

FRONT LINES



Going, Going, Gone...

Overwhelmed, disrespected and fed up, Ontario nurses and health-care professionals are leaving in droves. What will it take to stop the exodus?

ONTARIO NURSES' ASSOCIATION
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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.

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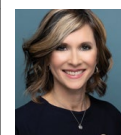
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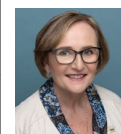
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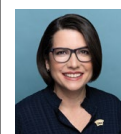
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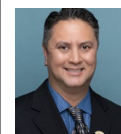
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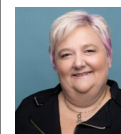
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Standing Tall

I recently attended ONA's virtual Biennial Convention.

What I love about ONA is that it not only represents nurses to negotiate good and fair contracts and safe work environments, but it also speaks to the needs and deficiencies of health care and those we serve. It promotes health to one and all. It offers solutions as we collectively put our minds, hearts and souls into our calling. No one is left behind.

It is a sad time right now with so many leaving, discouraged and burned out. I encourage all of us to muster what is in us to continue to fight for health care. This is the time to bring forth what the universe planted in you in the first place: To love, care and make better and/or to lessen the pain, as we know we cannot fix it all perfectly.

It is not time to give up. It is time to support each other and help those who are having challenges dealing with the hardships before us. Stand tall, nurses! You are unique and needed.

If you are a politician, listen to nurses. When it comes to health care, they are your allies and experts! A healthy Canada is a productive Canada.

CARMEN BROWN
LOCAL 92



Snowed Under

This letter is dedicated to all nurses for their hard work and dedication.

On January 17, coming to work was a challenge because of the snowstorm. I could not get my car out of the driveway, so my friend and I walked 15 minutes to the bus stop and waited for an hour. The bus moved a few stops and got stuck so we had to walk three kilometres to the hospital. More than an hour later, we arrived and both developed a temporary cold-induced rash on our legs and hands.

Special thanks to nurses working the night shift, who stayed hours past their shifts. Many were unable to return home after their shifts and had to stay at the hospital for their next.

It is admirable that nurses walked hours to get to work and spent hours driving in from all areas of the city.

Nurses went above and beyond to continue to provide care even in the midst of the snowstorm.

A special shoutout to all the staff who came together and supported each other.

SHABANA LALJI, RN, BSCN, CNCC-C



Insult to Injury

My wife and I made a video about WSIB's egregious treatment of injured workers (youtu.be/2MfGAJ5O6Ns), and thought your members might be interested. While it is about 18 minutes long, we think it is worth the watch to the end. [You will also find a link to a petition on respecting the rights of injured workers.]

Thank you for taking the time to watch. If you like it, please share it with your network. If enough people see it, maybe we can effect change.

Humbly yours,

STEVE LANYS-MORRIS

Events and Observances



The following are 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 held in different ways.

- **May:** National Physiotherapy Month
- **May 1:** May Day (International Workers' Day)
- **May 2-8:** Canadian Mental Health Association Mental Health Week
- **May 5:** International Day of the Midwife
- **May 9-15:** Nursing Week (see page 9)
- **May 12:** Indigenous Nurses' Day
- **May 17:** International Day against Homophobia, Transphobia, Biphobia
- **May 19:** Personal Support Worker Day
- **June:** Pride Month/Seniors' Month
- **June 1:** Injured Workers Day
- **June 14-16:** ONA Provincial Coordinators Meeting
- **June 15:** World Elder Abuse Awareness Day
- **June 21:** National Indigenous Peoples Day (see page 18)



Check ona.org for more information



HAVE SOMETHING TO SAY?

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

From ONA President
Chronique de la présidente, AIIO
CATHRYN HOY, RN



Follow Cathryn at twitter.com/CathrynOna

Out of the Gate Running

WHEN I ASSUMED THE ROLE of ONA President in January and immediately got to work with the rest of the ONA Board of Directors to advocate on your behalf, I quickly acknowledged that we were just getting started.

I am extremely proud of the history of our union and the successes we have achieved together, but make no mistake: this is a brand new ONA. We are more direct in our demands. We are not afraid to stand our ground. We are tougher all around. We have to be because these are tougher times for our members.

You are exhausted and demoralized, having struggled on the front lines of a pandemic that just won't let up. Your workloads are so overwhelming, it's impossible to provide the care you so desperately want. Your employers have been allowed to steamroll over your rights thanks to legislation like Bill 195. You are dealing with escalating incidents of workplace violence that shake you to your very core. And throughout it all, you have been disrespected by a government that sings your praises publicly while inflicting one devastating blow after another – the worst of which is the wage-suppressing Bill 124.

You need ONA to be your lifeline more than ever, and I can assure you that your Board is committed and more than up to the challenge, fighting for you at every turn. In our first 100 days, we have already accomplished so much.

We are in the media on a daily basis and launching hard-hitting campaigns to ensure the public knows the challenges our province and members face and can support us in our demands – so many want to help! We are teaming up like never before with our allies in the labour movement on similar goals regarding fairness for workers, knowing that we wield more power collectively than alone. Most important of all, we are pushing the government relentlessly to fund our grossly inadequate health-care system and ensure the voices of front-lines nurses and health-care professionals are heard. Despite their attempts, we will not be silenced!

In fact, ONA First Vice-President Angela Preocanin and I have met and corresponded with Premier Doug Ford countless times now. If it wasn't for our persistent public pressure, these meetings would never have taken place. He seemed quite content to continue to sweep your serious issues under the carpet and let things get so bad that many of you are walking away (see cover story). But we told him your heartbreaking

stories from the front lines. We told him exactly what needed to be done to fix what ails us.

Of course with an election on the horizon, he made a few weak promises in a feeble attempt to make us go away – repealing Bill 124 was appallingly not one of them – and dangled a meaningless carrot in the form of a \$5,000 “retention bonus” that doesn't include all nurses (or any health-care professionals) and won't even be fully dispersed until after the provincial election (see page 14 for details). While we were hopeful he would take your concerns seriously and offer meaningful solutions, his actions – or rather inaction – speak louder than words. And so our actions will speak just as loudly at the ballot box this June – and all the days leading up to it (read more in Angela's column and the election insert with this issue of *Front Lines*).

ONA's message to the government remains crystal clear: You have let nurses and health-care professionals down time and time again. But we are not defeated. We are strong, we are united – and we very definitely aren't going anywhere!

Et c'est parti!

LORSQUE J'AI ASSUMÉ LE RÔLE de présidente de l'AIIO en janvier et que j'ai immédiatement commencé à travailler avec le reste du conseil d'administration de l'AIIO pour défendre vos intérêts, j'ai rapidement compris que nous ne faisons que commencer.

Je suis extrêmement fière de l'histoire de notre syndicat et des réussites que nous avons connues ensemble, mais ne vous y trompez pas, il s'agit d'une toute nouvelle AIIO. Nous formulons nos demandes de façon plus directe. Nous n'avons pas peur de nous tenir debout. Nous sommes plus fortes à tous égards. Nous devons l'être, parce que les temps sont plus difficiles pour nos membres.

Vous êtes épuisées et démoralisées, après avoir lutté sur la ligne de front d'une pandémie interminable. Vos charges de travail sont tellement écrasantes qu'il vous est impossible de fournir les soins qui sont si désespérément requis. Vos employeurs ont été autorisés à bafouer vos droits, avec des dispositions législatives comme le projet de loi 195. Vous faites face à des incidents de violence en milieu de travail qui vous ébranlent profondément. Et pendant tout ce temps, le gouvernement en place vous a manqué de respect en chantant haut et fort vos louanges, tout en multipliant les coups dévastateurs, dont le pire est le projet de loi 124 qui réduit vos salaires.

SUITE À LA PAGE 34



From ONA First Vice-President
Chronique de la première vice-présidente, AIO
ANGELA PREOCANIN, RN



Follow Angela at twitter.com/4angiepreocanin

You have a Voice; Please Use it!

AS I SIT DOWN TO WRITE this, I am just returning from participating in a rally outside the constituency office of Ottawa West – Nepean MPP Jeremy Roberts with the tenacious members of Locals 42, 74, 83, 84 and 214.

While the reasons for being there were anything but uplifting – the discriminatory Bill 124, your crushing workloads, the devastating nursing shortage – the event itself certainly was. More than 100 members and their supporters took over the sidewalk, proudly waving signs and ONA flags, yelling catchy chants, and talking to passersby.

Like all members who have staged rallies of late, they were energetic and determined – and I truly believe the serious challenges we face are resonating more and more with the public. They were listening at the rally. They were honking their car horns. They were very definitely supporting us.

And it occurred to me that that's the kind of commitment we need from each and every one of you heading into what I believe is the most important provincial election most of us have experienced. Never have I seen our professions so degraded and our concerns so dismissed by the government. None of us can afford to be complacent when so much is at stake.

ONA has once again seconded several eager members from all five regions to form local election committees and join us in this critical work. Part of their role will be to organize phone banks to contact ONA members with the facts needed to vote. For many, this is outside their comfort zone, but they wanted to make a difference. I implore you to listen to what they have to say. They will also be calling on members in their regions to assist in other ways and I hope you will consider volunteering.

While I don't expect all members to be comfortable making a cold call, I want to remind you that getting involved in the election and being politically active mean different things to different people. For some, that could be simply displaying a lawn sign or wearing a button. For others, it could be talking to your friends, families and colleagues or asking a question at your local all-candidates' meeting about how those running intend to fix our ailing health-care system.

Or how about engaging nursing students in your community? Along with Local political action and professional issues, I am now holding the portfolio for student liaison, and I can tell you these young people are engaged and want to help. They are facing serious issues of their own and know that ONA has their backs.

We encourage all members to go to ona.org/vote and learn about the party platforms, our key issues and specific information on how to get involved. The election insert included with this issue is also a good place to start.

Still, the most important thing you can do is vote on June 2 for a government that will make health care a priority and will respect the work you do for the patients, residents and clients of this province. Collectively, we *can* make a significant impact at the polls. You absolutely must believe that.

While these are undoubtedly the most difficult times we have experienced as nurses and health-care professionals, it is nonetheless exciting for me as your First Vice-President to see you join us in this fight. Let's do this!

Vous avez une voix, utilisez-la!

ALORS QUE JE VOUS ÉCRIS, je reviens tout juste d'un rassemblement qui a eu lieu en face du bureau de circonscription de Jeremy Roberts, député provincial d'Ottawa-Ouest-Nepean, qui regroupait les membres tenaces des sections locales 42, 74, 83, 84 et 214.

Même si les raisons nous poussant à y être présentes étaient loin d'être encourageantes – le projet de loi 124 discriminatoire, vos charges de travail écrasantes, la pénurie dévastatrice d'infirmières – l'événement lui-même en valait certainement la peine. Plus de 100 membres et sympathisants sont descendus dans la rue, agitant fièrement des pancartes et des drapeaux de l'AIO, en scandant des slogans accrocheurs et en s'adressant aux passants.

Comme toutes les membres qui ont organisé des rassemblements ces derniers temps, elles étaient énergiques et déterminées. Je crois sincèrement que les graves défis auxquels nous sommes confrontées trouvent de plus en plus écho auprès du public. Ils écoutaient ce qui était dit lors du rassemblement. Ils klaxonnaient. Ils nous appuyaient, sans aucun doute.

Et il m'est venu à l'esprit que c'est le genre d'engagement dont nous avons besoin de la part de chacun d'entre vous à l'approche de ce que je crois être les élections provinciales les plus importantes





MEMBERS GET LOUD!



We Won't be Silenced! Fight Against Bill 124 Intensifies

From Kenora to Windsor – and everywhere in between – ONA members are hopping mad and pushing back against Bill 124.

The discriminatory bill, which caps wages and total compensation to one per cent in each of three years to some public sector workers in largely female-dominated professions – a significant pay decrease when the cost of inflation (currently hovering at 5.7 per cent) is factored in – has led to strong feelings of betrayal by the very nurses and health-care professionals the government has hailed as heroes throughout the pandemic.

While ONA is keeping up the pressure provincially to get Bill 124 repealed, which you will read about throughout this issue of *Front Lines*, it is the advocacy of our members in your own communities that we strongly believe will push this issue over the edge.

“Protests and actions like the ones featured here have become vital to fighting for the rights of our professions and the respect we deserve, especially leading up to a provincial election,” said ONA President Cathryn Hoy. “We have one simple message to Premier Ford: If Bill 124 remains in place, we will make sure your government does not. Let’s continue to use our collective power to make our elected officials accountable to us. We’ve got this!”

Bill 124 Consequences “Graver than its Intentions,” Member’s Letter States

The following are snippets from a letter to Premier Doug Ford by ONA member Megan Bedbrook, which has been published in her local newspapers.

As a nurse, I belong to a highly trained and hardworking profession. Our role is critical to the survival of this province. Yet, we continue to be treated with flagrant disregard.

We are being exploited under Bill 124. It is degrading and fundamentally wrong. Police are exempt. Firefighters are exempt. We all work in an emergency service capacity, yet there is an obvious pay disparity between these male-dominated professions and the nursing profession.

I can only surmise that the failure to exempt nurses from this Bill comes from a lack of understanding. What other public sector professional is responsible for simultaneously managing multiple individuals with compromised health? For 12 hours, we work tirelessly. Short-staffed and often without meal breaks.

The measures you’ve put in place to protect the public have paradoxically put added stress on an already fractured system. We are in a crisis. Hospitals are overwhelmed, and every shift we are forced to operate at an unsafe capacity.

It is exhausting and a catalyst to burnout. The weight of this pandemic is further compounded by your misguided decisions. The needs of your government continue to be placed above our own needs for safe and secure working conditions, ultimately threatening the collapse of an exceptionally fragile system.

Nurses work well under pressure, but not under duress. There is a difference, and Bill 124 has consequences far graver than its intentions. We should be compensated for our knowledge, skills and clinical competence with wages that reflect current inflation rates.

There are more than 20,000 nursing vacancies within this province. Without nurses, there is no health care. You cannot afford to lose our collective skills and years of experience.

As Premier, you know that leadership is an action. Recognize that your worth is directly proportional to the respect you show the health-care professionals whose skills and expertise you rely on every hour of every day to keep our communities safe. Repeal Bill 124.



Get involved at ona.org/about-bill-124/

Sea of Blue: Movement Targets Bill 124

You could have been forgiven for feeling a little blue when looking at social media on January 24.

On that day, the member-driven Blue Ribbon Movement encouraged nurses, health-care professionals and their supporters across the province to change the background of their profile picture to blue (or to use the image pictured) and tag their MPPs to symbolize their ongoing fight against Bill 124.

The movement was launched in 2020 by seven intensive care and emergency department nurses from the Niagara region to push for equitable access to personal protective equipment and isolation pay for nurses and health-care professionals forced to quarantine at home after a workplace exposure to COVID-19 – key issues at that time.

Since then, the movement has continued to evolve and expand through social media posts, media stories and word of mouth, with many supporters also displaying blue ribbons around their trees and on their car antennas. With a provincial election on the horizon and Bill 124 still in place, the nurses knew it was time to ramp it up once again.

“Nurses and health-care professionals became soldiers in the battle against COVID-19, fighting for our communities – often at our own expense – and must be awarded fairness,” said one Blue Movement organizer Jules Morosin. “Sadly, Bill 124 stands in the way. This movement allows us to unite to demand respect from our government – and that they honour those who endured by repealing Bill 124.”



Zap Attack!



In what has become a very effective tool for our union, dozens of members from the Greater Toronto Area joined Region 3 Vice-President DJ Sanderson for a phone zap on February 25 using an ONA-prepared script (some improvised). During the 90-minute zap, hosted by Locals 6, 51 and 111, 60 participants flooded the phone lines and emails of Premier Doug Ford and Conservative MPPs demanding the quick demise of Bill 124.

Date Set for Bill 124 Charter Challenge

Mark your calendars!

The Ontario Superior Court has determined they will hear ONA's Charter Challenge against Bill 124 beginning the week of September 12, 2022.

ONA launched the challenge soon after the legislation was passed in 2019, calling it regressive and discriminatory. While most predominantly female-professions, such as nurses, are included in the bill, many male-dominated professions, including municipal police and firefighters, are not. It also impedes our right to freely collective bargain.

Our expert legal team has already submitted strong evidence proving our case and is preparing for the actual hearing, but we do not know how long this process will take. There is also a chance the legislation will be revoked if there is a change in government in June.

We encourage you to check our website and social media channels for updates.

Ready to Rally!



While many Ontarians were getting ready for the holidays late last year, our members were getting ready for something a little less festive: rallying their MPPs about the disastrous consequences of Bill 124. Alongside their supporters and allies from Unifor, SEIU Healthcare, CUPE, the Ottawa Labour Council and the Ottawa Health Coalition, Local 2 members took to the streets outside the constituency office of Nepean MPP Lisa MacLeod (left photo), while a few hundred kilometres to the southwest, Local 21 members yelled chants about disrespect within earshot of those inside the Stratford constituency office of Perth-Wellington MPP Randy Pettapiece (right photo). “We’re here because Bill 124 is a disrespectful piece of legislation and must be repealed,” said Local 21 Bargaining Unit President Rosanne Bedard, who reported that about 25 members participated in their two-hour rally despite a steady downpour of rain. “A lot of people think the nursing shortage might not be a problem here and that it’s more in the big cities, but we have issues as well. Our MPP needs to be aware, so we rallied to tell everyone about Bill 124 and how bad it is for all communities.”

Parkdale Queen West CHC Successful Vote Marks a

ONA is celebrating a significant win to represent nurses at a Toronto community health centre, made all the more remarkable because the entire campaign was done virtually.

The Need for a Vote

In April 2017, two health centres – Central Toronto Community Health Centre (Queen West), where ONA represented RNs and NPs, and the Parkdale Community Health Centre, where the United Food and Commercial Workers (UFCW) represented two bargaining units (an all-employee one *inclusive* of nurses and NPs, and an all-employee one *exclusive* of nurses and NPs) – amalgamated to form the Parkdale Queen West Community Health Centre.

Two years later, UFCW reached an agreement with the employer to merge its two bargaining units into one that included nearly all employees across both sites, except the nurses at one site represented by ONA. Despite this and thanks to compelling arguments from ONA, the Ontario Labour Relations Board rejected UFCW's proposal for an all-employee bargaining unit and accepted ours for a nursing unit and a non-nursing unit across both sites. That meant a *Public Sector Labour Relations Transition Act (PSLRTA)* vote was necessary to determine bargaining rights for the nursing unit.

The Campaign

Knowing we were in a battle against a union representing as many members as ONA, where every single vote counted, Bargaining Unit Leader Nghi Trieu, with the support of staff, immediately got to work to reach all current and potential members – and they had less than one week to do so.

"We are a very small Bargaining Unit, so this win really reflects ONA's ability to capture membership," she said. "Right from the beginning, we never took anything for granted. ONA came into the campaign ready and very prepared. They gave me a team of staff with multiple experiences and strategies, who worked around the clock."

"We just jumped in and ran with it, and started scheduling meetings and providing different opportunities for nurses from both sides to come and hear why they



"Very seldom do employees get to pick their union, and I'm very happy they chose the right one," said Parkdale Queen West CHC Bargaining Unit President Nghi Trieu. "It was an historical win."

should choose ONA," added Organizer Debbie Tungatt. "Typically, we have a table onsite, but this was the first PSLRTA ONA has ever had to do where everything was virtual."

And that created enormous roadblocks with "absolutely everything, including how to prepare for conversations," added Labour Relations Officer (LRO) Heather McDonell. "One of the most significant pieces of a normal campaign is the one-on-one conversations where people feel safe to share things, ask questions and talk about lived experiences – and that's difficult on Zoom. In terms of engagement, you also can't make eye-to-eye contact as people often have their cameras turned off – and these campaigns are all about trust and credibility. The organic nature of being in a workplace was not present."

The group improvised by using a very effective phone bank, contacting members and potential members by phone. Trieu also noted that ONA President Cathryn Hoy's personal video message to the nurses had "a significant impact." In normal campaigns, we also use ONA promotional items and brochures with bite-sized, easily digestible information on the benefits of membership as a draw to our table. Instead, packages were mailed to all current and potential members, which created additional challenges, especially in terms of obtaining correct home addresses for the UFCW members.

"We also have members who live on Toronto Centre Island where there can be delivery issues," stated McDonell. "But that can result in potential members saying, 'if you can't mail something to me, how do I trust your ability to represent me when I have been mistreated in the workplace? This should be pretty basic.' Nghi was instrumental in connecting us not just to the nurses that were already with ONA, but many of the UFCW members. We made it work."

The Win

With 31 out of 33 ballots cast in favour of ONA (out of 36 eligible voters) during the two-day electronic voting process, that is very clear.

"A significant reason we were successful was because of what that unit was before, thanks to the commitment, credibility and servicing of Nghi and their LRO Josh Legere," added Tungatt.

First

"This was a group that was happy with ONA because their needs had been met. Heather and I and other staff came in and did our piece, but it was made so much easier because of the groundwork already laid."

"The other nurses and NPs belonged to UFCW for decades, so definitely there was a loyalty to their union," noted Trieu. "But we provided them with the same attention and services as our own members, and with a lot of limitations, we absolutely did the best we could. They really listened to us. I was so impressed with ONA, not just as a Bargaining Unit President, but as a front-line voting member."

And that level of service is the same "whether there are five members in a long-term care home, 17 in community care or 1,000 in a hospital," explained Tungatt. "One of the things I really admire about ONA is everyone's professionalism and dedication. We care about every single member."

With the win secured, Legere said the next step will be to negotiate a first collective agreement.

"We've heard general comments from the members involved in negotiations that they're happy to be working with us going forward," he said. "It was a very positive experience."

Nursing Week Makes Historical Change

A little bit of celebration. A whole lot of advocacy. That's the kind of Nursing Week our members are envisioning this year.

Based on feedback from the five regional representatives on ONA's Nursing Week Team and other members, the week, held from May 9-15 this year, will still be an important time to honour the year-round commitment and achievements of RNs, NPs and RPNs and to increase awareness of your contributions to the well-being of Canadians. But for perhaps the first time in ONA history, it will also be something else.

"The dedication you show and the exemplary care you provide to your patients, residents and clients every day is absolutely worth celebrating – but the harsh realities you face doing so most definitely are not," said ONA President Cathryn Hoy, who, along with First Vice-President Angela Preocanin, is featured in a special Nursing Week video message for members on our website. "As the pandemic pushes past the two-year mark, you are beyond exhausted, regressive legislation has devalued your worth and striped away your rights, sound health and safety protocols are still not a reality in many of our workplaces, and incidents of violence continue to escalate. Our members wanted us to take a stronger stance this Nursing Week because none of this can continue. So the theme of the week, *Dedicated to Care. Fighting for Change* strikes a much-needed balance."

MAY 2022						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Nursing Week 2022



While the ever-changing pandemic means that at press time, we weren't certain if in-person Nursing Week events could proceed, we encourage you to take pride in your profession and fight for your rights, your work and your health and safety in whatever way you can while following any public health guidelines in place (check out our website for ideas). We would love to hear and see how you did so at frontlines@ona.org.

We encourage you to download and post our Nursing Week social media shareables and bilingual Nursing Week poster (see back cover). The eye-catching poster can be placed at appropriate locations in your workplace, with the permission of your employer, and in your community, such as grocery stores and banks, again with permission. We have also produced a public service announcement, which many Locals are choosing to share with local radio stations, containing messages about how important your work is to your communities.

As a small token of our appreciation for all that you do and how hard you fight, we are enclosing a special gift with this issue of *Front Lines*. We hope it serves as a constant reminder that your union is always close at hand.

Tell Us Your Story; You Could Win a Gift Card!

Because social media is a powerful tool in spreading our stories, this Nursing Week we are asking our members to focus on one positive thing that happened to you as a nurse throughout the pandemic.

Each member who submits a story, which could be featured in an upcoming issue of *Front Lines*, has a chance to win a \$20 Tim Horton's gift card. Use the following hashtags for your stories:

#whyfight | #NursingWeek2022



Visit ona.org/nursingweek

“We never wavered:” Member Advocacy Reaps Rewards



Would you like to sign a petition with your cabbage? Members from Southlake Regional Health Centre used all means possible to spread the word about the harmful model of care and pre-sponsorship program being implemented in their ICU (and possibly coming to the cardiovascular and cardiac care ICUs too), including at this farmers' market where they obtained almost 250 signatures in just two hours.

Chalk this win up to hard work and sheer tenacity.

Earlier this year, Southlake Regional Health Centre in Newmarket made positive changes to its pre-sponsorship program after announcing last summer they would be moving to a team-based nursing model in the chronically understaffed intensive care unit (ICU) – the cardiovascular ICU and cardiac care ICU were also concerned the model would be coming – and hiring 13 RNs into the program with just 15 days of training (the original plan called for only five) instead of the normal 12-week course.

That is largely thanks to the dedication of the RNs in the three ICUs, along with the registered respiratory therapists (RRTs) who work throughout the hospital, including these units. With the assistance of ONA Member Mobilizer Stacey Papernick, a group of members from the units immediately got to work contacting all ICU RNs and RRTs and getting 96 per cent of them to sign a letter hand-delivered to the CEO and Board of Directors (see Fall 2021 *Front Lines*, page 6) and rallying the constituency office of Health Minister Christine Elliott. But their latest action – obtaining signatures on a public petition – was even more difficult to ignore.

“This was always about our ability to deliver safe patient care under these models and maintaining our standards of practice,” said cardiovascular ICU RN Lisa Preddy. “Our group was meeting quite regularly, and everyone was onboard right from the beginning. But after the rally, they were super onboard. And somebody just threw out the idea that we needed to go to the public and everyone agreed.

« I've been nursing almost 40 years and this is the most exciting time of my entire career. We actually made a difference to the nursing profession in our hospital. It was very empowering! »

– Anita McClelland, RN

Some members said they were willing to go door to door to get signatures – and it just grew from there.”

That might be an understatement. The group quickly determined where members had contacts in the community and could obtain signatures, including at their local hockey arena, grocery store and farmers' market. One cardiovascular ICU physician talked to shoppers at the local mall on their behalf. Many members shared information about the model changes on their personal and group social media pages. Every single person who commented was asked if they would help get signatures (almost everyone agreed), Papernick sent those people a stack of petitions, and the members followed up.

“We talked to anyone who would listen,” added cardiovascular ICU RN Anita McClelland, who sits on the hospital's recently formed Critical Care Task Force, which, ONA has found, has expected members to do the heavy lifting when they have already provided solutions. “Most were appalled, like mouth agape, and very willing to sign. We initially started in York Region because that's where our hospital and Minister Elliott's riding are. We felt it would have a huge impact on her to get a lot of signatures from her constituents. But it got even bigger. I don't know if the petitions went all across Ontario, but we seemed to get signatures from everywhere. Our goal was 5,000 and we achieved that.”

Papernick collected the petitions – signatures had to be original – and delivered packages to the staff of NDP health critic France G  linas, who read them in the Legislature, along with five MPPs, to put pressure on the government to stop Southlake's

plans. During Question Period, she also asked why Minister Elliott was not intervening to protect safe patient care. ONA, many Southlake members, various MPPs and other influencers shared this development on social media.

"The reading of our petitions in the Legislature was very exciting for us," noted cardiac ICU RN Yvonne O'Reilly. "And there's no doubt that was when we had our win. