“My paintings are about telling nurses that even when you're afraid, you have a voice.”
— Christina Damianos, critical care nurse

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ONTARIO NURSES' ASSOCIATION
85 Grenville St., Ste. 400 - Toronto ON M5S 3A2
These Cuts Won’t Heal

The following is snippets from a letter to the editor by ONA President Vicki McKenna, published in the Sudbury Star on September 12.

Residents are familiar with wait times for their health care. Long waits in the emergency department, long waits for elective surgeries. Now, Health Sciences North has once again given ONA a long list of RNs whose jobs are to be eliminated.

The hospital began cutting RNs in January. More cuts came in February, May, June and July. To date, the equivalent of 60.5 full-time RNs have been cut, or just under 118,000 hours a year of RN care.

The cuts are impacting patients in the intensive care unit, cardiology, nephrology, psychiatric unit, neonatal intensive care unit, surgical day care and surgical day short stay unit, the birthing centre, seniors’ care, bariatrics, respiratory care and outpatient clinic cancer centre. ONA expects to hear of more RN cuts.

As front-line nurses, we know that when RN care is cut, patients suffer. Studies have shown consistently that with fewer RNs to care for patients, the risk of patient complications and death increases by seven per cent.

While the hospital has been cutting RNs, the number of beds and services has not decreased correspondingly. The RNs who are left to care for patients will be expected to do more with less.

Premier Doug Ford has promised that no nurses will lose their jobs in his search for “efficiencies” in public spending. Your dedicated nurses ask the people of Sudbury to speak up now, to stop the RN cuts, and ensure safe, high-quality patient care. Please advocate for your health care, as RNs work to advocate for you.

These Cuts Won’t Heal

With Labour Day just passing and ONA’s sapphire anniversary continuing, we are reminded once again of all the good unions have done over the years, not just for their own members, but for all working people. After all, it was unions who gave us parental leave, paid breaks and the weekend – the list goes on and on.

In our 45-year history, ONA has also been at the forefront of many gains. In July 1979, the Toronto General Hospital became the first Bargaining Unit to win the professional responsibility clause from Arbitrator Kenneth Swan, attainable at more than 120 other hospitals employing ONA members at that time.

This breakthrough in the provision of patient care gives RNs a formal process to pursue with employers when they believe patient care is at risk due to workload issues. Since then, we have successfully enacted the clause many, many times. It’s clear, it works and it’s unique to ONA.

In this picture from August 1979, Bill Walsh, ONA’s appointee to Boards of Arbitration, is seen with a large stack of collective agreements containing first professional responsibility clauses.

Turn to page 5 and 21 to read more.
OUR COLLECTIVE VOICES NEED TO BE HEARD!

DURING THE PROVINCIAL ELECTION campaign, Premier Doug Ford made it clear that he wanted to “hear from nurses.” He reiterated that to me during an impromptu discussion at a meeting of all the premiers this past summer. Now that the Legislature has resumed, we’re ready!

This is critical, as the line-by-line review of government spending, also promised by the Conservatives during the election campaign, has been released, with the goal of finding $6 billion in efficiencies and cost-savings. While the government says this will “establish a more sustainable baseline to ensure a fiscally healthy government,” it’s hard to imagine those “efficiencies” will not touch on health care and result in cuts to services, especially in light of recent comments from Minister of Health and Long-Term Care Christine Elliott (see pg. 9).

In her first keynote speech to the Ontario Hospital Association’s Health Care Leadership Summit in September, Minister Elliot said the health-care sector will need to find ways to operate “more efficiently.” We don’t know exactly what that means and, quite frankly, I’m worried.

The reality is that ONA cannot wait for the government to come to us for that conversation. That has never been our style. So provincially, we have a meeting set up in just a few weeks with Minister Elliot.

But we can’t do this advocacy work alone or only at the provincial level. Some Local leaders and participants at our recent Leadership Summit and Activist Camp have already taken up our call to meet with their MPPs – and I hope you will be next! You can do so on Fridays when they are in their constituency offices or during constituency weeks (the weeks of March 11, April 22 and May 20). After all, these are the people who make decisions that impact funding and the conditions of our work and practice environments, and we need to paint a vivid picture of the front lines of health care from the perspective of those who know best.

If this sounds intimidating, it need not be. Your first meeting can simply be a meet and greet to introduce yourself to your MPP as the authority on local health care. We will provide you with everything you need to set up that meeting – we have designed a handy MPP Lobby Kit – and what to say when you get there. And when it’s over, we’d love to know how it went. Please contact cgrintake@ona.org.

We need to make sure all MPPs across the province hear our priorities – ensuring “exceptional” patient care through the RN Advantage, protecting the safety of health-care workers, and supporting marginalized and disadvantaged women – and commit to action on them, including adding 10,000 RNs over four years. We need to discuss the work that RNs and health-care professionals do, and the invaluable care we provide. Considering the direction this government appears to be heading, the fact that more RNs actually saves the system money, should pique their interest.

We absolutely must take Premier Ford up on his offer to “hear from nurses.” Our voices need to be strong and united. And they need to be heard! If 65,000 members take us up on this call, I am confident they will be.

NOS VOIX COLLECTIVES DOIVENT ÊTRE ENTENDUES!

LORS DE LA CAMPAGNE ÉLECTORALE provinciale, le premier ministre Doug Ford a dit clairement qu’il voulait « entendre les infirmières ». Il me l’a réitéré au cours d’une discussion impromptue pendant une réunion de tous les premiers ministres l’été dernier. Maintenant que l’Assemblée législative a repris, nous sommes prêts!

Il s’agit là d’un élément crucial, car l’examen détaillé des dépenses gouvernementales, également promis par les conservateurs pendant la campagne électorale, a été publié dans le but de trouver des efficiencies et de réaliser des économies de l’ordre de six milliards de dollars. Tandis que le gouvernement déclare qu’il « permettra d’établir un niveau de référence plus durable de manière à offrir aux générations futures un gouvernement en bonne situation financière », il est difficile d’imaginer que ces « efficiencies » ne toucheront pas les soins de santé et n’entraineront pas de compressions dans les services, particulièrement à la lumière des récents commentaires de la ministre de la Santé et des Soins de longue durée,
SPEAK UP IN YOUR WORKPLACES!

ONE OF THE KEY PRIORITIES of the new Board of Directors is to visit our members in your workplaces in every corner of the province and sector to see the conditions under which you work. After all, it’s one thing to hear how run off your feet you are trying to provide the best care you can under extremely difficult conditions. It’s quite another to see it for ourselves.

While ONA is doing our part provincially to lobby for the staffing and funding we desperately need, we encourage you to be your own advocate in your workplace. And ONA has a very effective and unique tool to help you do that: the professional responsibility complaint (PRC) process, first awarded in the ONA hospital central agreement in the late ’70s.

More and more since that time, ONA, through the collaboration of our Professional Practice Specialists, Labour Relations Officers, elected leaders and members, has secured and implemented numerous settlements with your employers — many of them binding — to try and resolve workload issues before they escalate to the final step in the PRC process: the Independent Assessment Committee (IAC).

These are real and meaningful measures employers must act on, and I can assure you that ONA is there every step of the way to make sure they do.

Take a look at one of our recent PRC settlements at Toronto’s Runnymede Healthcare Centre, where issues had escalated concerning insufficient RN staffing, inappropriate skill mix, lack of equipment and inadequate security.

