal tour differential provided herein. The Hospital agrees that if the Collective Agreement provided a greater premium for overtime work immediately prior to this Agreement, the Hospital will continue to pay such greater overtime premium. This is not intended to entitle the nurse to be paid for work performed while engaged in the reporting functions as provided herein.

16.02 Notwithstanding the foregoing, overtime will not be paid for additional hours worked during a twenty-four (24) hour period either as a result of change in

tour on the request of a nurse or a change-over to daylight saving from standard time or vice versa or an exchange of tours by two nurses.

16.03 Work scheduled by the Hospital to which a premium is attached under scheduling regulations contained in the Collective Agreement shall be paid at one and one-half (1½) times the nurse's regular straight time hourly rate or as otherwise provided.

16.04 Where a nurse is required to work on a paid holiday or on an overtime tour or on a tour that is paid at the rate of time and one-half (1½) the nurse's regular straight time hourly rate as a result of 16.03 above and the nurse is required to work additional hours following her or his full tour on that day (but not including hours on a subsequent regularly scheduled tour for such nurse) such nurse shall receive two (2) times her or his regular straight time hourly rate for such additional hours worked. Where a nurse is called back from standby and works in excess of the hours of a normal shift on her or his unit, such nurse shall receive two (2) times her or his regular straight time hourly rate for such additional hours worked.

***Note: 16.04 shall not come into force until April 1, 2023***

16.05 Where a full-time or regular part-time nurse has completed her or his regularly scheduled tour and left the hospital and is called in to work outside her or his regularly scheduled working hours, or where a nurse is called back from standby, such nurse shall receive two (2) times her or his regular straight time hourly rate for all hours worked with a minimum guarantee of four (4) hours' pay at two (2) times her or his regular straight time hourly rate except to the extent that such four (4) hour period overlaps or extends into her or his regularly scheduled shift. In such a case, the nurse will receive two (2) times her or his regular straight time hourly rate for actual hours worked up to the commencement of her or his regular shift.

***Note: 16.06 shall not come into force until April 1, 2023***

16.06 As of September 17, 2020, an employee who is required to remain available for duty on standby outside her or his regularly scheduled working hours shall receive standby pay in the amount of three dollars and thirty-seven cents (\$3.37) per hour for the period of standby scheduled by the Hospital. Where such standby duty falls on a paid holiday, as set out in the Appendix of Provisions, the employee shall receive standby pay in the amount of four dollars and ninety-seven cents (\$4.97) per hour. Standby pay shall, however, cease where the employee is called in to work under Article 16.05 above and works during the period of standby.

As of April 1, 2021, an employee who is required to remain available for duty on standby outside her or his regularly scheduled working hours shall receive standby pay in the amount of three dollars and forty-four cents (\$3.44) per hour for the period of standby scheduled by the Hospital. Where such standby duty falls on a paid holiday, as set out in the Appendix of Provisions, the employee shall receive standby pay in the amount of five

dollars and four cents (\$5.04) per hour. Standby pay shall, however, cease where the employee is called in to work under Article 16.06 above and works during the period of standby.

As of April 1, 2022, an employee who is required to remain available for duty on standby outside her or his regularly scheduled working hours shall receive standby pay in the amount of three dollars and fifty-three cents (\$3.53) per hour for the period of standby scheduled by the Hospital. Where such standby duty falls on a paid holiday, as set out in the Appendix of Provisions, the employee shall receive standby pay in the amount of five dollars and eleven cents (\$5.11) per hour. Standby pay shall, however, cease where the employee is called in to work under Article 16.06 above and works during the period of standby.

- 16.07 The regular straight time hourly rate for a full-time or part-time nurse will be the hourly rate in the wage schedule set forth in Article 19.01 (a).
- 16.08 Where a nurse has worked and accumulated approved hours for which she or he is entitled to be paid premium pay (other than hours relating to working on paid holidays) such full-time nurse shall have the option of electing payment at the applicable premium rate or time off equivalent to the applicable premium rate (i.e., where the applicable rate is time and one-half [1½] then time off shall be at time and one-half [1½]). Where a full-time nurse chooses equivalent time off such time off must be taken within ninety (90) days or payment in accordance with the former option shall be made.
- 16.09 An employee shall be paid a shift premium of one dollar and seventy-five cents (\$1.75) per hour for each hour worked which falls within the hours defined as an evening shift and two dollars and five cents (\$2.05) for each hour worked which falls within the hours defined as a night shift provided that such hours exceed two (2) hours if worked in conjunction with the day shift. Tour differential will not form part of the employee's straight time hourly rate.
- For purposes of this provision, the night shift shall be from 2300 to 0700 and the evening shift shall be from 1500 to 2300.
- 16.10 When a nurse is required to travel to the hospital or to return home as a result of reporting to or off work between the hours of 2400 – 0600 hours, or at any time while on standby, the Hospital will pay transportation costs either by taxi or by the nurse's own vehicle at the rate of twenty-two cents (\$0.22) per kilometre or hospital policy whichever is greater or such greater amount as the Hospital may in its discretion determine for each trip between the aforementioned hours. The nurse will provide to the Hospital satisfactory proof of payment of such taxi fare.
- 16.11 An employee who works a second consecutive full tour shall be entitled to the normal rest periods and meal period for the second tour, but shall be provided at the time of the meal period with a hot meal or five dollars (\$5.00) if the Hospital is unable to provide the hot meal. Other employees required

to work more than two (2) hours overtime on the same day they have worked a full tour shall, after the two (2) hours, receive a ½ hour paid meal period and shall be provided with a hot meal or five dollars (\$5.00) if the Hospital is unable to provide the hot meal.

- 16.12 An employee shall be paid a weekend premium of two dollars and twenty cents (\$2.20) per hour for each hour worked between 2300 hours Friday and 2300 hours Sunday. If an employee is receiving premium pay under Article 16.03, pursuant to consecutive weekends worked, the employee will not receive weekend premium under this provision.

## **ARTICLE 17 – PAID HOLIDAYS**

- 17.01 The Employer agrees to recognize the following paid holidays:

New Year's Day (January 1 <sup>st</sup> )	Civic Holiday
Family Day (3rd Monday in February)	Labour Day
Good Friday	Thanksgiving Day
Easter Monday	Christmas Day
Victoria Day	Boxing Day (December 26 <sup>th</sup> )
Canada Day (July 1 <sup>st</sup> )	Float Day (1)

In the event that the Provincial Government declares an additional holiday (such as Heritage Day) during the term of this Agreement, such holiday may be substituted for one of the above-mentioned holidays on mutual agreement of the parties.

- 17.02 In order to qualify for pay for a holiday, a nurse shall complete her or his full scheduled shift on each of the working days immediately preceding and following the holiday concerned unless excused by the Hospital or the nurse was absent due to:

- (a) Legitimate illness or accident which commenced within a month of the date of the holiday;
- (b) Vacation granted by the Hospital;
- (c) The nurse's regular scheduled day off;
- (d) A paid leave of absence provided the nurse is not otherwise compensated for the holiday.

A nurse entitled to holiday pay hereunder shall not receive sick leave pay to which she or he may otherwise have been entitled unless she or he was scheduled to work that day. A nurse receiving WSIB benefits for the day of the holiday shall, subject to the above provisions, be entitled to the difference between the amount of the Workers' Compensation Benefits and the holiday pay.

17.03 Holiday pay will be computed on the basis of the nurse's regular straight time hourly rate of pay times the number of hours for a normal daily tour as set out in Article 15.01 (a).

17.04 A nurse required to work on any of the foregoing holidays shall be paid at the rate of time and one-half (1½) the nurse's regular straight time hourly rate of pay for all hours worked on such holiday subject to Article 14.04. In addition, the nurse will receive a lieu day off with pay in the amount of her or his regular straight time hourly rate of pay times the number of hours in a normal daily tour as set out in Article 13.01 (a).

NOTE: Nurses on extended tours shall receive twelve (12) lieu days off to consist of seven and one-half (7.5) hours each.

17.05 Where a nurse is entitled to a lieu day under Article 17.04 above, the lieu day can be scheduled forty-five (45) days prior to and up to ninety (90) days following the paid holiday and will be taken on a mutually agreeable time between the nurse and the Employer, or payment shall be made in accordance with Article 17.03. Lieu days will not be unreasonably denied.

17.06 A nurse may accumulate a maximum of fifty-two and one half (52½) hours of lieu time at any given time. The lieu time will be taken at a time mutually agreeable between the employee and Employer. Lieu time may be requested in addition to vacation time requested. Lieu time taken as full days may be taken singularly or concurrently.

Where a nurse has been unable to take her/his lieu time during the fiscal year, the nurse will be allowed to carryover fifty-two and one half (52 ½) hours of lieu time into the following fiscal year. If the nurse has more than fifty-two and one half (52½) hours of lieu time which have not been used during the current fiscal year, then the remaining lieu time will be paid out to the nurse on the last pay of the fiscal year.

A nurse may request the lieu time in a payment of some or the entire lieu bank. The request for payment of lieu time will be in writing to the Hospital, with at least two (2) weeks notice prior to the pay period. The requested monies will be paid to the nurse within twenty-one (21) calendar days. Payment for lieu time will not attract any overtime premium.

17.07 (Article 17.07 apply to part-time nurses only)

If a regular or casual part-time nurse works on any of the holidays listed in Article 17.01 of this Agreement, she or he shall be paid at the rate of time and one-half (1½) her or his regular straight time hourly rate (as set out in the Wage Schedule) for all hours worked on such holiday, subject to the application of Article 16.04 regarding hours worked in addition to her or his full tour.

**ARTICLE 18 – VACATIONS**

- 18.01 All employees shall receive vacations with pay based on length of full-time continuous service as follows:
- (a) Employees who have completed less than one (1) year of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to a vacation on the basis of 1.25 days (9.375 hours for employees whose regular hours of work are other than the standard workday) for each completed month of service with pay in the amount of 6% of gross earnings.
  - (b) Employees who have completed one (1) or more years of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to an annual vacation of three (3) weeks with three (3) weeks' pay (112.5 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
  - (c) Employees who have completed three (3) or more years of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to an annual vacation of four (4) weeks with four (4) weeks' pay (150 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
  - (d) Employees who have completed eleven (11) or more years of fulltime continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to an annual vacation of five (5) weeks with five (5) weeks' pay (187.5 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
  - (e) Employees who have completed twenty (20) years or more of fulltime continuous service (as of the date for determining vacation entitlement in the individual hospital) shall be entitled to an annual vacation of six (6) weeks with six (6) weeks' pay (225 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
  - (f) Employees who have completed twenty-five (25) years or more of full-time continuous service shall be entitled to an annual vacation of seven (7) weeks with seven (7) weeks' pay (262.5 hours' pay for employees whose regular hours of work are other than the standard



workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.

