ONA Launches The Truth Hurts. Nurses Know Campaign

New The Truth Hurts. Nurses Know campaign ads like this one are popping up at transit shelters across the province to relay the important message that nurses are very concerned for Ontario patients because of ongoing cuts to RN positions, hospital funding and health care services.

ONA has officially launched the next phase of our multi-media campaign to increase awareness to the public, our employers and the government that ongoing cuts to nursing positions throughout Ontario are negatively affecting our patients.

The Truth Hurts. Nurses Know, a renewal of our More Nurses campaign, was unveiled in Kingston on August 24, 2015, with a series of ads on bus exteriors, transit shelters and benches, which will extend to all corners of the province this fall, including Toronto, Hamilton, London, Ottawa, Sudbury, Timmins, Sault Ste. Marie, Kenora and Thunder Bay.

Starting the Conversation

The powerful ads provide straight-to-the-point facts facing not just RNs, but your patients and our health care system in general, including that Ontario has the second worst RN-to-population ratio in the province (the back cover of this issue contains one such ad).
How to contact your 2015 ONA Board of Directors

Call ONA toll-free at 1-800-387-5580 (press 0) or (416) 964-8833 in Toronto and follow the operator’s prompts to access board members’ voice-mail. Voice-mail numbers (VM) for board members in the Toronto office are listed below.

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Vicki McKenna, RN
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Occupational Health & Safety

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ONA is the union representing 60,000 registered nurses and allied health professionals and more than 14,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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ONA Launches The Truth Hurts. Nurses Know Campaign

“The title of the campaign speaks to the fact that RNs have the skills, education, experience and knowledge to open up the conversation about the serious issues that are contributing to a decline in our health care system and our ability to provide safe quality patient care,” said ONA President Linda Haslam-Stroud. “The Truth Hurts campaign will help our members do precisely that.”

Print ads, including French ads, have begun to appear in various Ontario newspapers and trade journals and will continue throughout the fall. Columns have also started running in weekly community newspapers, focusing on the invaluable role of RNs, the nursing shortage and what cuts mean for patients.

Ramping up the Message
To ensure our key messages don’t get lost amidst the hype of the federal election, our campaign will ramp up immediately after Election Day on October 19, with three radio ads detailing why cuts to health care hurt, which will play on stations province-wide, and a television ad, which uses video footage already produced for our campaign pre-roll ads that stream before online videos on popular sites such as YouTube and video monitoring ads that play in physicians’ waiting rooms.

As usual, social media will play a big role. We will maximum the campaign's reach through the use of our Facebook and Twitter accounts, encouraging ONA members, student affiliates and members of the public to share and retweet our stories and photos on a regular basis to their friends and followers (see insert for how ONA members can join our social squad).

A new campaign-specific website (nursesknow.ona.org) is up and running, full of resources to download, including The Truth Hurts posters, postcard (inserted into this issue), and helpful education material. The site will also contain an online petition that we encourage you, your friends and family to sign (see details in box below).

To catch the attention of those strolling in downtown Toronto, including many government officials heading to Queens’ Park, a striking banner will run down the south side of ONA’s provincial building, which will be clearly visible for a considerable distance. We will also be making available a series of eye-catching buttons.

“As nurses, you are first and foremost patient advocates and are obligated to speak out,” added Haslam-Stroud. “Yes, we know the truth hurts, but you also know the negative implications of these health care threats that increase our patients’ death and disease rates. The Truth Hurts campaign is simple, but powerful, and we hope the public will join with us to raise their concerns as well.”

See pg. 5 for more information on how you can get involved in the campaign in your Local.

Sign the Online Petition Now!
ONA’s The Truth Hurts. Nurses Know campaign website (nursesknow.ona.org) contains a petition urging the government to:

- Commit to restoring hospital operating funding.
- Create a fully-funded multi-year health human resources plan to increase Ontario’s RN-to-population ratio.
- Ensure hospitals have enough resources to continue providing safe, quality and integrated care for clinical procedures.
- Stop plans to move such procedures into private clinics.

Please sign the petition and encourage your family, friends and colleagues to do so as well.
Your Stories Show How the Truth Hurts

One of my favourite activities as ONA Provincial President is meeting our members face to face, in our places of employment to see and hear about the realities of our working lives first hand so I can advocate for needed changes. And some of the stories you tell me are truly alarming and heartbreaking.

Stories of how RN positions are being cut drastically to the detriment of quality patient care. Stories of how you are run off your feet trying to provide that quality care. Stories of how you fear you will not be able to meet your professional standards if things don’t change. Stories of how you are faced with increased violence, such as the member who explains in this issue that abuse is rampant in her workplace largely due to understaffing. And, worst yet, worries that you may be next.

It is because of these powerful stories that ONA launched our fall campaign with the title, The Truth Hurts. Nurses Know.

The sad truth is that Ontario continues to have the second worst RN-to-population ratio in the country. This year alone, the province has cut more than 1.2 million hours of front-line nursing care for our patients. Yet, our patients are more critical and need RNs more than ever. Hospitals have faced zero-per-cent growth in operating funding for several consecutive years and continue to turn first to RNs to make cuts. A staggering 85 per cent of nurses face workplace violence or abuse. Small and rural hospitals are experiencing deep cuts. And privatization of health care services is creeping more and more into our system.

While these cuts are often sugarcoated by the government and our employers as something other than what they really are, nurses know the truth. You live it every day. And that truth hurts. It hurts our patients. It hurts our health care system. And it hurts us as patient advocates.

Nurses also know what needs to be done to stop it: a commitment from the government to restore hospital base operating funding, create a fully-funded multi-year nursing human resources plan to ensure appropriate staffing levels, ensure your employer has resources to provide safe, quality and integrated care, and halt plans to move procedures into private, unaccountable clinics.

The Truth Hurts. Nurses Know campaign will help us make sure everyone else knows it too.

Vos témoignages montrent que la vérité fait mal

Les rencontres en personne avec nos membres sur leur lieu de travail qui me permettent de voir et d’entendre quelles sont les réalités de notre vie professionnelle sont l’une de mes activités préférées en tant que présidente provinciale de l’AIIO, car je peux ainsi plaider en faveur des changements nécessaires. Certains de vos témoignages sont vraiment inquiétants et bouleversants.

Ce sont des témoignages qui racontent comment des postes d’IA sont supprimés de façon drastique au détriment de la qualité des soins dispensés aux patients. Des témoignages qui disent que vous n’arrêtez pas de courir pour essayer de prodiguer des soins de qualité aux patients; que vous avez peur de ne plus être capables de respecter vos normes professionnelles si les choses ne changent pas. Des témoignages indiquant comment vous êtes confrontées à une violence croissante comme le raconte une de nos membres qui explique dans ce numéro que les abus sont monnaie courante dans son milieu de travail en grande partie en raison du manque d’efficacités. Qui plus est, elle craint que vous soyez les prochaines victimes.

La triste vérité est que l’Ontario arrive toujours à l’avant-dernier rang au pays en ce qui concerne le ratio d’IA par habitant. Cette année seulement, la province a supprimé plus de 1,2 million d’heures de soins de santé de première ligne pour nos patients. Pourtant, ces patients nécessitent des soins aigus et ont plus que jamais besoin des IA. Depuis plusieurs années de suite, les hôpitaux sont confrontés à une croissance zéro de leur budget de fonctionnement et les IA sont les premières visées par les compressions. Une proportion incroyable de 85 % d’infirmières est aux prises avec de la violence ou des abus sur leur lieu de travail. Les petits hôpitaux et les hôpitaux des régions rurales sont confrontés à des compressions sévères. En outre, la privatisation des services de soins de santé s’imisce de plus en plus dans notre système.

