

**YOU COULD WIN
\$100! P.31**

FRONTLINES

Safe, not Sorry

As members go above and beyond during the COVID-19 pandemic, ONA's main priority is ensuring your safety

Hospital Talks Heading to Arbitration P.14

ONTARIO NURSES' ASSOCIATION
85 Grenville St., Ste. 400 - Toronto ON M5S 3A2

VOL. 20 • NO. 1 | SPRING 2020

ONA
Ontario Nurses' Association



P.7



P.10

CONTENTS

ONA Mail | 3

President/First VP Messages | 4, 5, 29, 30

Members Get Loud! | 6

Queen's Park Update | 12

Know Your Rights | 14

Safe, not Sorry – As members go above and beyond during the COVID-19 pandemic, ONA's main priority is ensuring your safety | 18



Nursing News | 23

Health and Safety | 28

ONA in Action | 30

ONA Census | 31

 www.Facebook.com/OntarioNurses

 www.Instagram.com/Ontario.Nurses

 www.Twitter.com/OntarioNurses

 www.Youtube.com/OntarioNurses

FRONTLINES

EDITOR: Ruth Featherstone

FEATURES EDITOR:

Melanie Levenson

CONTACT:

Communications and Government Relations Intake at cgrintake@ona.org

CONTRIBUTORS:

Etana Cain, Beverly Mathers, Katherine Russo, Karen Segal

ONA PROVINCIAL OFFICE

85 Grenville St., Ste. 400

Toronto ON M5S 3A2

TEL: (416) 964-8833

TOLL FREE: 1-800-387-5580

FAX: (416) 964-8864

EMAIL: onamail@ona.org

ONA is the union representing 68,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

COPYRIGHT © 2020

Ontario Nurses' Association

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, including electronic, mechanical, photocopy, recording, or by any information storage or retrieval system, without permission in writing from the publisher (ONA members are excepted).

ISSN: 0834-9088



DESIGN: Artifact

graphic design

PRINTED BY UNION LABOUR:

Thistle Printing

BOARD OF DIRECTORS



VICKI MCKENNA, RN
President, VM #2314
Communications and Government Relations/
Student Liaison



CATHRYN HOY, RN
First VP, VM #7755
Political Action and Professional Issues



DAWN ARMSTRONG, RN
VP Region 1, VM #7706
Human Rights and Equity



BERNADETTE ROBINSON, RN
VP Region 2, VM #7756
Education



DJ SANDERSON, RN
VP Region 3, VM #7704
Labour Relations



ANGELA PREOCANIN, RN
VP Region 4, VM #7707
Occupational Health and Safety



KAREN BERTRAND, RN
VP Region 5, VM #7702
Local Finance



BEVERLY MATHERS
Chief Executive Officer



ona.org



ONA MAIL



Combatting a Crisis



Thank you for drawing attention in *Front Lines* to one of the greatest challenges of this century: the Climate Crisis (See the December 2019/January 2020 issue, page 20).

Thank you also for pointing out excellent resources from the Canadian Federation of Nurses Unions and the Canadian Association of Physicians for the Environment.

For nurses in Ontario, there is another excellent resource you did not mention: The Registered Nurses' Association of Ontario's Nurses for the Environment Interest Group. You can find resources on the group's Facebook page. The Canadian Association of Nurses for the Environment also has resources at cnhe-iise.ca.

**HILDA SWIRSKY, RN, BSCN, MED
Environmental Ambassador
and Champion
From the Frontline Upwards**



Returning the Favour

Nurses and Teachers Together

ONA Ontario Nurses' Association

A big thank you to ONA members for joining teachers at our rally at Queen's Park on February 21. We saw your signs and are encouraged.

We stand with you in your fight against cutbacks, too.

D. HALL

Editor's Note: Turn to page 8 in this issue of *Front Lines* to see photos from that rally and of other teacher pickets across the province, supported by ONA members.



HAVE SOMETHING TO SAY?

We'd love to hear from you! Send your comments to *Front Lines* editor Ruth Featherstone at ruthf@ona.org.

Upcoming Events and Observances



With this issue of *Front Lines*, we are launching an Upcoming Events and Observances box to keep you abreast of key happenings and commemorative dates until the next issue, which we are acknowledging and/or celebrating provincially (and you can do so locally). Please note that due to COVID-19, these events may be cancelled or acknowledged in different ways.

Here are some key upcoming dates:

- ▶ National Physiotherapy Month: May
- ▶ May Day: May 1
- ▶ Indigenous Nurses' Day: Early May (TBD)
- ▶ International Day Against Homophobia, Transphobia, Biphobia: May 17
- ▶ Injured Workers Day: June 1
- ▶ June Provincial Coordinators Meeting: June 16-17 (half-day education on June 18), Caesars Windsor
- ▶ National Indigenous Peoples Day: June 21
- ▶ Pride Events: Throughout the summer (see page 15)



Check ona.org for more information

From ONA President
Chronique de la présidente, AIOO
VICKI MCKENNA, RN



A Wake-up Call

THE START OF A NEW YEAR – not to mention a new decade – is generally a time for renewal and forward thinking, but so far in 2020, I'm having a major case of déjà vu.

The year began with the unsettling news of the first case of COVID-19 in Canada – a virus the world knew very little about. I would be lying if I said I didn't have a sinking feeling in the pit of my stomach wondering if this would be a repeat of the 2003 SARS crisis that tragically claimed the lives of two ONA members, and if the government and our employers had truly heeded the recommendations from the SARS Commission.

For the most part, we have been better prepared, with self-isolation tactics and travel restrictions implemented, social-distancing urged, and a state of emergency declared by our province to try and "flatten the curve." But unclear and confusing directives to health-care employers and concerns over the availability of personal protective equipment quickly became apparent. ONA has been extremely clear to the government from the outset that every reasonable precaution must be taken to ensure health-care workers are protected.

While I am in complete awe of your selfless dedication to Ontarians during this pandemic – even retired members are asking how they can get back on the front lines to assist – it should never have come to this point. Because here's one thing that very clearly wasn't learned from SARS: The need to appropriately fund our health-care system and value the work you do on the front lines. Instead, the resulting nursing shortages we are seeing after years of austerity measures, along with more precarious employment for nurses and health-care professionals, including part-time, casual and temporary jobs, are making an extremely difficult situation even more challenging.

The statistics are clear on this. The Canadian Centre for Policy Alternatives notes that between 2011-12 and 2016-17, health-care spending in the province grew at an average annual rate of 2.2 per cent, far below what was needed to maintain existing services. From 2018-19 to 2019-20, the increase was 4.4 per cent, still far short of the average 6.8 per cent growth in spending in the 10 years prior to 2011-12.

Sadly, RNs have borne the brunt of health-care cuts, with the Canadian Institute for Health Information revealing the number of Ontario RNs dropped from 106,889 in 2011 to 102,396 in 2018, meaning our province continues to have the lowest RN-to-population ratio in the country. Statistics Canada's *Labour Force Survey* also shows that full-time RN positions decreased from 59.2 per cent of the total in 2011 to 56.9 per cent in 2019, while part-time and casual positions rose. Combined, this is a recipe for disaster in the best of times, let alone now.

While ONA welcomes the health-care dollars announced in the province's fiscal update on March 25 to combat this devastating virus, we also wonder where this desperately needed money was before. It could have made all the difference. Yet, if not for COVID-19, we know the government would have continued with its plans to underfund our health-care system. We can only hope that this pandemic – and the way nurses and health-care professionals have sacrificed and given their absolute all – has finally been the wake-up call this government and governments to come need.

While I began this decade by reflecting on the past, I am reminded there have been two constants over the years: the dedication you show to your patients, residents and clients and the public's appreciation of your tireless work, especially in trying times like this. In fact, for the 18th year in a row, nurses were chosen by the public as the professionals with the highest degree of honesty and ethics – and that was before the pandemic hit.

So while it may feel as if there is little to celebrate this Nursing Week – and it will be more subdued due to COVID-19 – take a moment to recognize that you do make a difference. You make a difference to your patients, residents and clients. You make a difference to our health-care system. And you very definitely make a difference to our union.



Un signal d'alarme

LE DÉBUT D'UNE NOUVELLE ANNÉE, et d'une nouvelle décennie, est généralement une période de renouveau et de réflexion prospective, mais depuis le début de 2020, j'ai plutôt une forte impression de déjà-vu.

SUITE À LA PAGE 29



Follow Vicki at twitter.com/vickivickim

From ONA First Vice-President
Chronique de la première vice-présidente, AIO
CATHRYN HOY, RN



We Really *are* Stronger TOGETHER!

WHILE THE ANNUAL ACTION PLAN of the Ontario Health Coalition (OHC) is always something we encourage our members to help bring to life, with the government's rapid transformation of our health-care system, it is even more crucial we all do our part.

The action plan, a blueprint of the campaigns the OHC and its members, including ONA, will embark on this year, was created, in part, by members and staff during the OHC's Health Action Assembly this past fall. So, we have had real and meaningful input into its design – and we must have equal input into its execution (please note the COVID-19 pandemic may postpone or cancel some of these initiatives).

While the focus of the OHC's work the past few years has been fighting hospital cuts and the restructuring and privatization of hospital services, its major campaign for 2020 will be more widespread, taking the government to task for its regressive reforms and overstating the deficit to create a manufactured fiscal crisis that doesn't exist to drive its cost-cutting agenda.

The OHC will work with a group of economists on debunking claims Ontario cannot afford health, education and other public programs – other provinces fund them at a higher rate – by issuing an open letter, holding a press conference and town halls, and releasing strong social media and mainstream media messaging. A provincial *We Can Build Our Public Health Care* tour, conducted when it is safe to do so due to the COVID-19 pandemic, will attempt to change the narrative from the high cost of public services to the true benefit of such programs in saving money in the long run and mitigating inequality.

Because hospital cuts sadly haven't gone anywhere – Ontario has a serious hospital overcrowding crisis and the fewest hospital beds of any province – and we have the second fewest long-term care (LTC) beds in Canada with unfathomable wait lists, particularly troubling during a pandemic, the OHC is implementing campaigns in both these areas as well, with multiple events and tactics planned. In the U.K, the Red Cross declared a "humanitarian crisis" in public hospitals due

to cuts and overcrowding, which was used to pressure the government, and the OHC believes we have ample evidence to support a similar call here. A roundtable and a paper on the LTC nursing shortage will be used to highlight the need for improved funding and standards in this sector.

But that's just the tip of the iceberg. The action plan spells out dozens of other OHC initiatives for 2020, including developing a report on home care privatization and cuts to health-care services at Local Health Integration Networks; preparing a report showing that health-care mergers cost billions; advocating for national pharmacare and challenging the government for opposing it; and preparing to respond when the Cambie case (the B.C. private clinics' court challenge) is decided. These are issues very close to our hearts as health-care professionals, patient advocates and union members, and you can be sure ONA will be right there lobbying with our friends at the OHC.

But we can't do it alone. The action plan states, "We must recognize that when we do not mobilize and take a stand, we lose ground," and I couldn't agree more. If each of you supports the action plan in any way you can, including joining OHC activities in your communities (again, only when it is safe to do so) and getting involved in your own local health coalitions, we can continue to see the kinds of successes these campaigns have brought about in the past – saved emergency departments, services, units and beds – this year and beyond. Because we really *are* stronger together!