- (g) If an employee works or receives paid leave for less than 1525 hours in the vacation year, they will receive vacation pay based on a percentage of their gross salary for work performed on the following basis:

3-week entitlement – 6%  
 4-week entitlement – 8%  
 5-week entitlement – 10%  
 6-week entitlement – 12%  
 7-week entitlement – 14%

NOTE: Employees who presently enjoy better vacation benefits shall continue to receive such better benefits while employed by the Hospital.

- 18.02 A nurse who leaves the employ of the Hospital for any reason shall be entitled to receive any unpaid vacation pay which has accrued to her or him to the date of her or his separation, it being understood and agreed that the nurse will provide at least two (2) weeks' notice of termination.
- 18.03 For the purpose of vacation entitlement, service for those nurses whose status is changed, from part-time to full-time or vice versa, shall mean the combined service as a part-time and full-time nurse employed by the Hospital and accumulated on a continuous basis. For the purpose of this Article, 1500 hours of part-time service shall equal one (1) year of full-time service and vice versa.
- 18.04 (a) Where an employee's scheduled vacation is interrupted due to serious illness which commenced prior to and continues into the scheduled vacation period, the period of such illness shall be considered sick leave.
- (b) Where an employee's scheduled vacation is interrupted due to serious illness requiring the employee to be an in-patient in a hospital, the period of such hospitalization shall be considered sick leave.
- (c) The portion of the employee's vacation which is deemed to be sick leave under the above provisions will not be counted against the employee's vacation credits.
- (d) Where a nurse's scheduled vacation is interrupted due to a bereavement or jury and witness duty, the nurse shall be entitled to bereavement leave or jury and witness duty in accordance with Article 13.05 and 13.06.
- (e) The portion of the employee's vacation which is deemed to be bereavement leave or jury and witness duty under the above

provisions will not be counted against the employee's vacation credits.

18.05 All regular part-time employees shall be entitled to vacation pay based upon the applicable percentage provided in accordance with the vacation entitlement of full-time employees, of their gross earnings in the preceding year. If an employee works or receives paid leave for less than 1100 hours in the vacation year she or he will receive vacation pay based on a percentage of her or his gross salary for work performed on the following basis:

- 3-week entitlement – 6%
- 4 week entitlement – 8%
- 5 week entitlement – 10%
- 6 week entitlement – 12%
- 7 week entitlement – 14%

Equivalent years of service, calculated pursuant to the formula set out in Article 18.03, shall be used to determine vacation entitlement.

Casual part-time employees will be paid vacation pay in accordance with the above entitlement on gross earnings or on gross salary for work performed, as applicable. Equivalent years of service will be based on the casual part-time employee's seniority established under Article 12.02 and will be calculated on the basis that 1500 hours of part-time service shall equal one (1) year of full-time service and vice-versa.

18.06 A part-time nurse who leaves the employ of the Hospital for any reason shall be entitled to receive any unpaid vacation pay which has accrued to her or him to the date of her or his separation, it being understood and agreed that the nurse will provide at least two (2) weeks' notice of termination.

18.07 The nurse may request vacation to be scheduled at any time during the year. The Hospital reserves the right to approve or deny vacation requests. Vacation will not be unreasonably denied. If so requested by the nurse, the Manager will give a nurse written reasons for denial of a vacation request.

18.08 The vacation quota for nurses shall only include members of the bargaining unit and shall not include those members on maternity leave and long-term disability. The Employer will endeavour to post with the list the approximate number of full-time and part-time vacation requests that can be accommodated during the months of June, July, August and September.

18.09 Requests for consideration to permit carryover of vacation entitlement from one fiscal year to another must be made in writing to the employee's immediate supervisor by the end of the fiscal year (March 31). In no case will an employee be permitted to carry forward more than one and one-half times (1½ x) the number of days of vacation they are entitled to annually.

- 18.10 a) The vacation request list will be posted no later than March 1<sup>st</sup> of each year. Vacation preference will be submitted by the employee to her immediate supervisor in writing by April 1<sup>st</sup> and vacation schedules will be posted by May 1<sup>st</sup>. Where a dispute arises between employees requesting the same vacation time, and such request cannot be reasonably accommodated by the Employer, then seniority shall apply.

Employees who request vacation after April 1<sup>st</sup> shall be granted it on a first come first served basis. The immediate supervisor or designate shall reply in writing as soon as possible but no less than fourteen (14) calendar days of receipt of the request.

- b) Unless the employee requests otherwise, the weekend after her vacation shall be scheduled off. The Employer shall schedule the weekend prior to the vacation off.
- c) For part-time staff vacation pay will be paid in every pay period.
- d) Vacation quotas for full-time and part-time nurses will be separate. For clarity, the approval of vacation requests will be on the basis of two distinct seniority lists: one for full-time nurses, and one for part-time nurses. When granting approval, the Employer will endeavour to reflect the ratio of full-time and part-time staff on a unit and the number of nurses that can be approved for vacation in any given period on that unit.

Vacation quotes for each unit will be provided to the Bargaining Unit President by March 31<sup>st</sup>.

- 18.08 A vacation request, which has been submitted by the nurse and then approved by the Hospital, may not be cancelled by the Hospital without the consent of the nurse.

## **ARTICLE 19 – HEALTH AND WELFARE BENEFITS**

- 19.01 The Hospital agrees, during the term of the Collective Agreement, to contribute towards the premium coverage of participating eligible employees in the active employ of the Hospital under current Sun Life Financial Group Extended Health Care and Dental Benefits Plan (contract number 102224) in effect as of April 1, 2019 summarized below subject to their respective terms and conditions including any enrolment requirements and subject to Article 19.03:

- (a) Semi-Private Hospitalization Insurance

The Hospital agrees to contribute one hundred (100%) of the billed premium for semi-private hospitalization insurance for each full-time eligible employee in the employ of the Hospital.

- (b) The Hospital agrees to contribute 100% of the billed monthly premiums towards coverage of eligible employees actively at work and employed by the Hospital under such other group life insurance plan currently in effect. Such insurance shall include benefits for accidental death and dismemberment in the principal amount equal to the amount of the Group Life Insurance to which the eligible employee is entitled, however will subject to the terms, eligibility and conditions associated with each respective plan that is currently in effect.

(c) Hospitals of Ontario Voluntary Life Insurance Plan

The Hospital also agrees to make Voluntary/Optional Life and Spouse Life coverage available to eligible employees subject to the provisions, terms and eligibility under the Hospital's current insurance plan in effect at no cost to the Hospital.

- (d) For purposes of health and welfare benefits under Article 19.01, dependent coverage is available to the employee, to cover their eligible spouse and their dependents, in accordance with the terms and conditions of the plans.

For those employees transferring from part-time to full-time, there will be no waiting period for benefits, except as provided by the plan, if the part-time employee has over 450 hours worked. Where the employee has not worked more than 450 hours, she or he will be given credit for those hours worked from date of hire.

(e) Group Life Insurance

All eligible full-time employees may sign up for Group Life Insurance in accordance with the terms and conditions of the Plan, which shall provide at least coverage in the amount of double the annual salary of the employee. The Hospital agrees to pay 100% of the billed premium. Such insurance shall include benefits for accidental death and dismemberment in the principal amount equal to the amount of the Group Life Insurance to which the employee is entitled.

(f) Extended Health Care

In addition to the above vision care shall include one eye exam per insured person every 24 months.

Private duty nursing in the home or in the hospital to a maximum of 90 eight-hour shifts per person per benefit year.

Coverage of a dependant spouse continues as long as the employee is actively employed, no matter the age of the dependant spouse.

(g) Dental Plan

Orthodontic Procedures at 50/50 co-insurance with \$2000 maximum per insured lifetime.

(h) Pension Plan

All eligible employees may participate in the Hospitals of Ontario Pension Plan (HOOPP) in accordance with the terms and conditions of such Plans.

(i) Optional Life Insurance

The Hospital will make available an Optional Life Insurance plan to employees and their spouses, at no cost to the Hospital.

(j) Benefits Age 65 and Older

Semi-private hospital insurance, extended health care benefits and dental benefits will be extended to active full-time employees from the age of sixty-five (65), and up to the last day of the month in which the employee retires or reaches age seventy (70), on the same cost share basis as applies to those employees under the age of sixty-five (65).

## (k) For purposes of health and welfare benefits under Article 19.01, dependent coverage is available to the employee, to cover her or his same sex partner and their dependents, in accordance with the terms and conditions of the plans.

For those employees transferring from part-time to full-time, there will be no waiting period for benefits, except as provided by the plan, if the part-time employee has over 450 hours worked. Where the employee has not worked more than 450 hours, she or he will be given credit for those hours worked from date of hire.

## (l) The Hospital will provide to all employees who are 55-56 years of age who retire (including disability retirements) on or after April 1, 2011 and have not yet reached age 65 and who are in receipt of the Hospital's pension plan and meet the current insurance carrier eligibility criteria in effect for retiree coverage benefits, semi-private, extended health care and dental benefits, as long as the retiree pays the Employer the full amount of the monthly premium, in advance for the coverage.

## (m) The Hospital will provide to all full-time employees who reach age 57 and retire (including disability retirements) and have not yet reached age 65 and who are in receipt of the Hospital's pension plan and meet the insurance carrier eligibility criteria in effect for retiree coverage benefits, semi-private, extended health care and dental

benefits as long as the retiree pays the Employer the full amount of the monthly premium, in advance for the coverage.