Les infirmières savent aussi ce qu’il faut faire pour mettre fin à cette situation : le gouvernement doit s’engager à restaurer le financement de base du fonctionnement des hôpitaux, à mettre sur pied un plan de ressources humaines pluriannuel entièrement financé pour le secteur infirmier afin d’assurer une dotation adéquate, à faire en sorte que votre employeur ait les ressources nécessaires pour dispenser des soins intégrés, sécuritaires et de qualité, et à mettre fin aux plans de transfert des procédures dans des cliniques privées n’ayant aucun compte à rendre.
Spread the Truth in Your Communities

As the Board member responsible for the political action portfolio, I am always encouraging our members to support ONA’s incredible lobbying work where it matters most: in your own communities.

With ONA’s The Truth Hurts. Nurses Know campaign in full swing and your MPPs back in the legislature, I am imploring each of you to do everything in your power to help spread that truth.

As the most trusted stewards of direct patient care, you are in a unique position to make a difference. You have an up close and personal view of the way health care cuts are affecting patients like no one else. And the public absolutely respects and trusts what you have to say.

Local action for our campaign will be rolled out throughout the fall and we encourage you to talk to your Bargaining Unit Presidents and regularly check our campaign website at nursesknow.ona.org for information on how you can get involved.

First and foremost, talk to everyone you know about what the cuts in our system really mean for our patients. Ask your MPP what she/he is prepared to do to turn this situation around. Our website contains an online petition that we encourage you to support. Attend community town halls and rallies.

Reach out to your local media or write a letter to the editor. Download our colourful campaign posters and postcard and display/distribute them. Wear our campaign buttons with pride and explain their meaning when people ask (they will!)

We are also inviting you to become part of our “social squad” and commit to sharing a campaign image on Facebook every Wednesday (see the card in this issue for sign-up information). If all members shared these images with your Facebook friends, imagine the reach we could have!

If you know any nursing students, engage them in our campaign. They want to be involved and are an invaluable resource. Plus, you will be helping to foster the next generation of nursing activists!

If you think you can’t make a difference in our campaign, I am here to tell you that you can. You do it all the time. With 60,000 members using one collective voice, we absolutely have the power to improve our health care system. Can I count on you?

Répandez la vérité dans vos communautés

À titre de membre du conseil responsable du portefeuille de l’action politique, j’encourage toujours nos membres à appuyer l’incroyable travail de lobbying de l’AIIO là où c’est le plus important : dans nos propres communautés.

Profitant de la campagne La vérité choque. Les infirmières le savent battant son plein et du retour au Parlement de votre député provincial, j’exhorte chacune de vous à faire tout ce que vous pouvez pour contribuer à répandre la vérité.

À titre de responsables les plus dignes de confiance des soins aux patients, vous êtes dans une position unique pour faire changer les choses.

Pendant tout l’automne, des actions locales seront organisées dans le cadre de la campagne et nous vous invitons à parler aux présidentes de vos unités de négociation et à consulter régulièrement notre site Web à nursesknow.ona.org ou à vous renseigner sur la façon dont vous pourriez y participer.

D’abord et avant tout, parlez à toutes les personnes que vous connaissez de ce que signifient réellement les compressions pour nos patients. Demandez à votre député provincial ce qu’il est disposé à faire pour changer la situation. Notre site Web contient une pétition en ligne que nous vous invitons à signer. Participez aux assemblées publiques locales et aux manifestations.

Communiquez avec vos médias locaux ou envoyez une lettre à une tribune libre. Téléchargez les affiches en couleurs de notre campagne, affichez-les et distribuez-les. Arbrez fièrement les badges de notre campagne et expliquez ce qu’ils signifient aux personnes qui le demandent (ce qu’elles ne manqueront pas de faire!)

Nous vous invitons également à vous joindre à notre « escouade médias sociaux » et à vous engager à partager chaque mercredi une image de la campagne sur Facebook (voir la carte fournie dans ce numéro pour les informations d’inscription).

Si vous connaissez des étudiant(e)s en sciences infirmières, invitez-les à se joindre à la campagne. Ils souhaitent participer et représentent une ressource précieuse. En outre, vous contribuerez à préparer la relève des militants du secteur infirmier!

Vous le faites tout le temps. Avec 60 000 membres parlant d’une seule voix, nous avons vraiment le pouvoir d’améliorer notre système de soins de santé. Puis-je compter sur vous?
Caring for the Caregiver: ONA Wellness RN Promotes Health, Happiness to Staff

While nurses and allied health professionals dedicate their lives to caring for their patients, one special ONA member is doing the same for them.

Sandra Harte, who graduated in 1988 from the Mack Centre of Nursing and has worked for 28 years at the Niagara Health System (NHS), became the hospital’s Wellness RN three years ago, providing care to almost 5,000 employees.

“Wellness has always been something I felt strongly about,” said Harte, who is also an ONA Unit Rep. “Wellness in itself means something different to many people. To me, it represents balance and looking at the employee as a whole being. As an RN, the need to provide care and promote health has always been a priority.”

A Better Work Environment

NHS created the role of Wellness RN to promote employee health and help decrease absenteeism, which not only results in a better working environment, but in better patient care, said Harte. The NHS Wellness Program is based on the pillars of health: healthy eating, physical activity, smoking cessation and stress management.

“After working in disability management for part of my nursing career, it became clear to me that staff appreciates and responds well to support with everyday challenges and concerns,” she said. “Our comprehensive Employee Assistance Program (EAP) is a great tool, but not everyone feels comfortable making that call. I act as a liaison between the employee and the EAP, providing not only a neutral party, but one of their own who is aware of the challenges and is able to be physically and emotionally present for support and resources when needed.”

Harte also formulates Wellness programs and sessions based on needs. She has included a “care for the caregiver” component to the patient client-centered care course she facilitates, reminding staff to invest in their well-being.

While Harte has training in areas such as cognitive behavioral therapy, life coaching, therapeutic touch, medical Qi Gong, Thai yoga massage and hypnotherapy, she noted that “respect for the amazing staff I serve and a desire to help make their lives happy and healthy is key.”

Challenges and Feedback

Although Harte clearly loves what she does, the role does not come without challenges.

“One of my requirements is creating and providing meaningful programs and initiatives with creative financing and utilizing available resources,” she said. “Wellness Metrics are also difficult to assess. How do you measure staff wellness? One rule is to assess sick time, but in light of other variables and client population, that isn’t always accurate. However, as in other programs, that which can be measured can be built upon. With this understanding, client feedback and sign-in to events is essential to the program. With the busy and unpredictable schedules of staff, engagement can be somewhat of a challenge for program support and sustainability as well.”

Despite that, Harte has received extremely positive feedback for her work, noting that staff frequently expresses that the role of the Wellness RN makes them feel valued and supported at the front line. And for that reason, she hopes this concept takes off at other employers.

“I would recommend this role to any health care organization as well as any nurse who is looking for a rewarding, fun and challenging career that provides a diverse experience and promotes alternative and progressive care.”

How ONA Helps

For Harte, who has been involved with ONA since the start of her career, including a recent stint on our Nursing Week Advisory Team, the union has played a big part in her success.

“My role sits under the Human Resources Occupational Health portfolio, and sometimes that can be a position that staff may not feel comfortable approaching readily. By being part of ONA, I know staff feel they can come to me for support and resources and that I am an advocate for their well-being. I am now starting to assist with new hire orientation and am happy to create engagement in the union from our new members,” said Harte, adding that she hopes to continue to grow her involvement in ONA.

“I am proud and privileged to be part of such a wonderful union and am thankful to NHS for providing me with the opportunity to bring wellness to my amazing peers.”
Given the proximity of Labour Day 2015 to the October federal election, ONA members took the opportunity to not only show our pride as Ontario workers and union members, but to help ensure health care is on ballot.

