I am very excited and deeply humbled to be your President-elect and I promise to continue to effectively move your key issues forward with your employers, the government and the public,” current First Vice-President Vicki McKenna says of taking over for retiring President Linda Haslam-Stroud in January. “I have very big shoes to fill, but I am up to the challenge.”

ONA provincial election is currently underway to allow all members with entitlements to determine the next Board of Directors, and for the first time in 14 years, ONA will have a new President come January.

Based on a decision made at the 2016 Biennial Convention, the election is for all positions on the Board, as opposed to the staggered-year approach we have used in the past. The term of office for the new Board runs from January 1, 2018 until December 31, 2019.

Longstanding ONA President Linda Haslam-Stroud has decided to retire, paving the way for current First Vice-President Vicki McKenna to lead ONA for the next term. 

ONTARIO NURSES’ ASSOCIATION
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The Members’ Publication of the Ontario Nurses’ Association

ONA is the union representing 64,000 registered nurses and allied health professionals and more than 16,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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ONA President-Elect Acclaimed, Elections for First VP, Region 4 VP

Candidates in Regions 1, 2, 3 and 5 have also been acclaimed, meaning no election will be necessary for any of those positions (see sidebar for their names).

As a result, elections will only take place for the positions of First Vice-President (all members with entitlements can vote) and for the Region 4 Vice-President (only members in that region can vote). Region 4 encompasses the areas of Simcoe, Dufferin, Wellington, Waterloo, Hamilton-Wentworth, Brant, Haldimand-Norfolk and Niagara.

All you need to vote is a touch tone telephone or a computer, along with your ONA ID and personal identification number (PIN), randomly generated by an outside neutral company and found in the ticket of nomination booklet mailed to you in September. Rest assured your vote is completely confidential.

This issue of Front Lines contains a bilingual ONA elections insert with messages from all the candidates, along with the acclamations. You will find much more information in your ticket of nomination package and on the ONA website at www.ona.org/election17. Election results will be posted on our website soon after the vote closes on November 1 and published in Front Lines.

Please take a few minutes to have your say on who will lead our union for the next two years.

The next issue of Front Lines will take a closer look at Linda Haslam-Stroud’s reign as ONA President followed by a profile of President-elect Vicki McKenna.

JUNE BOARD MEETING HIGHLIGHTS

The following are key highlights from the summer 2017 Board of Directors Meeting, held from June 19-22 at ONA’s provincial office:

- The Board discussed re-entry into the Ontario Federation of Labour (OFL) following support by Local leaders at the June Provincial Coordinators Meeting. ONA will pursue further discussions with the OFL on terms.
- The acronym LGBT will be amended to the more inclusive LGBTQ+ in all ONA policies, documents and publications. LGBTQ+ includes not only lesbian, gay, bisexual and transgender individuals, but also people who define themselves as Queer and others whose definition of themselves does not neatly fit into one of the listed categories.

You will find a copy of the June issue of Board Highlights on our website (www.ona.org). The subsequent Board meeting took place from September 18-21 and highlights will appear in the next issue of Front Lines.

ONA Vote 2017: The Candidates and the Acclaimed

The following candidates are running for a position on the next ONA Board of Directors or have been acclaimed in our 2017 fall election:

- **President:** Vicki McKenna, Local 100 (acclaimed).
- **First Vice-President:**
  - Cathryn Hoy, Local 99.
  - James Murray, Local 100.
- **Region 1 Vice-President:**
  - Pamela Mancuso, Local 46 (acclaimed).
- **Region 2 Vice-President:**
  - Bernadette Robinson, Local 49 (acclaimed).
- **Region 3 Vice-President:**
  - Andy Summers, Local 82 (acclaimed).
- **Region 4 Vice-President:**
  - Laurie Brown, Local 70.
  - Aisha Jahangir, Local 25.
- **Region 5 Vice-President:**
  - Karen Bertrand, Local 8 (acclaimed).

How to Cast Your Vote

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

- **GATHER** your ONA ID and PIN.
- **DIAL** 1-877-369-7965 to access the system or **vote online** at https://ona.simplyvoting.com anytime until 4 p.m. on November 1.
- **LISTEN** to the easy-to-follow prompts or **follow** the instructions on screen.
- **VOTE** for the candidate of your choice.
- **CONFIRM** your choice.

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.

www.ona.org/election17.
Faites entendre votre voix!

Récemment, des reportages dans les médias au sujet de quelques infirmières et infirmiers en Ontario et dans le monde ont présenté négativement le travail que nous effectuons chaque jour pour nos patients. Souvenons-nous que nous exerçons une des professions les plus respectées et les plus dignes de confiance, et que la plupart d’entre nous sont des infirmières et infirmiers autorisés, des infirmières et infirmiers praticiens, des infirmières et infirmiers auxiliaires autorisés et des professionnels de la santé compétents et attentionnés. Nous savons que nos patients dépendent de nous et nous continuerons à offrir des soins de grande qualité à tous ceux qui en ont besoin.

En cette période de rentrée et à l’approche l’automne, nous faisons face, en tant qu’infirmières et infirmiers autorisés (IA) et professionnels de la santé, à quelques enjeux importants, et j’espère que vous vous joindrez à l’AIIO, votre syndicat, pour en parler, car votre engagement, votre voix et vos actions comptent véritablement.

Par exemple, en juillet, l’AIIO a mis en œuvre une campagne en ligne pour exhorter le gouvernement à inclure les infirmières et infirmiers dans la nouvelle présomption législative d’état de stress post-traumatique (ÉSPT) des premiers répondants (consultez la chronique de Vicki pour en savoir davantage). En août, nous avons lancé une campagne pour exhorter l’Ordre des infirmières et infirmiers de l’Ontario (OIIO) à changer la façon dont il désigne les infirmières praticiennes (IP) avec des compétences supplémentaires, et nous leur avons fait savoir que les IA n’accepteront pas de connotations négatives sur le site Internet Find a Nurse de l’OIIO (voir l’article à la p. 21) lorsque nos compétences supplémentaires seront approuvées cet automne ou au début de la nouvelle année. Nous avons fait entendre nos voix!

Je m’apprête à conclure 40 ans de pratique comme infirmière et d’action au sein de l’AIIO, puisque je prendrai ma retraite à la fin de l’année, et je passerai le flambeau à une administratrice extraordinaire, Vicki McKenna (présidente élue). Cette formidable dirigeante de même que le conseil et le personnel veilleront à faire entendre votre voix – une voix forte, unie, professionnelle et respectée.

Oui, nous sommes scrutés à la loupe! C’est le temps de briller et de montrer à tous les avantages et les soins qu’ils reçoivent de la part des membres de l’AIIO. Nous vous remercions pour tout ce que vous faites!

Je vous pose la question : allez-vous hausser le ton, exprimer votre point de vue et aider votre syndicat pour le travail que nous effectuons en votre nom? Ma voix est enrouée, mais je sais que tous ensemble, nous pouvons changer les choses.
Getting Even Louder about PTSD Legislation!

Every day, ONA members face a wide range of traumatic workplace events that deeply impact both your professional and personal lives. You understand that. The public understands that. Our patients understand that.

ONA was extremely dismayed when nurses were excluded from Bill 163, Supporting Ontario’s First Responders Act. The evidence is clear. There is a growing experience of nurses with overwhelmingly violent and disturbing incidents in their workplaces and findings in the literature showing that these horrific experiences are closely linked to post-traumatic stress disorder (PTSD). If nurses were included in Bill 163, it would make it much easier to access treatments and benefits needed to heal.

For the better part of a year, ONA has been fighting back, meeting multiple times with Minister of Labour Kevin Flynn and Minister of Health and Long-Term Care Dr. Eric Hoskins, who both expressed support for including nurses in legislation.

Minister Hoskins reiterated that at our Biennial Convention last November, and has been supporting us since that time. Several of our Local leaders have also contacted their MPPs to seek their support – and many have provided it. And ONA was recently presented with the findings from the latest poll by Vector Research, which shows the majority of the public believes PTSD is common in nurses.

Now is the time to push even harder and get even louder. We are asking you and all those you know to join our email campaign to Minister Flynn demanding he do the right thing and include nurses. (See link below).

We have shown time and time again that when we all get loud together, we can move mountains. Let’s move another one this fall.

Haussons le ton à propos de la loi sur l’ÉSPT!

Chaque jour, les membres de l’AIIO sont confrontés à un vaste éventail d’événements traumatisants en milieu de travail qui ont des répercussions profondes sur leurs vies professionnelles et personnelles. Vous le comprenez. La population le comprend. Nos patients le comprennent.

L’AIIO a été extrêmement consternée d’apprendre que les infirmières et infirmiers ont été exclus du projet de loi 163 : Loi de 2016 d’appui aux premiers intervenants de l’Ontario. La preuve est faite. De plus en plus d’infirmières et d’infirmiers vivent des incidents extrêmement violents et préoccupants sur leur lieu de travail, et des conclusions de rapports démontrent que ces expériences horribles sont étroitement liées à un état de stress post-traumatique (ÉSPT). Si les infirmières et infirmiers étaient inclus dans le projet de loi 163, il serait plus facile pour eux d’avoir accès aux traitements et aux avantages sociaux dont ils ont besoin pour guérir.

Depuis presque un an, l’OIIA a lutté et a rencontré plusieurs fois le ministre du Travail, Kevin Flynn, et le ministre de la Santé et des Soins de longue durée, le Dr Eric Hoskins, qui ont tous les deux exprimé leur appui à l’inclusion des infirmières et infirmiers dans la loi.

Lors de notre congrès biennal en novembre dernier, le ministre Hoskins a réitéré son appui et il nous soutient depuis ce temps. Plusieurs de nos dirigeantes et dirigeants locaux ont aussi communiqué avec lui pour leur demander de nous appuyer, et nombre d’entre eux l’ont fait. L’AIIO a aussi récemment présenté les résultats du dernier sondage mené par Vector Research qui montre que la majorité de la population croit que l’ÉSPT est fréquent chez les infirmières et infirmiers.

Il est maintenant temps de déployer encore plus d’efforts et de hauser le ton. Nous comptons sur vous et sur tous les gens que vous connaissez pour participer à notre campagne de courriels à l’attention du ministre Flynn afin de réclamer qu’il fasse ce qui est juste et qu’il inclue les infirmières et infirmiers dans la loi. Cliquez sur le lien suivant pour consulter la page de la campagne sur notre site Internet : www.ona.org/campaigns-actions/ptsd/ (en anglais).

Nous avons montré à maintes reprises que lorsque nous unissons nos voix et que nous haussons le ton, nous pouvons déplacer des montagnes. Déplaçons-en une autre cet automne.
For most nurses, the odds and ends discarded during the course of a shift are nothing more than garbage to be dumped in landfills or oceans. But for one ONA member, they became so much more.

“Early in my career in the medical-surgical ICU at Toronto General Hospital (TGH), I noticed these brightly coloured pieces of plastic, which have no function after they have been used,” said Tilda Shalof, who currently works in the department of interventional radiology at Toronto Western Hospital. “Thirty years ago I started collecting them with no idea whatsoever what I could do with them, even if anything could be done at all. As my collection grew over the years, I realized just how much plastic we waste in the hospital.”

Keen to see those pieces kept out of landfills and oceans, Shalof finally knew how they could be put to good use, thanks to her friend, Toronto artist Vanessa Herman-Landau, who suggested they could form a mural. Over many “pleasurable hours that passed very quickly” during weekends in the summer of 2015, the two carefully planned the design using 10,000 pieces, which Shalof calls a tangible remembrance of all the care she has given throughout her nursing career.

“Embedded in this mural is at least one piece that came from every single patient I ever cared for in the ICU,” said Shalof, who donated the mosaic to TGH where it currently hangs. “It’s also a reminder of this often used term, ‘mindfulness.’ When you look at this mural and see so many things in it, you are truly in the moment and are aware. I hope it’s a moment of relaxation and pleasure for people and even more meaningful when they realize what the pieces are.”

Author of the best seller, A Nurse’s Story, plus five other books about her life as a nurse, Shalof also appreciates the symbolism behind her mural, noting that “each of these pieces by themselves is useless, but when brought together, create art. We do many small and big things as nurses and they all add up to something pretty wonderful.”

While Shalof said she has a lot of other plans in the works for additional pieces, she hopes creating art from garbage starts a new trend. Already her mosaic has caught the attention of the Toronto Star, and is now trending on YouTube with almost 10 million views worldwide!

“I am hearing from artists, environmentalists, and nurses from all over the world who are starting collections and want to make art. I still collect these things and people from all over the hospital and the country are sending me bags and bags of them.”

And while Shalof is a nurse, writer and artist at heart, she adds that her union is never far from her mind.

“I am very happy with all that ONA does, including its political activism and all its work on behalf of nurses. It’s an amazing organization and President Linda Haslam-Stroud is a powerful leader. I am very proud to be a union member.”

Photo provided and printed with permission by UHN News

Member’s Mural Using ICU “Garbage” Pays Homage to Patients, Nursing Care

ONC member Tilda Shalof stands by her symbolic mural, made entirely out of bits of plastic from the ICU that would otherwise end up in a landfill, which hangs proudly in Toronto General Hospital. “I hope it inspires more nurses to create art,” she said.
Meet Your New Hospital Central Negotiating Team!

Following a recent vote by hospital sector members, ONA has a new Hospital Central Negotiating Team (HCNT) to lead us through the upcoming round of bargaining.