Through the PRC process, we were able to reach a significant settlement with the employer, securing an increase of 3.5 full-time RN positions, a guarantee that RN shifts would be filled on the schedule prior to being posted and all sick calls replaced, and additional security guards. This was a huge victory for staffing and patient care, and only possible because those brave members refused to sit back and accept impossible situations. You’ll see another impressive PRC win on page 21.

Even when an IAC becomes inevitable, as it unfortunately sometimes does, we are also having great success at demonstrating to the three-member panel that too few RNs, inappropriate models of care, and other barriers to quality patient care have put our ability to meet our practice standards in serious jeopardy.

So the next time you and your fellow members are faced with what you may consider the overwhelming task of completing an ONA workload form, which allows you to document your concerns and start those important discussions with your employer, remember all the positive changes that can come about as a result of our members speaking out — and please complete them!

You can find out more about our workload report forms and obtain a copy through your Bargaining Unit President or our website at ona.org/PPforms.

PARLEZ-EN DANS VOTRE MILIEU DE TRAVAIL!

L’UNE DES PRINCIPALES PRIORITÉS du nouveau conseil d’administration est de rendre visite à nos membres dans vos lieux de travail aux quatre coins de la province et dans tous les secteurs pour voir les conditions dans lesquelles vous travaillez. Après tout, c’est une chose d’entendre comment vous vous efforcez de fournir les meilleurs soins possible dans des conditions extrêmement difficiles. C’en est une autre de le voir par nous-mêmes.

Bien que l’IIAO fasse sa part à l’échelle provinciale pour exercer des pressions en vue d’obtenir les effectifs et le financement dont nous avons désespérément besoin, nous vous encourageons à être votre propre porte-parole dans votre milieu de travail. Et l’AIIO dispose d’un outil très efficace et unique pour vous aider à le faire : le processus de la plainte de responsabilité professionnelle (PRP), accordé pour la
MEMBERS GET LOUD!

PUBLIC HEALTH RN RECEIVES SPECIAL AWARD AFTER STRUGGLE TO HAVE CREDENTIALS RECOGNIZED

When Regional Municipality of Niagara public health nurse Gaynor Quieros emigrated from Wales nine years ago, she was prepared for the change in culture and climate, but she couldn’t possibly have foreseen how difficult it would be to obtain her nursing registration in Ontario.

An RN in Wales for 33 years, Quieros specialized in “developmental delay” – one of four choices offered to nursing students after their “common core” (education for all). But several years after moving to London, England in 1984, where she put her specialty into practice caring for those with developmental delay, complex mental and/or physical issues, Quieros made a life-changing decision.

“Within a few weeks of returning to London after visiting family in Fort Erie, Harry Potter actor Rob Knox was stabbed to death outside one of the local businesses where I often walked to buy a sandwich. I stepped around the flowers and police tape and thought, this doesn’t happen in Fort Erie. So in 2009, at the age of 49, I gave up a full-time RN job with seven weeks paid vacation and started the immigration process with my husband and two grown children.”

Because Quieros was trained as an RN pre-degree, her initial education was rejected by the College of Nurses of Ontario (CNO). She couldn’t even secure work as a personal support worker. It was during a teary conversation with her case worker at a local employment centre that she was advised to contact the CARE Centre for Internationally Educated Nurses (IEN), a non-profit organization focused on helping IENs register and find work in Ontario. Quieros was supported by a CARE case manager, who recommended she start by submitting as an RPN to the CNO.

“It’s probably the wisest decision I made,” she said. “My education was assessed and approved. I wrote the RPN exam and did some upgrading at Mohawk College because this is a different country with different legislation and different expectations. In 2011, I started working as an RPN for St. Elizabeth in Niagara Falls, and the following February, I submitted my RN application. Then I waited and waited.”

That might be an understatement. While the CNO already had Quieros’ file for an RPN, they requested information for every course she had taken and every job she had as an RN. Because records in the United Kingdom are only kept for 10 years, that presented a challenge, with Quieros having to find previous colleagues who could document her employment.

In early 2015, Quieros was invited to take an OSCE (objective structured clinical examination) that August, an assessment for IENs covering all aspects of nursing, mandated by the CNO. The test is comprised of a written exam on CNO standards followed by a 12-patient station, where candidates are presented with typical clinical scenarios and
assessed within a short time limit for how they interact with standardized patients (portrayed by actors). With a score of 100 per cent required in each station, the OSCE failure rate is extremely high.

“Going into that was terrifying,” Quieros said. “My bedtime reading was the CNO standards and the Canadian Nurses Association Code of Ethics. Everyone I met, every guest in my house was a potential OSCE client. Even the dog was assessed!”

That practice paid off as two months after the exam, Quieros learned “I was the only nurse that Mohawk was aware had ever passed the OSCE. I was the urban myth!” Still, that elation was mixed with the news that her safe practice had expired and she needed to go back to school and do a clinical placement on a medical-surgical floor, where she hadn’t worked in years.

In January 2016, Quieros became one of the first Canadian nurses to write the NCLEX entry to practice exam, and four months after taking a leave of absence for another clinical placement, she finally received her RN registration in what was “a happy, happy day for me!”

And it only got better. Late last year, Quieros, who now does case management work in telemedicine community mental health nursing, going above and beyond for the most vulnerable, received CARE’s Joan Les mond Internationally Educated Nurse of the Year Award, presented annually to an outstanding IEN in recognition of their dedication and professionalism.

“I am already so blessed to have a full-time permanent position that I love, and so to be recognized for my determination and achievement on top of that was just wonderful,” Qui eros concluded. “I do my best for my patients, but I get so much back from them. People with mental health issues are stigmatized, and sometimes all you need to do is just be with them as a human being, and see past whatever addictions they have.”

WE WON’T BACK DOWN!

On October 16, just as Front Lines went to print, members from the Thunder Bay District Health Unit, comprised of 58 nurses, including one nurse practitioner, hit the picket line after mediation talks with their employer failed to result in a fair contract (top photo). While these nurses, who have been without a contract for almost two years, recently worked to contain an outbreak of tuberculosis, they remain the lowest paid public health nurses in Ontario. “Our public health nurses are highly educated and skilled, and have earned the respect of their community,” ONA President Vicki McKenna told the media as she and First Vice-President Cathryn Hoy joined the picket line (Region 1 Vice-President Pam Mancuso also walked with our members). “It is disappointing that they have been put in this position by their employer and forced to withdraw services.” Go to ona.org for the most up-to-date information on this situation. Meanwhile, members from Hastings Prince Edward Public Health, along with Region 2 Vice-President Bernie Robinson (far left of bottom photo) and ONA staff, dressed in purple to symbolize solidarity and strength at an information picket outside the main public health office in Belleville where the Board of Health was meeting on September 5. More than 40 public health nurses were in a legal strike position as of September 25, and while it came down to the wire, a settlement was reached during mediation.
MEMBERS SHOW COMMUNITIES THAT “LABOUR CARES”

Throughout the province, members proudly waved the ONA banner at Labour Day parades and other events to show just how much the labour movement cares about the places they call home.

Always a popular event, the Brantford and District Labour Council held its annual Labour Day soap box derby and car show, providing a free barbecue for those who came out on the holiday Monday.

“The council achieved its goal of showing the community that labour cares,” said Local 7 Coordinator Melanie Holjak, a regular participant, who attended with her daughters. “It was a great opportunity to engage folks in discussions about the state of health care and the work nurses do across many different health-care sectors.”

The tone was decidedly more somber in Toronto, where the lockout of more than 400 members of the International Association of Theatrical Stage Employees (IATSE), many of whom erect stages at the Canadian National Exhibition (CNE) where the parade usually winds up, and the City of Toronto’s use of replacement workers, was on the minds of participants, including a sizable ONA contingent. The parade was rerouted to boycott the CNE in support of the locked-out workers.

In Hamilton, members of Locals 70 and 75 may have been wearing blue, but they certainly weren’t feeling it as they marched behind ONA’s banner in the annual Labour Day Parade and Picnic of the Hamilton and District Labour Council, which is celebrating its 130th anniversary.

“With their passion and commitment to the health and well-being of their patients and Ontario workers, ONA members play a vital role in strengthening their communities and the labour movement in general,” said ONA President Vicki McKenna. “These Labour Day events give us a chance to showcase that dedication while continuing to bring attention to the challenges we face, including workplace violence and unsafe staffing levels.”

Along with fellow unions, ONA contributed to a 14-page Labour Day insert, coordinated by the Ontario Federation of Labour and published in the Toronto Star on September 1. Our contribution included a full page ad, shown on the back cover of this issue, and a story entitled, “Advocating for Nurses and Patients for 45 Years.”

See ona.org/news-posts/labour18/
ONTARIO RAN DEFICIT, COMMISSION ASSESSING PREVIOUS GOVERNMENT SPENDING SAYS

An Independent Financial Commission of Inquiry into Ontario’s past spending and accounting practices has released its final report. Under the direction of chair Gordon Campbell and commissioners Dr. Al Rosen and Michael Horgan, the inquiry was authorized under the Public Inquiries Act, 2009 to assess the previous government’s accounting practices and provide advice and recommendations on how the government “can restore trust” in Ontario’s finances. It was also tasked with providing advice and recommendations on the province’s current fiscal reality and budgetary position for the current fiscal year (2018-19) and beyond. The inquiry’s final report was delivered to the government on August 30 and released on September 23. The Commission said that Ontario actually ran a $3.7 billion deficit in 2017-18 and has a $15 billion deficit. It also confirmed earlier findings from Ontario’s Auditor General related to how pension assets are accounted for.

GOVERNMENT SPENDING LINE-BY-LINE AUDIT RELEASED

The line-by-line review of government spending, benchmarked against other jurisdictions to identify areas for improvement, including efficiencies and cost-savings, was released on September 25. Treasury Board President Peter Bethlenfalvy said the review of government spending over the 15-year Liberal government, conducted by Ernst and Young, found the province’s operating expenses increased by 55 per cent, which is over Ontario’s population growth by 1.9 per cent. However, commentators noted the review did not account for the impact of aging during this period. According to the review, the growth in spending results from transfer payments to the broader public sector, with health care (including hospitals) and education leading the way. The report recommends changing how the province funds hospitals and other transfer payment institutions, stating, “The opportunity for Ontario is to engage in a comprehensive review of its various funding models and to introduce the notion of an ‘efficient price’ for services in as many cases as possible.” It also suggests selling off all or parts of certain provincial assets, “means-testing” for universal public services, and establishing a modern relationship with labour. While Opposition critics raised concerns that the review sets the stage for cuts to public services, Bethlenfalvy did not commit to or rule out any of the recommendations in the report, stating it is not a “blueprint for cuts.”

PUBLIC CONSULTATION LAUNCHED

Soon after the provincial election, Treasury Board President Peter Bethlenfalvy announced the government would launch a three-week online public consultation with Ontarians. The Planning for Prosperity consultation, which ran from August 29 to September 21, complements the line-by-line review of all government programs and services. Through this consultation, Ontarians were able to find ways to “operate more efficiently,” adding the solution lies in “system transformation” and “building health-care delivery for the future.” She indicated that only a “system-wide lens” will help plan successfully for how we care for generations to come. In a subsequent media release, Health Minister Elliott said “the government and their health-care system are working together to bring forward meaningful change and to end hallway health care. Creating a sustainable system requires vision. We must innovate. We have a big challenge ahead of us.” Former Humber River Hospital CEO Rueben Devlin is chairing Premier Ford’s Council on Improving Healthcare and Ending Hallway Medicine.
ATTENTION NURSING HOMES MEMBERS!

Vote for Your Negotiating Team

Inserted in this issue of Front Lines is information on the candidates running for a position on the Nursing Homes Central Negotiating Team (NHCNT). With the central nursing homes collective agreement expiring on June 30, 2019, we need to have a new bargaining team in place.

Members in the nursing homes sector will be entitled to vote for one candidate (full-time or part-time) for their region, unless that position has been acclaimed. In addition, the President and the Chief Executive Officer/Chief Administrative Officer/Chief Negotiator will be ex-officio members of the team.

Specific information on how to vote has been sent to all members in the nursing homes sector; you will have until December 5 to cast your vote. Orientation for the new team is scheduled for January 28 – February 1, 2019.

HAVE A SAY ABOUT YOUR FUTURE CONTRACTS

ONA is conducting another Have a Say online bargaining survey to ask our members in all sectors:
- Your top priorities for the next round of bargaining with your employer.
- What you think our union should be negotiating for.
- What you want to see in your next collective agreement.

Your confidential responses to this survey will guide your negotiating committees at the bargaining table, so please take a few minutes and Have a Say! Fill out the Have a Say survey from November 1, 2018 to January 8, 2019.

CAN I BE PLACED IN ATTENDANCE MANAGEMENT DUE TO CANCER TREATMENT ABSENCES?

ONA surveys our members in advance of major bargaining cycles (the Have a Say survey noted above), and while this information helps set our priorities for negotiations, your comments also provide us with an opportunity to explain collective agreement language that already exists.

One such example came from a hospital member who advised us they were placed in their hospital’s attendance management program as a result of absences related to cancer treatment. Article 12.15 of ONA’s hospital collective contains the following language:

Candidates’ and voting information is also available at https://bit.ly/2R1eqzQ
COLLECTIVE AGREEMENTS CLEAR ON TIME OFF TO ATTEND MEMORIAL SERVICE

One question ONA has been asked repeatedly by our members is if employers can deny a day off to attend a memorial service after the death of a loved one.

ONA’s hospital collective agreement contains the following language in Article 11:05 (Bereavement Leave):

A nurse who notifies the Hospital as soon as possible following a bereavement shall be granted four (4) consecutive working days off without loss of regular pay for scheduled hours, in conjunction with the day of the funeral, or a memorial service (or equivalent) of a member of her or his immediate family. “Immediate family” means parent, brother, sister, spouse (which also includes a same sex partner), son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandparent of spouse or grandchild. A nurse shall be granted one (1) day bereavement leave without loss of regular earnings to attend the funeral of, or a memorial service (or equivalent) for her or his aunt, uncle, niece or nephew. Where a nurse does not qualify under the above-noted conditions, the Hospital may nonetheless grant a paid bereavement leave.

ONA’s nursing homes central language also states the following language in Article 11:04 (Bereavement Leave):

(a) Upon the death of an employee’s spouse, spouse to include same sex partner, child or stepchild, an employee shall be granted leave up to a maximum of five (5) continuous calendar days without loss of pay. One of the days of leave shall include the day of the funeral or equivalent service.