“Nurses know that health care is being underfunded and that quality patient care for Canadians has been the casualty,” said ONA President Linda Haslam-Stroud. “We know the extent of the erosion of universal, publicly funded and delivered health care that all Canadians cherish. In our role as patient advocates, we are determined to defend access to quality health care in our places of employment. And what better time to reiterate this crucial message than on Labour Day?”

Throughout the province, ONA members were out in full force at Labour Day parades and other special events on September 7, 2015. At the annual Toronto Labour Day Parade (left photo), organized by the Toronto and York District Labour Council, First Vice-President Vicki McKenna, Region 3 Vice-President Andy Summers, Local leaders, members and staff marched alongside the colourful ONA float under the theme, “Time for Change – Our Future Depends on it.”

Several kilometres to the south, Local 7 Coordinator Melanie Holjak proudly represented ONA at the Labour Day celebration hosted by the Brantford and District Labour Council, which included an open house, barbecue and soap box derby!

“During the open house, I was pleased to hand out 300 bags my Local prepared containing ONA's pamphlets and other promotional material,” she said (right photo). “The event was very well attended and health care appears to be an important issue for everyone I spoke to.”

“Ontarians have unions to thank for the many gains they have enjoyed in their working lives, including health and safety laws, paid vacation time, the very existence of the weekend and a host of other workplace rules and regulations designed to better their lives,” added Haslam-Stroud. “With our public health care system under threat, they can count on ONA to advocate for that too.”
The following article was submitted by Karen Michelsen, an RN and Local 96 Site Representative. I was fortunate to hold a few volunteer nursing jobs at the largest multi-sport competition ever held in Canada – the Pan Am and Parapan Am Games, which took place this past summer in Toronto. I would like to highlight my experience from a labour perspective.

One of my volunteer positions was a medical practitioner in the Polyclinic emergency room in the Athlete’s Village for both games. My other jobs were at the opening ceremonies for the Pan Am Games and the closing ceremonies for the Parapan Am Games.

The application process for the first job involved a lengthy online application followed by a Skype interview. It was stressful as I have never done that before. The process for the other positions was easier.

Orientation was provided for the organization, venue (Athlete’s Village) and specific role (ER registered nurse), which encompassed completing online modules, attending information sessions and participating in site familiarizations. During the venue orientation, occupational health and safety training, fire safety and evacuation procedures were included.

Sections of the Volunteer Pocket Guide were similar to our collective agreement, including topics on volunteer conduct, health and safety, workplace violence and harassment.

In regards to conduct, volunteers were given a uniform, but wore their own dark blue or black pants, shorts or skirt. People found ways to personalize the uniform. Food could not be brought to work as meals and snacks were provided. There was no grievance procedure if you were terminated.

Security was very strict. Background checks were performed. Accreditation and security clearance were needed for each nursing position. Airport-style screening checks were required to enter the workplace.

For the Pan Am Games, volunteers were scheduled eight shifts and for the Parapan Am Games six shifts. I worked an additional three shifts at the ceremonies. Each workday was eight hours, and I worked days, evenings and nights. We could only see our own schedule. If we had a schedule conflict, we spoke to the manager (I had no problems changing two shifts). The workload was light compared to working as a staff nurse in a downtown Toronto hospital!

Job descriptions for team members at the clinic was based on our professional regulatory body (e.g. College of Nurses of Ontario for RNs). The division of work depended on current patient workloads and team member skills. It was a requirement to have malpractice insurance.

Human rights issues were addressed. There was a multi-faith centre, often filled, and a Pride House. Volunteers reflected a wide range of ages, ethnicity, physical abilities, sexual orientation, language and nationalities.

There were many non-monetary benefits, including the opportunity to provide nursing care in a unique setting where patients were elite athletes and officials. It was moving to care for these athletes and then watch them compete. Some event tickets were offered at a discount to volunteers or we could attend an event free as part of a cheering team. I had athletes personally thank me for being a volunteer.

It was moving to care for the athletes and then watch them compete.

After completing my shifts, certificates were presented and I was permitted to keep my uniform (two shirts, jacket, hat, water bottle and knapsack). We also received a $30 Joe Fresh gift certificate, gas discount card and a ticket to the opening rehearsal. There were contests I could enter.

While my jobs at the Toronto 2015 Games were volunteer positions, they reflected many union components, rights and values, including orientation, malpractice insurance, human rights, occupational health standards, scheduling and benefits. It was both a unique work environment and an enjoyable experience.
ONA Elections 2015: Vote for Provincial President and First Vice-President

The ONA provincial election is currently underway to allow all members with entitlements to determine the President and First Vice-President on the ONA Board of Directors.

Once again, the vote will be conducted using the televote system – or voting by telephone. To do so, all you need is a touch tone telephone, your ONA ID and personal identification number (PIN), randomly generated by an outside neutral company we have contracted to conduct the vote, which can be found in the ticket of nomination booklet mailed to you in September.

You can vote at any time until midnight on November 1, 2015, but try to pick a time when you are least likely to be interrupted (you’ll only need a few minutes). See sidebar for specific details on how to cast your vote. Rest assured that the televote system is housed in high security at our contractor’s central office, ensuring that your vote is completely confidential.

This issue of Front Lines contains a bilingual ONA elections insert with messages from the candidates running. You will find much more information about the candidates and the televote in general in your ticket of nomination package and on the ONA website at www.ona.org/ONAelection.

Election results will be posted on our website soon after the vote closes on November 1 and published in the next issue of Front Lines.

The ONA Board of Directors makes important decisions on your behalf every day and we strongly urge you to have a say in its formation. We believe that televoting is the most convenient and accurate way for you to do so.

How to Cast Your Vote

Having your say in our provincial elections is fast and easy. Here’s how:

► Dial 1-877-369-7965 to access the system.
► Enter your language choice (English or French), ONA ID and PIN when prompted.
► Vote for the President and First Vice-President candidate of your choice using a series of easy-to-follow prompts. Information on all candidates can be repeated once.
► Confirm your choice. You will be given one opportunity to change your selection.
► Make your call count. Once you have completed the process and hang up – or if you hang up at any time after entering your ONA ID and PIN, but before placing your vote – you will not be allowed into the system again.

If you have any questions or concerns, call the ONA provincial office at (416) 964-8833 or toll-free at 1-800-387-5580 (immediately hit 0 to be connected to the Toronto office), followed by voicemail box 7748. An ONA staff member will return your call promptly.

By-election Called for Region 4 Vice-President

In accordance with the ONA Constitution, it is necessary to hold a by-election for the remainder of the term of office for the Region 4 Vice-President.

Members with entitlements who live in Region 4 will be sent a separate ticket of nomination package in October with information on the candidates running, and will be able to vote at any time from receipt of that package until midnight on December 5, 2015. Region 4 encompasses the areas of Simcoe, Dufferin, Halton, Wellington, Waterloo, Hamilton-Wentworth, Haldimand-Norfolk and Niagara.

As the deadline for the call for nominations for the Region 4 Vice-President was October 5, after this issue of Front Lines went to press, we encourage members who live in that region to read your ticket of nomination package or check our website at www.ona.org/ONAelection for information on the candidates. The successful candidate will serve from January 1, 2016 until December 31, 2016.

Results of the Region 4 by-election will be available on our website soon after the vote closes on December 5, 2015 and in an upcoming issue of Front Lines.
ONA Online: Our Union Achieves 10,000 Followers on Twitter!

It was a "tweet" summer for ONA!

In August, our ONA Twitter account received its 10,000 follower – an incredible accomplishment! This means that thousands of our followers are kept in-the-know quicker and easier about ONA news, events and important updates.