*Effective April 1, 2023 the Hospital agrees to contribute fifty percent (50%) of the billed premiums of these benefits plans and the employee agrees to pay their share of the monthly premiums, in advance.*

- 19.02 For newly hired employees, coverage as set out in Article 19.01 shall be effective the first billing date in the month following the month in which the employee was first employed subject to any enrolment or other requirements of the Plan. In no instance shall the first billing date for an employee occur later than the first day of the fourth full month following the month in which the newly-hired employee was first employed.
- 19.03 The Hospital may substitute another carrier for any of the foregoing plans (other than OHIP) provided that the level of benefits conferred thereby are not decreased. The Hospital will advise the Union of any change in carrier or underwriter at least sixty (60) days prior to implementing a change in carrier. The Hospital will provide the Union with a summary document outlining the differences, if any, between the levels of benefits provided by the existing and new carrier plans. When the Hospital is made aware, the Hospital will provide the Union with the full details of any changes made by an existing carrier to current plan provisions.
- 19.04 All present employees enrolled in the Hospital's Pension Plan shall maintain their enrolment in the Plan (Healthcare of Ontario Pension Plan or another Pension Plan) subject to its terms and conditions. New employees and employees employed but not yet eligible for membership in the Plan shall, as a condition of employment, enrol in the Plan when eligible in accordance with its terms and conditions.
- 19.05 The Hospital shall continue to pay the premiums for benefit plans under Articles 19 and 14 for employees who are on paid leave of absence or on WSIB or at any time when salary is received, or as provided in Article 12.04. Such payment shall also continue while an employee is on sick leave (including the Employment Insurance Period) or on Long Term Disability to a maximum of 30 months from the time the absence commenced, or for retirees who are in receipt of Pension Permanent Disability Benefits to a maximum of 30 months from the time the absence commenced.
- Employees who are on layoff may continue to participate in benefit plans, at their request, provided they make arrangements for payment and provided also that the layoff does not exceed one year.
- NOTE: For clarification, "retirees" includes employees who were on sick leave, LTD or WSIB prior to receipt of Pension Permanent Disability Benefits.
- 19.06 (a) The Hospital shall provide each employee with information booklets outlining all of the current provisions in the benefits plans defined in

Article 19.01 to Article 19.06 inclusive and the Sick Leave/LTD Plan defined in Article 14. Upon request, the Hospital will make the Plans available to the Union for inspection.

- (b) The Hospital shall notify the Union of the name(s) of the carrier(s) which provide the benefits plans defined in Article 19.01 to Article 19.06 inclusive and the LTD Plan defined in Article 14. The Hospital shall also provide the Union with a copy of all current information booklets provided to the employees.

19.07 The Hospital agrees that part-time employees may pay, through payroll deductions, for full premium costs of the ONA sponsored benefit program. The ONA sponsored benefit plan will provide the Hospital with an administrative rebate, if any.

The Hospital will make no payroll deductions for such benefits in months in which the employee has insufficient earnings. In this circumstance, the employee is responsible for making the full payment to the ONA sponsored benefit plan.

The Union agrees to indemnify and save harmless the Hospital against any claims or liabilities arising or resulting from the operation of this Article.

The nurse may choose one or all of the benefits. The Employer will notify the Union of the benefit costs to part-time nurses each time the benefit costs are renegotiated by the Employer.

## **ARTICLE 20 - MODIFIED WORK, RETURN TO WORK, LTD, STD**

20.01 The Employer shall endeavour to notify the Bargaining Unit President within one (1) business day but no more than two (2) business days of becoming aware, the names of all nurses who go off work due to a work-related injury or illness or when an employee goes on Long Term Disability.

20.02 The Hospital and the Union both recognize their obligations in facilitating the early and safe return to work of disabled nurses. The Hospital and the Union agree that ongoing and timely communication by all participants in this process is essential to the success of the process.

- (a) A Return to Work Committee (RWC) will be established, the Bargaining Unit President or designate of which will be representative of the Union. The Bargaining Unit President and/or designate will attend and participate on the Committee. The parties agree that any cancelled RWC meeting will be rescheduled within two (2) weeks of the cancelled date.

The Union member will suffer no loss of regular earnings for attendance at such meetings. If the Union member is required to attend on their day off they will receive pay at straight time or time in

lieu where possible for hours spent in return to work meetings. Such hours are invisible for the purposes of determining premium.

The Hospital will provide an updated list of information to the RWC one (1) week prior to each monthly meeting including the following:

- i) Agenda
- ii) Nurses absent from work because of disability who are in receipt of Workplace Safety Insurance Board Benefits;
- iii) Nurses absent from work because of disability who are in receipt of Long Term Disability benefits including last day worked;
- iv) Nurses who require temporary or permanent accommodation in the workplace;
- v) A list of vacancies for the purposes of the return to work committee.

The Hospital will provide the RWC members a copy of the minutes of each monthly meeting within two (2) weeks following the completion of the meeting.

- (b) It is understood that it is the obligation of a disabled Employee in receipt of Short Term or Long Term Disability benefits to ensure the Hospital's Occupational Health Department is advised as soon as possible of any change in medical restrictions which may affect their ability to return to regular or modified duties.

The Occupational Health Department will discuss the needs of nurses for accommodation as soon as possible with their respective manager or designate, and the Union and will advise the RWC as soon as possible when a return to their original position or unit has not occurred.

- (c) As soon as practicable the Occupational Health Department will meet with the affected nurse and their respective manager to create and recommend a return to work plan. The Union will participate and provide input to the return to work plan. The Union will be advised of the time and location of Return to Work meetings.
- (d) In creating a return to work plan, the disabled nurse's abilities and accommodation needs will be examined to determine if the nurse can return to her/his:
  - i) original position
  - ii) original unit



- iii) original unit/position with modifications to the work area and/or equipment and/or the work arrangement
  - iv) alternate positions outside the original unit
- (e) The Occupational Health Department in consultation with the Union representative will examine opportunities for temporary accommodation until such time as an appropriate permanent accommodation is determined.
  - (f) The Hospital will advise the Union of offers of permanent accommodation within or outside of the bargaining unit.
  - (g) The parties recognize that more than one nurse requiring accommodation may be suitable for a particular position or arrangement. In such cases the Hospital will consider the skills, ability and experience of the nurses and will also consider ability to acquire skills, seniority and path of least disruption in the workplace.
  - (h) The committee will monitor the status of accommodated nurses and the status of nurses awaiting accommodation. The committee will review any circumstances where attempts to accommodate an employee have proved to be unsuccessful.
  - (i) Before posting, the Hospital's Human Resources Department will examine all potential vacancies to determine if they can be used to accommodate a disabled nurse who requires accommodation but cannot return to their home unit/department.
  - (j) Where such vacancies are within the bargaining unit, the Hospital will consult with the Union on the feasibility of an accommodation giving consideration to all factors including the number of accommodated nurses in the unit/department, the operational needs of the unit/department, safety of patients and employees working in the unit/department.
  - (k) Whether or not the parties agree to waive the posting procedure in order to facilitate an accommodation and whether or not the position is within the bargaining unit, the parties will sign an agreement containing the details of the accommodation. The parties may also agree to a written agreement for temporary accommodations of extended duration.
  - (l) The home position of an employee who needs permanent accommodation may be posted under the following circumstances:
    - i) The nurse is permanently accommodated in another position or arrangement;

- ii) the weight of the medical evidence establishes that there is no reasonable prospect of a return to their original position in the foreseeable future;
- iii) the Hospital may elect to fill the disabled nurse's home position by posting a temporary to permanent vacancy.
- iv) In so electing, the posting will be filled in accordance with the job posting provisions of the collective agreement.
- v) If and when it is confirmed that the disabled nurse cannot return to their original position, the position may be offered to the incumbent on a permanent basis.
- vi) Where a job offer is made for the vacancy, the successful applicant will be clearly advised of the temporary status of the position and its potential permanency.
- iv) Filling of a disabled nurse's home position does not remove the parties' duty to accommodate that employee.

20.03 The Employer agrees to provide the nurse with a copy of the WSIB Form 7 at the same time as it is sent to the Board. With consent of the nurse, the Employer agrees to provide the Union with a copy of the WSIB Form 7 at the same time as it is sent to the Board.

#### **ARTICLE 21 – NEEDLESTICK AND SHARPS INJURIES**

21.01 The Hospital, in consultation with the Joint Health and Safety Committee, shall develop, implement, and monitor a program for the prevention of needle stick and sharp injuries and the treatment of such injuries should they occur. The program should include and address employee training and education with respect to needle stick and sharps injury prevention, and provide for the maintenance of a needle stick/sharps injuries log to detail incidents. The program shall be evaluated annually by the Hospital in consultation with the Joint Health and Safety Committee.

#### **ARTICLE 22 – VIOLENCE IN THE WORKPLACE**

22.01 Violence shall be defined as any incident in which an employee is abused, threatened or assaulted during the course of his/her employment. It includes the application of force, threats with or without weapons and severe verbal abuse. The Hospital agrees that such incidents will not be condoned. Any employee who believes he/she has been subjected to such incident shall report this to a supervisor who will make every reasonable effort to rectify the situation.

- 22.02 The Hospital agrees to develop formalized policies and procedures in consultation with the Joint Health and Safety Committee to deal with workplace violence. The policy will address the prevention of violence and the management of violent situations and support to employees who have faced workplace violence. These policies and procedures shall be communicated to all employees.
- 22.03 The Hospital will report all incidents of violence to the Joint Health and Safety Committee for review.
- 22.04 The Hospital agrees to provide training and education on the prevention of violence to all employees who come into contact with potentially aggressive persons. This training will be done during a new employee's orientation and updated as required.
- 22.05 The Hospital, will inform the Joint Health and Safety Committee and the Union by a direct means immediately if a death or critical injury occurs.
- The Hospital will inform the Joint Health and Safety Committee and the Union in writing within three (3) days of any employee who has been injured but not killed or critically injured as a result of or subjected to violence while performing his/her work.
- 22.06 The Hospital will consider requests for reimbursement for damages incurred to the employee's personal property, such as eyeglasses, ripped uniforms, personal clothing, as a result of being assaulted while performing his or her work.
- 22.07 The Employer agrees that, where there is a risk of violence, an adequate level of trained Employees must be present.

### **ARTICLE 23 – MISCELLANEOUS**

- 23.01 Copies of this Collective Agreement will be provided to each nurse covered by the Collective Agreement by the Union and sufficient copies will be provided to the Hospital and the Union, as requested. The cost of printing the Collective Agreement, will be shared equally by the Hospital and the Union.
- 23.02 Whenever the feminine pronoun is used in this Agreement, it includes the masculine and non-binary pronoun and vice-versa where the context so requires. Where the singular is used, it may also be deemed to mean plural and vice-versa.
- 23.03 It shall be the responsibility of each nurse to notify the Hospital promptly of any change in address or any change in temporary residency. If a nurse fails to do this, the Hospital will not be responsible for failure of a notice sent by registered mail to reach such a nurse. A nurse shall notify the Hospital of any change to her or his telephone number.

- 23.04 Medical examinations, re-examinations and any tests required under the *Public Hospitals Act* will be provided by the Hospital in compliance with the Regulations. The nurse may choose her or his personal physician for all such examinations, except the pre-employment medical, unless the Hospital has a specific objection to the physician selected.
- 23.05 Current practices relating to the provision of x-rays, laboratory work, immunization injections, gamma globulin and other programs shall be continued.
- 23.06 Prior to effecting any changes in rules or policies which affect nurses covered by this Agreement, the Hospital will discuss the changes with the Union and provide copies to the Union.
- 23.07 Influenza Vaccine

The parties agree that influenza vaccinations may be beneficial for patients and employees. Upon a recommendation pertaining to a facility or a specifically designated area(s) thereof from the Medical Officer of Health or in compliance with applicable provincial legislation, the following rules will apply:

- (a) Nurses shall, subject to the following, be required to be vaccinated for influenza.
- (b) If the full cost of such medication is not covered by some other source, the Hospital will pay the full or incremental cost for the vaccine and will endeavour to offer vaccinations during a nurse's working hours. In addition, nurses will be provided with information, including risks and side effects, regarding the vaccine.
- (c) Hospitals recognize that nurses have the right to refuse any required vaccination.
- (d) If a nurse refuses to take the vaccine required under this provision, she or he may be placed on an unpaid leave of absence during any influenza outbreak in the hospital until such time as the nurse is cleared to return to work. If a nurse is placed on unpaid leave, she or he can use banked lieu time or vacation credits in order to keep her or his pay whole.
- (e) If a nurse refuses to take the vaccine because it is medically contraindicated, and where a medical certificate is provided to this effect, she or he will be reassigned during the outbreak period, unless reassignment is not possible, in which case the nurse will be paid. It is further understood and agreed that Article 18.04 applies in these circumstances. It is further agreed that any such reassignment will not adversely impact the scheduled hours of other nurses.

- (f) If a nurse gets sick as a result of the vaccination, and applies for WSIB, the Hospital will not oppose the claim.
- (g) Notwithstanding the above, the Hospital may offer the vaccine on a voluntary basis to nurses free of charge.
- (h) This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code*.

23.08 The Employer will provide at least one bulletin board. The space and the location of the boards is to be determined by mutual agreement.

23.09 In the case of an error in the calculation of the employee's statement of earnings, the Employer shall deposit the outstanding earnings into the employee's bank account information on file on the next pay deposit. Upon request of the employee, the Employer will provide the employee with a makeup cheque no later than three (3) business days following, providing the makeup cheque is equivalent of one or more seven point five (7.5) hour tours.

23.10 Where the Employer requires employees to travel between sites, they will pay the applicable corporate mileage rate or taxi fare.

23.11 The Employer agrees to provide two (2) competitive bids and consult with the Union prior to the printing of the contract.

23.12 All ONA job postings will be copied to the Bargaining Unit President.

23.13 Meal vouchers will be distributed by the Clinical Team Manager or designate to eligible employees as per article 16.11.

23.14 Supervisory Responsibilities

Where the Employer assigns employees supervisory responsibilities under the *Occupational Health and Safety Act* [Section 25(25) (2)(a)], the Employer will ensure that the employee has received sufficient training to ensure competency under the *Act*.

23.15 Before the commencement of a mentoring arrangement, an expression of interest re: Mentorship Program will be posted in the affected unit/department for fourteen (14) days. Nurses interested in participating in the formal mentoring arrangement will indicate their interest in writing to their unit manager.

## **ARTICLE 24 – COMPENSATION**

- 24.01 (a) The salary rates in effect during the term of the Agreement shall be those set forth in Appendix 3 attached to and forming part of this Agreement. The regular straight time hourly rates for full-time, regular part-time and casual part-time Registered Nurses at hospitals shall be as follows:

<b>Classification - Registered Nurse</b>			
<b>Step</b>	<b>September 17, 2020</b>	<b>April 1, 2021</b>	<b>April 1, 2022</b>
1	\$38.3701	\$38.7538	\$39.1413
2	\$40.3344	\$40.7377	\$41.1451
3	\$42.2994	\$42.7224	\$43.1496
4	\$44.2639	\$44.7065	\$45.1536
5	\$46.2287	\$46.6910	\$47.1579

(Articles 24.01 (b) and 24.01 (c) apply to part-time nurses only)

- (b) The hourly salary rates, inclusive of the percentage in lieu of fringe benefits in effect during the term of this Agreement for all regular and casual part-time nurses shall be those calculated in accordance with the following formula:

Applicable straight time hourly rate + 13%.

- (c) The hourly salary rates payable to a regular or casual part-time nurse include compensation in lieu of all fringe benefits which are paid to full-time nurses except those specifically provided to part-time nurses in this Agreement. It is understood and agreed that holiday pay is included within the percentage in lieu of fringe benefits. It is further understood and agreed that pension is included within the percentage in lieu of fringe benefits. Notwithstanding the foregoing, all part-time nurses may, on a voluntary basis, enrol in the Hospital's Pension Plan when eligible in accordance with its terms and conditions. For part-time nurses who are members of the Pension Plan, the percentage in lieu of fringe benefits is nine percent (9%).

It is understood and agreed that the part-time nurse's hourly rate (or straight time hourly rate) in this Agreement does not include the additional 9% or 13%, as applicable, which is paid in lieu of fringe benefits and accordingly the 9% or 13%, as applicable, add on payment in lieu of fringe benefits will not be included for the purpose of computing any premium or overtime payments.

24.02 A nurse in the employ of the Hospital who holds a Temporary Class Certificate of Registration as a registered nurse and who obtains her or his General Class Certificate of Registration shall be given the salary of the Registered Nurse as provided in this Article effective the date the nurse informs the Chief Nursing Executive or her or his designate of obtaining her or his General Class Certificate of Registration. The Hospital will validate the nurse's status with the College of Nurses.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the Regulated Health Professions Act, she or he shall be treated in a manner consistent with this Article.

24.03 An employee is required to have a renewed Certificate of Registration on or before February 28<sup>th</sup> of each year. The Hospital will obtain evidence that her or his Certificate of Registration is in good standing and currently in effect. Such time will be extended for reasons where the Regulatory College permits the employee's Certificate of Registration to remain in effect. If the employee's Certificate of Registration is suspended by the Regulatory College for non-payment of the annual fee, the employee will be placed on non-disciplinary suspension without pay. If the employee presents evidence that her or his Certificate of Registration has been reinstated, she or he shall be reinstated to her or his position effective upon presenting such evidence. Failure to provide evidence within 90 calendar days of the employee being placed on non-disciplinary suspension by the hospital will result in the employee being deemed to be no longer qualified and the employee shall be terminated from the employ of the Hospital. Such termination shall not be the subject of a grievance or arbitration.

NOTE 1: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, she or he shall be treated in a manner consistent with this Article.

NOTE 2: If there is an allegation that this clause has not been interpreted in a manner consistent with the *Ontario Human Rights Code*, it may be subject of a grievance or arbitration.

24.04 (a) A nurse who is promoted to a higher rated classification within the bargaining unit will be placed on the level of the salary schedule of the higher rated classification so that the nurse shall receive no less an increase in salary than the equivalent of one step in the salary range of the previous classification (provided that it does not exceed the salary range of the classification to which the employee has been promoted) and the nurse shall retain her or his service review date for purposes of wage progression. For the purpose of this Article, promotion shall be defined as a move from one classification to another classification with a higher salary grid and shall not include a change of status to Registered Nurse when a nurse who holds a Temporary Certificate of Registration obtains her or his General

Certificate of Registration. A nurse who is moved to a lower rated classification will be placed at the level on the grid, if any, most closely associated with his or her current rate of pay.

- (b) Where the Hospital temporarily assigns an employee to carry out the assigned responsibilities of a higher classification (whether or not such classification is included in the bargaining unit) for a period of one (1) full tour or more, at times when the incumbent in any such classification would otherwise be working, the employee shall be paid a premium of the greater of either an additional five percent (5%) of the rate of pay in his/her regular classification, or the first step of the pay band of the classification he/she is temporarily assigned to. The Hospital agrees that it will not make work assignments which will violate the purpose and intent of this provision.
- (c) A nurse who holds a Temporary Certificate of Registration as a Registered Nurse who obtains a General Certificate of Registration shall be placed on the level in the Registered Nurse's salary grid which represents an increase in salary.

24.05 Claim for related clinical experience, if any, shall be made in writing by the nurse at the time of hiring on the application for employment form or otherwise. Once established consistent with this provision, credit for related experience will be retroactive to the nurse's date of hire. The nurse shall cooperate with the Hospital by providing verification of previous experience so that her or his related clinical experience may be determined and evaluated during her or his probationary period. Having established the related clinical experience, the Hospital will credit a new nurse with one (1) annual service increment for each year of experience (for part-time nurses, experience will be calculated pursuant to the formula set out in Article 16.03) up to the maximum of the salary grid.

If a period of more than two (2) years has elapsed since the nurse has occupied a related full-time or a part-time nursing position, then the number of increments to be paid, if any, shall be at the discretion of the Hospital. For full-time nurses the Hospital shall give effect to related part-time nursing experience, and for part-time nurses the hospital shall give effect to full-time nursing experience.

NOTE: For greater clarity, related nursing experience includes out of province and out of country.

24.06 (a) Each full-time nurse will be advanced from her or his present level to the next level set out in the Salary Schedule, twelve (12) months after she or he was last advanced on her or his service review date. If a full-time nurse's absence without pay from the Hospital exceeds thirty (30) continuous calendar days during each twelve (12) month period, the nurse's service review date will be extended by the length of such absence in excess of thirty (30) continuous calendar days.



- (b) Each regular part-time nurse will be advanced from her or his present level on the salary schedule to the next level on the salary schedule after obtaining one year's service credit, calculated in accordance with the provisions of Article 12.03.
  - (c) Casual part-time nurses will then advance on the grid in the same manner as regular part-time nurses.
  - (d) Employees who are on a leave of absence that is covered by the WSIB, LTD, or on an Employment Standards regulated protected leave will continue to earn credits towards their length of service for salary progression purposes.
- 24.07
- (a) A part-time employee whose status is altered to full-time in the same position, will assume her or his same level on the full-time grid. A full-time employee whose status is altered to part-time in the same position will assume her or his same level on the part-time grid. In addition, an employee who is so transferred will be given credit for service accumulated since the date of last advancement.
  - (b) A casual part-time employee whose status is altered to regular part-time or vice versa in the same position will assume her or his same level on the grid. In addition, a casual part-time employee who is so transferred will be given credit for service accumulated since the date of last advancement.
- 24.08
- (a) When a new classification in the bargaining unit is established by the Hospital or the Hospital makes a substantial change in the job content of an existing classification which in reality causes such classification to become a new classification, the Hospital shall advise the Union of such new or changed classification and the rate of pay established. The Hospital will also provide the Union with any available information on the job posting, job profile, and salary scale of the classification. If requested, the Hospital agrees to meet with the Union to permit it to make representations with respect to the appropriate rate of pay providing any such meeting shall not delay the implementation of the new classification. Where the Union challenges the rate established by the Hospital and the matter is not resolved following any meeting with the Union, a grievance may be filed at Step No. 2 of the Grievance Procedure within seven (7) calendar days following any meeting. If the matter is not resolved in the Grievance Procedure, it may be referred to Arbitration in accordance with Article 7, it being understood that any Arbitration Board shall be limited to establishing an appropriate rate based on the relationship existing amongst other classifications within the Hospital and duties and responsibilities involved.