(b) When a death occurs in the immediate family of an employee, the employee shall be granted leave up to a maximum of three (3) continuous calendar days without loss of pay around the date of the funeral or equivalent service provided that the employee must be regularly scheduled to work such days to receive pay.

(d) An employee shall be granted one (1) day bereavement leave without loss of pay to attend the funeral, or if there is no funeral, an equivalent service for his or her aunt or uncle, niece or nephew.

The collective agreement language demonstrates that memorial services are the equivalent of funerals for the purposes of bereavement leave. Over the last several rounds of negotiations in all sectors, ONA has been seeking to “modernize” our language to reflect the diversity of our membership as well as the changing of Canadian norms and cultures.

If your employer is denying bereavement leave for attendance at a memorial service, you should contact your Bargaining Unit President at ona.org/bup and/or unit representative for assistance. A grievance may need to be filed.

Days of absence arising out of a medically-established serious chronic condition, an ongoing course of treatment, a catastrophic event, absence for which WSIB benefits are payable, medically necessary surgical interventions, or days where the employee is asymptomatic and is under a doctor’s care from the commencement of symptoms for a confirmed communicable disease (and has provided medical substantiation of such symptoms), but is required to be absent under the hospital or public health authority protocol, will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program. Leaves covered under the Employment Standards Act, 2000 and Article 11 will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program.

Based on this language, there is no doubt a member’s cancer treatment should not be counted in an attendance management program, provided that member provides medical proof of the illness and treatment. That does not mean a diagnosis must be given, but the employer is entitled to know the nature of your illness and prognosis of return to work.

Many other ONA agreements also contain this language. Please contact your Bargaining Unit President at ona.org/bup for assistance to ensure these absences are not counted. A grievance may need to be filed.
HUMAN RIGHTS GRIEVANCES DOMINATED BY DISABILITY ISSUES

ONA continues to advance the human rights of our members in a number of ways: through advocacy by Local executives and Labour Relations Officers, the Human Rights and Equity Team, grievance arbitration, the WSIB Team, occupational health and safety, and at times before the College of Nurses of Ontario by way of our Legal Expense Assistance Plan.

While a number of these service sectors deal exclusively with disability-related issues, a recent informal survey of grievance arbitrations shows that more than 90 per cent of cases engaging a human rights ground are directly related to disability. These cases usually fall into one of a number of categories: denial of short or long-term disability benefits, attendance management policies, failure to accommodate, or discipline related to a disability.

There are a number of reasons to explain this. As the population ages and staff reductions occur, ONA members are called upon to do more work, with fewer resources, and under more stress. Additionally, as we gain a better understanding of mental health issues, conditions are being diagnosed and workers are requesting leave and accommodation for conditions which may not have been recognized as disabling in the past.

ONA continues to pursue these matters and has had a successful history of advancing the human rights of individuals with disabilities. In addition, ONA has succeeded in ensuring workers on disability leave continue to accrue seniority, protecting members’ private medical information for short-term sick leave, and having an exclusion of mental stress disabilities from WSIB found in violation of the Charter of Rights and Freedoms.

“While these and other cases are precedent-setting, it is the hard work of ONA members and staff that advance the needs of members with disabilities on a day-to-day basis,” said ONA President Vicki McKenna. “Local Bargaining Unit executives meet with members and occupational health to understand medical restrictions and push employers to accommodate. ONA Long-Term Disability primes collect medical information and appeal denials of benefits, often with great success. ONA employs a full-time Return to Work Specialist to review policy and help staff and members with these complex issues. It is truly the whole ONA Team in action.”

When all else fails, litigators advance cases to arbitration or the Workplace Safety and Appeals Tribunal, often engaging expert witnesses and reviewing thousands of pages of medical documentation to hold employers and providers accountable for denying our members the benefits for which they have worked and bargained.
RAINFALL EXPANDS ACROSS THE PROVINCE

From the biggest parade in our capital’s history to the first one ever in a smaller southwestern Ontario community, ONA members continued to show their Pride as the summer rolled to an end.

Under the simple but effective theme of “community,” ONA members from Locals 83 and 84, joined by members of the ONA Board of Directors, marched in Ottawa’s parade, appropriately titled Capital Pride, on August 26. Approximately 150 groups took part in the parade, up from 130 last year, making it the biggest parade yet, organizers said.

“This is Local 83’s second attendance in the Ottawa Pride parade and our first attempt at our own ONA float,” said Local 83 First Vice-Coordinator Andrea Cashman. “We enjoyed a great day out with Local 84 representing our LGBTQ+ members and supporting diversity. Next year, we plan for a bigger float and even more nurses participating!”

At the opposite end of the province, members from Local 35 joined representatives from fellow unions, companies, churches, agencies, political parties and other organizations for the first ever Chatham-Kent Pride parade on August 18. The parade, enjoyed by hundreds of bystanders, was followed by a family festival in the town’s Tecumseh Park.

“It was important for Local 35 to take part in the Pride parade to show how the nurses of this community support the diverse culture that we provide services to here in Chatham-Kent,” said Treasurer Kimberly Marlatt. “All our patients are important to us and the nurses of Local 35 continue to give 100 per cent. This was the first Pride parade in Chatham and I am sure it will not be the last. Numerous people showed up to cheer us on and thank us for our care as we walked by. Great fun!”

With Pride parades wrapping up for the year, we remind members that it’s never too early to start planning ONA’s presence and your attendance at next year’s events!
When critical care nurse Christina Damianos feels frustration over her stressful working conditions and ability to provide quality patient care, she gets out her paint brush and issues a call to action on her canvas.

“My art reflects my journey as a nurse,” said Damianos, who works at St. Joseph’s Health Centre in Toronto. “I’m inspired by the nurses I have met and still meet in my daily work, and the nurses that have brought me so much joy and have faced so many challenges. Colour gives me a wordless way to describe their struggle and their need to be heard.”

For Damianos, the daughter of a Greek-Palestinian and Palestinian-Israeli who moved from one occupied land (Cyprus) to another (the Holy Land), that journey began in 1991 when she obtained a nursing degree from Hebrew University and immediately accepted a position in the bone marrow transplant unit at Jerusalem’s Hadassah Ein Karem Hospital.

“It was hard for me because I’m very passionate and compassionate, as art lovers often are, and I bonded with the families. I was in many ways their ambassador since I spoke more than one language. These people stay in your unit for a long time, the bond was strong, and you take that home. When I saw my parents, all I talked about was work and I cried because I decided to settle in Canada, where her parents had once considered immigrating and where another uncle lived, and supported herself by working as a freelance graphic designer in Toronto. But five years later, she felt an overwhelming desire to return to nursing and took a one-and-a-half semester refresher course at Centennial College before finding employment at St. Joseph’s emergency department (ED).

“I am very caring, and I didn’t want to be in the graphic industry doing things for other people anymore,” noted Damianos. “But I still wanted to express myself, so I moved more towards fine art. Combining painting with nursing gave me the freedom to be independent without relying on advertising and meetings with clients.”

Happy in the ED because it suited her fast-paced person-
ality, Damianos decided to further her nursing education by taking intensive care courses at George Brown College. She worked in the ICU recovery room for more than four years and is now back in the ED where, “I use my critical thinking and judgement skills. Every day is different. Every day I learn something else. I love it.”