In 2011, ONA launched our Facebook and Twitter accounts and it is amazing to see how far of a reach ONA has online. Our social media channels drive online users to our more traditional communication venues, including media releases, website articles, our award-winning *Front Lines* magazine, and much more.

Our Facebook posts are being liked and shared in record numbers – and the comments that are posted about a particular topic or issue are interesting to read.

Over the next several months, we will be using our social media channels to spread the word about important initiatives like never before. Given that we have launched two major campaigns (*The Truth Hurts* and our Violence Prevention campaign), we encourage you to follow ONA on social media to follow the conversation.

Visit www.facebook.com/ontarionurses and like ONA and see www.twitter.com/ontarionurses to follow ONA.

Happy tweeting!

Fight Far from Over on Anti-Union Bill

We may have lost the battle, but we are determined to win the war! That’s the message ONA is putting forward after the Senate passed the controversial Bill C-377 in a shocking move before rising for the summer.

Despite strong lobbying efforts from multiple groups, including ONA, on June 30, Canada’s Senate voted in favour of passing the regressive and clearly anti-union bill, which requires more detailed and confidential information from unions and internal strategies for how we represent our members (this line-by-line reporting will take away from the time we need for effectively servicing our members).

To force a vote on the bill before the summer recess, Conservative Senators voted against their own speaker, who ruled that tactics to redefine Bill C-377 as a government bill, although it clearly isn't government business, were against the rules of the Senate.

The constitutionality of the bill, which comes into force for the 2016-17 year, has already been questioned by numerous groups, including the Canadian Bar Association, the federal Privacy Commissioner and seven provincial governments.

Canadians will have the opportunity to challenge the bill during the federal election (results not known at press time), as both Opposition parties said they would repeal the law before it takes effect. Failing that, the labour movement has vowed to begin a legal battle to challenge it in the courts.

ONA Advocates for all Workers During Labour Law Consultations

ONA is involved in the consultation process for the review of the *Labour Relations Act* and *Employment Standards Act*, urging the government to make meaningful changes for our members and all Ontario workers.

This past spring, the government launched public consultations on the changing nature of the modern workplace, which it said would focus on how the *Labour Relations Act* and *Employment Standards Act* could be amended to protect workers while supporting businesses in our changing economy.

The broader issues affecting our members’ workplaces are many and varied, including: rampant layoffs, excessive workloads, unsafe staffing, disregard for health and safety, a broken arbitration system, and discrimination and harassment. Other workplaces in the province fare even worse with low paid minimum wage jobs, no benefits/pensions/job security, longer working hours and the need to work later in life, and a lack of unionization, primarily in the private sector.

In our submission and verbal presentation to the Ontario Changing Workplace Review on September 18, 2015 at Queen’s Park, ONA recommended that the government mandate working conditions that enhance dignity and respect for all working people, encourage and promote unionization, and improve the labour relations process.

Specifically, we urged the government to reinstate card-based certification in all sectors and mandate benefits for employees working after age 65, give parties the right to first collective agreement arbitration, and mandate health and welfare benefit continuation during a strike.

To view ONA’s entire submission, log onto www.ona.org/submissions.
QUEEN’S PARK Update

Ontario is funding six cross-sector health care teams to implement bundled care projects in their communities. These teams will focus their work on patients who require short-term care at home after leaving hospital. In a bundled care approach, a group of health care providers is given a single payment to cover all the care needs of an individual patient’s hospital and home care. This approach is also known as an “integrated funding model.” Six teams will receive the first wave of bundled care funding and the province plans to support additional teams across Ontario over the coming year. These changes will have a significant impact on our community care access centre, community and hospital sectors. As a result, ONA is holding a provincial meeting with our leaders to determine our strategic direction.

Through the Health Infrastructure Renewal Fund, the province is providing $1.79 million for infrastructure upgrades at Grey Bruce Health Services in Owen Sound and Hanover and District Hospital, including:
- Structural upgrades such as roof replacements and new windows.
- Upgraded heating, ventilation and air conditioning systems.
- Improvements such as upgrading back-up generators.
- Upgraded fire alarm systems and other work needed to address requirements under the Ontario Building Code and Ontario Fire Code.

Overall, the Ontario government is maintaining the Health Infrastructure Renewal Fund at $125 million for provincial hospitals in 2015-16.

Small and rural hospitals in Ontario and in the South West Local Health Integration Network (LHIN) are receiving two types of funding. The first type of funding is through the provincial Small and Rural Hospital Transformation Fund, which was initially announced in 2012 and renewed as a three-year commitment in the 2013-14 Ontario budget.

The fund, which aims to improve collaboration between small and rural hospitals and community partners, provides $20 million per year in one-time funding to small and rural hospitals. The South West LHIN approved $4,776,100 in funding for 16 projects at 17 small and rural hospital sites across the LHIN. Approved projects fall into five categories:
- Technology.
- Health human resources and training.
- Integration, collaboration and care coordination.
- Clinical improvements and standards.
- Knowledge exchange and translation.

The second type of funding is a 1 per cent base funding increase for small hospitals to improve patient care close to home. The funding is through the Ministry of Health and Long-Term Care, which is providing $7 million to small hospitals across the province. The total amount invested in South West LHIN hospitals is more than $1.5 million. This funding is to help more than 50 hospitals across Ontario improve care for patients through measures such as:
- Reducing wait times.
- Providing staff with additional clinical education.
- Expanding programs in partnership with community organizations.

OHC News

Still Time to Sign up for OHC Health Action Assembly

Just a reminder that the Ontario Health Coalition (OHC) is holding its Annual Health Action Assembly and Conference in Toronto this November – and we encourage you to attend.

This is an excellent opportunity for you to help shape the future direction of health care, as participants design an action plan during the assembly, which is essentially a blueprint of the campaigns the OHC and its members, including ONA, will embark on next year. Front Lines will highlight the final blueprint in an upcoming issue.

The assembly will be held from 10 a.m. to 4:30 p.m. on Saturday, November 21 at the Church of the Holy Trinity, 10 Trinity Square (behind the Eaton Centre), and the conference will take place from 9 a.m. to 1 p.m. on Sunday, November 22 at Metro Hall, 55 John St., rooms 308/309, in downtown Toronto. Fees per day are on a sliding scale from $0 to $40 (you are asked to pay what you can; fees help subsidize coalition members from across Ontario to attend). A group of rooms have been blocked at the Bond Place Hotel, 65 Dundas St., for a reduced rate if you book by November 1.

Further details on the assembly and conference, including an agenda, registration form and hotel information, are available on the OHC’s website at www.ontariohealthcoalition.ca. We hope to see you there!
It’s Your Collective Agreement

All ONA Employers – “Internal Job Evaluations” versus “Pay Equity”

Recently, some employers have commenced internal job evaluation processes that involve reviewing ONA job classes. Generally, the purported purpose of such processes is to achieve internal equity: ensuring jobs are paid according to their value within an organization. Such a process typically involves doing job evaluations and then determining whether the employer’s compensation is fair and equitable. In some instances, employers have approached our members directly to be involved in these processes and evaluate jobs. While the reasons an employer may commence such a process is laudable, internal equity is not the same as pay equity.

Pay equity is mandated by the Pay Equity Act and requires employers to pay female jobs classes at least as much as male job classes. Both processes involve evaluating jobs. However, the Pay Equity Act mandates the process that must be followed and requires the employer to negotiate with the union. When an employer commences an internal equity process with our members, this could have a negative impact on pay equity.

Therefore, it is important that members contact your Bargaining Unit President when/if you are approached by an employer to be involved in any job evaluation/internal equity process. When an employer commences such a process, the ONA Labour Relations Officer must be made aware so that the evaluation process can be reviewed and we can ensure there is no negative impact on any existing pay equity plan.