Any change in the rate established by the Hospital either through meetings with the Union or by a Board of Arbitration shall be made

retroactive to the time at which the new or changed classification was first filled.

- (b) If a nurse becomes disabled with the result that she or he is unable to carry out functions of her or his position, the hospital may establish a special classification and salary with the hope of providing an opportunity for continued employment.

24.09 All amended provisions are effective the date of the award, unless otherwise provided. Retroactivity, if any, will be paid within four full pay periods of the date of the award on the basis of hours paid. Retroactive pay will be paid on a separate cheque.

The Hospital will contact former employees at their last known address on record with the hospital, with a copy to the union, within 30 days of the date of the award to advise them of their entitlement to retroactivity.

Such employees will have a period of 60 days from the date of the notice to claim such retroactivity and, if they fail to make a claim within the 60 day period, their claim will be deemed to be abandoned.

***Retroactivity*** – All increases to be paid retroactively to date of certification to current and former employees, within four full pay periods of ratification or award. The Hospital to contact former employees, within 30 days of settlement or award to advise them of their entitlement to retroactivity.

**The Board remains seized in accordance with subsection 9(2) of the HLDA, including with respect to a re-opener on compensatory proposals in the event that ONA is successful in having Bill 124 declared unconstitutional by a court of competent jurisdiction, or the Bill is otherwise amended or repealed.**

## **ARTICLE 25 – JOB SHARING**

25.01 Job sharing is defined as an arrangement whereby two or more employees share the hours of work of what would otherwise be one full-time position.

Once the Hospital has determined that a vacancy exists and the Hospital and the Union have agreed to a job sharing arrangement, the vacancy or vacancies to be posted will be filled in accordance with Article 12.07.

The nurses involved in a job sharing arrangement will be classified as regular part-time and will be covered by the provisions of this agreement applicable to part-time nurses.

25.02 It is agreed that the following conditions will govern the arrangements.

- (a) Job sharing requests with regard to full-time positions shall be considered on an individual basis and the Employer shall reserve the sole right to determine the appropriateness of such arrangements.
- (b) Total hours worked by the job sharer shall equal (1) full-time position. The division of these hours on the schedule shall be determined by mutual agreement between the two employees with the approval of the Department Manager. Job sharers shall not be required to work any tours outside of the tours of the full-time position unless mutually agreed.

The job sharers being part-time nurses may make themselves available to work extra tours outside their job sharing line in accordance with Article 15.09.

Each job sharer may exchange shifts with their partner, as well as with other employees as provided by the Collective Agreement. The job sharers involved will have the right to determine which partner works on scheduled paid holidays and job sharers shall only be required to work the number of holidays and weekends that a full-time nurse is required to work.

- (c) The above schedules shall conform with the scheduling provisions of the full-time Collective Agreement.
- (d) It is expected that both job sharers will cover each other's incidental absences including vacations; however, if one job sharer is unable to cover the absence, the Employer will attempt to provide the necessary coverage.
- (e) An incumbent full-time nurse wishing to share her position may do so without having her half of the position posted; however, the other half of the job-shared position must be posted and the selection based on the criteria set out in the Collective Agreement.
- (f) If one of the job sharers leaves the arrangement, her position will be posted. If there is no successful applicant to the position, the shared position must revert to a full-time position. The remaining nurse will have the option of continuing in the full-time position or, if available, another part-time position for which she is qualified. If she does not continue full-time, the position must be posted according to the Collective Agreement.
- (g) Either the Hospital or the Union shall have the option of cancelling this agreement after providing the other party with thirty (30) calendar days written notice. The job sharer(s) will have the option of reverting back to a regular part-time position should this agreement be cancelled or changed.

**ARTICLE 26 – DURATION**

- 26.01 This Agreement shall continue in effect until April 1, 2023 and shall remain in effect from year to year thereafter unless either party gives the other party written notice of termination or desire to amend the Agreement.
- 26.02 Notice that amendments are required or that either party desires to terminate this Agreement may only be given within a period of ninety (90) days prior to the expiration date of this Agreement or to any anniversary of such expiration date.
- 26.03 If notice of amendment or termination is given by either party, the other party agrees to meet for the purpose of negotiation within thirty (30) days after the giving of notice, if requested to do so.
- 26.04 Notwithstanding the foregoing provisions, in the event the parties to this Agreement agree to negotiate for its renewal through the process of central bargaining, the Participating Hospitals and the Ontario Nurses' Association will meet to determine the procedures to be followed.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

**FOR THE EMPLOYER**

Delia Veta-Attard

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\_\_\_\_\_

**FOR THE UNION**

Bobbett Bradley  
Labour Relations Officer


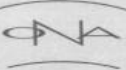
Victoria Dogbey

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**APPENDIX 1****ONA GRIEVANCE FORM**

 <b>ONTARIO NURSES' ASSOCIATION</b> <b>ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO</b> <b>GRIEVANCE REPORT / RAPPORT DE GRIEF</b>				
ONA LOCAL SECTION LOCALE DE L'AIO EMPLOYER EMPLOYEUR GRIEVOR PLAIGNANTE DEPARTMENT SERVICE GRIEVANCE NO. N° DU GRIEF			STEP ÉTAPE 1. 2. 3.	DATE SUBMITTED TO EMPLOYER DATE DE SOUMISSION À L'EMPLOYEUR
NATURE OF GRIEVANCE AND DATE OF OCCURRENCE / NATURE DU GRIEF ET DATE DE L'ÉVÈNEMENT				
SETTLEMENT REQUESTED / RÉGLEMENT DEMANDÉ				
SIGNATURE OF GRIEVOR: SIGNATURE DE LA PLAIGNANTE:		SIGNATURE OF ASSOCIATION REP: SIGNATURE DE LA RÉP. DE L'AIO:		
STEP ONE PREMIÈRE ÉTAPE ▶	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR DATE RECEIVED BY THE UNION: DATE DE RÉCEPTION PAR LE SYNDICAT:	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR		
STEP TWO DEUXIÈME ÉTAPE ▶	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR DATE RECEIVED BY THE UNION: DATE DE RÉCEPTION PAR LE SYNDICAT:	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR		
STEP THREE TROISIÈME ÉTAPE ▶	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR DATE RECEIVED BY THE UNION: DATE DE RÉCEPTION PAR LE SYNDICAT:	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR		
ON-09 REV. 01/2000		DISTRIBUTION: 1. BLACK - EMPLOYER 2. BROWN - ONA 3. BLUE - LOCAL ASSOCIATION 4. GREEN - GRIEVOR DISTRIBUTION: 1. NOIR - EMPLOYEUR 2. BRUN - AIO 3. BLEU - ASSOCIATION LOCALE 4. VERT - PLAIGNANTE		

**APPENDIX 2****LIST OF PROFESSIONAL RESPONSIBILITY  
ASSESSMENT COMMITTEE CHAIRPERSONS**

1. Claire Mallette  
Director, School of Nursing  
York University  
Rm 313, HNES  
4700 Keele Street  
Toronto, ON M3J 1P3
  
2. Donna Rothwell  
Senior Consultant  
Healthtech Consultants  
56 Carriage Road  
St. Catharines, ON L2P 1T1
  
3. Ella (Helen) Ferris  
66 Lyall Avenue  
Toronto, ON M4E 1W3  
647-290-8547  
[ella.ferris@outlook.com](mailto:ella.ferris@outlook.com)

**APPENDIX 3**  
**ONTARIO NURSES' ASSOCIATION (ONA)/HOSPITAL**  
**PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM**

**SECTION 1: GENERAL INFORMATION**

Name of Employee(s) Reporting:

- 1.
- 2.
- 3.
- 4.
- 5.

Employer: North York General

Unit/Area:

Date of Occurrence: (DD/MM/YY)

7.5 h shift

Time:

Other shift

Name of Team Coordinator:

Date/Time Submitted:

Manager/Designate notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION 2: DETAILS OF OCCURRENCE**

Provide a concise summary of the occurrence: (Box will expand as you type)

Please identify the Standards of Practice, hospital policies [or department policies that may be at risk **and why**: (Box will expand as you type)

To the best of your knowledge please check one of the following:

Is this an isolated incident?  An ongoing problem?  (Check one)

**SECTION 3: WORKING CONDITIONS**

In order to help resolve the workload issue(s), please provide details about the working conditions **at the time of occurrence** by providing the following information:

# Regular Staff: RT(T) AA PFT Service Support

# Actual Staff: RT(T) AA PFT Service Support

Students Yes

No

How many?

Junior Staff (<3 years) Yes

No

How many?

MRT(T) Staff Overtime: Yes

No

If yes, how many?

Total Hours

If there was a shortage of staff at the time of the occurrence, (including support staff) please check one or all of the following that apply:

Absence/Emergency Leave  Sick Call(s)  Vacancies   
 Management Support (or alternate) available: Yes  No

#### SECTION 4: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

- Patient Acuity: Details: **(Box will expand as you type)**
- Number of Patients on Infectious Precautions: Details: **(Box will expand as you type)**
- Exceptional Patient Factors (e.g. Significant time and attention required to meet patient expectations.) Details: **(Box will expand as you type)**
- Shortage of Book Timeslots: Details:
- Patient Census at Time of Occurrence: Details:
- Number of New Patients: Details:
- Visitors Family/Members: Details: **(Box will expand as you type)**
- Non-RT(T) Duties (e.g. Student Supervision, Mentorship, etc.): Details: **(Box will expand as you type)**
- Lack of Equipment/Malfunctioning Equipment: Details: **(Box will expand as you type)**
- Resources/Supplies: Details: **(Box will expand as you type)**
- Other: Details: **(Box will expand as you type)**

#### SECTION 5: REMEDY

- (A) At the time the workload issues occurs, discuss the issue within the unit/area to develop strategies to meet patient care needs. Provide details of how it was or was not resolved: **(Box will expand as you type)**
- (B) Failing resolution at the time of the occurrence, seek assistance from the individual(s) who has responsibility for timely resolution of workload issues? Provide details including name of the individual(S): **(Box will expand as you type)**

#### SECTION 6: RECOMMENDATIONS

Please check-off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:



- Other                       Orientation                       Review patient ratio
- Change in Protocols policies & processes                       Float/casual pool                       Review

Change Start/Stop times of shift(s): Please specify: **(Box will expand as you type)**

- Review Workload Measurement Statistics
- Perform Workload Measurement Audit
- Adjust Staffing                       Adjust Support Staffing
- Replace Sick Calls
- Equipment: Please specify **(Box will expand as you type)**
- Other: Please specify **(Box will expand as you type)**

**SECTION 7: EMPLOYEE SIGNATURES**

I/We do not believe the response adequately addressed our concerns. I/We therefore request these concerns be forwarded to the Labour-Management Committee in accordance with the collective agreement.