**Inspired by Colleagues**

Between shifts, Damianos continued to paint and create graphic illustrations in the studio apartment she shares with her 15-year-old daughter. While she has a small storage room for her paintings – some measure eight feet! – many of her nursing colleagues “host” them in their homes. She paints landscapes from time to time and pictures of her fellow nurses’ pets, but it is the paintings that convey a strong social justice message that mean the most to her, especially if those messages concern nurses’ realities.

“My paintings talk about different journeys, but mainly it’s about human rights, justice and dignity, and trying to bring change to the world,” she said. “My environment inspires me to paint and I strive to bring the observer closer to our experiences and our world as nurses.”

Using a variety of textures and mediums helps Damianos depict that environment even more vividly. For example, the piece shown on the cover of *Front Lines* was painted on an old piece of wood because “the texture is rough like the rough conditions nurses face. It’s the roughness of the words on the wood and the roughness of the touch combined. Sometimes I start painting and can’t wait to see where it goes because something subconsciously triggers me to a final ending. Sometimes I don’t like it, so I cover it and then try to uncover some of those layers. And it takes me to a better final painting. Your subconscious is so powerful.”

**Nurses are Biggest Fans**

While Damianos’ paintings frequently portray the need for nurses to speak out, ironically she didn’t talk about her talent to her colleagues when she began at St. Joseph’s because she wasn’t ready to be exposed. In fact, that only happened three years ago when she began displaying her works, up to 20 at a time, at Gallery 1313 in Parkdale where she is an active member – “I don’t want to present in fancy, shiny galleries because art is for the people” – and sharing online, which some of her fellow nurses noticed and started following. While she sells paintings at her showings – attended by many of her nursing colleagues – she said it’s not about the money, it’s about the comments she receives on guest books from people she has never met.

“Nurses are my biggest fans. They understand my paintings and thank me for being their soldier and taking up the cause,” said Damianos, who calls painting her therapy. “My paintings are not particular to my hospital; they are

**ON THE COVER**

“This painting is about telling nurses that even when you are afraid, you have a voice,” said Damianos. “Even with a mask, you will never be silenced. You have the right to better working conditions and the ability to provide quality care. We have the power to make things better for us and our patients by speaking out and being united. It gives us so much strength. We need to have that courage.”
There aren’t enough nurses. Seeing nurses cry because they aren’t able to do their jobs and don’t think they can meet their standards breaks my heart. But it’s OK to cry; I have cried too. We are human beings and that doesn’t make us weak. But we are going to become stronger after that cry and get up and fight.”

This past August, Damianos embarked on her most ambitious and interactive project yet, displaying two large canvasses at a showing. One canvass displayed “pieces from the street, stuff that’s forgotten and I made all kinds of layers with them and paint, so it’s like the forgotten voices of nurses.” The other canvass was left untouched and nurses in attendance were asked to add their own voice to it with the cans of paint she supplied. What was left was something quite remarkable.

“My colleagues and Local union tell me all the time to contact ONA and share these paintings because it’s about us, our voices,” said Damianos, who has donated three paintings to ONA’s provincial office. “I finally said, OK, I will do it. They need to be seen and heard by my fellow nurses. I love our union. My Local executive is so powerful and inspiring. We hear so much from them, it’s just amazing. They try to make changes and I feel honoured to be with them. It’s all about solidarity. Just like my paintings.”
ENHANCING OUR ADVOCACY EFFORTS FOR YOU

THESE ARE CHALLENGING TIMES for ONA members, I don’t need to tell you that. With employers continuing to cut costs at the expense of those who provide front-line care and a new provincial government quite clearly bent on finding “efficiencies,” we have every reason to be concerned about what the future holds.

Thankfully, your union is here! As CEO/CAO, I can assure you that ONA is committed to enhancing our focus on government lobbying and important advocacy efforts, such as recommendations to the long-term care inquiry (see pg. 18), and putting the appropriate resources in place operationally so we are well equipped to face those challenges head on.

Already, we are increasing our complement of professional practice and government relations staff to assist with your serious workload issues and to voice our key concerns at government tables. Because these two areas are so intrinsically linked – your working environments are a direct result of decisions made at Queen’s Park – ONA has created the new position of Senior Director of Nursing Practice and Advocacy, and recently welcomed Carol Anderson, RN, BScN, MScN, into that role.

Carol comes to us with a wealth of experience, having most recently served as the Executive Vice-President of Clinical Programs and Chief Nurse Executive at Baycrest Centre. As a former front-line nurse and once proud ONA member, Carol has “lived” all sides of the equation and we are keen to tap into her unique perspective.

Carol will be responsible for guiding ONA’s approach to communications and practice issues, and fostering academic partnerships that advance our nursing research in support of quality patient care. She is also the staff lead on our government relations strategy, building relationships and strengthening ONA’s voice as a strategic partner in health care so that our advice is sought at the forefront of policy and legislative development. In just a few short weeks, Carol has demonstrated that she is more than up to the task, generating some impressive ideas that I believe will result in meaningful changes to each and every one of you, and we look forward to working with her.

Here’s what she has to say: “I want to be part of helping nurses and health-care professionals have better workplaces. You change people’s lives, but it’s not easy to practice in any environment these days. My priority is to determine quickly what our government relations strategy should be and how we can use the language of this new government to influence them. It’s not about asks; we need to offer solutions.”

Carol believes the key to developing those solutions is sharing members’ compelling – and oftentimes heartbreaking – stories of how ill-advised government policies are negatively affecting your ability to provide quality patient care. I couldn’t be more in sync with her. Anyone who has heard me speak knows I pepper my dialogue with real-life examples from the front lines and beyond. I am a firm believer that a thousand statistics cannot beat the power of one single story. You will be hearing from us more on this in the weeks to come, and I hope we can count on you.

I know you join with me in welcoming Carol to this exciting and critical new role within our union. I look forward to reporting on the outcome of Carol’s important work, with the support of the entire ONA Team, in future columns.

Carol Anderson, RN, BScN, MScN
ONA Senior Director of Nursing Practice and Advocacy
ONA RELEASES RECOMMENDATIONS ON STAFFING, FUNDING AS FIRST PHASE OF LTC INQUIRY WRAPS UP

During final submissions this past September to the Public Inquiry into the Safety and Security of Residents in the Long-Term Care (LTC) Homes System, which is examining the circumstances that allowed the assaults and murders of residents by Elizabeth Wettlaufer at three LTC homes to go undetected for seven years, ONA General Counsel Kate Hughes and Litigation Team Lead Nicole Butt drove home the lack of accountability on the part of employers, which often fail to acknowledge any gaps in process or knowledge within their own organizations, and rebuked the system that allows agency nurses to be used in LTC and home care.

They also reiterated that the homes where Wettlaufer worked had a difficult time holding onto nursing staff because, while these nurses genuinely have a love of caring for the elderly, non-profit municipally run homes offer better pay, benefits, pensions and nurse-to-resident ratios.

“All roads lead to problems with staff and funding,” Hughes told the inquiry. “Public funding contributes to the profit in for-profit homes, but in non-profit homes, it goes towards staffing.”

Crippling Workloads
Noting that RNs in LTC have crippling workloads due to the growing acuity and complexity of residents’ conditions and that homes are required to have only one RN on the night shift, which Wettlaufer often worked alone (with up to 261 residents), Hughes added that “no one was there to see her, no one was there to stop her, no one was there to support her.”