Preparing for Bargaining 2016

Thanks to every member who responded to our pre-bargaining Have a Say survey. ONA is now reviewing the responses, including more than 1,400 pages of your comments.

How is the information used?

The information is reviewed to determine our members’ top bargaining goals. We then break that data down by sector – hospitals, homes for the aged, nursing homes, public health, community care access centres, home care providers and industry/clinics.

The Hospital and Nursing Homes Central Bargaining Teams review this data carefully, including all the comments written by our members. Bargaining priorities and proposals are established based on your input. Your priorities and comments guide the decisions made by our bargaining teams throughout negotiations, including reaching a settlement or making the decision to proceed to arbitration.

Agency Use in Hospitals

Despite all the layoffs, there is a surge in the use of agency nurses. Our collective agreement provides that the use of agency nurses should be minimal and the employer should make best efforts to use ONA members first. Protect your work! If agency nurses are working in your hospital unit, notify your Bargaining Unit President.

Long-Term Care

As of July 1, 2015, all long-term care homes received a funding increase. The increases now mean that the per diem rates paid by the Ministry of Health and Long-Term Care is $163.71 per resident per day for a home with a Case Mix Index of 100. This includes a 2 per cent increase in the Nursing and Personal Care and Program and Support Services envelope.

Most ONA long-term care homes have job security language that protects the number of hours of RN care per day or week. If your employer is not replacing RNs with RNs, announces layoffs or part-time are experiencing reduced hours of work, contact your Bargaining Unit President immediately. She/he will contact your Labour Relations Of-
Remember your collective agreement reflects many hard-fought rights. It is only strong when members ensure its enforcement. Call your Bargaining Unit Representative if you believe your collective agreement rights have been violated.

VICTORIAN ORDER OF NURSES (VON)
The Healthcare of Ontario Pension Plan (HOOPP) and VON Canada have now entered into a transfer agreement under the Pension Benefits Act (PBA) that will allow eligible members who have been impacted by a past divestment (e.g. from VON to a CCAC or hospital) to transfer the value of their pension benefits from the VON Canada Pension Plan to HOOPP. This will impact approximately 80 former VON ONA RNs.

A copy of the materials has been sent directly to these ONA members by VON. Members will then be able to individually determine if they wish to transfer their pension to HOOPP. ONA recommends consultation with a financial planner when making this decision.

Victoria to Guarantee Minimum Nurse-to-Patient Staffing Ratios

The government of the Australian state of Victoria has introduced legislation to guarantee a minimum nurse-to-patient ratio in public hospitals.

Victoria Premier Daniel Andrews made the announcement in late August while meeting with nurses at the Royal Melbourne Hospital. State Health Minister Jill Hennessy, who was present for the announcement, said the bill would take the staffing issue off the bargaining table for future agreements.

There is no one figure for all public hospitals, as the minimum ratio depends on the type of care given and the time of day.

“Nurse-patient ratios are really important for patient safety,” Minister Hennessy said. “It goes to the quality and capacity of care that Victorian patients receive. Nurse-patient ratios are important because the greater the care and focus nurses are able to give to our patients, the better clinical outcomes they have.”

The legislation will also provide flexibility to reconfigure nurse and midwife staffing and roster arrangements “to ensure the best utilization of available nurses and midwives to maintain high quality care,” the Minister added.

UK Nurses Seeking Debt Advice, Union Warns

Nurses in the United Kingdom are seeking debt advice and increasingly turning to food banks and payday lenders, a UK nurses union has warned.

Figures from the Royal College of Nursing showed that between January and July of this year, it received more than 1,200 calls to its member support services from nurses needing advice, including on welfare, ill-health and disability. This included 231 asking for help with debt, bankruptcy and homelessness. The union's counselling service has also seen a rise in the number of nurses needing help with stress.

Janet Davies, the union’s new general secretary and chief executive, said there is also anecdotal evidence that nurses are increasingly turning to food banks and payday lenders because of years of public sector pay restraint.

Many feel undervalued and could leave the system, she noted, which will lead to an even greater reliance on agency staff in the United Kingdom.
“I deeply thank ONA members for their incredible and unwaivering support of nursing students”

A Conversation with CNSA Ontario Regional Director Kendra Davis

In April 2015, Kendra Davis, a fourth-year nursing student at Western University, was elected Ontario Regional Director (ORD) of the Canadian Nursing Students’ Association (CNSA). Front Lines wanted to know what she hopes to achieve during her tenure (and how ONA can help), what it’s like to be a nursing student in today’s challenging environment and why ONA’s student affiliation is so important.

Front Lines: What drew you to nursing as a career?

Kendra Davis: I actually started my university education in psychology because I saw it as a way to truly make a big difference in others’ lives. Then part way through my degree things started to come together, such as seeing a friend in social work switch to nursing, observing a good family friend who was a nurse, and having an interest in biology and medical shows. I think the biggest thing was a calling. It wasn’t just the little hints that came together leading me to maybe go into nursing; something inside me told me that I had to go into nursing.

FL: What does your role entail?

KD: My primary role is to act as the liaison between the Ontario delegates and students, the Board of Directors, and regional and national stakeholders. It is also my responsibility to facilitate communication among each Ontario chapter school’s delegates, provide each chapter school with current nursing student updates, coordinate the recruitment and retention activities in Ontario, collect updates from each of the delegates and report them to the Board of Directors, oversee the planning and execution of the Ontario Regional Conference, chair Ontario business meetings at the regional and national conferences, and facilitate National Nursing Students’ Week.

FL: What are the biggest issues facing nursing students today?

KD: The very busy nature of my position has forced me to become more organized with my time. It has also allowed me to further enhance my leadership ability, which is a character trait I will be able to maintain throughout my career. Although the position itself does not directly assist me in my studies, some conference workshops provide valuable insight into nursing topics that enhance what I learn in my lectures. Networking also provides me with insights and alternative ideas, which enhance my learning and clinical experience.

FL: What do you hope to achieve during your tenure?

KD: My goals are to ensure that delegates are able to consistently stay up to date and in contact with me and each other; that student issues presented from across Ontario are voiced to the Board of Directors and regional and national stakeholders; that the incredible student leaders of Ontario are provided the opportunities and resources they require to create change; that delegates and students are provided the resources and benefits that CNSA offers; and to represent the region of Ontario on regional and national levels.

FL: What do you hope to achieve during your tenure?

KD: The very busy nature of my position has forced me to become more organized with my time. It has also allowed me to further enhance my leadership ability, which is a character trait I will be able to maintain throughout my career. Although the position itself does not directly assist me in my studies, some conference workshops provide valuable insight into nursing topics that enhance what I learn in my lectures. Networking also provides me with insights and alternative ideas, which enhance my learning and clinical experience.

FL: What do you hope to achieve during your tenure?

KD: The main concern for nursing students right now is being prepared for and able to pass the NCLEX. Another concern students face is managing the stress and time constraints of nursing school while still maintaining mental and physical health. Furthermore, it is important that students do not feel intimidated or over-pressured in their clinical placements, and that accommodations are able to be made for physical illness or other legitimate conflicts (i.e. nursing student conferences) to ensure adequate time to learn the nursing skills of the placement. Finally, the sweeping nursing cuts that have recently

Kendra Davis
occurred in Ontario are creating worries for students that there will be no or very few positions once they graduate.

**FL:** How is ONA helping with those challenges?

**KD:** Simply knowing that ONA recognizes and cares about student issues is very empowering. Having a professional union as powerful as ONA allows student leaders to have and utilize resources to advocate for the issues mentioned above. Additionally, the actions of ONA – interacting with individuals, families, students, and schools; advocating on regional and national levels; being present at meetings and conferences where discussions surround these issues; and directly empowering students to speak up for themselves to their faculty – shows its commitment to students. By continuing to support students the way ONA always has and staying in contact with delegates and the ORD truly helps to empower and further develop students as professionals.