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SECTION 8: MANAGEMENT COMMENTS**

Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable.

**(Box will expand as you type)**

Management Signature \_\_\_\_\_

Date:

## ONA/HOSPITAL PROFESSIONAL RESPONSIBILITY – WORKLOAD REPORT FORM GUIDELINES AND TIPS ON ITS USE

The parties have agreed that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem solving process for employees to address concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to: gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

### **PROBLEM SOLVING PROCESS**

- 1) At the time the workload issue occurs, discuss the matter within the Unit/Area/Program to develop strategies to meet patient care needs using current resources. Using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (e.g. team leader/charge employee/manager /supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence or if the issue is ongoing, discuss the issue with the Manager (or designate) on the next day that both the employee and Manager (or designate) are working or within ten (10) calendar days, whichever is sooner, and complete the form. The Manager will provide a written response within ten (10) calendar days of the receipt of the form.
- 3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.
- 4) Failing resolution, submit the Professional Responsibility Workload Report Form to the Hospital-Union Committee within twenty (20) calendar days from the date of the Manager's response or when she or he ought to have responded under Article 10.01 (a) iv). (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
- 5) As per Article 10, the Hospital-Union Committee shall hear and attempt to resolve the complaint to the satisfaction of both parties and report the outcome to the employee(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations. Any settlement/resolution under 10.01 (a) (iii) (iv) or (v) of the collective agreement will be signed by the parties.
- 6) Failing resolution of the issues through the development of joint recommendations it shall be forwarded to an Independent Assessment Committee as outlined in Article 10 of the Collective Agreement within the requisite number of days of the meeting in 4) above.
- 7) The Union and the Employer may mutually agree to extend the time limits for referral of the complaint at any stage of the complaint procedure.

### **TIPS FOR COMPLETING THE FORM**

- 1) Review the form before completing it so you have an idea of what kind of information is required.
- 2) Print legibly and firmly as you are making multiple copies.

- 3) Use complete words as much as possible. Avoid abbreviations.
- 4) As much as possible, you should report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
- 5) Identify the CNO standards/practice/guidelines/hospital policies and procedures you believe to be at risk. College of Employees Standards can be found at [www.cno.org](http://www.cno.org).
- 6) Do not, under any circumstances, identify patients/residents.

## **APPENDIX 4**

### **Letter of Understanding** **RE: MENTORSHIP GUIDELINES**

“Mentorship” is addressed in Article 11.08 (c). These guidelines are intended to assist the parties in implementing mentorship arrangements in accordance with the requirements of the collective agreement.

#### **Definition**

- Mentorship is a formal supportive relationship between two nurses, which enhances the professional growth and development of a nurse to maximize her or his clinical practice.
- Mentorship involves a three-way arrangement between the hospital, the nurse being mentored and the nurse doing the mentoring. The mentoring relationship is:
  - time limited,
  - focused on goal achievement, and
  - unique to each mentorship experience.
- The hospital, the nurse being mentored and the nurse doing the mentoring are expected to clearly understand the goals/expectations of the mentorship relationship. Goals are individually determined based on the learning needs of the nurse being mentored, and, as such, may not be consistent for all nurses. The length of each mentorship arrangement will be individually defined dependent upon the goals for each nurse being mentored. Mentoring assignments will normally consist of full tours, however, it is also possible that mentorship assignments can be for less than a full tour and/or scheduled on an intermittent or one-time basis. It is also possible that more than one mentor may be assigned to a mentee during the course of a mentorship arrangement.

Mentorship does not include:

- Supervising the activities of students. Supervision of the activities of students is covered in Article 11.08 (a).
- Providing guidance and advice to members of the multi-disciplinary health care team. This is addressed in Article 11.08 (b). Interaction with other employees and other multi-disciplinary colleagues is an expected role responsibility for employees.
- Orientation to the organization or general functioning of the unit. This may include activities such as:
  - WHIMIS training, the fire lecture, equipment location, generic hospital policies, introduction to staff and the general layout of the unit etc.

- The employer's historical use of titles or terms does not define a mentor for the purposes of Article 11.08 (c). We acknowledge, however, that while mentorship is new to the collective agreement, mentorship arrangements are not new to hospital workplaces. Accordingly, existing titles or terms may, or may not, meet the conditions of Article 11.08 (c).

### Key Elements

- A mentorship relationship includes the nurse doing the mentoring to:
  - plan the mentorship experience based on the learning needs of the nurse being mentored, including the identification and co-ordination of learning opportunities with other health care providers;
  - assess the ongoing competence/development of competencies of the nurse being mentored, including assessments of competence gaps, risk management in relation to patient care, and co-ordination of learning experiences;
  - assist the nurse being mentored to effectively meet patient care needs;
  - be responsible for the management of learning for the nurse being mentored;
  - participate in direct skill transfer where there is responsibility for the management of learning for the nurse being mentored;
  - evaluate the learning experience of the nurse being mentored throughout the duration of the mentorship relationship, including the provision of written and/or verbal reports to management regarding progress towards goal achievement.
- It is recognized that the mentor and the nurse being mentored may not be together at all times during the mentorship period.
- The Hospital will pay the employee for doing this assigned responsibility [mentoring] a premium of sixty (60) cents per hour, in addition to her or his regular salary and applicable premium allowance.
- The Hospital will review the workload of the mentor and the nurse being mentored to facilitate successful completion of the mentorship assignment.

### Implementation

- A Hospital may implement a mentorship relationship at any time during a nurse's employment when:
  - The nurse is experiencing difficulty in meeting standards of practice;
  - the nurse has a competency gap;
  - one-on-one management of the learning experience from an expert/ experienced employee will be of assistance.
- Mentoring may be implemented in various circumstances such as new hires to a unit; a nurse returns from a layoff or leave of absence (including sick leave or long term disability) or for purposes of cross-training. This list is not all-inclusive and, as such, other circumstances may arise where the Hospital determines that a nurse requires mentoring.

- The decision to implement a mentorship experience as a mechanism to assist a nurse to meet standards of practice is the responsibility of the employer.
- The Hospital will provide, on a regular basis, all nurses with an opportunity to indicate their interest in assuming a mentorship role, through a mechanism determined by the parties. The Hospital selects and assigns the mentor for a given mentoring relationship.
- At the request of any nurse, the Hospital will discuss with any unsuccessful applicant ways in which she or he may be successful for future opportunities.
- The mentorship plan/arrangement for each mentoring relationship should be documented.

### Evaluation

In addition to the evaluation of the effectiveness of specific mentorship arrangements in relation to pre-established goals and expectations:

- The Committee responsible for addressing professional development issues for employees pursuant to Article 11.02 will be responsible for reviewing and making recommendations regarding the application of, and effectiveness of, mentorship relationships within the hospital.
- The employer also has a responsibility for evaluating the effectiveness of mentorship arrangements and, therefore, review and evaluation of arrangements should be conducted on a regular basis.

NOTE: it is mutually understood that these guidelines are “without prejudice” to either parties’ position with respect to the role of an employee whose job duties normally include responsibility for teaching and/or educating other nurses.

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Travel Expense

The parties agree that where Association business requires staff to travel between sites; and where the Employer requires such Association representation to be present; that transportation will either be provided by the Employer or reimbursement of travel expenses will be made as per the "Use of Private Motor Vehicles for Hospital Business" policy.

Reimbursement is made by submitting a "Travel Expense Voucher" for approval to the Manager of Labour Relations or his/her designate and payment will be made within twenty-five (25) calendar days of request.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

Delia Veta-Attard

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FOR THE UNION

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Pay Deposit

Whereas the Hospital has identified that is endeavouring to reflect the accumulated lieu time of nurses on their biweekly statement of earnings and deductions and;

Whereas the Hospital is currently investigating and considering any technical limitations that might prevent or delay the Hospital's ability to do so;

The Hospital will meet with the Union within ninety (90) days and advise the Union of what progress and/or determinations have been made in this regard.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

**FOR THE EMPLOYER**

Delia Veta-Attard

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**FOR THE UNION**

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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\_\_\_\_\_



**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Notification to Workers of Person with History of Violent Behaviour

Within ninety (90) days of ratification, the Employer in collaboration with the Union will co-present the proposal below to the Joint Health and Safety Committee (JHSC) and JHSC Violence Prevention Sub-Committee. The Employer and Union will recommend the proposal to be incorporated into the Hospital's workplace violence policy.

- a) The Employer and the Union recognize the Employer's obligation under Section 25(2)(h) to take every precaution reasonable to protect workers and Section 32.0.5 (3) of the *OHS*A to provide information, including personal information to a worker related to a risk of workplace violence from a person with a history of violent behaviour.
- b) The Employer in consultation with the JHSC or health and safety representative (HSR) shall develop an effective written measure and procedure to put in place for all staff who may be exposed to patients who have a history of violent behaviour. Such a system may include electronic as well as physical flagging measures. These measures and procedures will be re-evaluated annually in consultation with the JHSC/HSR

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

FOR THE UNION

Delia Veta-Attard

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Hospital")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Association")

RE: Standby (On-Call) PACU

The following applies to the PACU standby (on-call) only.

On weekends and holidays the 0830hr – 1630hr PACU nurse will be on standby (on-call) between 1630hr – 1830hr.

On weeknights (Monday – Friday), the 1515hr – 2315hr PACU nurse will be on standby (on-call) from 2315hr – 1200 midnight.

Nurses on standby (on-call) will be expected to stay after the end of their shift and assist in the PACU if needed. Nurse on standby (on-call) shall receive standby pay and/or premium pay in accordance with the Collective Agreement.