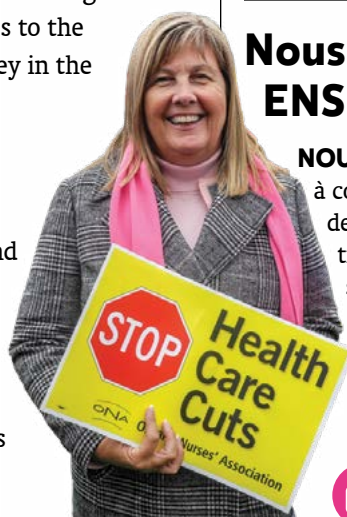
Nous sommes vraiment plus forts ENSEMBLE!

NOUS ENCOURAGEONS TOUJOURS NOS MEMBRES

à contribuer à la réalisation du plan d'action annuel de l'Ontario Health Coalition (OHC), mais devant la transformation rapide de notre système de soins de santé que le gouvernement a mise en œuvre, notre participation collective est encore plus importante.

Ce plan d'action fournit l'orientation des campagnes que l'OHC et ses membres, y compris l'AIO, entreprendront

SUITE À LA PAGE 29



Follow Cathryn at twitter.com/cathrynhoy



MEMBERS GET LOUD!

ONA Ontario Nurses' Association
YEAR OF THE
NURSE 2020
CARE • COMPASSION • COMFORT

A Different Kind of Nursing Week

As COVID-19 continues to dominate world headlines, resulting in cancelled events and self-isolation, ONA is encouraging our members to celebrate all you do for your patients, residents and clients this Nursing Week in a different way.

Under the theme, *Our Calling: Care, Compassion, Comfort*, which reflects the dedication nurses have always shown to their patients, Nursing Week is a time to honour the year-round commitment and achievements of nurses, and to increase awareness of your contributions to the well-being of Canadians. Nursing Week is particularly meaningful this year with the World Health Organization (WHO) declaring 2020 as the Year of the Nurse and Midwife in honour of Florence Nightingale's 200th birth anniversary.

The Year of the Nurse and Midwife is a year-long effort to celebrate your work, highlight the challenging conditions you often face, and advocate for increased investments in the nursing and midwifery workforce. Read more at ona.org/nurse.

Florence Nightingale became known for her work in caring for casualties during the Crimean War and her visionary



advancement for the nursing profession. Her greatest achievements include gaining professional respect for women nurses; establishing the Nightingale Training School for nurses in London; publishing *Notes on Nursing*, still in print today, on the principles of nursing; and leading the charge for improvements in hygiene and healthier living and working environments. Learn more at nightingale2020.ca.

Because of the need to protect ourselves and each other due to the worldwide COVID-19 pandemic, ONA is recommending that our members refrain from holding special Nursing Week events this year. Instead, we hope that you will be able to celebrate all you do in a more personal way. We would love to hear and see how you did that at cgrintake@ona.org. Also, please share on social media using the hashtag #ItsMyCalling.

Our Nursing Week posters, in both English and French, are downloadable from ona.org/nw20. Please post where you can.

As a small token of our appreciation for all that you do, we are enclosing a special gift with this issue of *Front Lines*.



Periop Proud!

Scrubbing in! The perioperative nurses at Sunnybrook Health Sciences Centre's Bayview site (main campus) are joined by Serge Ganzburg, Local 80 Site Vice-President, during Perioperative Nurses Week, held this past November. "Perioperative nurses are detail-oriented critical thinkers who work in fast-paced and demanding environments to safely see their patients through their surgical journeys," said ONA President Vicki McKenna. "We are proud of the compassion they show to their patients, and were happy to celebrate alongside them during their special week."



For more, visit ona.org/nw20



We will not Ignore Cuts that Harm Our Community: HNHU Public Health Nurses

When ONA members from Haldimand-Norfolk Health Unit (HNHU) learned their employer was laying off nurses and cutting programs to the detriment of their community, they were determined to make their voices heard.

And they certainly have, instigating a local political action campaign in tandem with ONA's provincial work that has virtually not stopped since the HNHU announced in February it would be cutting two public health nurses and its nurse practitioner, eliminating the sexual health program and all of its Quit Smoking Clinics due to government funding cuts.

Led by Local 7 Coordinator Melanie Holjak, the group organized two information pickets outside the Norfolk Council/Board of Health meeting. They reached out to community groups and unions, many of which joined their info pickets, with Holjak noting, "We were humbled by the support we received." In fact, one local group, Haldimand-Norfolk Reproduction Justice, started an online petition demanding the cuts be rescinded.

The HNHU members also sent a letter to and met with Haldimand-

Norfolk MPP Toby Barrett. They developed a questions and answers document to use in speaking to the media and community to ensure consistent messaging. They were invited to attend a national gathering of sex education champions in Ottawa where HNHU public health nurse Eric Robertson was to speak about their political action.

Before the COVID-19 pandemic, members continued to distribute leaflets wherever possible, including at many community events in Norfolk county, and reached out to other groups who advocate for women's rights. They will be working with local physicians and community advocates next.

« **My members and I are so grateful for all the help with our campaign. We sincerely believe we belong to the best, most supportive union that ever existed!** »

— Local 7 Coordinator
Melanie Holjak, RN

Signs of the times! Armed with a hard-to-miss display of creative and strongly worded messages, members of Local 7 and staff picket outside the Norfolk Council/Board of Health meeting on February 11 to protest the cutting of two public health nurses, a nurse practitioner and services critical to the safety of their community.

"We continue to explore options and leads because everyone deserves unobstructed access to publicly funded health-care services," said Holjak, "The government needs to understand that nurses have support from community and health-care partners as well as patients. Together, we will demonstrate that Ontario residents care about health care, and we will not ignore cuts that do harm to the communities we work and live in."

Provincially, ONA instigated an online campaign, sent a letter to Norfolk Mayor Kristal Chopp and the Board of Health, and wrote letters to the editor of community newspapers. We also continue to lobby the government over its harmful public health cuts.

"The sexual health services provided by HNHU public health nurses prevent illnesses that are completely avoidable," ONA President Vicki McKenna said in her letter to Mayor Chopp and the Board of Health. "I can't stress enough the vital role of our front-line nurses in making your community safer with sexual health counselling and testing, including preventing the spread of sexually transmitted infections. They often provide the only place that some of your community's most vulnerable residents, who live in poverty, may suffer from mental health challenges, lack supports and have no access to a family doctor, can go for assistance. While I understand the difficult situation facing your Board, your constituents will pay the price for these harmful cuts and layoffs."

 [Show your support at **ona.org/hnhu**](https://ona.org/hnhu)

Members Stand in Solidarity with Teachers in all ONA Regions!



REGION 3 Toronto

Nurses and Teachers Together. ONA's new signs say it all.

Throughout the province, ONA members, along with the Board of Directors, have stood in solidarity with teachers from four unions – the Ontario Secondary School Teachers' Federation, the Ontario English Catholic Teachers' Association (OECTA), the Elementary Teachers' Federation of Ontario (ETFO) and the Association des enseignantes et des enseignants franco-ontariens – as they escalated job action to protest government changes to education.

"Our members have been showing overwhelming support to teachers for the past several months," said ONA President Vicki McKenna. "After all, their fight is our fight, and those in health-care settings can identify with many of the same issues. They include decreased teacher/pupil ratios; a reduction in support staff and resources; a reduction in full-time jobs and casualization of the workforce; failing building infrastructure; a lack of consultations before decisions are made; and the closing of local schools and consolidation into larger urban areas. Sound familiar? We will also never forget that in our right-to strike sector, teachers have supported our members time and time again."

As one visibly moved teacher said to us during an ETFO rally outside the Canadian Club in Toronto where Education Minister Stephen Lecce was speaking, "Your signs made me cry. Thank you for standing with us in our fight. We will be standing with you in yours." At the same rally, a group of appreciative teachers broke into a chant of "thank you, nurses!"

Here is a small sampling of the dozens of photos you have been sending to us at cgintake@ona.org. At press time, both OECTA and ETFO had reached tentative agreements with the province.



You can see many more photos on our Facebook page at [Facebook.com/OntarioNurses](https://www.facebook.com/OntarioNurses)



REGION 1 Thunder Bay



REGION 2 Ottawa



REGION 4 Hamilton



REGION 5 Sarnia

Member's Podcast Series Earns Nurse Innovator Award



ONA member Christianna Facey-Crowther, RN.

When ONA member Christianna Facey-Crowther started her podcast series on health care from the perspective of the RN, highlighting the complexity, challenges and skill of the role, she was hoping to use it as a personal professional development tool that might be interesting and useful to practising RNs. What she didn't expect was to win a prestigious award for this work!

But that's exactly what happened last fall when Facey-Crowther, who works in general surgery at Toronto's Mount Sinai Hospital, was named a recipient of the first ever Registered Nurses' Foundation of Ontario's Nurse Innovator Award for her podcast series, *At the Bedside*.

"I was really honoured and excited to have won," said Facey-Crowther, who initially learned about the award from Mount Sinai's nursing leadership team. "I was also a bit nervous because I'm sharing as I'm learning, I'm approaching experts to interview, and producing a podcast is quite a lot of work."

That work began in 2019, when Facey-Crowther, recognizing that podcasts were a popular model of

free open-access medical education (FOAMed), saw a gap.

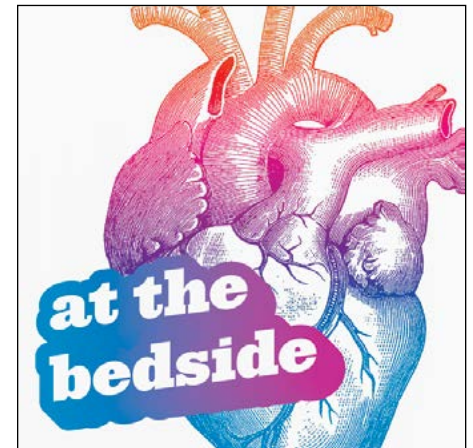
"Most FOAMed podcasts are heavily physician-focused and there is relatively little content that is inclusive of all the other roles in health care, as well as patients and families," she said. "I wanted to explore the potential for a podcast to enable knowledge-sharing across professional boundaries on topics that are relevant to patient care, and that is considerate of context and the complexity of the work we do. I wanted to make content that is relevant and of interest to practising nurses and other health-care providers. Nurses are excellent storytellers and we have so much expertise and insight into our health-care system."

With that in mind, Facey-Crowther set about producing the eight-part series, financially supported by a Registered Nurses' Association of Ontario Advanced Clinical Practice Fellowship. Her recording equipment is portable so she can be flexible where and with whom she records, and she continues to develop her skills at capturing good quality sound in variable environments.

"My podcast is driven by curiosity and the practice of asking questions about the things we do every day," she said. "The goal is to reduce some of the barriers to accessing relevant evidence and clinician expertise that exist in so many of our workplaces. I choose topics that arise out of my experience at work, or that are current in the media. Then I look into the literature and talk to people from a variety of backgrounds who have expertise in that area, such as researchers, clinicians, patients, families and community activists. Sometimes colleagues suggest topics.

I have a wonderful network of mentors who also suggest topics I would never have considered and help me find interesting guests. It is an opportunity to share what we know and hopefully contribute to better patient care. I'm learning so much!"

Guests on the podcast have been very positive about their experience with the process, she noted, and a growing number of nurses and other clinicians are tuning in.