**FL:** What does the ONA student affiliate membership mean to you and other students?

**KD:** Given the immense challenges and stressors that nursing students face, it is a great relief to know that a powerful, professional union is constantly supporting us. We feel equipped to face many of the challenges we encounter with a strong ally. Although many delegates are aware of this incredible advantage ONA provides, there are some who are not. It is my goal to make more students aware of this wonderful resource.

**FL:** How can CNSA and ONA best work together in the future to continue moving our joint issues forward?

**KD:** ONA has always done an incredible job of directly supporting students and these continued efforts are truly in line with CNSA's initiative to be the primary resource for nursing students. Further direct involvement with students could be facilitated by inviting and encouraging more delegates and students to attend ONA events such as teleconnects and Provincial Coordinators Meetings.

**FL:** Do you see yourself being a nursing leader in the future?

**KD:** Absolutely! You could definitely say I’ve caught the leadership bug. Going back to the reason I went into nursing, I believe that utilizing the power and influence that being a leader comes with can facilitate far-reaching initiatives that will better not just an individual’s life, but communities across the country and across the globe.

**FL:** Any final thoughts?

**KD:** I would like to deeply thank the members of ONA for their incredible and unwavering support of nursing students. As nursing students, we are taught that we must empower each other and our patients, and ONA consistently epitomizes this concept by providing students with advantageous connections, resources, and advocacy opportunities.

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**ONA Works Hard to Protect Members, Winning Student Essay States**

*In our final installment highlighting the five 2015 recipients of ONA’s Nursing Scholarship, which provides $1,000 to assist students in an accredited nursing program cover the expenses of their education, Kaitlyn Campbell, daughter of Local 26 member Marilyn Campbell, explains in her winning essay the valuable role ONA plays.*

Where would nurses be without ONA? The association not only represents thousands of Ontario RNs, but also allied professionals and nurse students. Each and every day, ONA assists its members in some way.

One of the most important ways ONA supports its members is in bargaining and labour relations. It is constantly trying to improve working conditions for its members. ONA works with employers to improve things such as workplace violence, workload issues, and safety for both patients and nurses. It helps members when they feel they are being treated unfairly by their employer. ONA also negotiates wages, pensions and benefits.

ONA participates in political action. It fights for quality health care for Ontario. It demands keeping beds open, and having qualified staff to care for the people in those beds. ONA speaks out to protect public health care.

ONA gets involved in government relations. It campaigns for an end to nursing cuts and an appropriate RN-to-patient ratio, and fights for the end to the underfunding of Ontario hospitals.

ONA also believes in educating its members. It provides a number of workshops, education sessions and lectures on a wide variety of topics, and eLearning programs. This is important to keep members up to date.

Health and safety is also another area ONA takes very seriously to protect its members. It educates members on a wide range of topics, including health and safety legislation, workplace violence and harassment, and infectious diseases, to name a few.

This is why I think ONA is important to each and every nurse. ONA works hard for its members to provide a safe, fair and professional work environment.
Member Voice: Understaffing Directly Attributes to Workplace Violence

As the worker co-chair of an employer’s Joint Health and Safety Committee (JHSC), one ONA member identifies that there are concerns about the increasing incidents of verbal and physical abuse and overall workplace violence.

The problems are primarily due to understaffing, failure to report incidents and the lack of training in how to deal with workplace violence and verbal abuse. There also needs to be a comprehensive risk assessment done at the facility, as well as recommendations on how to make improvements and prevent incidents.

“We have had issues of patient/family aggression in most of the units and it is increasing. Everyone is concerned and frustrated with workplace violence/harassment in our workplace. And patient frustration is taken out on our front-line nurses/staff,” said the member, whose name and place of employment we are keeping anonymous.

“We are working with the JHSC and employer to empower staff and engage managers to deal with health and safety concerns. We are trying to educate them to report every incident and to train staff and managers from the top down on how to deal with violent incidents. We have been asking at JHSC for a risk assessment throughout the whole facility because the incidents are just increasing every day.”

ONA and the worksite’s other unions are asking their employer to work with them to address the increasing incidence of workplace violence, including implementing policies and procedures that protect both staff and patients.

“We want to work together to prevent violent attacks and to be prepared when they occur. And we want our employer to recognize that there are issues that need to be fixed,” said the member, adding that another problem leading to the increase in violent incidents is the failure of staff to report them when they occur. “They need to understand that violence is not part of their job.”

Understaffing is also a major concern and can lead to incidents of violence and abuse.

“When the volume of patients and acuity in the ER is high, we need to be moving patients up, but there isn’t enough staff on the units,” the member added. “The nurse-patient ratio/unsafe workloads have gone up and it is unsafe. There are going to be problems and injuries because we can’t monitor critically ill patients adequately. All members at our facility feel that it is very unsafe and that their licence is on the line on every shift.”

The result, concluded the member, is that nurses are feeling very unsafe and stressed, and families and patients, who are angry at the system, are lashing out at staff.

ONA Plays Key Role at Province’s Workplace Violence Prevention Roundtable

As the horrifying workplace violence stories continue to flow in to ONA from our members – unbelievable stories of assaults, kicking, spitting and verbal abuse – there is some positive news about action being taken to try to curb workplace violence.

The Ontario government has created a leadership table on workplace violence prevention and ONA President Linda Haslam-Stroud is sitting on the executive committee with the CEO of the Ontario Hospital Association and the deputy ministers of Health and Long-Term Care and Labour.

“Since early spring, I have been very vocal with employers, the government and other stakeholders about the rising epidemic of workplace violence,” said Haslam-Stroud. “I have told them time and again that we are being assaulted every day and they are virtually doing nothing.”

The development of this roundtable is welcome news, she noted. “I am providing advice, solutions and suggestions around improving safety in our workplaces.”

The first meeting took place this past September and there was much to discuss.

“I was impressed and encouraged with our first meeting,” Haslam-Stroud added. “I think we are all aware of the seriousness of this issue and I hope we can all work together to come up with some solid solutions to improve our workplaces.”

Visit www.ona.org/violence to learn more about the roundtable and for other violence prevention information.

Do You Have a Story to Tell?
Let us know at www.ona.org/violence
Mandatory Self-Reporting Obligations: The Requirement to Report Charges and Convictions

In an article that appeared in the January 2015 issue of Front Lines, ONA’s Legal Expense Assistance Plan (LEAP) Team described nurses’ mandatory self-reporting obligations. They include:

- Nurses must self-report to the College of Nurses of Ontario (CNO or College) if they have been found guilty of any offence in any jurisdiction.
- Nurses must self-report to the College if they have been charged with any offence in any jurisdiction.

Previously, nurses were only required to self-report criminal convictions to the CNO. The College has now greatly expanded the self-reporting obligation, defining an “offence” to mean a breach of law that can be prosecuted in a court. As a result, nurses are required to self-report to the College not only when they have been convicted of a criminal offence, but also when they have been charged or convicted of any other type of offence that can be prosecuted in a court.

The following are some examples of provincial offences:

- The Highway Traffic Act: speeding, careless driving, not wearing your seatbelt.
- Compulsory Automobile Insurance Act: failing to surrender your insurance card or possessing a false or invalid insurance card.
- Liquor Licence Act: being intoxicated in a public place or selling alcohol to a minor.
- Trespass to Property Act: entering prohibited premises or failing to leave premises after being directed to do so.
- Violations of the Occupational Health and Safety Act and the Ontario Environmental Protection Act.
- Fish and Wildlife Conservation Act: hunting or fishing without a licence.