Standby (on-call) scheduling must be compliant with article D.14.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

Delia Veta-Attard

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FOR THE UNION

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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## LETTER OF UNDERSTANDING

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the “Employer”)

And:

**ONTARIO NURSES’ ASSOCIATION**  
(hereinafter referred to as the “Union”)

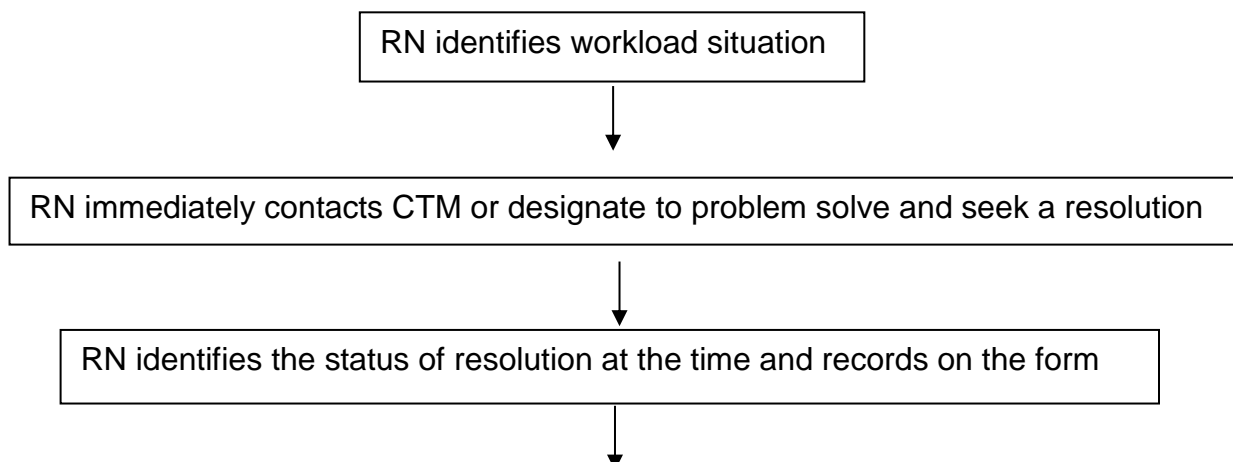
Re: Professional Responsibility Workload Process Chart

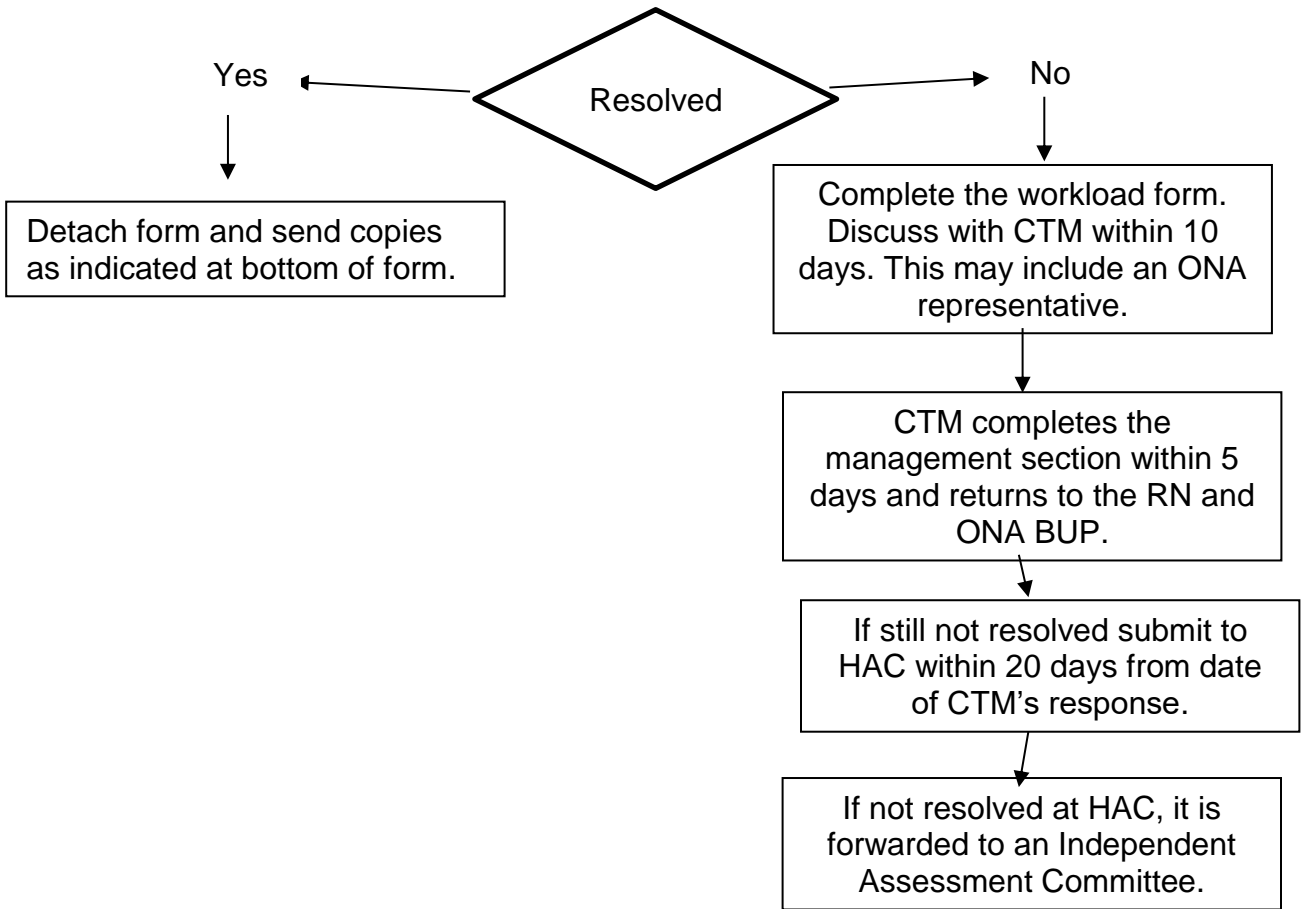
The parties agree that the Professional Responsibility Workload Process Chart in the Local Collective Agreement will be subject to revisions that reflect any changes made to Article 8 – Professional Responsibility of the Central Hospital Collective Agreement as a result of the 2014 Central Hospital Negotiations/Award.

### **Professional Responsibility Workload Process Chart**

The chart below is a guide to filling out the Professional Responsibility Workload Report form. This chart is consistent with Article 8 of the Central Collective Agreement, and it is to be used as a tool for all members and management to communicate and move through the steps consistently when identifying a workload issue. The process is recognized as being collaborative in the problem solving approach to workload and the ability to provide safe and quality care in consistent with College of Nurses standards.

#### **Workload Process**





**Note:** The Union and Management may agree to extend timelines for referral at any stage of the complaint.

**Designate** would include Charge/Resource Nurse and/or Administrative Coordinator, Unit Coordinator or Clinical Team Manager.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

Delia Veta-Attard

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FOR THE UNION

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Electronic Grievance Forms

The parties agree to trial the following over the course of this Collective Agreement on a without prejudice and precedent basis.

1. The parties agree to use the electronic version of the (O.N.A. Grievance Form at Appendix 1).
2. The parties agree that hard copies of the electronic form are valid for purposes of Article 9.
3. Electronic grievances may be sent, via e-mail, to the applicable manager and copied to Human Resources, or the identified designate.
4. The electronic signature of the Union Executive representative or Labour Relations Officer will be accepted as the original signature.
5. The Union undertakes to get a copy of the electronic version signed by the grievor.
6. The parties agree to not use or rely upon any preliminary arguments related to the use of the electronic version should a grievance proceed to mediation or arbitration.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

FOR THE UNION

Delia Veta-Attard

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Scheduling

The current practice of scheduling nurses in the Occupational Health Department shall remain in effect for the duration of the Collective Agreement.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

**FOR THE EMPLOYER**

Delia Veta-Attard

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**FOR THE UNION**

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Scheduling of Relief Periods and Meal Breaks

WHEREAS Article(s) 15.01 (b) and 15.02 require that the scheduling of relief periods and meal breaks be determined by the local parties;

AND WHEREAS the parties desire there to be a consistent practice across the units of the Hospital with respect to the scheduling of relief periods and meal breaks;

NOW THEREFORE the parties agree to the following:

Scheduling of Meal Periods and Relief Periods

Regular tours (7.5 hours):

The first thirty (30) minutes of break time shall be considered the paid relief period and the second thirty (30) minutes will be considered an unpaid meal period.

Extended tours (11.25 hours):

The first forty-five (45) minutes of break time shall be considered paid relief period and the second forty-five (45) minutes of break time will be considered an unpaid meal period.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

Delia Veta-Attard

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FOR THE UNION

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

Re: Registered Nurse Professionalism in the Workplace

The parties acknowledge the significant role Registered Nurses play in the delivery of high quality healthcare. We also recognize that it is important for patients and staff to be able to readily identify Registered Nurses who are widely disbursed throughout the hospital.

The parties will jointly promote the professional image and identity of Registered Nurses and will develop plans within the hospital to do so.

All hospital identification tags will clearly identify the employee as a Registered Nurse in a font that is clearly visible e.g. RN badge buddy.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

FOR THE UNION

Delia Veta-Attard

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**LETTER OF UNDERSTANDING**

Between:

**NORTH YORK GENERAL HOSPITAL**  
(hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(hereinafter referred to as the "Union")

**Re: Ten (10) Hour Extended Tours**

Whereas the parties agree to a 10 hour tour for the Mental Health Crisis Intervention Team (MCIT), the following parameters will apply:

- (a) For employees working ten (10) hour tours, a regular tour shall be 9.375 consecutive hours in any twenty four (24) hour period, exclusive of a total of thirty-seven and one-half (37 ½) minutes of unpaid mealtime.
- (b) Employees shall be entitled to relief periods during the tour of a total of thirty- seven and one-half (37 ½) minutes. For the purposes of payment as referred to in Article 15.01 (d), the meal period on the night tour shall be scheduled during the first five (5) hours of the tour.
- (c) Employees working ten (10) hour tours will receive every second weekend off except where:
  - i) Such weekend has been worked by an employee to satisfy specific days off requested by such employee, or
  - ii) Such employee has requested weekend work, or
  - iii) Such weekend worked is the result of an exchange of tours with another employee.
- (d) Employees shall not be scheduled to work more than four (4) consecutive 9.375 hour tours.
- (e) At least 14.625 hours time off will be scheduled between tours.
- (f) All provisions contained in the Central Hospital Collective Agreement pertaining to extended tours will apply to employees working ten (10) hour tours.

- (g) All provisions contained in this Appendix 5 of Local issues will apply to employees working ten (10) hour tours unless expressly amended above.
- (h) Sixty (60) days notice shall be given by either party to the discontinuation of this arrangement, then:
  - i) the parties shall meet within two (2) weeks of the giving of notice to review the request for the discontinuation; and
  - ii) where it is determined that the scheduling initiative will be discontinued, affected employees shall be given six (6) weeks' notice before the scheduling initiative is discontinued.

Dated at North York, Ontario, this 15<sup>th</sup> day of February, 2023.