The new team is wasting no time, receiving orientation this fall in preparation for talks with the Ontario Hospital Association in the new year (dates have yet to be confirmed). The team’s bargaining priorities will be determined by member responses to our online Have a Say questionnaire.

Please join us in congratulating and welcoming the successful HCNT candidates:

**Region 1**
- **Full-time:** Kelly Latimer, Local 13, Health Sciences North.
- **Part-time:** Rhonda Millar, Local 20, North Bay Regional Health Centre.

**Region 2**
- **Full-time:** Cathryn Hoy, Local 99, Kingston General Hospital.
- **Part-time:** Jenny Briscoe, Local 49, Renfrew Victoria Hospital.

**Region 3**
- **Full-time:** Sandy Bolyki, Local 97, University Health Network (Princess Margaret).
- **Part-time:** Jane Penciner, Local 6, North York General Hospital.

**Region 4**
- **Full-time:** Angela Preocanin, Local 75, St. Joseph’s Healthcare, Hamilton.
- **Part-time:** Sherri Ludlow, Local 75, St. Joseph’s Healthcare, Hamilton.

**Region 5**
- **Full-time:** James Murray, Local 100, London Health Sciences Centre.
- **Part-time:** Joanne Wilkinson, Local 100, London Health Sciences Centre.

In Memoriam...

ONA is deeply saddened by the recent passing of long-time Local leader and former Board member **Connie Phelan, RN**.

Following her graduation from the Brockville Psychiatric Hospital, Connie began her nursing career at that facility before relocating to Kingston and joining the nursing staff at Kingston Psychiatric Hospital. Shortly after, she shifted to Kingston General Hospital (KGH), where she provided a valued and rewarding service to patients and coworkers alike for the remainder of her career.

Connie was heavily involved in ONA, serving a variety of positions on the Local 99 executive, including employment equity rep, fiscal advisory rep, grievance rep chairperson, health and safety network Local lead, labour management chairperson, and negotiating rep chairperson.

In 1992, Connie ventured into a provincial position, becoming the then Region 9 representative on the ONA Board of Directors, followed by Secretary-Treasurer and Vice-President. Returning to her Local in 1996, Connie was elected KGH Bargaining Unit President, followed by Local 99 Coordinator in 1999, a position she retained for many years.

"Connpassionate" Nurses at St. Joe’s Commended

The following was sent to ONA President Linda Haslam-Stroud from Brian Mahy regarding the care his wife received from members at Joseph Brant Hospital in Burlington.

*My wife was admitted with severe pneumonia. She was diagnosed and treated immediately. Within a few days her condition worsened and she was sent to the ICU and intubated.*

*She received the best care anyone could ask for. From the time she arrived until I brought her home, I gained the utmost respect for the nursing staff. My wife was treated not only for her illnesses, but with respect and dignity. There was no hesitation in any treatment or care. The nursing staff showed compassion, professionalism and courtesy.*

*Not only was my wife treated wonderfully, but my family and me. Each day when I left, there was no question of what was going on with her. I know there is no such thing as 300 per cent, but if I was to rate the nurses here on a scale of 1 to 10, I would give them a 15.*

*They are compassionate, show a true love for their work, have a heartfelt tender loving care personality and are the best I have ever encountered. My hats off to them, and a very warm thank you for bringing my wife back to me.*
ONA Policy 16.16 Member Discipline Decisions – CCAC Strikebreakers

In May, a Discipline Panel of the ONA Board of Directors held two hearings under ONA Policy 16.16 – Member Discipline. These hearings resolved two outstanding complaints that these community care access centre (CCAC) members were guilty of conduct detrimental to the advancement of the purposes of or reflecting discredit upon the union, contrary to Article 9 of the ONA Constitution.

The complaints alleged that during the ONA strike between January 30, 2015 and February 15, 2015, Lois Fenton-Leber and Lia Kutzscher violated the Constitution by crossing the ONA picket line and performing work for the employer. Based on the evidence before them, the Discipline Panel concluded that the Constitution had indeed been violated.

The panel noted that crossing a picket line is contrary and detrimental to the welfare and best interests of the union. The Discipline Panel ordered Fenton-Leber and Kutzscher to pay a fine of $600 to a charity designated by the complainant in conjunction with the President of ONA, and directed that both members be suspended from the privileges of membership in ONA until the Board of Directors is satisfied that their membership privileges should be reinstated.

Fenton-Leber and Kutzscher are not allowed to apply for reinstatement of their privileges for a period of at least five years from the date of the panel’s decision. The panel further ordered that the circumstances and orders of this complaint would be published in an ONA communication.

Ten other complaints were settled outside the hearing process, with the members being ordered to pay a fine as well as having their membership privileges suspended. The members acknowledged that crossing a picket line is contrary and detrimental to the welfare and the best interests of the union and in violation of the Constitution.

For clarity, such suspensions of membership privileges mean that the members cannot hold union office at any level of ONA. They cannot attend ONA meetings either at the Local or provincial level. As a member of the Bargaining Unit, they are permitted to attend ratification meetings only to vote on a contract.

As noted by the Discipline Panel, strike-breaking is serious conduct that is very detrimental to the union. The purpose of a concerted strike is to put pressure on the employer and the goal is always to have a very short strike. To achieve this purpose, it is imperative that the effort be a united one, and if any one member continues to provide work during a strike, it undermines the entire process and the efforts of your fellow members. Without solidarity, it is impossible to put effective pressure on an employer to advance the purposes of collective bargaining.

NOTE: Local and Bargaining Unit leaders are reminded that when conducting elections and/or appointing for vacant positions, please be sure to contact ONA to confirm the entitlement status of your members.

COMING THIS FALL!

RN4CAST is the largest study of its kind on nursing care and patient outcomes. It is creating knowledge to improve nurses’ work environments and the quality of patient care in all settings in which nurses practice.

This is scientific research originated by Professor Linda Aiken and her team out of the University of Pennsylvania Centre for Health Outcomes and Policy Research in the United States, who, with Professor Walter Sermeus from the University of Leuven in Belgium, leads an international consortium of researchers replicating this research. The study has also been implemented in a number of countries, including Europe, Australia and Latin America.

The study looks at how organizational features of hospital care impact on nurse recruitment, nurse retention and patient outcomes. As a result of this research program, organization-based nursing interventions are now more often considered as potential solutions to poor quality and unsafe care.

RN4CAST is now being adapted to Canada, and beginning this fall, nurses in Ontario acute care hospitals will have the opportunity to participate in this important study, led by Linda McGillis Hall, RN, PhD, FAAN, FCAHS.

Watch for more information in your email inboxes and in the next issue of Front Lines or contact the research team at rn4cast.study@utoronto.ca.
NEW! ONA App: Be in the Know While on the Go!

The app is your one-stop mobile source for ONA info and actions!

It’s easy to use!

Many features, including direct access to your collective agreement, article by article! Easy to search within the app for key words!