Many offences can be prosecuted in a court (a speeding ticket, for example). Even if you pay a fine rather than go to court for these types of offences, the CNO requires you to report both the charge and the conviction, if you are convicted.

Federal acts under which you may be charged include:

- The Criminal Code.
- The Controlled Drugs and Substances Act: possessing a controlled substance.
- The Income Tax Act: failing to file a tax return, filing fraudulent tax returns.
- The Customs Act: smuggling into Canada goods that are subject to customs duty.
- The Copyright Act – illegally recording a film.

As you can see, the requirement to report charges and convictions is broad and encompasses many violations that are unrelated to a nurse’s suitability to practise. Furthermore, many offences, such as Highway Traffic Act violations, are minor in nature and it is difficult to imagine that the College would wish to investigate them.

However, absent clear direction from the College, we advise nurses to report all charges related to offences that can be prosecuted in court. We are hopeful that once nurses become more aware of their duty to report and the number of reports increase, the College will narrow the reporting requirement.

Nurses must report the charges within 30 days and any convictions within 30 days of the decision. An absolute or conditional discharge is still considered a conviction and must be reported to the College. The College has the power to begin an investigation over any self-report. However, it is less likely to do so if the charge is unrelated to nursing practice.

If you have any questions, contact LEAP before communicating with the College (see contact information below). LEAP can give you detailed advice regarding your reporting obligations or any other matter relating to the College.

HOW TO CONTACT LEAP

Call (416) 964-8833 or (toll-free) 1-800-387-5580 and ask for LEAP Intake.
Send an email to LEAP Intake at leapintake@ona.org.
New Ontario Pension Plan Won’t Impact ONA Members who Belong to HOOPP

There has been much media attention of late on the new Ontario Retirement Pension Plan (ORPP), which is meant to provide more adequate pension benefits for Ontarians who aren’t already covered by a comparable workplace pension plan.

Here are the impacts of this new plan for ONA members who work for an employer offering Healthcare of Ontario Pension Plan (HOOPP) pension benefits:

- If you are already a member of HOOPP, there is no impact because HOOPP is considered to be a comparable workplace pension plan. You and your employer won’t have to make any payroll contributions to ORPP.
- If you work part-time (or not full-time) with a HOOPP employer and aren’t a member of HOOPP, you have until January 1, 2020 to join HOOPP. If you don’t, you will have to enroll in ORPP at the start of 2020.

What’s a “comparable plan,” as defined by the province? It’s a registered pension plan that meets the following minimum thresholds:

- A defined contribution plan where the total contribution by member and employer equals 8 per cent of salary per year, with the employer contributing the same amount as the employee (4 per cent each).
- A defined benefit plan (where the employee’s earnings are factored into the retirement income calculation) that has a benefit accrual rate of at least 0.5 per cent of earnings per year.

A defined contribution plan is really just a cash accumulation plan. The money you contribute is matched by your employer, invested, and on the date you retire, represents the total retirement savings you will need to turn into income as a retiree.

A defined benefit plan, such as HOOPP, provides you with an annual lifetime pension based on your earnings and years of service. When government pensions are factored in, HOOPP provides a pension equal to approximately 2 per cent of your annualized earnings for every year of pension service you have. Someone retiring at age 60 after 30 years of service in HOOPP would get a pension equal to 60 per cent of what they were earning at work. This is well above the minimum threshold of 0.5 per cent of earnings that the government has set out.

The ORPP is intended to provide a “top up” to the Canada Pension Plan (CPP), which currently provides a maximum pension benefit of approximately $12,000 per year. The maximum ORPP would effectively double that benefit to about $24,000 per year. The average HOOPP pension is $23,500 per year, and HOOPP pensioners also receive CPP.

HOOPP has made it easier than ever for part-timers and others to join (see pg.19). For more information, contact HOOPP Client Service at (416) 646-6445 or 1-877-43HOOPP (46677). Client Service representatives are available between 8 a.m. and 5 p.m. Monday to Friday. You can also visit hoopp.com to learn more about HOOPP. For more about ORPP, visit www.ontario.ca/page/orpp-ontario-retirement-pension-plan.

We will be continuing our pension series with an article on the Ontario Municipal Employees Retirement System (OMERS) in the next issue of Front Lines.

Ready to Retire? Consider an ONA Retiree Membership!

Just because you are retiring from your career doesn’t mean you have to leave ONA behind!

ONA believes that when your nursing and allied health professional job ends, your union still has a valuable role to play in the next chapter of your life by providing you with important services, benefits and special offers.

When we learn that you are retiring from your Bargaining Unit President or employer, we will send you a letter inviting you to retain your ONA membership through our unique retiree membership plan (you can also complete an application form on our website). For the low annual price of $25, you’ll be kept up to date on ONA happenings and continue to receive Front Lines.

We’ve set up an ONA Dental Plan for Early Retirees, geared towards those who worked in the hospital sector and are between ages 60 to 64, along with their eligible dependents. In the most recent hospital collective agreement, ONA also successfully bargained for significant improvements in early retiree benefits.

As well, we have negotiated special discounted rates and other promotions from outside agencies explicitly for our retired members.

Apart from information on all of the above, the retiree page of the ONA website (www.ona.org/retirees) also contains a list of recent ONA retirees, important information on how you can maximize your compensation and benefits during your retirement from Johnson Inc., the Healthcare of Ontario Pension Plan (HOOPP) and the Canada Pension Plan, regular HOOPP newsletters, and many other retiree resources.

With a little more time on your hands, you may also wish to become more involved with ONA and volunteer with our political action events and other activities. We welcome your participation! Please contact your former Bargaining Unit President for more information on how you can stay active.
Effective Oct. 1, 2015, all part-time and other non-full-time healthcare workers can join HOOPP immediately.

Start building a pension for life with HOOPP. Contact your work HR department to join today. If you are already a HOOPP member, please help get the word out to your colleagues.

*Valid at employers offering HOOPP, SEPTEMBER 2015.
Addiction is considered a disability in law, and is therefore afforded protection from discrimination under the Ontario Human Rights Code (the Code). But there are many questions and a lack of clarity surrounding this issue in workplaces due, in part, to the social stigma attached to substance dependence.

Identifying Substance Abuse
It is important to be attuned to the signs and symptoms of addiction, as members with addictions or substance dependence may be reluctant to disclose their condition to their coworkers or employer for a number of reasons, including social stigma, fear of discrimination or fear of losing their job.

But for both patient and workplace safety, it is imperative to identify addiction in the workplace as soon as possible. This will help ensure the member can be properly and promptly accommodated with as little adverse impact as possible on patient care and the workplace.

Some general signs and symptoms to look for when an addiction is suspected include:

• A change in work performance or attendance.
• Alteration of personal appearance.
• Mood swings or attitude changes.
• Withdrawal from responsibility.
• Unusual patterns of behaviour.
• Defensive attitude concerning the substance.

When is Substance Abuse a Disability?
Both drug and alcohol abuse, referred to as substance abuse, have been held by the Ontario Court of Appeal to be disabilities worthy of protection under the Code because they are each “an illness or disease creating physical disability or mental impairment and interfering with physical, psychological and social functioning.”

Employees are protected from discrimination and harassment on the basis of their substance dependence. Therefore, employers are required to accommodate members with addictions, and discipline is not the appropriate response for behaviour that is connected with the addiction.

That includes behaviours that would otherwise attract a disciplinary response. A good example would be the theft of narcotics. Members suffering from addiction may engage in theft to satisfy the need for larger dosages or more frequent usage and to avoid the effects of withdrawal.