"It's so rewarding and motivating to receive messages from listeners both in Ontario and beyond," said Facey-Crowther, who plans to use the award funding – ONA is helping sponsor the awards with an annual donation for five years – to produce a second season, which will include working with an experienced nurse researcher. "I've been contacted by other nurses who are considering producing podcasts as well, which is really exciting. It is incredibly interesting, but requires a lot more time, work and investment than you might think. But there is room for a lot more of the nurse's perspective in dominant discourses about health care."



Listen in at atthebedside.ca or find *At the Bedside* on all podcast players.

Unique Union-negotiated Benefit Allows Northern Members to Connect Face-to-Face



Approximately 30 nurses from 14 offices of the Northwestern Health Unit came together for their biennial nursing conference in Vermilion Bay last May, a perk of their collective agreement paid for by their employer. "A lot of these busy professionals are really appreciative of the time away to connect and learn," said Bargaining Unit President Deanna Kruger (inset photo).

When your health unit has 14 offices spread over hundreds of miles in northwestern Ontario, it's not easy for members to get together in person – unless you have negotiated a way to do so right in your collective agreement!

The Connection

Such is the case for the 39 members of Northwestern Health Unit, Local 81, whose catchment area spans from Kenora in the west to the Indigenous borderlines in the north to the U.S. border in the south and Ignace in the east. A unique provision in their collective agreement provides for a two-day (plus travel time) nursing conference for all nurses biennially, completely paid for by the employer.

"It's about networking, educating, mentoring, sharing concerns and best practice tips, and providing opportunities for our nurses," said Bargaining Unit President Deanna

Kruger, noting that it's not mandatory, although most do attend. "We listen to speakers, receive education, do our CPR recertification, and go over policy and nursing practice. We do a lot of things we can't normally do because we're spread out so far. Some of my members work at one-nurse offices, never having the support of another nurse down the hall. Even our largest office only has 11 nurses. It's about having that face-to-face connection, along with the support we get from sharing the same concerns."

For members in the north, those concerns can be much more challenging, including difficulties with obtaining supplies. While tracking down vulnerable people who might need support in areas such as breastfeeding and substance use, or those with ailments such as HIV, Hep C and syphilis, and no fixed address, can also present in urban centres, the lack of doctors and other practitioners, and increased reliance on public health units as a result, are more pronounced in northern Ontario. And these challenges may become worse with the province's 35 public health units set to merge into 10, including potentially just one for the entire north.

"The province tends to be more south-centric and we sometimes feel forgotten," said Kruger. "We know how valuable this benefit is in our collective agreement and that others don't have it. We're so fortunate and really do appreciate it."

« I always promote our nursing conference to my members. I tell them this is a union-negotiated benefit for them. We're spending union time. »

– Northwestern Health Unit Bargaining Unit President
Deanna Kruger, RN

For Nurses by Nurses

While these members also have employer-led annual team meetings via teleconferences, what is unique about their nursing conferences, which are meant to be informal with members sitting on couches and camp chairs and encouraged to stand and stretch as long as they remain engaged, is that they are planned entirely by a special committee of the Local.

"We make the conferences as much for nurses by nurses as we can," said Kruger, who was part of a team responsible for arranging the accommodation, food and swag for last year's event, held at a lodge in Vermilion Bay. "Despite a budget cut because of everything going on in public health, we were determined to make it work. Our presentations were internal. I did the ONA history part. My colleague presented on her new process for bringing in and mentoring nursing students. We had other nurses that do outreach work discuss connecting with diverse populations. So, we each took something that we're already doing and know, and shared it. And this time, our responsibility was to tag it to a College standard and how that standard guided the work. In the evenings, we had a member offer yoga because she's an instructor. Even the swag we gave away – handmade soap and fresh ground coffee – was made by nurses."

For Kruger, who also enjoys distributing her Nursing Week gift personally at the conference, the benefits are felt long after the two days are over.

"We've got a common bond, and have developed real friendships over the years across the entire region. I love that part."

ONA Welcomes First Health-care Professionals from North York General

When the Respiratory Therapists (RT) at North York General Hospital (NYGH) were looking for union representation last fall, they knew just where to turn!

"ONA was their first choice of union," said Local 6 Coordinator Jane Penciner. "They had concerns about workload and meeting their professional practice standards, and knew ONA has a process for dealing with that. We have signed professional responsibility complaint letters of understanding in several areas of our hospital where nurses have filled out workload forms. The RTs wanted ONA's support too."

They were also aware that ONA represents thousands of RTs and health-care professionals throughout the province, added Penciner, who made herself available to answer questions at the Local's office, located across the street, and attended several information sessions for the RTs by ONA staff.

While ONA originally applied for the RT group – 35 in total, plus one respiratory technician – the employer added the 10 anesthesiologist assistants (AAs) and the pulmonary function lab RTs (PFTs). After discussions with both groups and addressing their concerns, we agreed to a scope that included the AAs and PFTs.

"Some thought that since they're all RTs, there would be just one single RT pay scale, but we made it clear that would not be the case. There would be classifications," said Penciner. "We told them about the benefits of ONA, including liability insurance and our benefit plan. We said, 'there are union dues, but you get so much. You have help if there's a problem. You have representation and a grievance process.' They understood the value of that and came back saying, 'We want in.' In the



"I have been mentoring her about ONA governance, who to contact for what, and the importance of ONA education," Local 6 Coordinator Jane Penciner (right) said of new Bargaining Unit President (RTs) Christina Carson, also pictured here with Region 3 Vice-President DJ Sanderson.

current climate, they felt safer being in our union."

At the employer's request, the certification vote was held electronically this past January, with the majority voting for ONA. The RTs are the first non-nurse group to join ONA from NYGH (some staff are represented by another union while others aren't unionized).

The first order of business for the new group was to elect their Bargaining Unit President – Christina Carson – whom Penciner is mentoring.

"I'm thrilled to have her, and absolutely anything I can do to answer her questions or provide guidance as Local Coordinator, I'm more than happy to do. I also gave her access to our Local office."

But Penciner is quick to point out that she is here for all the new RT members, who will now be negotiating their first contract.

"I won't be involved in that, but if they're having any issues and want to touch base, I am 100 per cent here to support them. As soon as the vote results were in, I told the RTs that I warmly welcome them and am so excited they are a part of ONA."



ONA Presents Pre-Budget Submission



On January 17, ONA President Vicki McKenna presented our pre-budget submission to the Standing Committee on Finance and Economic Affairs at Queen's Park, delivering a clear message that the status quo in health care cannot continue, and urging immediate investment in public health care (a 5.2 per cent budget increase this year as recommended by Ontario's Financial Accountability Office).

McKenna issued several recommendations, including investment in public health, pointing to the early spread of COVID-19. She also called on the government to address the RN shortage

by focusing on retention, hiring and training of more RNs.

Our submission goes further in-depth, covering restructuring and issues in all sectors – from public health to long-term care, home care, and hospitals. It also covers the wage cap legislation, and calls for action to stop workplace violence, creeping profit-making and greed in health care.

Due to COVID-19, the budget is being delayed. A fiscal statement was released in its place on March 25. See page 21 for details.

LTC Staffing Study Announced

Minister of Long-Term Care (LTC) Merrilee Fullerton announced the launch of an LTC staffing study that will “inform a comprehensive staffing strategy to be implemented by the end of 2020.” While the government said it is fulfilling one of the key recommendations of the public LTC inquiry, Commissioner Eileen Gillese's recommendation states that the government must table the staffing report in the legislature by July 31, 2020.

The government's study will look at LTC staffing issues, including determining appropriate staffing levels, identifying the right staffing model and skill mix to support current and future needs, and optimizing recruitment and retention of personal support workers and registered staff.

While the Minister also announced that the study will be led by an expert advisory group, we are disappointed that no front-line staff organizations are included.

ONA has made a submission to the expert advisory group to advance the work on this study, and we hope for continued collaboration.

ONA in Support of New Funding Program for Homes

ONA provided a submission to the Ministry of Long-Term Care (LTC) in support of a new Minor Capital Funding Program for LTC homes. This program will replace the Structural Compliance Premium (SCP) Program that ended on March 3, 2020. The SCP had been in place since 1998 and funds home maintenance and repairs.

ONA's submission calls on the government to ensure the new program is adequately funded, along with flexibility in funding and funding equity between not-for-profit and for-profit homes across the sector.

More OHTs Coming

More Ontario Health Team (OHTs) are expected to be announced as the government continues its application process.

New teams were to submit a self-assessment demonstrating their plan to deliver coordinated services by December 2019. In addition, there are still “Teams in Development” that are receiving Ministry of Health (MOH)

support to improve their readiness and “Teams in Discovery” that are working to expand partnerships and further develop their OHT model.

The MOH said self-assessment intake and invitations to complete full applications will continue on a regular cycle until full provincial coverage is reached and every Ontarian is supported by an OHT.

LHINs to be Rebranded

The government has introduced new legislation for home and community care, entitled the *Connecting People to Home and Community Care Act*.

As part of this plan, Local Health Integration Networks (LHINs) will be rebranded into interim and transitional organizations operating under a new public business name, Home and Community Care Support Services, to reflect their mandate of delivering home and community care, as well as long-term care home placement.

The government said this change will have no immediate impact on ONA members, and that patients and caregivers will continue to access home



and community care services in the same way and using the same contacts.

In meetings with ONA, Minister of Health Christine Elliott and Deputy Minister of Health Helen Angus confirmed that care coordination is a priority, and we raised that collective agreement rights, pensions and benefits must follow our members to wherever they transfer. Further, on a recent telephone town hall hosted by top Ministry of Health staff, it was confirmed that care coordinators will have a strong role in Ontario Health Teams (OHTs) moving forward.

In the longer term, the government said it will be winding down LHINs in a phased manner as home and community care services are transitioned to OHTs, but it is still not clear when and what that will look like.

This legislation is on hold due to the COVID-19 pandemic.

ONA Provides Feedback on Public Health, Emergency Health Services Consultations

ONA met with Jim Pine, Advisor on Public Health and Emergency Health Services Consultations, and Allison Blair, Assistant Deputy Minister for Emergency

Health Services, to provide feedback on public health and emergency health services modernization.

We discussed a number of important priorities in public health, reflecting feedback from our leaders in this sector. We emphasized the need for the government to reverse the chronic underfunding of health services, including public health, and the importance of maintaining and strengthening public health unit integration with local communities and their institutions. Reducing public health units from 35 to 10 across Ontario will achieve the opposite.

We are encouraged that the government is now extending one-time mitigation funding for an additional calendar year for the province's public health units. We also made constructive proposals, including centralizing public health data collection, province-wide public awareness communications and some administrative functions to help public health units focus exclusively on front-line services and eliminate duplication.

In terms of emergency services, ONA endorsed the Emergency Communication Nurses System,

which embeds nurses within the ambulance communication centre to offer secondary triage and patient call-backs; and the expansion of the Mental Health and Addictions Response Team, which deploys mental health nurses alongside paramedics to treat mental health and addictions patients on scene, potentially reducing the need for hospitalization. We also recommended improved funding to guarantee ambulance services for patient transfers, especially in rural areas where patient discharge can be delayed because of a lack of transportation.

New 911 Models of Care for Paramedics Announced

A pilot of new 911 models of care with the Ottawa Paramedic Services has been announced.

Starting in April 2020, eligible palliative care patients who call 911 in the Ottawa region have the option to be treated on scene for pain and symptom management by specially trained paramedics, which includes administering medication for pain relief, shortness of breath, hallucinations, agitation, nausea, vomiting and terminal congested breathing. Paramedics, who are required to inform the patient or their substitute decision maker that treatment is available as an alternative to transport to an emergency department and to obtain consent documents, will then send a referral back to the patient's primary palliative care team for follow-up. More pilot projects are coming that will include additional care options, including mental health and addictions crisis centres.

ONA is closely following proposed changes to ambulance off-loading and paramedic services. We highlighted to the government that paramedics are unregulated health providers, and raised serious concerns about scope of practice expansion.



KNOW YOUR RIGHTS

« Your bargaining team's agenda does not include concessions. »

— ONA President Vicki McKenna, RN

Hospital Talks Heading to Arbitration



And hospital bargaining begins! Elected members of ONA's Hospital Central Negotiating Team for this round joined Board members and staff on the first day of talks with the Ontario Hospital Association on February 10. Pictured at the Sheraton Centre Toronto are (left to right), Tammy Lowe (staff), Tanya Beattie (staff), CEO Beverly Mathers, Margaret Marcotte (staff), Vicki Romaniuk (staff), Ruth Eveleigh (The Ottawa Hospital, Local 83), Jennifer Cepukas (Grand River Hospital Corporation, Local 139), Savita Singh (staff), Patricia O'Shaughnessy (Cornwall Community Hospital, Local 42), Alan Warrington (London Health Sciences Centre, Local 100), ONA First Vice-President Cathryn Hoy, Jane Penciner (North York General Hospital, Local 6), Chair Kelly Latimer (Health Sciences North, Local 13), Chief Negotiator Steve Lobsinger (staff), ONA President Vicki McKenna, Marilyn Dee (staff), Jo-Dee Brown (Hotel-Dieu Grace Healthcare, Local 8), Emmanuel (Manny) Ajayi (Scarborough Health Network, Local 111), Colleen MacKillop (Lake of the Woods District Hospital, Local 81), Pat Carr (staff), and Carol Gunsch (Grand River Hospital Corporation, Local 139).

After two weeks of talks with the Ontario Hospital Association, including three days of mediation, ONA's Hospital Central Negotiating Team is heading to arbitration for a renewed contract for our 60,000 members in this sector.

Bargaining commenced the week of February 10, 2020, continued on February 24-25, and was immediately followed by mediation with Mediator Elizabeth McIntyre. After talks broke down at mediation, at press time, we were scheduled to continue to arbitration with Arbitrator John Stout on April 19-20. Once his award is released – expected at any time – a sector meeting will be held for Local Coordinators and Bargaining Unit Presidents in the hospital sector to provide details. As the award is binding, no ratification votes will be necessary.

Job security, workload and staffing are among the priority proposals of the team, chaired by Local 13 Coordinator and Health Sciences North Bargaining Unit President (RNs) Kelly Latimer, which emphasized at the early stages of bargaining that all these issues had to be addressed in a meaningful way.

And while the team would have preferred to negotiate a new contract, they were also up against Bill 124, which caps compensation increases to some public sector workers to a maximum of one per cent annually for three years.

"The team put forward proposals that address your priorities as identified in our *Have-a-Say* bargaining questionnaire, but this bill has greatly interfered with free collective bargaining," said ONA President Vicki McKenna, noting that some male-dominated professions are exempt. "Despite that, your team is strong and committed, and made it very clear from day one that ONA members are not prepared to have hospitals balance their budgets on the backs of RNs and health-care professionals at the expense of the quality care you give to your patients. Our agenda does not include concessions, nor are we interested in providing the employer with 'flexibility' that will result in more skill-mix changes, scheduling changes and reassignments."



Read updates at ona.org/bargaining

You Don't Work for Free! End, Beginning of Shift Reporting Time



We have received many questions about the end/beginning of shift reporting time, especially when the employer is changing report practices. Article 14.01 of the Hospital Central Collective Agreement also addresses this issue.

Where an employee works beyond the 15-minute period of report time, they are entitled to be paid overtime rates for all overtime worked, including those 15 minutes. Where an individual employee or group of employees are denied payment for the full reporting period if it extends beyond 15 minutes, the denial of premium payment should be grieved.

In addition to the reporting period at the end of a shift, members should not commence their shift early and provide free overtime to facilitate longer reporting times. There is no mechanism under the collective agreement for members to be paid for work performed prior to the start of their shift, unless they have been called into work by the employer. It is ONA's position that the reporting time should not be longer than 15 minutes (a reasonable period of time) and if it is, all time is paid at the appropriate premium rate.

However, if an employee works later than the end of their shift and it

Paying premiums will be the deterrent necessary for employers to change and/or schedule the appropriate number of staff.

is not for the purpose of reporting time (e.g. charting or admitting a patient back from the operating room), all time beyond the end of the shift is paid at premium pay. Where an individual employee or group of employees are denied payment for the full reporting period if it extends beyond 15 minutes, the denial of premium payment should be grieved.

ONA members should not be working for free for any kind of patient care. Paying premiums will be the deterrent necessary for employers to change and/or schedule the appropriate number of staff. Again, grievances should be filed for denials of premium payment.

For other institutional care sectors (e.g. nursing homes, homes for the aged), many of these collective agreements contain similar language to the hospital collective agreement. Check your collective agreement to ensure you are being properly compensated for any overtime you work. Contact your Bargaining Unit President at ona.org/bup if you are denied overtime payment for assistance to ensure you are being paid properly.



Guide to Pride!

While we don't currently know what, if any, events may occur this summer due to the COVID-19 pandemic, ONA remains your number one source for all things Pride!

Just as *Front Lines* headed to print, we learned that the Toronto Pride Parade on June 28, the biggest in the country and one of the largest in the world, has been cancelled. ONA always has a strong presence at that parade and looks forward to continuing to do so in the future. Toronto Pride Month will continue, but it's not currently clear what that will look like.

While we hadn't heard of any other Pride events being cancelled, we encourage you to visit our website. We will provide updated information as soon as it becomes available, so check back often!

We encourage all members to show your Pride this summer in whatever way you are able given the current circumstances (even in your own back yard!) – and then send us your photos at cgrintake@ona.org.



See ona.org/pride

Called to a Meeting with Your Employer? You have the Right to Union Representation

During bargaining, your ONA negotiating teams spend considerable time and effort to ensure that members have the right to union representation when they attend meetings with the employer that may lead to discipline, or are related to the filing of a grievance or workload reporting forms.

Why is this so important? Some meetings with the employer have a different tone and nature and may require you to think and answer questions about the care you provided or your behaviour and/or actions in the workplace. Most ONA members are not only employees of a health-care facility, but also have professional obligations to a regulatory college, and must consider that during any meeting.

You may feel under pressure to answer questions to which you do not remember the answer or you may have made a mistake and need support. Providing that support is some of the most important work ONA does on your behalf, which is why we educate our Local leaders to represent you at employer meetings.

Remember your collective agreement is only strong when members ensure its enforcement. Contact your Bargaining Unit President at ona.org/bup if you believe your collective agreement rights have been violated.

Meeting Notification

If you are called to a meeting with your manager, the employer must provide notice of and the reason for the meeting. Ask that a union representative be present (your employer must also advise you about your right to union representation). You can call your union representative yourself or the employer will contact the union for you (but note that ONA chooses your representative, not the employer). If you don't know who your union representative is, look on the ONA bulletin board in your workplace or our website at ona.org/bup.

It should never be perceived as an admission of wrongdoing because you ask for a union representative. This is simply your right under the collective agreement (Article 7.02 in the Hospital

Central Collective Agreement, and Articles 8.02 and 8.09 in the Nursing Homes Central Collective Agreement, for example).

Prior to the Meeting

Your union representative will confirm details of the meeting, such as the people attending, time, location, etc. They know you will feel pressured and stressed during the meeting, so they will meet with you and provide some practical advice to ensure the meeting goes smoothly such as:

- Answer only the question(s) asked – do not provide additional information.
- If there are questions regarding patient care, you can request to have the chart provided to read your notes and refresh your memory.



- When answering questions, take time to think about the answer, and if you don't remember something, say you don't remember.
- Your union representative will also reinforce that ONA representation is confidential and your privacy will be maintained throughout the process. They may declare a conflict of interest to protect you (e.g. they may work on your area of assignment), and ensure other representation is arranged.

During the Meeting

While in the meeting, your union representative will:

- Take detailed notes and ask for copies of any documents to which the employer is referring.
- Ensure the meeting remains respectful and reschedule, if needed.

You may request a break during the meeting and speak with your representative confidentially.

- Possibly recommend a resolution to any issue(s); however, depending on the nature of the meeting, you can ask for time to think about that resolution before accepting or denying.
- Ensure everyone is aware of follow-up needed, including who is accountable for what.

After the Meeting

Once the meeting has concluded, your union representative will:

- Advise you that the information is confidential and will only be shared with those people needing to assist you in the process (i.e. your ONA Labour Relations Officer or grievance chairperson).

- Answer your questions.
- Advise you of the likely next steps, if any, and when you can expect to be provided with an update.

Fortunately, not every meeting results in some kind of discipline.

Some meetings are just for fact-finding purposes about a situation that occurred in the workplace, and the employer is ensuring they have completed their due diligence to minimize their risk.

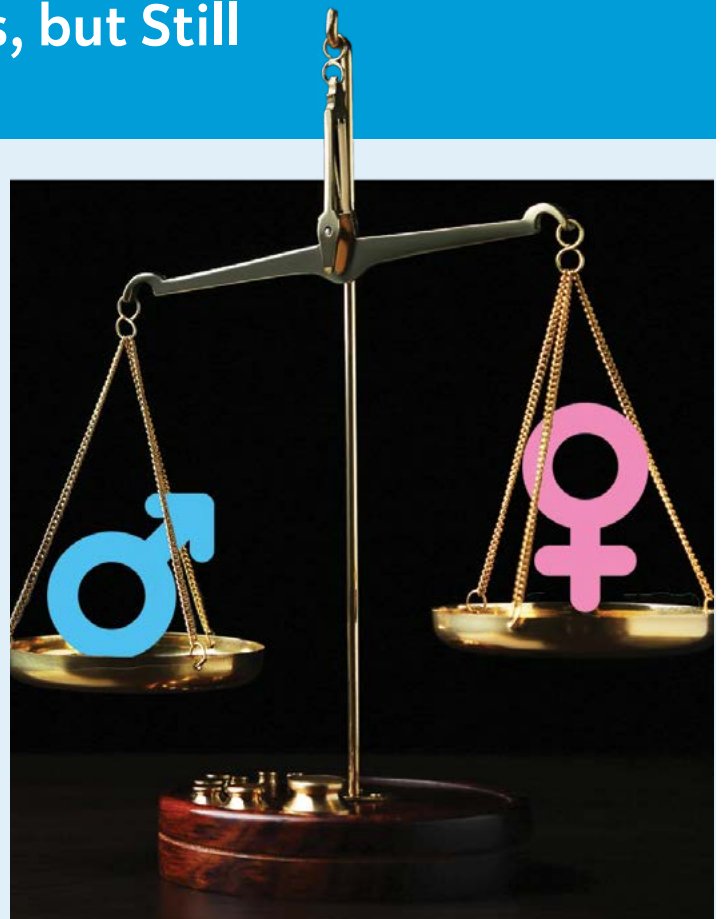
Your union representative is there to assist you and ensure you have representation when you need it. You may be lucky and never need us for this type of representation, but your collective agreement provides you with the right to representation when necessary.

Gender Wage Gap Narrows, but Still Work to Do: StatsCan

Women in their core working years earned 87 cents per hour on average for every dollar earned by a man in 2018, marking a 5.5 percentage point improvement over the past two decades, a new research paper by Statistics Canada shows.

In 2018, female employees between the ages of 25 to 54 earned on average \$26.92 per hour – \$4.13 or 13.3 per cent less than the \$31.05 in hourly wages for male employees, the research paper states. Hourly compensation for women has improved since 1998 when the agency's data showed female employees earned \$22.34 per hour, which was \$5.17 or 18.8 per cent less per hour than males – or 81.2 cents for every dollar earned by a man.

"The gender wage gap has narrowed over time, both in Canada and elsewhere," the researchers concluded in the report. "However, given that women in Canada have surpassed men in educational attainment, diversified their fields of study at post-secondary institutions, and increased their representation in higher-status occupations, the persistence of gender-based wage inequality warrants continued attention."





« Thank you for your tremendous courage, and your dedication to your profession and your patients during this very difficult time – and always. »

– ONA President Vicki McKenna, RN

Safe, not Sorry

As members go above and beyond during the COVID-19 pandemic, ONA's main priority is ensuring your safety

to ensure you are informed, cared for and protected from contracting COVID-19 if you are to remain on the front lines of this pandemic.”

Communicate, Communicate, Communicate

Armed with the lessons learned from SARS, ONA was well prepared when COVID-19 hit our shores earlier this year. In fact, long before the World Health Organization declared COVID-19 an international emergency on January 30 (later classified a pandemic), ONA sprang into action, forming a special staff task force to monitor and quickly respond to the threat of an emerging virus the world knew little about.



One of the strongest protections for Ontarians is to keep health-care workers healthy and working during the COVID-19 pandemic, union leaders (from left to right) OCHU/CUPE President Michael Hurley, OPSEU President Warren (Smokey) Thomas, ONA President Vicki McKenna and SEIU Healthcare President Sharleen Stewart stated at a joint media conference at Queen's Park on March 13.

“I am terrified.”

Those three words spoken by Diane Jolliffe, an emergency department nurse who lived through the SARS epidemic 15 years ago and is now facing uncertainty as COVID-19 sweeps through our province, is very typical of what we are hearing from our dedicated members on the front lines. And it's the reason why ONA is working tirelessly to lobby the government and your employers for the personal protective equipment (PPE) and other provisions you need to stay safe at work.

“You truly are the heroes of our health-care system, I can't say or stress that enough,” said ONA President Vicki McKenna. “It is even more apparent during a crisis such as this. Like all Ontarians, your ONA Board of Directors and staff are full of gratitude for the tremendous courage you have shown and your steadfast commitment to your patients, but words alone are not enough. I want you to know that ONA is your lifeline, and we are doing everything in our power around the clock

That includes frequent conference calls, emails and other communications to Local leaders, and a dedicated page on our website filled with COVID-19 resources and late-breaking information, including daily “Situation Reports” from the Ministry of Health, which contain important updates on the number of cases, current affected areas, actions being taken, symptoms and treatments, etc.

McKenna, who has conducted dozens of media interviews since the outbreak began, and CEO Beverly Mathers also hosted three telephone town halls, streamed on Facebook Live, to answer members’ questions and listen to your workplace concerns regarding COVID-19. Several questions and answers from those discussions were included in a handy reference document, updated as needed, which is also posted on our website (along with the audio files of the town halls).

“One of the biggest concerns during the SARS crisis was the lack of information and communications – to the public, to our patients and their families, and to us, as front-line workers,” said McKenna, who was a staff nurse at Victoria Hospital, part of London Health Sciences Centre, at the time. “There was no lead in the province. Information from our employers changed all the time. Infectious disease experts had differing opinions. Our members were scared and needed reassurances they would be protected. We learned very quickly that we couldn’t just wait for that information, we needed to look for it because people expected it from us. And it wasn’t just about our workplaces; there was a real concern we could bring this virus home to our families. ONA was determined to make sure our members had all the information they needed as soon as possible when we first learned about COVID-19.”

While the information in this story was current at press time, COVID-19 is an evolving situation, often changing by the minute. For the most up-to-date information and important resources, visit ona.org/coronavirus.

Pushing for the Precautionary Principle

Also absent during the SARS crisis, which sickened thousands, quarantined dozens, and claimed the lives of 800 people worldwide, including 44 Canadians (ONA members Tecla Lin and Nelia Laroza were among them), was a solid provincial preparedness plan, including sufficient gloves, masks and other protective supplies.

While the province initially told ONA in January it was well prepared with stockpiles, along with a rapid response system to resupply hospitals that run low and systems to obtain more, as COVID-19 cases continued to climb, we became increasingly concerned about the lax guidelines issued and scarce availability and appropriateness of PPE.

That sentiment was echoed by our members, many of whom told us you aren’t being supplied with PPE when needed or are instructed by your employers to use surgical masks, which provide poor filtration and a poor fit, based on a direction from the Chief Medical Officer of Health. At press time, several health-care workers, including nurses, had contracted the virus and dozens of others had come into contact with it.

“I was in tears after seeing a video on the news of a nurse literally crying in her car on her way home from a shift, begging people to stay home,” said Jolliffe. “My family and I finished a quarantine, but I was scared to return to the front lines. I worked through SARS and remember it well.



Right Back at You!

The following is a sample of some of the letters of thanks ONA has been receiving from our members on the front lines, this one from Diane Jolliffe, an emergency room nurse. But truly, the gratitude is all ours.

I want to thank the entire team at ONA for the countless hours you have been putting in and your dedicated service to the nurses and health-care professionals of this province.

This is uncharted territory and ONA is meeting it head on. I would expect no less. When I read the COVID-19 updates by email and listen in on the telephone town hall meetings, it makes me proud to be a nurse in Ontario. Keep up the good work!

We will ride this out. It may be a long bumpy road, but we will raise a glass when it is all over. We will look back on this as a learning opportunity. We will reflect and study the process we are going through now so we will be better prepared for the next pandemic that will most assuredly come.



A member is seen in front of makeshift cautionary signs during the SARS crisis of 2003. ONA is strongly lobbying the government and our employers to ensure the recommendations issued from the SARS Commission are enacted today.



The (Super)heroes of Health Care

The following letter was sent to ONA from Rebecca Abraham in praise of her husband and other superhero nurses like him.

My husband wears an invisible cape. He is one of the most incredible humans I know. Every single day he puts himself at high risk of exposure to COVID-19, and many other viruses and illnesses. He works tirelessly day and night to take care of other people. He puts them first, always. My husband is a nurse.

Nurses are truly amazing humans. Even before this pandemic, they willingly put themselves at risk every single day to help people. Like you. Like me. Like our children. Like our grandparents.

They will continue to walk through fire to help people. They will continue to put themselves at risk for the sake of others. Because they are an essential service. We know we need nurses. We know the world would not revolve without them.

Yet, in Ontario, the situation is not good, and hasn't been for a very long time. Nurses are competing for full-time jobs. Scrambling to find hours. They are not entitled to health-care benefits unless they are working full-time. Hospitals don't want to hire full-time nurses because they have to pay them more and guarantee hours. Nurses are at the mercy of the government's budget, and are always, always getting the short end of the stick. This needs to change. We need our nurses. They are crucial to the functioning of Canadian society.

Many supermarket giants have announced raises for their workers during the COVID-19 pandemic. This is incredibly admirable. The government needs to follow this model. My husband. Your wife. Your neighbour. Your son. Your mother. These unsung heroes who are putting themselves in the line of fire every minute of every day deserve to be recognized financially.

Thank you to all the amazing nurses for your selfless service, constant dedication and unwavering commitment to helping people. You are truly the backbone of our society.

PPE supplies are an issue in the province. Nurses are torn between their obligation to their communities and keeping their families safe. But I love being an emergency room nurse."

Because the science is still not clear regarding droplet versus airborne transmission of this virus, ONA believes it is imperative that Justice Campbell's number one recommendation from his SARS Commission report – the precautionary principle, or erring on the side of caution – be applied.

"That means all workers in all sectors who are at risk of exposure must be equipped, trained and drilled to use appropriate PPE," said McKenna. "Without access to this level of PPE, they are being unnecessarily exposed to the hazard of COVID-19. We need to ensure clear, consistent and mandatory directives to employers across all health-care sectors and sites, and ONA is urging the Chief Medical Officer of Health to update the directive on the proper level of protection for the circumstances. It's been shown again and again that when health-care workers are safe, patients are safe. ONA is at government tables and on daily teleconference briefings sending this message very clearly with our union counterparts."

In fact, those union counterparts – the Ontario Council of Hospital Unions, the Canadian Union of Public Employees, the Ontario Public Service Employees Union and the Service Employees International Union – joined forces with ONA for a joint media conference at Queen's Park on March 13 to stress this point. The unions, which collectively represent more than one-quarter of a million health-care workers, emphasized that we can work with the province collaboratively if there is a shortage of PPE and institute other administrative and engineering measures instead, such as plexiglass barriers. They also subsequently participated in a joint teleconference with the Minister of Health to continue the push for PPE.

« Rest assured that while you are on the front-lines taking care of your patients, ONA is in the background championing for you. »

— ONA First Vice-President Cathryn Hoy, RN

ONA, which welcomed the news of additional provincial funding to combat COVID-19 on March 25 (see box on this page), also launched an online email campaign to advocate for proper PPE for our members in all sectors. At last count, more than 14,000 people had signed, our most successful email campaign to date! We encourage you and your family and friends to add your names as well (see “We Need PPE!” box on this page).

Making an Impact

Our advocacy clearly made an impact, with the government announcing just as *Front Lines* went to press on March 30 that it had been successful in entering into contracts to provide the province with up to 10,000 ventilators, 12 million additional gloves, five million additional N95 respirators, and nearly 11 million additional surgical masks.

On the same day, the government announced that in collaboration with the Chief Medical Officer of Health, the Ministry of Health, the Ministry of Labour, Training and Skills Development, and ONA, it was issuing a directive on health and safety standards for front-line nurses in hospitals to prevent exposure to and transmission of COVID-19.

These measures, which will assist and support members as we continue to fight this virus, mean:

- A point-of-care risk assessment will be performed before every patient interaction.
- Nurses can determine – based on their professional and clinical judgement – if they require access to PPE, such as an N95 respirator to care for a suspected, presumed or positive COVID-19 patient, which the employer cannot unreasonably deny.

We Need PPE!

Help us send a clear message to the government that in the context of the rapidly changing COVID-19 pandemic, every health-care professional screening or treating suspected or confirmed cases in all sectors must have access to fit-tested N95 respirators or better protection, as warranted.



Fill out a template letter at ona.org/ppe

- A commitment to the conservation and stewardship of PPE to ensure the health and safety of nurses, health-care workers and patients throughout this pandemic.
- “There have been variations and inconsistencies, as well as confusion, caused by the many rules and directions surrounding the distribution and use of PPE,” said McKenna, noting we are advocating for similar measures for other sectors. “This would not have been possible without thousands of our front-line members speaking out and telling your stories to ONA.”

Additional Provincial Funding Announced to Tackle COVID-19

In its fiscal update on March 25, the government announced \$3.3 billion of additional resources for health care, much of which will be slated towards the battle against the COVID-19 pandemic.

That funding includes:

- ▶ \$2.1 billion in new measures to support the COVID-19 response with:
 - A dedicated \$1 billion COVID-19 contingency fund for unforeseen circumstances to come.
 - \$341 million for hospital capacity to increase assessments and treatment.
 - \$243 million for long-term care home emergency capacity and virus containment measures.
 - \$100 million more for public health.
 - \$170 million for community capacity, home care and Telehealth Ontario.
 - \$75 million for personal protective equipment and critical medical supplies.
 - \$62 million for health-care workers in assessment centres, hospitals and the community.
 - Approximately \$80 million for ambulance and paramedic services.
 - Approximately \$70 million for infection control measures in retirement homes, residential facilities and emergency shelters.
- ▶ An additional \$1.2 billion to meet demand for services in the health and long-term care sector.

Of note to our members, the government also announced in its fiscal update that 53,000 around-the-clock day-care spaces will be made available to workers on the front lines of the COVID-19 crisis.



Read more at <https://budget.ontario.ca/2020/marchupdate/index.html>

State of Emergency

But our work hasn't ended there.

Under the province's state of emergency, declared on March 17, hospitals were permitted to respond to, prevent and alleviate an outbreak of COVID-19 by carrying out measures such as redeploying staff within different locations in or between facilities; redeploying staff to work in COVID-19 assessment centres; and changing the assignment of work, including assigning non-Bargaining Unit employees or contractors to perform Bargaining Unit work. On March 24, similar directives were issued to long-term care homes. ONA immediately demanded that health-care employers work with us on any redeployment efforts.

"RNs and health-care professionals know how to pull together during a crisis and under intense pressure," McKenna said. "We have had lots of practice, including during SARS. We know our members are committed to assisting in any way you can during this pandemic, but if not done carefully and thoughtfully, any redeployment could put you and your patients at risk. We also reiterated to the government that you need PPE and training if you are redeployed to a higher-risk area than your regular assignment. Any member who has an immunosuppressed or immunocompromised condition or is pregnant should speak to your Bargaining Unit President for assistance to be accommodated into a low-risk or administrative area."

While a Ministry of Health directive, issued before the federal government made it mandatory for those returning from international travel to self-isolate, requires health-care workers to do the same, it contains an exemption for "particular workers who are deemed critical, by all parties, to continued operations," which allows these individuals to work while self-monitoring. ONA continues to advocate for health-care workers to stay at home in self-isolation for 14 days with full pay. We have filed grievances in individual situations where this is not happening and will challenge this directive using every means available, including contacting the Ministry of Labour, Training and Skills Development.

"ONA will not stop advocating on behalf of the health and safety of our members, including up to their limited right to refuse unsafe work assignments," McKenna noted.

Don't Let Your Guard Down

While ONA continues to hold the government and employers accountable for ensuring all precautions are taken to protect front-line health-care workers, we encourage our members to be vigilant as well. Make

sure your employers have an adequate supply of appropriate respirators; completed respirator fit testing and training; relevant travel screening in place; a dedicated team of clinicians, who are protected with and trained in the use of PPE equipment for this type of virus, and who are ready to respond and care for confirmed cases and people under investigation; and an activated Joint Health and Safety Committee. You can find handy checklists, along with a position statement, on the Canadian Federation of Nurses Union's website at nursesunions.ca/coronavirus-updates.

"Don't let your guard down," concluded McKenna. "Err on the side of caution, ask questions of your manager, keep up with communications, and make sure you understand the latest information. Trust your gut and follow your instincts. Be your own advocate and don't accept less than adequate protection for yourself, your patients and your communities. Find your voice, speak up and make sure you are heard. I promise that as you advocate for your patients on the front lines, ONA will continue to strongly lobby for you in the background. And together, we will get through this."

If you have any concerns on the front lines, contact your Bargaining Unit President at ona.org/bup.



Find COVID-19 resources and information at ona.org/coronavirus

Heroes look like this.



Caring for those on the front lines.



Ontario Nurses' Association

www.ona.org



85

Percentage of survey respondents who rate the honesty of nurses as high or very high

New Board Committees Up and Running

And they're off!

After many months of planning, ONA has selected the members and chairs for our three new Board Committees, a key component of the Board's renewal process (see the cover story from the December 2019/January 2020 issue of *Front Lines*). The committees will assist the Board in fulfilling its fiduciary duties and accountabilities, while creating a platform for membership involvement, leadership development, and succession planning.

"Board committees will enable us to be more strategic, and put plans in place to identify and monitor potential risk to ONA, our members and staff," said ONA President Vicki McKenna. "It's about ONA's sustainability, and how we support and advocate for our members, Local leaders and staff. We need members' input to ensure we are making decisions based on their realities on the front lines."

The composition of each committee, which consists of two Board members, three members chosen through Expression of Interest forms, and staff support (McKenna serves as an ex-officio member), are as follows:

- **Finance and Risk** (*ensures that ONA resources – financial, human, data/intellectual/physical property and equipment – are managed in a prudent manner*): First Vice-President Cathryn Hoy (chair), Region 3 Vice-President DJ Sanderson, and members Kelly Johnston, Sue Sommerdyk and Carol Gunsch.
- **Governance and Nominations** (*examines governance practice and Board performance*): Region 5 Vice-President Karen Bertrand (chair), Region 1 Vice-President Dawn Armstrong, and members Kerry Bell, Erin Ariss and Jill Moore.
- **Quality of Service to Members** (*reviews and provides advice about improvement to the delivery of services to members*): Region 2 Vice-President Bernie Robinson (chair), Region 4 Vice-President Angela Preocanin, and members Shelley Aretz, Brenda Palsa and Annette Saccon.

Members, who will serve a three-year term, will receive extensive orientation and education. The committees will gather quarterly when it is safe to do so and provide reports after each meeting. We thank all members who put their name forward for a position.

Nurses Rank Highest in Honesty, Ethics Again!

For the 18th year in a row, Americans have rated the honesty and ethics of nurses highest by a wide margin among a list of professions provided by Gallup.

In a telephone poll conducted last December, 85 per cent of Americans ranked nurses' honesty and ethical standards as "very high" or "high," essentially unchanged from the 84 per cent who said the same in 2018.

Medical professions in general rate highly in Americans' assessments of honesty and ethics, with at least six in 10 U.S. adults saying medical doctors, pharmacists and dentists have high levels of these virtues. The only non-medical profession that Americans now hold in a similar level of esteem is engineers, with 66 per cent saying they have high levels of honesty and ethics.

This contrasts sharply with their assessments of stockbrokers, advertising professionals, insurance salespeople, senators, members of Congress and car salespeople. Less than 20 per cent of U.S. adults said these professionals have high levels of honesty.

While these are American results, several polls this side of the border have yielded similar findings over the years.


THE SURVEY SAYS...

The following results from the Gallup Poll were in response to the question, "Please tell me how you would rate the honesty and ethical standards of people in these different fields – very high, high, average, low or very low."

	2019	2018	2017	2016
	%	%	%	%
Nurses	85	84	82	84
Engineers	66	--	--	65
Medical doctors	65	67	65	65
Pharmacists	64	66	62	67
Dentists	61	--	--	59
Police officers	54	54	56	58

ONA Student Scholarship Winners

In our continuing series, *Front Lines* is featuring the names and pictures of the recipients of the 2019 ONA Nursing Student Scholarship, along with snippets from their winning essays on “The Importance of the Ontario Nurses’ Association for Nurses.”

 [Read full essays at **ona.org/students**](https://ona.org/students)



CLAIR KAY: Daughter of Nicole Kay from Local 83, The Ottawa Hospital

“I had never grasped the true meaning of a union until I delved deeper into what ONA stands for. They believe in fighting for the occupational safety and economic welfare of health professionals, and providing a safe space for a diverse set of nurses to communicate effectively and openly to promote the highest standard of patient care.”



KAMRYN BUTLER: Daughter of Paula Ford from Local 1, Public Health Sudbury and Districts

“Since 1973, ONA has ensured that the workplace rights of nurses are outlined in contracts and that nurses have protection in their workplaces against unfair practices and unsafe work conditions. ONA is an advocate in the media, promoting the integrity of Ontario’s nurses and informing the public of the value of nursing to health care, and the risks associated with nursing cuts in Ontario.”



LILY BOUQUILLON: Daughter of Lisa Bouquillon from Local 97, University Health Network

“ONA’s job is to protect and support nurses by fighting for their rights and wages, and to make sure they have safe working conditions. But they do so much more. ONA is a family of strong women and men. Being part of a family means you help and support one another through thick and thin. When someone is in trouble, you stand with them in unison. ONA is a strong organization that supports thousands of nurses and health-care professionals. I am excited for my turn to become a part of the ONA family.”

ONA Listens to Student Concerns at National Conference



ONA President Vicki McKenna spells out ONA’s strong support for nursing students during the Ontario executive meeting of the Canadian Nursing Students’ Association’s national conference in Montreal this past January.

ONA student affiliate members shared their issues and concerns with ONA President Vicki McKenna during a gathering of the Ontario executive meeting, held at the Canadian Nursing Students’ Association’s (CNSA) national conference earlier this year.

ONA was a gold sponsor of the conference, which took place from January 21-25 at McGill University in Montreal. Under the theme, *To New Beginnings: Addressing Stigmas and Innovations in the Nursing Field*, delegates were treated to an array of workshops critical to their student lives, along with panel presentations and several guest speakers on topics such as the importance of investing in nursing around the globe; the social justice nursing role; improving patient experiences and empowering nurses within the emergency department; the integration of nurse practitioners into Quebec’s health-care system; and engaging nurses in climate action.

“In a roundtable discussion, I connected with Ontario nursing student leaders about clinical placement issues, including being prevented from



Deadline to Apply for 2020 Scholarships Fast Approaching

Do you have an immediate family member who is in or entering nursing school or receiving education for other health-regulated professions, and could use a little help?

The deadline to apply for the 2020 ONA Scholarships (up to 10 available at \$1,000/each, plus one \$2,000 Reese Fallon Memorial Scholarship), or the Canadian Federation of Nurses Unions Scholarship (one available at \$1,000) is July 1.

For eligibility criteria and nomination forms, see ona.org/bursaries.

administering insulin or using a glucometer in placements, not being allowed into operating rooms to observe, and being assigned placements with no RN on site,” said McKenna. “I brought these concerns to the Joint Provincial Nursing Committee, the government, educational representatives, and other stakeholders.”

During the conference, Nadine Abd Elmalak from Hamilton’s McMaster University, was elected Ontario Regional Director, and began her one-year term on March 1. ONA looks forward to working with her to help move students’ issues forward.

During breaks in the proceedings, ONA Government Relations Specialist Etana Cain staffed a very popular booth in the exhibit hall to continue the important dialogue with students, hand out ONA material, and answer questions about the role of our union, including our key member services, the state of the Ontario health-care system, and how government cuts will impact future RN jobs.

In October, Sault College will host the CNSA’s Ontario Regional Conference under the theme, *Politics of Nursing: Embracing Our Influence*.

NURSES CAN SAVE UP TO 40%* ON CAR INSURANCE.



“Hey! I’m overdue for a belly rub.”



Is your insurance due for a check-up?

As a member of ONA, you get preferred rates plus exclusive offers on home and car insurance through Johnson – just as we have been doing for over 30 years.

1.877.732.6714

Johnson.ca/healthcare



Johnson Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary. Home and car policies primarily underwritten, and claims handled, by Unifund Assurance Company ("UAC"). Described coverage and benefits applicable only to policies underwritten by UAC in ON. JI and UAC share common ownership. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply. *As of March 2, 2020, full 40% savings amount available on car insurance if the following discounts are applicable: multi-line, conviction free, multi-vehicle, winter tire, and qualifying group membership. Percentage savings may vary otherwise. †NO PURCHASE NECESSARY. Please note prize change due to the global COVID-19 pandemic. Open January 1, 2020 – December 31, 2020 to legal residents of Canada (excluding QC and NU) who have reached the age of majority in their jurisdiction of residence and are a member of a recognized healthcare sector group of the Sponsor. Two (2) \$7,500 CAD cash prizes available to be won. Odds of winning depend on the number of eligible entries received. Math skill test required. Rules: www1.johnson.ca/Florence.

ONA's First HRE Podcast Honours Black History Month

When it came to acknowledging Black History Month this past February, one of ONA's key human rights and equity (HRE) commemorative dates, we decided to do things a little differently.

In lieu of our regular HRE teleconnects, we recorded our first-ever HRE podcast. The podcast, organized by former ONA Senior Legal Advisor Simran Prihar and hosted by Darcel Bullen, a litigator on staff, paid tribute to the Black Canadians whose struggles and achievements have shaped our country and honoured their contributions. Specifically, it focused on the book, "Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora," which highlights Black/African nursing as a foundation for the Black community during periods of high migration.

Author Karen Flynn interviewed 35 Black Canadian and Caribbean born nurses, and discovered that Black/African women were required to work five times harder professionally and academically to become nurses – they were not even allowed to join the profession in Canada until the 1940s – and often engaged in a survival strategy of self-sacrificing to exist in the hierarchical and racist model of health care in Canada.

That's something that University Health Network Bargaining Unit President Ingrid Garrick, who appears on the podcast, knows a lot about.

"Growing up Black in Toronto was difficult, but it instilled in me an appreciation for fairness and equity," said Garrick, who shared stories about the trailblazers in her family and the discrimination she has experienced throughout her life and continues to see. "I carried that with me wherever I went, particularly in my job. I advocated for people who I felt were underdogs, and colleagues came to me because they knew I would speak up when there was injustice."

Former Bruyère Continuing Care Bargaining Unit President Patrick Mazambi, now on ONA staff, told the podcast he has faced inequity since his nursing school days when his fellow Black students were assigned to patients with co-morbidities while their White counterparts had more stable patients. That made him want to study those diagnoses even harder to prove to his instructors that he knew what he was doing, he added, echoing the findings of Flynn's book.

ONA is proud to recognize and honour the struggles and contributions of Black nurses and health-care professionals during Black History Month, and every day.



University Health Network Bargaining Unit President Ingrid Garrick and former Bruyère Continuing Care Bargaining Unit President and current ONA staff member Patrick Mazambi (front row) prepare to record our first HRE podcast on Black History Month, organized by former ONA Senior Legal Advisor Simran Prihar (back right) and hosted by staff litigator Darcel Bullen (back left) on February 11 at ONA's provincial office.

"As an African male nurse, I believe that changes are happening," he said. "Black people are entering nursing schools, graduating and working in the field more than ever before, and that is very positive. I believe there will one day be the actualization of the comment by Martin Luther King Jr.: 'People will not be judged by the colour of their skin, but by the content of their character.'"

 To listen to the podcast and learn more about Black History Month, visit ona.org/news-posts/black-history-month

International Decade for People of African Descent

The Government of Canada is officially recognizing the *International Decade for People of African Descent*, proclaimed in 2014 by the United Nations General Assembly.

This Proclamation is aimed at strengthening cooperation regarding "the economic, social, cultural, civil and political rights of people of African descent, and their full and equal participation in all aspects of society." It is doing so by promoting respect, protection of the human rights and fundamental freedoms of people of African descent, and encouraging a greater knowledge of and respect for the diverse heritage, culture, and contributions of these communities to societies around the world.

The federal government has pledged several million dollars over the next three years to enhance local community support for Black Canadian youth, develop research to support more culturally-focused mental health programs, and for projects to celebrate, share knowledge and build capacity in Black communities.

 Read more at ona.org/news-posts/black-history-month

CFNU President Linda Silas Announces Bid to Lead CLC

There's a familiar face running for President of the Canadian Labour Congress (CLC)!

Linda Silas, RN, has spoken passionately to ONA members at our provincial meetings, lent her support on our picket lines, and advocated for a moratorium on RN cuts, the maintenance of our public health-care system, and the need for a national pharmacare plan – among others – in her role as President of the 200,000-member Canadian Federation of Nurses Unions (CFNU).

In late 2019, Silas announced her intention to run for the CLC presidency – CFNU is a member organization of the CLC – to replace the retiring Hassan Yussuff, which was to be decided at the CLC Convention in Vancouver this May, and has been postponed until COVID-19 no longer poses a public threat. Silas is also temporarily pausing her campaign events to focus on this crisis.

"I grew up in a union town that lost everything," she wrote in a letter formally announcing her run, referencing the closing in 2007 of the Abitibi newsprint mill in her home town of Dalhousie, New Brunswick,

CFNU President Linda Silas energizes ONA delegates with her enthusiasm, humour and passion at our Biennial Convention. She is bringing that same energy to her campaign for CLC presidency, temporarily on hold as she focuses on the COVID-19 pandemic.

where her father once served as a local President of the Communications, Energy and Paperworkers Union of Canada. "I've met with neighbours who have experienced setbacks that last a generation. I've seen how important it is for struggling workers to see the hope that comes from our movement. It is my core belief that our common goals can only be realized when proven fighters like us come together."

Silas graduated in 1983 from the nursing program at the French-language Université de Moncton, working in critical care, emergency, and labour and delivery. Seven years later, she was

elected leader of the New Brunswick Nurses Union, the youngest provincial nursing union president in Canada. She has served as CFNU President since 2003. ONA strongly supports her bid.

"Linda has been at the helm of provincial and national nurses' unions for 30 years," said ONA President Vicki McKenna. "We know, love and respect Linda for her passion and deep commitment to making a difference for nurses, workers and everyone in Canada. We know she will lead the CLC with grace, continuing to raise many important nurses' and other issues at the federal level."

First Woman President Elected to OFL

In an historic election, Patty Coates has become the first woman President of the Ontario Federation of Labour (OFL).

During the OFL convention late last year, delegates elected Coates, an education assistant and long-time member of the Ontario Secondary School Teachers' Federation, and her team, Secretary-Treasurer Ahmad Gaied and Executive Vice-President Janice Folk-Dawson, on their platform of stopping government cuts.

"It is a great honour to be elected by the OFL delegates to carry the federation's vision forward," said Coates, who also served as the organization's Secretary-Treasurer from 2015-2017. "Ahmad and Janice have been instrumental in organizing to demand decent work laws, mobilize the *Power of Many* campaign, and build resistance to the government's austerity agenda."

Former OFL President Chris Buckley announced in July 2019 that he would not seek re-election.



OFL President Patty Coates.



HEALTH AND SAFETY

Open Enrollment Opportunity for May.

Apply without a Medical.

Celebrate the Year of the Nurse.



To celebrate Nursing Week, for the month of May 2020 ONA members will be eligible to apply for the following WITHOUT a medical:

- Long term Disability
- Extended Health with Optional Hospital
- Dental Care
- Life Insurance

You won't even need to complete a medical questionnaire! Take this opportunity to join the nurses program built for nurses, by nurses... It's THAT easy!

Contact us to learn more:

1.800.461.4155

Johnson.ca/ona



Johnson Insurance is a trade name of Johnson Inc., a licensed insurance intermediary ("JI") and operates as Johnson Insurance Services in British Columbia and Johnson Inc. in Manitoba. LTD, Extended health w/ Optional Hospital, Dental Care, and Life benefits are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Some conditions apply.

Charges Laid against Southlake, Thanks to ONA

After almost a year of ONA calling for action, charges against Southlake Regional Health Centre in Newmarket have finally been laid for a critical workplace violence incident involving an RN and a security guard.

In late December, the Ministry of Labour, Training and Skills Development (MOLTSD) charged Southlake with nine counts under the *Occupational Health and Safety Act (OHSA)*, which lays out the responsibilities of employers. Seven counts allege breaches of Section

25(2)(h) of the *Act* regarding taking every precaution reasonable, and two counts allege breaches of Section 25(2)(a) surrounding providing information, instruction and supervision to a worker. These charges relate to the January 2019 workplace violence incident at the facility in which an RN was viciously attacked and suffered critical injuries and a security guard was injured.

"ONA worked tirelessly, pressuring the Ministry and the Attorney General to press charges against this employer for its gross disregard of the *OHSA*, and its obligation to protect staff and patients," said ONA President Vicki McKenna. "It is clear the inspectors have worked diligently to gather the evidence to support these charges."

Ever since the attack, ONA repeatedly pressured the hospital to put several measures in place to protect workers and their patients, including providing self-protection training to staff, but to no avail. The hospital did not even meet its basic obligations to immediately report the attack to ONA, the Joint Health and Safety Committee, and the MOLTSD. In addition, it did not secure the scene, as required by law.

On February 7, ONA was in attendance as Southlake made its first court appearance in Newmarket in relation to the nine charges it faces. We will be following the proceedings very closely.

"We are hopeful that these charges will set a precedent for other employers in the province in that they must do everything under the *Act* to protect and safeguard workers and patients," McKenna added. "These charges would not have happened without the continuous advocacy of ONA and our members. Nurses and health-care professionals should be safe at work – and so should their patients."





Chronique de la
présidente, AIO
VICKI MCKENNA, RN

➔ SUITE DE LA PAGE 4

L'année a commencé par une nouvelle troublante qui faisait état du premier cas au Canada de COVID-19, un virus dont le monde ne savait presque rien. Je vous mentirais si je disais que mon estomac ne s'est pas noué alors que je me demandais si nous assisterions à une reprise de la crise du SRAS de 2003, qui a tragiquement coûté la vie à deux membres de l'AIO, et si le gouvernement et nos employeurs avaient vraiment tenu compte des recommandations de la Commission sur le SRAS.

Dans l'ensemble, nous étions mieux préparés grâce aux tactiques d'isolement volontaire, aux restrictions mises en place concernant les voyages, aux incitations à l'éloignement social et à l'état d'urgence décrété par notre province pour essayer « d'aplanir la courbe ». Toutefois, les directives imprécises et déroutantes données aux employeurs du secteur de la santé et les préoccupations concernant la disponibilité de l'équipement de protection individuelle sont rapidement ressorties. Dès le départ, l'AIO a fait savoir très clairement au gouvernement qu'il fallait prendre toutes les précautions raisonnables pour protéger les travailleurs du domaine de la santé.

Même si j'éprouve une admiration profonde pour votre dévouement et votre altruisme envers les Ontariennes et les Ontariens pendant cette pandémie (même des membres à la retraite demandent comment ils peuvent retourner sur la ligne de front pour faire leur part), nous n'aurions jamais dû en arriver là. Parce qu'il y a une leçon que, de toute évidence, nous n'avons pas retenue du SRAS : la nécessité de financer adéquatement notre système de santé et de valoriser le travail que vous faites en première ligne. Au lieu de cela, les pénuries de personnel infirmier que nous observons et qui sont le résultat des années de mesures d'austérité, ainsi que les emplois plus précaires qu'occupent le personnel infirmier et les autres professionnels de la santé, y compris des emplois à temps partiel, occasionnels et temporaires, rendent encore plus complexe une situation extrêmement difficile.

Les statistiques sont claires. Le Centre canadien de politiques alternatives souligne qu'entre 2011-2012 et 2016-2017, les dépenses en santé ont augmenté en moyenne de 2,2 % par année dans la province, ce qui est nettement inférieur à ce qui était nécessaire pour maintenir les services existants. De 2018-2019 à 2019-2020, l'augmentation a été de 4,4 %, ce qui est encore loin de la croissance moyenne des dépenses de 6,8 % au cours des 10 années qui ont précédé 2011-2012.

Malheureusement, ce sont les IA qui ont subi le plus gros des compressions dans les soins de santé; l'Institut canadien d'information sur la santé a révélé que le nombre d'IA en Ontario a baissé, passant de 106 889 en 2011 à 102 396 en 2018, ce qui signifie que notre province compte toujours le plus faible ratio d'IA par personne au pays. L'Enquête sur la population active de Statistique Canada montre également que les postes d'IA à temps plein ont diminué, passant de 59,2 % à 56,9 % du total, tandis

que les postes à temps partiel et occasionnels ont augmenté. Tout cela mis ensemble, nous allions droit à la catastrophe dans le meilleur des cas, alors imaginez maintenant.

Bien que l'AIO accueille favorablement l'investissement dans les soins de santé annoncé afin de lutter contre ce virus dévastateur lors de la mise à jour financière de la province le 25 mars, nous nous demandons où était auparavant cet argent dont nous avions désespérément besoin. Il aurait pu faire toute la différence. Pourtant, sans la COVID-19, nous savons que le gouvernement aurait continué de sous-financer notre système de santé. Nous ne pouvons qu'espérer que cette pandémie, et la façon dont le personnel infirmier et les professionnels de la santé se seront sacrifiés et auront tout donné, soit finalement le signal d'alarme dont avaient besoin ce gouvernement et ceux à venir.

Tandis que j'ai commencé la décennie en réfléchissant sur le passé, je me suis souvenu qu'il y a eu deux constantes au fil des ans : le dévouement dont vous faites preuve envers vos patients, vos résidents et vos clients, ainsi que la reconnaissance du public pour votre travail acharné, surtout dans les moments difficiles comme celui-ci. En fait, pour la 18^e année consécutive, les infirmières ont été choisies par le public comme les professionnels les plus honnêtes et qui ont la meilleure éthique. Et ça, c'était avant le début de la pandémie.

Par conséquent, même si nous avons l'impression qu'il n'y a pas tellement de quoi célébrer en cette Semaine des soins infirmiers (qui se fera d'ailleurs plus discrète en raison de la COVID-19), prenez un moment pour reconnaître que vous faites une différence. Vous faites une différence pour vos patients, vos résidents et vos clients. Vous faites une différence dans notre système de santé. Et vous faites très certainement une différence pour notre syndicat.



Suivez Vicki dans twitter.com/vickivickim



Chronique de la
première
vice-présidente, AIO
CATHRYN HOY, RN

➔ SUITE DE LA PAGE 5

cette année. Il a été conçu en partie par nos membres et notre personnel lors de l'Assemblée pour une action en santé l'automne dernier. Nous avons donc contribué à sa création de manière authentique et significative, et nous devons nous impliquer tout autant dans son exécution.

Bien que le travail de l'OHC au cours des dernières années ait porté principalement sur la lutte contre les compressions et les restructurations dans les hôpitaux et la privatisation des services hospitaliers, sa principale campagne en 2020 sera plus généralisée et consistera à prendre le gouvernement à partie pour ses réformes régressives et le fait qu'il surestime le déficit en vue de fabriquer de toutes pièces une crise financière inexistante pour faire avancer son programme de réduction des coûts.

L'OHC travaillera avec un groupe d'économistes pour réfuter les affirmations selon lesquelles l'Ontario n'a pas les moyens de se payer des

SUITE À LA PAGE 30





programmes publics en matière de santé, d'éducation et autres – d'autres provinces les financent plus généreusement – en publiant une lettre ouverte, en tenant une conférence de presse et des assemblées publiques, et en diffusant de forts messages au moyen des médias sociaux et des médias grand public. Une tournée provinciale intitulée *Nous pouvons bâtir notre système de santé public*, qui sera lancée lorsqu'il sera possible de le faire de façon sécuritaire compte tenu du contexte de la pandémie de COVID-19, visera à faire modifier le discours lié au coût élevé des services publics pour mettre l'accent sur le véritable avantage de tels programmes, qui consiste à économiser de l'argent à long terme et à atténuer les inégalités.

Puisque les compressions dans les hôpitaux n'ont malheureusement pas amélioré les choses – l'Ontario est aux prises avec une grave crise de surpopulation dans les hôpitaux et elle compte le nombre de lits d'hôpitaux le moins élevé parmi toutes les provinces et que nous figurons au second rang au Canada parmi les provinces comptant le nombre de lits le moins élevé destinés aux soins de longue durée (SLD), avec des listes d'attente inimaginables, ce qui est particulièrement inquiétant pendant une pandémie, l'OHC met en œuvre des campagnes liées à ces deux domaines également, en plus de prévoir de multiples événements et tactiques. Au Royaume-Uni, la Croix-Rouge a déclaré que les hôpitaux publics étaient aux prises avec une « crise humanitaire » en raison des compressions et de la surpopulation, ce qui a servi à exercer des pressions sur le gouvernement, et l'OHC croit que nous disposons de preuves abondantes pour appuyer une intervention semblable ici. Une table ronde et un document sur la pénurie d'infirmières en SLD serviront à souligner la nécessité d'améliorer le financement et les normes dans ce secteur.

Mais ce n'est que la pointe de l'iceberg. Le plan d'action décrit des douzaines d'autres initiatives mises sur pied par l'OHC pour 2020, y compris l'élaboration d'un rapport sur la privatisation des soins à domicile et les compressions dans les services de santé dans les réseaux locaux d'intégration des services de santé; la préparation d'un rapport montrant que les fusions dans le domaine des soins de santé coûtent des milliards de dollars; la promotion d'un régime national d'assurance-médicaments et la contestation quant à l'opposition du gouvernement à ce régime; et la préparation de notre réaction lorsque l'affaire Cambie (la contestation judiciaire des cliniques privées de la Colombie-Britannique) fera l'objet d'une décision. En tant que professionnels de la santé, défenseurs des patients et membres du syndicat, ces questions nous tiennent beaucoup à cœur. Nous vous garantissons que l'AIIO participera à cette lutte aux côtés de l'OHC.

Toutefois, nous n'y arriverons pas seuls. Le plan d'action indique ceci : « Nous devons reconnaître que, si nous ne nous mobilisons pas et ne prenons pas position, nous perdons du terrain », et je suis tout à fait d'accord. Si chacun et chacune d'entre vous appuie le plan d'action, notamment en participant aux activités de l'OHC dans vos communautés (encore une fois, uniquement lorsqu'il sera possible de le faire de manière sécuritaire) et en prenant part aux coalitions sur la santé locales, nous pourrions répéter les succès que ces campagnes ont connus par le passé; soit la sauvegarde des services des urgences, des services, des unités et des lits, cette année, mais aussi dans les années à venir. Parce que nous sommes vraiment plus forts ensemble!



Suivez Cathryn at twitter.com/cathrynhoy



ONA IN ACTION

Sick Leave Win Sets Precedent

ONA has won an important arbitration challenging the employer's decision to refuse continued access to extended health care benefits (including dental) to members who remain on sick leave for more than 30 months.

In this case, the grievor was off work for more than 30 months due to disability. There was no dispute that she suffered from a disability, and she was in receipt of long-term disability benefits. Relying on a provision in the collective agreement, the employer cut off the grievor's access to her extended health benefits after 30 months despite ONA arguing that she is entitled to continue to access those benefits as long as she pays 100 per cent of the benefit premiums.

Arbitrator Slotnick agreed with ONA's interpretation of the collective agreement, finding that it does allow any employee on leave for more than 30 days to access their benefits if they pay 100 per cent of the premiums. However, ONA and the hospital agreed to an exception for employees on sick leave, whereby the employer continues to pay its share of the benefit premiums for 30 months from the time the nurse goes off work.

The arbitration found that nothing in the collective agreement takes away the right to continue to access the benefits after 30 months, only that the employer's payment towards the premiums comes to an end. He specially noted that the grievor remained an employee and her seniority continued to accrue under the collective agreement while off work due to disability.

This decision is important to ONA because other hospitals have the same practice/policy in place based on the same collective agreement. They can now be challenged due to this decision.



WHAT ARE YOU GETTING LOUD
ABOUT ON THE FRONT LINES
OR IN YOUR COMMUNITY?

SHARE IT WITH US!

Send your stories and photos to *Front Lines* editor Ruth Featherstone at ruthf@ona.org.

ONA Census: Every Member Counts!

Submit your contact info and you could win \$100!

ONA is excited to launch the first ever census of our members!

To improve our services and communications, we need to hear directly from you, our members! Please take a moment and provide us with your up-to-date contact information, including your personal email address (not your employer's) and professional designation.

It couldn't be simpler to submit your info! Choose one of the following:

- ▶ **Complete the online form at *ona.org/census*. Be sure to have your ONA ID number handy.**
- ▶ **Call ONA Dues and Membership Intake at (toll-free) 1-800-387-5580, ext. 2200.**
- ▶ **Email your updated information to *memberchanges@ona.org*.**

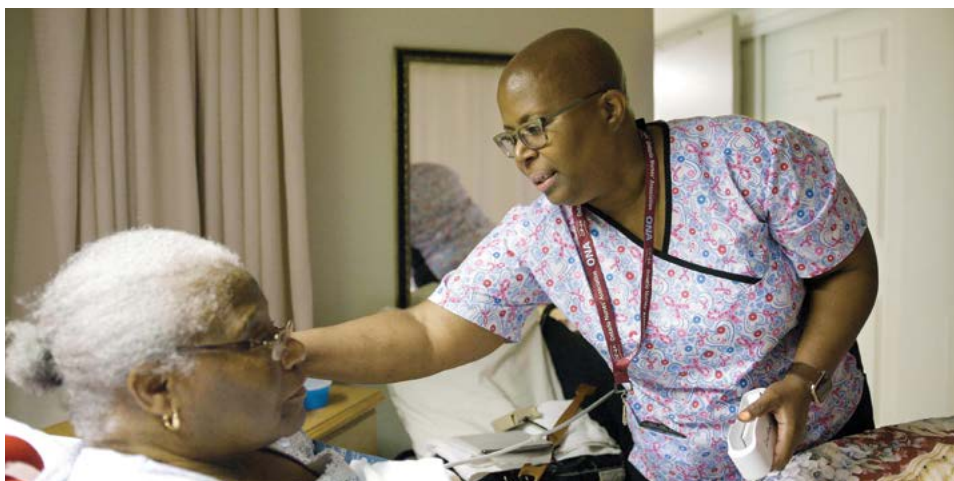


*** Each member who submits updates to your contact info and/or professional designation will be automatically entered into a random draw for one of 100 cash prizes of \$100! Good luck!**

***All updates from any source will be included in the draw**

Celebrate Nursing Week

May 11-17, 2020



Our Calling: Care, Compassion, Comfort

 Ontario Nurses' Association

www.ona.org