APPlause for the new ONA App! Visit www.ona.org/app for more details!
Getting Loud and Giving Back During June PCM

For the second consecutive year, the June Provincial Coordinators Meeting (PCM) was about more than conducting important business to lead our union through these challenging times. It was about giving back to our host community.

The PCM, hosted by Region 4 in Niagara-on-the-Lake from June 13-14, highlighted the areas where ONA has been getting loud the past few months, including our Nurses Know campaign, bargaining and organizing successes, focusing on our recent Public Sector Labour Relations Transition Act win for the health-care professionals at Health Sciences North.

Keynote speaker Linda McGillis Hall discussed her upcoming RN forecasting research (see pg. 8), while Ontario Health Coalition Provincial Director Natalie Mehra commented that “our Nurses Know commercials are the most powerful I’ve ever seen.” Canadian Nursing Students’ Association Ontario Regional Director Kelsey Fallis also thanked delegates for “welcoming me into your profession and union.”

But a highlight again this year was the half-day community engagement projects. This time, all four projects were at women’s and children’s shelter in the region, where members were only too happy to get their hands dirty, painting, putting together furniture and playsets, and working on gardens and other outdoor spaces (see next page). Delegates also purchased much-needed toys for the shelters in advance through an online registry and donated an additional $800 at the PCM, which ONA members spent at a local toy store.

This desperately-needed work was greatly appreciated by the shelters, all of whom wrote notes of thanks to ONA, some with drawings from the children included. “The words ‘thank you’ are simple compared to the emotions behind them” read one while another stated, “know that your contributions will stand as a testament to the support we have from ONA.”

The week wrapped up with an enlightening education session on the grievance/arbitration process, featuring real examples from ONA staff, along with tips on how the system can be fixed from a very prominent and oftentimes humourous speaker: former Ontario Chief Justice Warren Winkler.
TOY SHOPPING AND SORTING TEAM: “It was heartwarming to see the generosity of Locals in the quest to give back,” said Local 105 Coordinator Melissa Tilley. “These women take their children and leave their homes, most times with only the clothes on their backs. To give the shelters much needed toys, education items and other equipment so these kids can attempt to have a normalcy of life cannot be matched.”

YWCA: “Everyone had a roller and painted; it was amazing to see them working together,” said Region 2 Vice-President Cathryn Hoy.

GILLIAN’S PLACE: “The women were so grateful to have us help, and while it’s great to do this for the community, it’s so good for us too,” noted Region 5 Vice-President Karen Bertrand.

SERENITY PLACE: “We fixed the gardens, painted, put together lounge furniture, and spray washed and put new cushions on others, so these women have an oasis to relax,” explained Local 95 Coordinator Marcia Robinson. “That place looked fabulous!”

NOVA HOUSE: “They wanted a lot of outdoor work, so we cleaned the gardens and created a boxed herb garden,” said Local 134 Coordinator Char Lameront. “It looked stunning and they were so excited.”
Better Care Starts Here Campaign Focuses on Hospital Overcrowding, Seniors’ Care, Home Care

The latest phase of ONA’s impactful Nurses Know campaign has an additional focus and tagline in light of promises made in the spring Ontario budget to increase funding to hospitals for the first time in 11 years.

While ONA has long and vigorously criticized the inadequate funding and subsequent erosion of quality care, with the government finally increasing public hospital funding by the rate of inflation and a provincial election on the horizon, we have a unique opportunity to ensure that money is spent where it is needed most: on direct patient care provided by nurses, particularly RNs. The campaign’s new tagline – Better Care Starts Here – is a reflection of what additional RNs would mean to the system.

New Focus
With that in mind, the new phase of the campaign will highlight three key areas: hospital overcrowding, including bed shortages, hallway care, less front-line care and chronic conditions that demand more care; seniors’ care to bring attention to long-term care; and access to home care and care coordination.

“Years of underfunding have left provincial hospitals with too few front-line staff and beds to provide the care patients need and deserve,” said ONA President Linda Haslam-Stroud. “As study after study has shown, hallway nursing not only strips patients of their dignity, but results in higher errors and makes the provision of quality, safe patient care very challenging.

Ontario’s exploding and aging population compounds the situation, resulting in even fewer beds, both in hospitals and long-term care homes, where we have long pushed for a minimum standard of care. While the government says that care is available in the community, capacity has simply not kept up with demand.”

Key Components
To move our key messages forward, this province-wide multi-media campaign will include television, transit shelter, cinema, radio and print ads, along with a strong social media component.

Our much-visited Nurses Know website (nursesknow.ona.org) is being updated with new content in line with the campaign and we encourage you to check it often for background information, member stories, and to find out how you can get involved.

Public LTC Inquiry Must Look at Broader Issues, ONA Says

ONA welcomes news that Ontario is launching a public inquiry into long-term care (LTC), but stresses it must be broad enough that systemic issues in the sector are addressed.

Following the tragic murders of eight vulnerable residents in LTC homes, the government appointed the Honourable Justice Eileen Gillese, an Ontario Court of Appeal judge, to lead an independent public inquiry into the policies, procedures and oversight of LTC homes to ensure a tragedy like this never happens again.

“A public inquiry must include an examination of much broader issues, such as resident-on-resident violence and compliance with LTC legislation and regulation,” said ONA President Linda Haslam-Stroud. “It must also result in improvements to keep residents and staff safe because these facilities are understaffed and under-resourced.”

Over the past dozen years, ONA has participated in the Casa Verde inquest and expert panels, and has made countless recommendations for improving the safety and quality of care in LTC homes, most of which have never been implemented.
ONA Issues Recommendations to Modernize Ontario Employment Law

While ONA commends the government on its efforts to modernize Ontario’s outdated labour and employment laws by engaging in the Changing Workplace Review and introducing Bill 148, the Fair Workplaces, Better Jobs Act, more needs to be done.

In our July 18th presentation to the Standing Committee on Finance and Economic Affairs on Bill 148, which proposes changes to the Labour Relations Act, 1995 (LRA) and the Employment Standards Act, 2000, in Kitchener-Waterloo, ONA Senior Legal Advisor Simran Prihar, joined by Region 4 Vice-President Laurie Brown, noted ONA advocates for amendments to the Act that will address some shortcomings.

Our principle recommendation is that automatic access to first contract arbitration be created in all situations instead of only when a union has been remedially certified. Currently, the Ontario Labour Relations Board has the option to dismiss the request or order the parties to engage in further mediation, which we believe causes delays that contribute to worker frustration and a demoralization of the workplace.

Other key ONA recommendations include: extending successor rights to both the building service and home care/community service industries; allowing an application for consolidation of Bargaining Units to be made at the time of certification or anytime thereafter, removing the three-month limitation; and establishing a separate leave for survivors of domestic and/or sexual violence under the ESA.

To view ONA’s submission, see www.ona.org/submissions.