FOR THE EMPLOYER

Delia Veta-Attard

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FOR THE UNION

Bobbett Bradley  
Labour Relations Officer

Victoria Dogbey

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**APPENDIX 6****WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL**

Employer: \_\_\_\_\_

Unit/Area/Program: \_\_\_\_\_

General Description of  
Service: \_\_\_\_\_Timeframe Being  
Reviewed: \_\_\_\_\_Number of Professional Responsibility Workload Report Forms  
Submitted: \_\_\_\_\_

Key Workload Issue(s):

 Gaps in Continuity of Care Balance of Staff Mix Access to Contingency Staff Appropriate Number of Staff Other: \_\_\_\_\_HAC/Unit  
Participants: \_\_\_\_\_Date First Discussed at  
HAC: \_\_\_\_\_Date(s) Workload/Professional Responsibility Review Tool  
Completed: \_\_\_\_\_Date Qualitative/Quantitative Analysis and Gap Analysis  
Completed: \_\_\_\_\_Date Joint Implementation/Action Plan  
Developed: \_\_\_\_\_Date Action Plan  
Implemented: \_\_\_\_\_

**APPENDIX 7****PROCEDURAL GUIDELINES FOR AN INDEPENDENT ASSESSMENT COMMITTEE (IAC) HEARING**

1. The IAC Chair through the respective nominees will consult with the Union and the Hospital prior to the hearing to determine the number of days required for the hearing and the dates scheduled for the hearing. The parties agree that the hearings will be conducted in an expeditious manner.
2. The Hospital and the Union will submit all relevant documentation (including their submissions to be put forward at the hearing) to the committee members and to the other party a minimum of two weeks before the hearing. In the event that one of the parties wishes to submit additional documentation to the Committee and the other party after the two-week deadline, approval from the Chair is required.
3. IAC Members shall conduct a tour of the relevant unit(s). All IAC members shall have an opportunity to investigate/ask questions.
4. The IAC has the right to ask questions of anyone participating in the hearing. Other than for the purpose of scheduling/logistics, the Chair shall not engage in independent discussions with either party.
5. At the Hearing, the Union and the Hospital will each be given an equal opportunity to make a presentation, to ask questions of clarification, to respond to the other party's submission, and to make a closing statement.
6. The Employer and ONA will each appoint one person to present its case and to respond to the other party's submission. The names of these individuals shall be provided to the Chair at least two weeks prior to the hearing.
7. All present at the hearing will protect patient confidentiality.
8. IAC member notes will be kept for a minimum of one year from the hearing or longer if deemed necessary.
9. All participants may offer information and/or seek clarification with permission from the Chair.
10. The IAC Chair may use the following process to conduct the Hearing without any requirements to utilize all the steps or their order:
  - a. Welcome and Introductions, including purpose and role, Amendments and Approval of Agenda
  - b. Tour of the relevant Unit(s)
  - c. Presentation by ONA
  - d. Presentation by the Hospital

- e. Response to ONA's presentation by the Hospital
  - f. Questions to the Hospital from ONA and the IAC
  - g. Response to the Hospitals presentation by ONA
  - h. Questions to ONA from the Hospital and the IAC
  - i. Questions to the Participants, ONA and the Hospital by the IAC
  - j. Closing remarks by the Hospital
  - k. Closing remarks by ONA
  - l. Closing remarks by the IAC
  - m. Adjournment
11. In the event the IAC determines it requires additional information following the completion of the hearing, it will convene a joint teleconference/meeting with the parties.

## **GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL**

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.
2. Completion of the tool is a collaborative effort on the part of the Union and the Hospital.
3. In some circumstances not all components of the tool may be required to be analyzed in order to address the workload concerns.
4. Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Qualitative data will be derived through focus group discussions using the lines of inquiry referenced in the Workload/Professional Responsibility Review Tool.
5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.
6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.
7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.
8. The joint recommendations will be used to develop an action plan that reflects mutually agreed upon tactics, timelines and most responsible person.

## WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

A. Practice Environment	
Staffing Complement	# FT – _____ # Regular PT – _____ # Casual PT – _____
FTEs	Budgeted/Actual – _____ Total – _____ # FT – _____ #PT – _____ 1950 hours = 1 FTE
Vacancies	# FT – _____ # Regular PT – _____ # Casual PT – _____
Overtime	# Hours – _____ % of total hours – _____
Sick time	# Hours – _____ % of total hours – _____
Turnover	# Positions FT/RPT/Casual PT – _____ % Total Unit Positions – _____
Incident Reports	<i>specific to and related to workload concern(s)</i>
Experience	Total years of experience in this service – _____ Total years of experience – _____ Novice – _____ Intermediate – _____ Expert – _____ # Staff on Orientation – _____ # Students – _____ # New Grad Initiative – _____ # Mentorship Roles – _____
Scheduling Practice	Type(s) of schedule

<b>A. Practice Environment</b>	
Replacement Staff*	PT on unit/Resource Team/Agency
Accommodations &/or Modified Workers	# Temporary – _____ # Permanent – _____
Patient Census	# Admissions – _____ # Discharges – _____ # Transfers – _____

<b>B. Competency</b>		
<b>Employee Competency (Key Skills/Knowledge)</b>	<b>Number</b>	<b>% Total RN Staff</b>

<b>C. Resources/Support/Current Status Report</b>	
	DESCRIPTION
Clinical	
Non-Clinical	



<b>C. Resources/Support/Current Status Report</b>	
	<b>DESCRIPTION</b>
Leadership	
Practice Supports	
Orientation	
Professional Development	

<b>D. Lines of Inquiry</b>	
	<b>DETAILS</b>
1. Do the staffing levels meet the patient population, accommodate replacement, orientation, and professional development?	
2. Does the assignment maximize continuity of patient care?	
3. Are staffs work life considerations and work preferences accommodated?	
4. Are staffing levels and lines balanced to accommodate patient needs, effort,	

<b>D. Lines of Inquiry</b>	
	<b>DETAILS</b>
experience, educational preparation and organizational demands?	
5. Is there adequate access to educational resources, i.e. conferences, workshops, clinical instructors, library, other?	
6. Do current practices promote autonomy? i.e. evidence-informed decision-making; full scope of practice; input into decisions that affect practice and unit policies; opportunity to question processes when they do not support quality patient care.	
7. Do employees have opportunities to be involved at various levels, i.e. care rounds, unit councils, to influence practice?	
8. Are effective working relationships established with key stakeholders/colleagues? (cross-organizational and within area of practice)	
9. Are there mechanisms to support the integration of evidence-based practices, innovation, and quality improvement?	
10. Are near misses and/or critical incidents used to improve practices?	
11. Is there a forum in which employees participate regularly to discuss professional/ethical issues at the unit level?	

<b>D. Lines of Inquiry</b>	
	<b>DETAILS</b>
12. Are principles of client-centered care integrated into orientation?	
13. Are the core processes of client-centered care enacted in care delivery(see client-centered care, pg. 20)	
14. Is there an established process to resolve conflict and enable problem-solving within the team?	
15. Are there established processes for recognizing and rewarding success?	
16. Are there established processes for decision-making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning?	
17. Are there established processes for ensuring open channels of communication?	

<b>E. Glossary of Terms</b>
<p><b>A. Practice Environment</b></p> <p><u>Incident Reports</u>: Hospitals across the province use a variety of incident reporting systems to document, collect, monitor, and analyze adverse events. Adverse events are unintended injuries or complications resulting from care management, rather than by the patients underlying disease, and that lead to death, disability at the time of discharge or prolonged hospital stays (Canadian Adverse Event Study, 2004). Examples of adverse events include medication errors and falls. Please note the definition of adverse events is inclusive of critical incidents and near misses.</p> <p><u>Replacement Staff</u>: The availability of staff needed in addition to baseline staff in order to maintain the appropriate workload for staff while meeting patient needs (RNAO, 2007). Examples include casual and part-time pool, agency employees and reassignment from one patient care unit to another.</p>

**E. Glossary of Terms****B. Competency**

Employee Competency (key skills/knowledge)

**C. Resources/Support**

Clinical: Physician, and other regulated health human resources examples include: Clinical Educators, Dieticians, Registered Respiratory Therapists, Physiotherapists and Pharmacists. The accessibility and availability of consultative resources should be considered.

Non-clinical: Unregulated human resources examples include: clerical, porters and housekeeping.

Practice Supports: Tools that facilitate care provision examples include: medical directives, care plans and pathways, policies, procedures, protocols, assessment tools and role descriptions. This can also include equipment and supplies.

## CONSENT TO ALTER AGREEMENT

BETWEEN:

**NORTH YORK GENERAL HOSPITAL (OCCUPATIONAL HEALTH NURSES)**  
(Hereinafter referred to as the "Employer")

And:

**ONTARIO NURSES' ASSOCIATION**  
(Hereinafter referred to as the "Union")

This agreement will outline the changes to the Collective Agreement between the parties as outlined in the Memorandum of Agreement between the parties signed on Sept 28, 2022.

The parties also agree to make these changes to the Collective Agreement.

1. **Article 16.09:** Amend to read:

An employee shall be paid a shift premium of one dollar and seventy-five cents (\$1.75) per hour for each hour worked which falls within the hours defined as an evening shift and two dollars and five cents (\$2.05) for each hour worked which falls within the hours defined as a night shift provided that such hours exceed two (2) hours if worked in conjunction with the day shift. Tour differential will not form part of the employee's straight time hourly rate.

For purposes of this provision, the night shift shall be from 2300 to 0700 and the evening shift shall be from 1500 to 2300.

Effective and retroactive to April 1, 2021 the night shift premium shall be two dollars and fifteen cents (\$2.15).

2. **Article 16.12:** Amend to read:

An employee shall be paid a weekend premium of two dollars and twenty cents (\$2.20) per hour for each hour worked between 2300 hours Friday and 2300 hours Sunday. If an employee is receiving premium pay under Article 16.03, pursuant to consecutive weekends worked, the employee will not receive weekend premium under this provision.

Effective and retroactive to April 1, 2021 the weekend premium shall be two dollars and thirty cents (\$2.30).

3. **Article 24.01 (a):** Amend to read:

The salary rates in effect during the term of the Agreement shall be those set forth in Appendix 3 attached to and forming part of this Agreement. The regular straight time hourly rates for full-time, regular part-time and casual part-time Registered Nurses at hospitals shall be as follows:

Classification - Registered Nurse			
Step	September 17, 2020	April 1, 2021	April 1, 2022
1	\$38.6550	\$39.4281	\$40.6109
2	\$40.6339	\$41.4466	\$42.6900
3	\$42.6135	\$43.4658	\$44.7698
4	\$44.5925	\$45.4844	\$46.8489
5	\$46.5720	\$47.5034	\$48.9285
			\$50.85

Dated this 7<sup>th</sup> day of July, 2023.

ON BEHALF OF THE UNION

ON BEHALF OF THE EMPLOYER

Jane Penciner

Delia Veta-Attard

Michael Levey

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