To engage the employer’s duty to accommodate however, it is essential to delineate when addiction is present, versus when the member is engaged in recreational substance use only. Casual drug use does not fall within the definition of addiction and is therefore not a disability under the Code, with one exception: where someone is treated adversely because she/he is perceived to have an addiction. Section 10(3) of the Code extends the protection under s. 5(1) to persons who are believed to have or have had a disability.

Employer Obligations and the Duty to Accommodate
Discipline or discharge is not the appropriate response for misconduct related to substance dependence, and constitutes discrimination under the Code. The appropriate response is for the employer to place the employee on sick leave so that she/he can commence a treatment program followed by a period of rehabilitation.

Given that addiction is a disability under the Code, the employer has a duty to accommodate the needs of employees suffering from addiction, up to the point of undue hardship. Employers are not, as a rule, expected to accommodate disabilities that they don’t know about, but case law has identified that part of the duty to accommodate is the duty to inquire. Sometimes the nature of the addiction may lead to the member not knowing that she/he is suffering from an addiction or being in denial about it.

Union’s Duty
The employer is not the only party that must make reasonable efforts and take part in the accommodation process. The union and its members also have a duty to facilitate any accommodation.

This is especially important upon the member’s return to work, as accommodations for a member suffering from an addiction may include modifying a nurse’s job duties to exclude administration of or access to narcotics, implementing a workplace monitor, or creating a schedule that provides for appropriate monitoring. Help and support from colleagues and managers, as well as clear and effective communication, are essential to a successful return to work.

Member’s Duty
The affected member also has a corresponding duty to cooperate in the accommodation process.

The member must participate in the process and do her/his best to identify her/his needs. A third party’s advice and expertise may be needed, but ultimately the affected member has to cooperate.
If a member refuses to participate in the accommodation process, despite an employer’s best efforts to accommodate her/him, it can lead to a finding that the employer has fulfilled the legal duty to accommodate and has no further obligations to the employee.

The Effects of Denial

Denial is a central feature of the disease of addiction. It is important for ONA members to understand the powerful role denial plays in the disease and that an individual may not be in a position to accept that she/he is suffering from substance dependence until she/he seeks professional help. Feelings of shame and embarrassment can immobilize individuals from seeking the help they need and from discussing their situation with others.

But denial can lead to a refusal to cooperate or participate in the process. If a member does refuse to cooperate due to being in denial, an employer’s obligation may come to an end as described above.

Resources for Members

For advice and assistance about issues relating to addiction in the workplace, please contact your Local Bargaining Unit Representative or ONA’s Legal Expense Assistance Plan (LEAP) Team Intake at (416) 964-8833 or (toll-free) 1-800-387-5580, or send an email to leapintake@ona.org.

For further information about addictions as a disability and human rights obligations under the Code, refer to the Ontario Human Rights Commission’s Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions, which can be found at www.ohrc.on.ca/en/preventing-discrimination-based-mental-health-disabilities-and-addictions.
ONA has won a precedent-setting and far-reaching arbitration award for our members against Sault Area Hospital (SAH), striking down the controversial “Vaccinate-or-Mask” (VOM) policy introduced at many Ontario hospitals.

The VOM Policy
The contentious VOM policy forces nurses and other health care workers to wear an unfitted surgical mask for the entire flu season if they choose not to get the influenza vaccine. ONA’s position has always been that receiving the influenza vaccine needs to be a true choice and should be part of a more comprehensive, evidence-based infection control plan. Publicly “ outing” nurses who choose not to receive immunizations with mandatory mask-wearing unfairly punishes them for a personal health decision.

“While our first priority as nurses and allied health professionals is always the safety of our patients, these coercive employer policies do not truly advance patient safety,” said ONA President Linda Haslam-Stroud. “Our collective agreement protects our patients if the medical officer of health determines there is an influenza outbreak by ensuring that comprehensive measures are put in place to reduce the risk of transmission to patients. The ‘Vaccinate-or-Mask’ policies have been highly criticized as symbolic rather than a scientifically-based tool in the fight against influenza.”

The Lead Case
As soon as these contentious VOM policies were put in place at many provincial hospitals, ONA sprung to action, launching several grievances on behalf of our members.

In the last round of hospital central bargaining, we negotiated a central arbitration process with the Ontario Hospital Association (OHA) to deal with the grievances challenging policies that mandated vaccination or masking at participating hospitals. It involved referral of these grievances to a single arbitrator, Jim Hayes. ONA and the OHA agreed that the grievance filed at SAH would be the lead case, proceeding first. The OHA recommended this binding process to all participating hospitals and many agreed to it.

During the course of the 18 days of hearings, ONA’s team of well-regarded expert witnesses argued that forcing healthy RNs to wear masks for up to six months during the influenza season did little or nothing to prevent transmission of the virus in hospitals. We stated that nurses who have no symptoms are unlikely to be a real source of transmission and that it was “illogical” to force healthy nurses to mask.

Our renowned witnesses included Dr. Michael Gardam and Dr. Camille Lemieux, Infection Control experts from University Health Network, Quebec epidemiologist Dr. Gaston De Serres, and Dr. Lisa Brosseau, an American expert on masks.

The Decision
After carefully considering the detailed evidence, Arbitrator Hayes stated in his September 8th decision that he found the policy to be unreasonable, noting that the requirement to “Vaccinate or Mask” was a “coercive tool” to force health care workers to receive the immunization.

Arbitrator Hayes sided with ONA’s expert witnesses and concluded that there was “scant” evidence that forcing nurses to use masks reduced the transmission of influenza to patients, rejecting the hospital’s argument that “some” or “any” evidence on masks was enough to justify the VOM policy. He also found that the policy undermines the collective agreement rights of employees to choose to receive the vaccine or not.

“This decision is a significant win not just for our union, but for all unions across the country, and is expected to have a widespread impact on Ontario hospitals,” concluded Haslam-Stroud. “For that reason, hospitals, unions, health care workers and other stakeholders were watching this case very closely. Once again, ONA has paved the way when it comes to protecting our members, your rights and your patients.”

To read a copy of the full decision, log onto www.ona.org/vom.
The hospital had failed to provide clear direction, policies and training for employees on wearing proper footwear and other equipment. Despite a lack of direction from the hospital and significant employee confusion, the Ministry of Labour (MOL) unjustly targeted individual employees when they were not at fault rather than fix these systemic issues in the workplace by issuing orders against the hospital.

ONA and our members are relieved that the Crown has reached the right decision by not pursuing this matter further. We encourage the MOL to examine what employers have done and whether it has instituted appropriate direction, policies and training to ensure employees are safe, rather than blaming individual workers when their employers have not given them clear instructions on what safety measures to follow.

Rights

Another precedent-setting win for ONA! Crown drops charges laid against ONA members regarding appropriate footwear

In yet another significant victory for our union, the Crown has dropped charges laid against two ONA members regarding their footwear because there was no reasonable prospect of conviction.

In August 2014, the members, employed at a large hospital in the Greater Toronto Area, were charged with violating the Occupational Health and Safety Act based on allegations related to whether they were wearing appropriate footwear and other equipment.

One member was alleged to have worn improper footwear. Her shoes had been acceptable for years when the employer changed its policy, without prior notice to employees, a week before she was charged. Nurses on the unit were confused about what type of footwear was considered appropriate and what exactly the employer required. They had also been told they had a month to comply with the new policy.

The other member was charged for failing to wear a dosimeter when there was no x-ray procedure being performed. The hospital policy was again unclear, and the nurse was wearing equipment as he had been doing since beginning work on the unit. His supervisor had never raised any concerns or told him he was doing anything wrong.

In both cases, the members were attempting to follow hospital policy and to work safely and responsibly. The prosecution withdrew both charges in August 2015.

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More critical patients, fewer registered nurses. It doesn’t add up.

The Truth Hurts
Nurses know.
ona.org