More Awards for ONA’s Work!

ONA has won three prestigious North American Apex Awards, which is a true testament to the caliber of our communications work.

The Apex Awards, judged by a group of distinguished communications experts, are based on excellence in graphic design, editorial content and success in achieving overall communication effectiveness and excellence.

ONA received Awards of Excellence for our Front Lines magazine in the Magazines, Journals and Tabloids (Print) category; our media-only publication, Behind the Front Lines in the Electronic and Email Newsletters category; and the Front Lines feature section, ONA Members and Patient Privacy: Be Aware and Beware in the Editorial and Advocacy Writing category.

The Apex Awards are open to communicators in corporate, non-profit and independent settings throughout North America. The judges emphasized that this year’s entries displayed an exceptionally high level of quality and they saw only the most promising publications that professional communicators could enter.

Presenting to the World

ONA First Vice-President Vicki McKenna, President Linda Haslam-Stroud and CEO/CAO Marie Kelly (from left to right) take a break after presenting to world nurses at the 2017 International Council of Nurses Congress in Barcelona, Spain earlier this summer. “We talked about our struggle to have Ontario nurses included in post-traumatic stress disorder legislation and on professional practice – how do we maintain professionalism and also provide care for patients in a system that doesn’t really support those two concepts,” said Haslam-Stroud, noting the three also had a chance to meet with the host country’s nursing union. “We discovered that we are united in our key issues: workload, violence and scheduling, along with the need to be the voice for our patients.” The congress, which brought together 8,000 nurses from dozens of countries, explored nurses’ leading roles in the transformation of care, with a particular focus on universal health coverage, sustainable development goals and human resources for health.
Ontario is investing $465 million to expand drug coverage through OHIP+. Starting January 1, 2018, the OHIP+: Children and Youth Pharmacare Program will provide access to more than 4,400 drug products to youth 24 years of age or younger, regardless of family income, with no upfront costs.

The province’s Ambulance Act will be updated through a consultation process to:
- Expand the scope of paramedics to provide appropriate on-scene treatment and refer patients to non-hospital options, such as primary care and community-based care.
- Provide funding for two pilots in interested municipalities that will enable firefighters certified as paramedics to respond to low acuity calls to treat and release or treat and refer a patient, and provide symptom relief to high acuity calls.

Every Ontario Board of Health is being funded by the province to hire more front-line workers, such as nurses and addiction outreach workers, to help municipalities expand supports for people impacted by opioid addiction and overdose. This will allow communities to improve addiction outreach, education and planning while working on early warning and surveillance of opioid overdoses.

NDP leader Andrea Horwath released further details about a universal drug plan announced at the NDP convention earlier this year. If elected in 2018, the NDP would implement a province-wide Pharmacare Plan by 2020 to cover 125 common drugs at a cost of $475 million to start, which is 0.35 of the provincial budget. Eventually, the NDP would like to see the Pharmacare Plan expand to include all drugs. The program, announced before the government outlined plans for its own Pharmacare Plan for those under 25 in its budget, would be funded by increases to the budget fueled by economic growth; there would also be maximum copayments of $6.11. Pharmacare expert Dr. Steve Morgan said the 125 “essential drugs” represent 44 per cent of all prescriptions filled in Canada (77 per cent if you include comparable drugs). They would be chosen by a Committee to Evaluate Drugs and would include treatments for conditions such as high blood pressure, asthma, diabetes, allergies, mental health conditions, birth control and HIV. Cancer drugs would not be included. Ontarians spent $2.5 billion out-of-pocket on prescription drugs in 2015. Pharmacare is projected to save businesses that offer prescription drug benefits to their employees $1.9 billion per year.
Using the Grievance Process

Consider the following scenario: You are a hospital registered nurse and work a day shift on Labour Day and then the evening shift when the unit is understaffed and no other staff are willing to work. What should you be paid for the additional 7.5 hours of work?

In the hospital sector, the following two clauses apply:

14.04 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…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.

14.14 A nurse 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 six dollars ($6.00) if the Hospital is unable to provide the hot meal.

In summary, you should be paid two times your regular straight time rate of pay for the additional 7.5 hours worked on Labour Day, plus evening premium, and provided with either a hot meal or $6. (Many other collective agreements contain similar language; please check yours for specific language).

Finding a Problem on Your Paycheque

On your next pay, you notice you were not paid the evening premium and meal allowance. What should you do?

Call your union representative as soon as possible and ensure your interpretation of the collective agreement is corrective, then approach your immediate supervisor to discuss the error (a union rep can attend this meeting). In the hospital sector, this discussion should take place within nine calendar days, as set out in the collective agreement. If the supervisor is not available, you can send an email, copied to your union rep and yourself.

The supervisor has nine days to respond. If she/he does not, assume the answer is no. If she/he acknowledges the error and offers to correct the pay, the matter can be resolved when you receive payment.

If the employer does not answer or says no, notify your union rep. A written grievance must be filed within nine days, which you will sign. Your union rep will ask for proof and information about the error as well as your personal information. The union will take over the grievance process, keeping you informed throughout. You can attend the grievance meeting, and we encourage you to do so.

Hopefully, the grievance will settle in the early stages; however, if necessary, the union may proceed to arbitration to correct the error.

Exercising Your Collective Agreement Rights

Never feel that you should not fight for your rights. Grievances are the legal mechanism to correct misinterpretations of the collective agreement. Filing a grievance does not mean you are a “trouble maker;” it means you care about your rights. Your employer cannot take any action against you for exercising those rights under the collective agreement.

Your ONA union rep and/or Bargaining Unit President are here to assist and ensure you have representation when you need it. Please contact them with any questions or concerns.
It was a warm western welcome when ONA delegates converged in Calgary, Alberta for the 2017 Canadian Federation of Nurses Unions (CFNU) Biennial Convention.

Under the theme, Speak Up, which mirrors ONA’s mantra of Get Loud, the convention, hosted by the United Nurses of Alberta from June 5-9, provided nurses from across the country, including approximately 200 from ONA, with the opportunity to learn from experts in their fields, become inspired by other activists, network, and speak up about issues facing the profession.

Canadian Labour Congress President Hassan Yussuff kicked off the convention with an uplifting speech, telling the 1,200 delegates that “nurses are the heart and soul of the health-care system” and will continue to lead change. And keynote speaker Sir Robert Francis wrapped up the week by presenting findings from his 2015 report, Freedom to Speak Up, noting “the freedom to speak up is not the freedom to be bullied by your manager, the public, or your colleagues.”

In between, there were plenty of plenary sessions covering such topics as nursing in a conflict zone and next steps post the Truth and Reconciliation Commission, while informative workshops covered areas such as strategies for speaking up, post-traumatic stress disorder, social factors impacting health, respectful nursing care to sexual minorities, nursing and technology, and domestic violence at work.