For that reason, ONA’s recommendations to the inquiry include that the Ministry of Health and Long-Term Care appropriately fund the LTC sector and ensure nurses who work in nursing homes receive the same wages as those in hospitals to attract and retain them. This will go a long way towards reaching our recommended nurse-to-resident ratio of 1:20. We are also calling for an end to for-profit care homes, which put profit ahead of care, within five years.

But these asks are not new to ONA. In fact, we have advocated for our members working in LTC and the residents for whom they care for decades.

“Tragically, when you compare funding and nurse staffing in this sector to other provinces and countries, Ontario ranks at the bottom,” said ONA President Vicki McKenna. “This is completely unacceptable, but nurses know how to fix the system. It was heartening that virtually all other interveners at the inquiry were echoing our concerns about underfunding and understaffing, and issuing similar calls to protect residents and improve care.”

Also in our submission, ONA detailed how we have reviewed and made changes to our systems since the inquiry began.

Next Steps
Throughout the 40-day hearing phase of the inquiry, ONA lent our full support, investing considerable resources into our participation. That support will continue now that the inquiry is moving onto the next phase: consultations.

Inquiry Commissioner Justice Eileen Gillese will be meeting individually with various stakeholders, including ONA. That will be followed by a mini-plenary session in November and a full plenary in January to further discuss possible recommendations.

The final report will be delivered to the Attorney General by July 31, 2019.

WHAT WE WANT TO SEE IN LTC

Among ONA’s more than two dozen recommendations to the LTC inquiry are:

- The Ministry of Health and Long-Term Care (MOHLTC) must immediately increase LTC funding to reflect the actual needs of residents.
- For-profit LTC homes must be phased out, replaced by non-profit homes.
- A nurse-to-resident ratio must be set at 1:20.
- Agency use must be eliminated or the MOHLTC given oversight of agencies.
- RNs must be given wage parity with nurses working in the hospital sector.
- Colleges and universities should provide more education on gerontology and senior care, and a clinical placement in LTC should be mandatory.

See our full recommendations at ona.org/inquiry
When Canada’s provincial and territorial first ministers gathered this past July in St. Andrews by-the-Sea, New Brunswick for their annual summit, ONA and our provincial nursing union counterparts were there to ensure the voices of nurses were heard.

And this time, that voice was focused squarely on a national pharmacare program, the topic of a policy event for the premiers, along with key health and labour stakeholders, hosted by the Canadian Federation of Nurses Unions (CFNU). The session featured the Chair of the recently-created Advisory Council on the Implementation of National Pharmacare, Dr. Eric Hoskins, who spoke about the Council’s national consultations and plan to build a concrete blueprint for taking pharmacare from vision to reality; MP John Oliver, who discussed the parliamentary health committee’s recent Pharmacare Now report; and former Parliamentary Budget Officer Kevin Page, who presented on fiscal approaches to a national plan.

“As the Advisory Council begins national consultations, an important conversation is beginning that will shape the model of pharmacare coverage that will be built for Canadians,” said CFNU President Linda Silas. “Nurses believe that premiers of all political stripes have strong reasons to support a public, universal, single-payer pharmacare plan with a national formulary. A national drug plan is expected to result in savings of between $4 and $11 billion per year, while ensuring access to millions of Canadians who struggle to afford the cost of prescription medications.”

The CFNU is calling for strong federal leadership through legislation, appropriate funding, and ensuring the massive system-wide savings are redistributed fairly so that provinces, patients and our public health care benefit.

The message appears to have resonated as pharmacare received top billing in the premiers’ final communiqué.
NURSING STUDENT ACTIVIST INJURED IN RANDOM SHOOTING

A nursing student who was injured after coming to the aid of a victim of a shooting spree in Toronto’s Greek-town this past summer has a difficult, uncertain journey ahead of her and needs your help.

Danielle Kane, who had just finished her first year of nursing at the University of Ontario Institute of Technology, is currently recovering at a Toronto physical rehabilitation centre after being shot on July 22 as a man walked down busy Danforth Avenue randomly spraying bullets. Kane and her boyfriend, also a nurse, had just left a friend’s birthday party at a nearby eatery and were using their life-saving skills on a wounded victim when the tragedy occurred.

Eighteen-year-old Reese Fallon, who would have started her first year of nursing at McMaster University this fall, and 10-year-old Julianna Kozis were killed in the shooting, and another 13 were injured. The ONA Board of Directors approved an amendment to Policy 3.9 (ONA and the Canadian Federation of Nurses Unions Student Scholarships) to name one of the existing nursing student scholarships “The Reese Fallon Scholarship” and increase this particular scholarship from $1,000 to $2,000 beginning in 2019.

“Danielle is brave and compassionate and was unbelievably dedicated to ONA’s election campaign, Nurses Know, Nurses Vote,” said campaign organizer and ONA Labour Relations Officer Molly Kraft. “She volunteered at our phone banks, recruited volunteers and posted on Facebook for us. She was excited by our campaign and jumped in where she could.”

ONA will be fundraising for Kane at our November Provincial Coordinators Meeting. A Go Fund Me page has also been set up to help her adjust to the challenges of her new life and to thank her and her boyfriend for their selfless acts that fateful night.

IN CASE YOU MISSED IT (ICYMI)… POPULAR POSTS

Now that the fall is upon us, we rounded up the top four articles that ONA’s Facebook followers found most click-worthy this past summer.

Out of the four, can you guess which post was the most popular from June to August? The answer, which can be found on page 25, may surprise you!

1. Ontario has the worst RN-to-population ratio.
2. Local 8’s workplace violence ad.
3. Details of the hospital award.

Be in the loop on breaking ONA news and events. Simply follow us on Facebook at facebook.com/ontarionurses. Have questions about anything social? Contact Communications Officer Katherine Russo at katheriner@ona.org.
WCH FAMILY PRACTICE CENTRE LAYOFFS: FIGHT NOT OVER!

While Women's College Hospital (WCH) has proceeded with the layoff of four full-time primary RNs at its Family Practice Centre despite ONA’s best efforts, we are not giving up the fight.

The four RNs were laid off this past July, leaving just three full-time and four part-time RNs in the centre. For years, the WCH members have filled out workload forms over staffing and other workload issues, which we fear will now only worsen. Patients and physicians alike said they valued the excellent care these RNs provided every day.

As soon as ONA learned of the layoffs, we launched an online campaign to garner public support, held rallies outside of the centre (which happens to be next to ONA’s provincial office), distributed leaflets, and gathered hundreds of signatures on a petition, which we presented to the chair of the WCH’s Board of Directors at its annual general meeting, resulting in a subsequent meeting to discuss the matter further. We reiterated our position that there’s no good reason to toss the combined 70 years of experience these nurses had out the door and interrupt patients’ continuity of care.

And it’s not over yet! We are asking for one last push to convince the Board chair and the CEO to do the right thing. Please send a personalized email to the WCH Board asking that the cuts be rescinded. We also have a templated message that you can send with just a few clicks. These members are counting on you!

EMPLOYER AGREES TO HIRE MORE RNS IN WORKLOAD SETTLEMENT

After raising serious workload concerns, ONA members at Guelph General Hospital have received a significant professional responsibility complaint (PRC) settlement that includes hiring additional RN positions.

Those issues began to escalate on the medicine floors in March 2016. Members were concerned about insufficient RN and resource nurse staffing, an inappropriate skill mix, and a lack of proper orientation for the resource/charge nurse role and new staff, which were affecting the RNs’ ability to provide safe, quality patient care.

ONA staff became involved in April 2017, holding a series of meetings with the employer to highlight the dozens of workload forms members had filled out detailing their issues. As a result, a binding settlement was reached with the employer this past summer, eliminating the need for an Independent Assessment Committee hearing, the last step in the PRC process.

The employer agreed to increase RN staffing by three full-time resource nurse positions; hire five full-time nursing positions to the medicine program to increase the nurse-to-patient ratio and ensure an appropriate skill mix; develop and implement a tool for assessing patient acuity and ensuring safe staff assignments; and develop and implement a checklist for resource/charge nurse orientation, along with updating the general medicine orientation for new staff and increasing buddied shifts.
ONA BURSARY “INVALUABLE,” MEMBER FINDS

For ONA member Margaret Buis, receiving a bursary from her union has proven invaluable in moving forward with her professional development.

Buis, who works at the Centre for Addiction and Mental Health in Toronto, received ONA’s Glenna Rowsell Bursary for members pursuing labour relations education earlier this year and began an online program through Algonquin College, completing her first course in August. While she is understandably proud of her 90-plus grade point average, she said she is more excited by what she has learned, thanks to the bursary.

“This first course provided me with a better understanding of the history behind the development of labour relations and the struggles of unions to create a framework to ensure safe workplaces, a living wage, benefits, pensions and equality for all members,” she said, adding that online discussion and debates generated by the course were also informative, not to mention thought-provoking. “I acquired an appreciation and awareness of what constitutes unfair labour practices, and learned about past union struggles and definitions of strikes. There was also a component to contemplate the future for unions.”

Another key learning for Buis, who was recently accepted into ONA’s Membership Secondment Program? Who the bursary’s namesake was.

“Behind every great RN stands a great woman,” she said. “It was important for me to find out who Glenna Rowsell was since it is through her legacy that I am able to finance my current professional development. Despite the Google era, there is very little information about her online or in print. She was an RN from Newfoundland, born in 1924. She studied and worked in Toronto and was often called the ‘mother’ of collective bargaining for nurses in Canada. A well-respected leader and pioneer in labour relations, Rowsell organized several nursing unions across Canada. She was dedicated to sharing her knowledge, and was one of the earliest proponents of professional responsibility clauses in nurses’ contracts.”

Buis, who said she is passing on her newly-learned knowledge within her Local and has already produced fact sheets on the history and potential future of labour relations in Canada, also finds symbolism in one of Rowsell’s best

INTERESTED IN APPLYING FOR AN ONA BURSARY?

If you have been motivated by Buis’ experience, we have good news: There are lots of exciting bursaries available for ONA members:

- **Glenna Roswell Bursary**: For members pursuing education in labour relations.
- **Occupational Health and Safety Bursary**: For members who want access to additional education to improve occupational health and safety in the workplace.
- **Human Rights and Equity Bursary**: For members involved in programs/activities that relate to and promote human rights and equity issues.
- **Other external bursaries** are also available, including the Workers Health & Safety Centre scholarship, the Nursing Education Initiative, and the Registered Nurses Foundation of Ontario scholarships.

The complete list of bursaries, along with eligibility requirements and applications, are available on our website. Applications for ONA bursaries are due March 1 of each year.
known statements: “the hats of professionalism and unionism can be worn on the same head.”

“The nursing cap is no longer part of the RN’s uniform, yet it still has a significance,” she said. “It symbolizes the goal of the nurse, which is to provide service to those in need. Nurses can still symbolically wear this ‘hat’ and can wear the union ‘hat’ to support the rights that Glenna Rowsell tirelessly fought for. This first course and the tuition funding through the ONA bursary gave me the opportunity to honour her legacy and pursue my passion for labour relations.”

ENSURING “BEST FIRST (SCHOOL) DAY” EVER FOR NEEDY KIDS

Proving once again that nurses’ and health-care professionals’ caring goes far beyond the bedside, Local 45 happily stepped up to the plate when the London United Way requested assistance and sponsors to make it “the best first day ever” for children in need heading back to school.

“The Local Executive decided to participate in the Best First Day campaign by purchasing backpacks and pencil cases for 40 boys and girls,” said Local 45 Coordinator Betty Scott, pictured with Treasurer Michelle Barstow. “School is very important and we wanted as many children as possible to start back feeling positive and excited about their 2018-2019 year.”

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VIOLENCE PREVENTION SIZZLING ISSUE AT ANNUAL CAMH BARBECUE

At a summer union- and employer-sponsored barbecue at the Centre for Addiction and Mental Health (CAMH) in Toronto, CEO Dr. Cathryn Zahn went about the crowd and handed out a scroll of achievements obtained in the last year related to violence prevention.

The more than one dozen items listed on the scroll is due in part to much hard work and a mutual respectful partnership between ONA leaders and the employer.

In the past year, CAMH has implemented:

• Updated personal alarms for all staff in good working order.

• New supervisory competency training jointly created by union and employer staff, which will be delivered in the fall.

• Zero tolerance posters that are hung up around CAMH.

• Psychological services for staff and physicians, which are available at two sites.

• The regular completion of Joint Health and Safety Committee inspections, including new after-dark grounds inspections.

There is more work to be done regarding violence prevention. In fact, it never ends.

“We are very happy with the great progress CAMH has made on violence prevention over the last year,” said ONA President Vicki McKenna, who attended the barbecue, along with First Vice-President Cathryn Hoy, Region 3 Vice-President Andy Summers, members and staff. “This employer has taken this very serious issue and implemented programs to make our members, other staff and patients safer.”

One year ago, CAMH launched a dedicated safety sub-committee as a forum to discuss issues and provide solutions in violence prevention. Once again, the committee’s success can be attributed to union and employer collaboration and leadership.

“Dr. Zahn is an active member of this important committee, along with CAMH Bargaining Unit President Danielle Latulippe-Larmand,” noted McKenna. “I believe that it is because of their leadership and keen attention to this issue that CAMH has been able to achieve many of these safety improvements. Although there is always work to be done in violence prevention, CAMH is off to an encouraging start.”
“WE WON’T STOP UNTIL WE ARE SAFE,” MEMBER SAYS AS LOCAL RELEASES SECOND AD

In the May/June issue of Front Lines, we told you about the first in a serious of four powerful ads Local 8 in Windsor has produced to raise public awareness about the serious issue of workplace violence.

The second ad, which depicts a distraught patient attacking nurses, has now been released and is playing before all feature films at the city’s Imagine Cinemas, except those geared towards children. The video and still ads are also running on HomeMedia digital screens, from Windsor to London, to ensure maximum exposure.

“Feedback for our ads has been very positive and encouraging,” said Local 8 Coordinator Susan Sommerdyk, noting that the first ad, released in April, was viewed more than 90,000 times and counting in cinemas, on YouTube and Facebook! “Violence against nurses and other health-care professionals occurs every day, ranging from verbal abuse to physical violence, and have caused catastrophic physical and psychological harm, disabilities and death. It is no longer acceptable to say, it’s part of the job or they knew what they were getting into or patients can’t be blamed. Violence is not part of the job! Employers and regulators need to step up and protect us.”

Until “every effort” is made to ensure nurses and health-care professionals are safe on the job, Sommerdyk said “Local 8 will work to keep the spotlight on the ongoing crisis. To date, measures taken are not enough; more can be done. It is time to enforce existing laws and pass new laws to ensure that when a nurse goes to work to help patients, that nurse does not end up being the patient.”

To view the second ad, see youtu.be/Row3TuswveY

FREE OCCUPATIONAL HEALTH SERVICES FOR ONA MEMBERS!

If you think you may have a work-related injury or illness for which you need treatment, the Occupational Health Clinics for Ontario Workers (OHCOW) can help. And referrals are not necessary!

Established 25 years ago, OHCOW’s seven province-wide non-profit clinics provide workers with access to expert occupational health professionals, and investigate and treat your work-related ailments.

“OHCOW is an excellent resource for all workers in Ontario,” noted Region 4 Vice-President Laurie Brown, who sits on OHCOW’s Board. “They provide expert advice on work-related injuries and occupational disease. Plus, their clinical resources are free for all workers.”

In addition to clinical evaluations, OHCOW staff provide:
• Group service consulting and occupational health and safety solutions for workplaces and safety committees.
• Outreach and education support to improve awareness and promote prevention.
• Research services to better understand hazards and illnesses.

Learn more at ohcow.on.ca

DID YOU GUESS OUR MOST POPULAR FACEBOOK POST?
(FROM PAGE 20)

If you guessed that the #truth post about Ontario having – yet again – the lowest RN-to-population ratio in Canada was the most popular summer post, you’re correct! It reached more than 84,000 people and counting! Congratulations, you now have bragging rights among your social peers!
ONA WINS AGAIN!
“Unreasonable and Illogical” Vaccinate or Mask Policy Struck Down at Several Toronto Hospitals

ONA has won a second decision on the controversial vaccinate or mask (VOM) policy for our members, striking down policy in effect at St. Michael’s Hospital and several other hospitals that form the Toronto Academic Health Science Network (TAHSN). These policies force nurses and other health-care workers to wear an unfitted surgical mask for the entirety of their shift if they choose not to receive the influenza vaccine.

After reviewing evidence submitted by ONA and St. Michael’s Hospital, the lead case for the TAHSN group, Arbitrator William Kaplan, in his September 6 decision, found that St. Michael’s VOM policy is “illogical and makes no sense…and is the exact opposite of being reasonable.”

First Litigation
This is the second such win for ONA. In 2015, Arbitrator James Hayes struck down VOM policies in an arbitration that included several other Ontario hospitals, with Sault Area Hospital as the lead case. He ruled there was “scant evidence” that forcing nurses to use masks reduced the transmission of influenza to patients. Despite that, the majority of TAHSN hospitals — Sinai Health System, Sunnybrook Health Sciences Centre, North York General Hospital, the Centre for Addiction and Mental Health, Michael Garron Hospital and Baycrest Health Sciences — refused to follow the Hayes award and maintained their VOM policies (not all TAHSN hospitals had such policies). As a result, ONA was forced to litigate this matter again.

“That health-care workers wear a mask for their entire shift for possibly months on end when entirely free of symptoms is completely unreasonable and is contrary to the collective agreement.”

—William Kaplan, Arbitrator

To be clear, ONA is not against our members having the influenza vaccine and, in fact, recommends it,” said ONA President Vicki McKenna. “What ONA is opposed to is the unreasonable VOM policy that was implemented in hospitals for the flu season. The priority of members is the safety of our patients, but we know these hospital policies do not protect patients. Our collective agreement already 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. We have already proven VOM policies are fundamentally flawed, and are deeply disappointed that taxpayers’ money has been wasted on having to do so again.”

Expert Evidence
ONA’s well-regarded expert witnesses, including Toronto infection control expert Dr. Michael Gardam, Quebec epidemiologist Dr. Gaston De Serres, and Dr. Lisa Brosseau, an American expert on masks, testified that there was insufficient evidence to support the St. Michael’s policy and no evidence that forcing healthy nurses to wear masks during the influenza season did anything to prevent transmission of influenza in hospitals. They further testified that nurses who have no symptoms are unlikely to be a real source of transmission and that it was not logical to force healthy unvaccinated nurses to mask. Arbitrator Kaplan accepted this evidence, noting the only fair words to describe the hospital’s evidence in support of masking are “insufficient, inadequate and completely unpersuasive.”

He also agreed with ONA that there was little evidence of any positive impact on patient care outcomes as a result of the VOM policy. Both prior to and after introducing the policy, the hospitals continued to experience outbreaks of influenza. He concluded the evidence supported that masks “do not prevent the transmission of the influenza virus.”

“ONA has long advocated for the development of a province-wide, comprehensive influenza plan that relies on credible evidence to protect patients,” added McKenna. “We are hopeful that with this second decision, we can finally put this issue to rest and our members can focus on what matters most: providing quality care to our patients.”

Read the decision at ona.org/vom

ONA IN ACTION

That health-care workers wear a mask for their entire shift for possibly months on end when entirely free of symptoms is completely unreasonable and is contrary to the collective agreement.

—William Kaplan, Arbitrator
Christine Elliott (reportez-vous à la page 9). En septembre, dans son premier discours liminaire pour le sommet Health Care Leadership Summit de l’Association des hôpitaux de l’Ontario, la ministre Elliott a déclaré que le secteur des soins de santé devra trouver le moyen de fonctionner « de manière plus efficace ». Nous ne savons pas exactement ce que cela signifie et, franchement, je suis inquiète.

La réalité est que l’AIIO ne peut pas attendre que le gouvernement vienne nous trouver pour cette conversation. Cela n’a jamais été notre style. Nous avons donc organisé à l’échelle provinciale une rencontre avec la ministre Elliott dans quelques semaines seulement, et nous espérons en organiser une avec le premier ministre par la suite.

Même si cela semble intimidant, ce n’est pas forcément le cas. Vous pouvez profiter de votre première réunion pour rencontrer votre députée ou député provincial et pour vous présenter en tant qu’autorité en matière de soins de santé locaux. Vous nous fournirons tout ce dont vous avez besoin pour cette rencontre – nous avons créé une trousse pratique pour vous aider à faire pression auprès des députées et députés provinciaux – et nous avons préparé ce que vous devrez dire. Et, quand vous aurez terminé, nous aimerions savoir comment votre rencontre s’est déroulée. Veuillez nous contacter à cgrintake@ona.org.

Nous devons nous assurer que toutes les députées et tous les députés provinciaux à l’échelle de la province entendent nos priorités – assurer des soins « exceptionnels » aux patientes et patients grâce à l’avantage des infirmières autorisées, protéger la sécurité des travailleuses et travailleurs de la santé et soutenir les femmes marginalisées et défavorisées – et nous devons nous engager à agir à l’égard de ces priorités, notamment en ajoutant 10 000 infirmières et infirmiers autorisés sur une période de quatre ans. Nous devons discuter du travail qu’effectuent les IA et les professionnelles et professionnels de la santé, et des soins inestimables que nous dispensons. Compte tenu de l’orientation que semble prendre ce gouvernement, le fait qu’un plus grand nombre d’IA fait en réalité réaliser des économies au système devrait piquer son intérêt.

Nous devons absolument accepter l’offre du premier ministre Ford d’« entendre les infirmières ». Nos voix doivent être fortes et unies. Et elles doivent être entendues! Si 65 000 membres se joignent à nous pour cet appel, je suis convaincue qu’il nous écouterà.
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