During her rousing address, CFNU President Linda Silas spoke of her organization’s alarming report on workplace violence (see next page) and the need to close the gap between non-Indigenous and First Nations health care.

“As nurses, we have a responsibility to ensure that all Canadians have access to safe health care,” she said. “We are committed to working with our Indigenous leaders to better understand why these conditions persist and what Canada’s nurses can do in helping to address inequities.”

Perhaps the most important takeaway for ONA members in attendance was to recognize that we are not alone in the struggles we face as nurses and leaders in health care.

“It is wonderful to have had this inspirational time together,” said member Carmen Powers. “Although we do not know each nurse or each town we come from, our theme is the same: Speak up for health and the people we serve!”
CFNU Report
Calls for Action on Workplace Violence

Approximately 61 per cent of nurses in Canada have experienced a serious problem with workplace violence over the past year, a troubling new Canadian Federation of Nurses Unions study reveals.

Enough is Enough: Putting a Stop to Violence in the Health Care Sector found that of the nurses who had experienced “serious” violence – which included bullying, emotional abuse, verbal abuse and racial or sexual harassment, as well as physical assault – only three-fifths reported the incidents at the time, and only about 25 per cent sought assistance from their unions. Approximately 66 per cent said they had considered leaving their jobs over the previous year.

Also disturbing is that the number of violence-related lost-time claims from front-line health-care employees has shot up by nearly two-thirds since 2007 – three times the rate of increases in similar claims from police officers and correctional officers combined. This abuse, harassment and assault in Ontario hospitals costs taxpayers $23.8 million a year, the report adds.

“It’s a pressure cooker out there for nurses on the front lines,” CFNU President Linda Silas states in the report, which also provides CFNU’s plan to curb the problem this year and next. “It’s time to speak up and say clearly and emphatically: Violence is not part of our job!”

To read the report, log onto www.nursesunions.ca. To learn more about ONA’s campaign against workplace violence, visit www.ona.org/violence.

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Mention Promo Code: ONA COFFEE

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†While supplies last. Certain conditions apply. Offer available to members of the Ontario Nurses Association who are legal residents of Ontario and of the age of majority ("Eligible Persons"). Qualifying calls must be received between September 1 – December 15, 2017 ("Promotion Period"). One (1) coffee card per Eligible Person who calls Johnson at 1-855-772-6617 during the Promotion Period, and obtains a home and/or auto quote within 60 days of their current policy renewal date or provides their current policy renewal date. Coffee card may be subject to additional terms and conditions printed on the back of the voucher or otherwise imposed by the supplier. Johnson reserves the right to discontinue this promotion prior to the end of the Promotion Period by posting a notice on its website at johnson.ca/ona. Allow 60 business days from Promotion Period end date for coffee card delivery by mail.

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ONA Turns Up the Heat: Gets Sizzling Results

Collaborative Violence Prevention Program launched at CAMH

“The workplace violence incidents were non-stop at CAMH and through the new collaborative approach, we are hopeful this will make a difference,” noted Haslam-Stroud. “ONA is pleased that we have a commitment and is thrilled that the CEO is leading these efforts.”

After the initial meeting between CAMH and ONA leaders, several initiatives are in the works including:

- A workplace violence prevention committee has been established. Dr. Zahn is the Chair and is accountable; she drives the changes from the CEO’s office. The CEO and senior leaders have taken training about roles and responsibilities.
- The Joint Health and Safety Committee members received significant training and will continue to do so.
- Three external risk assessments will be conducted on the highest risk units.
- Providing consistent personal panic alarms facility-wide linked to locating and giving screechers to all workers to address dead zones until a new GPS-type system is in place in 2020.
- A commitment from the CEO to make supervisors competent under the Occupational Health and Safety Act.
- The employer agreed to open lines of communication with the unions.

The employer has granted the worker co-chairs a two-month secondment (to be reviewed for a possible extension) to work with them full-time on health and safety issues/initiatives at CAMH.

“It’s quite refreshing to see an engaging employer working with us to solve workplace issues,” concluded Haslam-Stroud.

For more information on how ONA supports health and safety issues, visit www.ona.org/ohs.

Workers Compensation a Right! Rally Demands

In recognition of Injured Workers Day, Local leaders, members and staff – along with a special contingent of ONA summer students – gathered at Queen’s Park on June 1 to bring attention to the Workplace Safety and Insurance Board’s focus on cutting costs by cutting benefits. “This was the first rally we attended as nursing students,” Andy Mok, Alexa Jugo and Esther-Ann Xavier told Front Lines. “Seeing various unions come together in unity for a cause that can impact future nurses like ourselves and other professionals was very empowering. Through this experience, we believe nursing students can play a pivotal role in advocating for injured workers and for safer work environments.”
Patients Subject to Extra User Fees, OHC Study Reveals

Extra user-fees amounting to thousands of dollars are threatening access to health care and hurting patients, and Canada’s governments are doing too little to stop it, a new report from the Ontario Health Coalition and the Canadian Health Coalition finds.

*Private Clinics and the Threat to Public Medicare in Canada* includes the results of surveys with 136 private hospitals, diagnostic and “boutique” physician clinics across Canada and almost 400 individual patients. At least 88 clinics in six provinces are charging extra user-fees for needed health-care services, a contravention of the *Canada Health Act*, and 250 respondents detailed instances in which they have been charged for care, often at the detriment of other necessities, such as food and shelter.

“Private clinics are threatening public medicare in Canada and the laws that protect patients are not being enforced,” said OHC Provincial Director Natalie Mehra. “Health coalitions across the country are calling on our governments to take action to safeguard single-tier public health care for all Canadians.”

To read the full report, log onto [www.ontariohealthcoalition.ca](http://www.ontariohealthcoalition.ca).

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**Save the Date!**

**Health Action Assembly Coming this Fall**

Help shape the future direction of health care by attending the Ontario Health Coalition’s Annual Health Action Assembly and Conference and designing an action plan of the campaigns the OHC and its members, including ONA, will embark on next year.

**DATE:** Saturday, November 18 (assembly).
Sunday, November 19 (conference).

**LOCATION:** Sheraton Centre Hotel,
123 Queen Street West, Toronto.

**FEE:** Sliding scale per day ($0 to $40) to support the work of the OHC.

**CONTACT:** Further details, including registration information, are available at [www.ontariohealthcoalition.ca](http://www.ontariohealthcoalition.ca).

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**WSIB**

ONA has learned that some employers are offering modified work in Workplace Safety and Insurance Board (WSIB) cases even before a member has seen her/his health-care practitioner. These offers are based on “standard restrictions” for the type of injury sustained by a member, not the member’s actual functional abilities.

Under the *Workplace Safety and Insurance Act*, both employers and injured workers have an obligation to cooperate in early and safe return to work. If a member does not accept “suitable” modified work, WSIB will not pay her/his loss of earnings (LOE) benefits. Suitable work is work that is safe, productive and within a member’s functional abilities.

**What Should You Do?**

So, what should you do if you report a workplace injury and are offered modified work before you have seen your health-care practitioner? Advise your employer that you are happy to cooperate in early and safe return to work, but first need to see your health-care practitioner (i.e., family doctor, nurse practitioner, physiotherapist, chiropractor) to properly determine your functional abilities. You should request a copy of the modified work offer and a Functional Abilities Form (FAF), and provide these documents to your health-care practitioner.

The health-care practitioner needs to complete the FAF with details about abilities and restrictions and provide it to WSIB. If she/he is of the opinion that your functional abilities are inconsistent with the modified work offer or you are unable to do any work during the acute phase of the injury, she/he should provide reasons in a note to WSIB with reference to objective clinical findings. You should give your employer the completed FAF as soon as possible.

It is important that you see your health-care practitioner as soon as possible and if there is any delay, go to a walk-in-clinic or an emergency department to have the modified work offer reviewed and the FAF completed. Otherwise, WSIB may not pay LOE benefits for the period of the delay.
Student Scholarship Winners Look Forward to Future as ONA Members

In our continuing series on the successful recipients of the 2016 ONA Nursing Student Scholarship, Front Lines features the essays of Ryan Wilpstra, sibling of Caitlyn Wilpstra from Local 100 (London Health Sciences Centre), and Rachel McConnell, daughter of Julie McConnell from Local 9 (Hamilton Niagara Haldimand Brant Community Care Access Centre), on “The Importance of the Ontario Nurses’ Association for Nurses.”

“ONA is committed to caring for nurses while they are caring for everyone else”

Nurses know that staffing cuts, underfunding and privatization are negatively impacting the health-care experience for both patients and nurses. ONA is committed to protecting nurses’ economic and social welfare while allowing them to continually provide the best quality of care to patients.

Nurses know that unsafe working conditions and physical or verbal abuse should never be accepted within the workplace. ONA supports all members’ rights to a safe and equitable workplace, free of occupational hazards, discrimination and/or harassment.

Nurses know they should be educated and well-informed of their rights within the workplace. ONA provides members with the opportunity to acquire the skills and knowledge to advocate for both themselves and others across all health-care settings.

Nurses know the positive collaboration between health-care professionals results in the most comprehensive and highest quality of health care. ONA helps nurses constructively manage conflict and promotes effective communications in the workplace to establish mutually respectful relationships and unity within the nursing profession.

As one of the largest health-care unions in Canada, ONA has provided nurses with a voice to affirm their rights and shine a light on the value of the nursing profession for over 40 years. ONA provides nurses the opportunity to safely express their opinions and become actively involved in the creation of policies and legislation governing nursing professional practice. Nurses are the backbone of our health-care system and ONA is committed to caring for nurses while they are caring for everyone else.

As I begin my nursing journey through the McMaster BScN program, I look forward to actively contributing to ONA and the nursing profession as an affiliate member. It would be an honour to join the thousands of nurses across the province that foster a nursing culture of inclusion, compassion, care and integrity within our profession.

—Rachel McConnell

“I’ve been privileged to witness the role of ONA in my family”

Number three – that’s me.

RN number one is my sister Caitlyn – graduated in 2013 and is employed in a teaching hospital ICU. She is a proud ONA member.

RN number two is my sister Kristin – just graduated in 2016, passed the NCLEX and is busy applying for RN positions in area hospitals. She is a soon-to-be proud ONA member.

And I’m number three – Ryan Wilpstra – first year BScN student in the collaborative Lambton College/University of Windsor program. I’m interested in the specialty of nursing informatics and am looking forward to the day that I become a proud ONA member as well.

My mom says she’d like a nickel for every time someone tells her that she’ll be well looked after when she’s older!

ONA has and will continue to have a huge role in all our lives. ONA exists to safeguard nurses and give protection every day in the workplace through advocating for health and safety regulations. ONA is involved in important details, from promoting proper gowns, gloves and other PPEs to fighting violence in the workplace to having plans in place to protect its members during an epidemic.

ONA is also involved in reclaiming the role of the RN, and advocating for the unique position that RNs fill in our health-care system. This protects the occupation of current members and future members like myself. My sister is proud to wear white to support this concept.

Finally, ONA continues to be the voice of political action, as it tirelessly advocates for adequate funding and against privatization of our health-care system.

I’ve been privileged to witness the role of ONA in my family and am looking forward to being a future member.

—Ryan Wilpstra
Members Urged to Fight Back Against Negative Labelling by CNO

ONA is concerned the College of Nurses of Ontario (CNO) will negatively label RNs who choose not to complete education for an expanded scope of practice the same way they have nurse practitioners. And we need you to get loud!

Earlier this spring, ONA approved of the proposed amendment to extend to NPs the authority to prescribe controlled substances provided they successfully complete additional education. But we strongly opposed the proposal that an NP who has not completed that education will have a negative notation on the CNO’s public registry, Find a Nurse, stating that member is “entitled to practice with restrictions.” We believe the word “restrictions” is negative and stigmatizing.

Now with the CNO moving forward in developing an expanded scope for RNs to prescribe medications and communicate a diagnosis, we are concerned RNs will also be labelled as having “restrictions” on their practice for choosing not to complete additional education.

While ONA has expressed our concerns to the CNO in several communications (available at www.ona.org), we need your help. Send an email to cnocouncil@cnomail.org, President Dalton Burger at dburger@cnomail.org and Executive Director/Chief Executive Officer Anne Coghlan at acoghlan@cnomail.org and tell them that Find a Nurse should reflect an RN’s ability to prescribe medication in a positive light without any mentions of “restrictions” or other negative connotations. Suggest the CNO instead adds an additional and much-more positive tab on Find a Nurse, which says “Authority to Prescribe Medications and Communicate a Diagnosis for the Purpose of Prescribing.”

LEAP Helps ONA Member Prove her Innocence

Most ONA members know the Legal Expense Assistance Plan (LEAP) can help with troubles at their regulatory college. However, many don’t know that LEAP also assists with criminal matters related to a member’s employment at an ONA facility. Joanna Flynn is one ONA member who describes herself as “eternally grateful” for LEAP’s help with criminal charges.

Flynn is a long-serving RN who, in 2015, was charged with manslaughter and criminal negligence causing death for discontinuing a patient’s life support without a physician’s order and allegedly without the consent of the patient’s husband, who was the Substitute Decision Maker (SDM).

The patient was a 39-year-old woman, who had suffered a pulmonary embolism and cardiac arrest following routine day surgery. She was vital signs absent upon arrival at the hospital, had lost all brain function and was being kept alive on a ventilator.

There were two primary issues for the court to decide: First, whether Flynn, in discontinuing life support, committed a criminal act by doing so without a physician’s order; and, second, whether Flynn followed the SDM’s wishes or coerced him into consenting to the removal of life support.

LEAP provided Flynn with criminal representation before charges were even laid against her. Criminal defence lawyer Samantha Peeris did an excellent job of representing Flynn throughout the grueling, two-year process, mounting a thorough and rigorous defence during the two-and-a-half week preliminary inquiry and the eight-week jury trial.

On June 8, 2017, Flynn was found not guilty of both charges. Because of the not guilty verdicts, she can seek reimbursement from LEAP for her entire criminal defence account.

Flynn still has a long road ahead of her, including a College of Nurses of Ontario matter and a grievance arbitration. ONA will provide representation for both. For the time being though, she is breathing a sigh of relief about the criminal matter. She has expressed her immense gratitude to ONA for providing her with the best possible representation and for all of our support, financial and otherwise.

How to Contact LEAP

Call (416) 964-8833 or (toll-free) 1-800-387-5580 and ask for “LEAP Intake.”

Or send an email to LEAP Intake at leapintake@ona.org.
Local Thinks Outside the (Crayon) Box for Colourful Pride Display

When it comes to Local 73’s annual participation in the Thunder Bay Pride Parade, we have to hand it to them: They know how to think outside the box – quite literally!

For Thunder Pride, held on June 10, the Local, well known for its creative and eye-catching Pride floats in the past, wanted to have a display that would appeal to children as well as the adults watching the parade. And what better way than a life-sized box of crayons!

“Donna Wheal, our Bargaining Unit President, thought of the theme, Crayons Out, which we wrote on our float,” said Thunder Bay Regional Health Sciences Centre Human Rights and Equity representative Jackie Chesterman. “We decided we would construct our float into a crayon box and then have all ‘the crayons’ out walking alongside of it.”

To put the idea into action, Wheal constructed the crayon costumes in a rainbow of colours. The Local also came up with the idea of having members march with the letters P R I D E in front of the truck pulling their float, while others distributed giveaways along the parade route.

“Everyone was eager to be there and we had a few new faces who are keen to help with next year’s Pride float,” added Chesterman. “Even though it rained just as we started to walk, it didn’t dampen our spirits or the crowd. It’s such a positive event and I am very proud that my union is a part of it and a strong supporter!”

The Thunder Bay parade was just one of many Pride events ONA members participated in throughout the province, with the largest being the annual Pride parade in Toronto, attended by dozens of ONA members, the Board of Directors and staff, followed by the Ottawa parade with its record-setting crowds and the London parade, where members handed out ONA campaign postcards and suckers. Smaller Pride parades are also picking up momentum in places like Brockville, where Local 67 set up a popcorn booth at the end of their route and gave away bagfuls to the delight of the parade watchers!

“With the recent one-year anniversary of the mass shooting at an Orlando gay nightclub and several disturbing policies of the Trump administration, including barring transgendered individuals from joining the military, taking part in Pride events has become even more important,” said Human Rights and Equity Team Interim Chair Cathryn Hoy, who attended the Toronto Pride parade.

“Your participation is a wonderful gesture of solidarity, equity and support for ONA members and staff from the LGBTQ+ community and is symbolic of who we are as Canadians.”
The following is a sampling of recent key awards and/or decisions in one or more of the following areas: rights arbitration, interest arbitration, Workplace Safety and Insurance Board (WSIB), Long-Term Disability (LTD) and Ontario Labour Relations Board.

**Rights**

**Unit clinical supervisor Bargaining Unit position, arbitrator rules**

**Hospital**  
*(Arbitrator Slotnick, June 28, 2017)*

ONA has successfully argued that unit clinical supervisors were in the Bargaining Unit at a large hospital.

The employer created the new position of unit clinical supervisor (UCS) in 2014 and posted the position outside of the Bargaining Unit. The UCS was responsible for numerous tasks previously performed by the manager, including assigning and reassigning staff, investigating and resolving patient complaints, ensuring resources were aligned with the delivery of safe patient care and that employees were working to their full scope of practice. The UCS was also responsible for working with the manager on budgetary and human resource issues.

ONA argued that the UCS should have been posted as a Bargaining Unit position. The incumbents were engaged in a nursing capacity in that they were expected to rely on their nursing skill and judgment to carry out the duties of the role. Furthermore, the duties of the UCS were essentially identical to those performed by charge nurses.

The employer argued that the role of the UCS could be performed by any registered health professional and that, as such, they were not engaged in a nursing capacity.

The arbitrator determined the position of UCS was a Bargaining Unit position, finding that the incumbents were engaged in a nursing capacity and were expected to apply nursing knowledge, skill and judgment in carrying out their duties.

**WSIB**

**WSIB insists on causal/scientific certainty when not required**

**Hospital**  
*(March 20, 2017)*

A 61-year-old full-time operating room nurse sustained a scratch on her buttocks donning the scrubs preparatory to a surgery. While very painful, she continued working. Two hours later, she went to the emergency department (ED) because of increased pain and redness in the same area, was given antibiotics and went back to work.

The following day, she went to work and presented to the ED again, having developed a sudden onset of fever and overall malaise. She was admitted to the hospital where she spent three days under intravenous therapy, which continued after discharge with home care nursing. She was diagnosed with cellulitis and lost three weeks of work.

The WSIB denied the claim on the grounds that the “mechanism of injury” could not be identified – the object that caused the scratch and infecting agent. ONA appealed, arguing the case was a straightforward “chance event” accident that occurred in the course of employment, and therefore, must be presumed to have arisen out of employment pursuant to the *Workplace Safety and Insurance Act* section 2(1).

We argued that the failure to uncover the exact source of the scratch and infection was not a bar to entitlement. There was a close enough temporal relationship between the initial injury, the worsening of symptoms and the onset of the infection to find that the scratch from whatever was embedded in the scrubs taken from the hospital’s supply shelf was more likely than not the significant contributing factor.

The Appeals Resolution Officer (ARO) agreed, stating, “I am persuaded that there was a possibility of a foreign object being on the shelving unit directly above the OR scrubs, which could have fallen into the sterile clothing being used by the worker and causing a scratch…” and that the development of her symptoms were consistent with cellulitis.

The ARO awarded initial entitlement, and full Loss of Earnings benefits are being paid pending earnings information from the Accident Employer.

**Importance to ONA:** This is another example of WSIB insisting on causal/scientific certainty when it is not required under the established principles of causation – the significant contributing factor test and the “balance of probabilities” standard of proof.
Let’s Get Loud!

DECEMBER 5-7
WESTIN HARBOUR CASTLE, TORONTO

HUMAN RIGHTS AND EQUITY CAUSES – DECEMBER 4
TOPIC: WE NEED TO TALK: THE REALITY OF STEREOTYPING

EDUCATION SESSION – DECEMBER 8
TOPIC TO BE DETERMINED

For more information, check the ONA website in the upcoming weeks at www.ona.org. Biennial online registration begins in the fall.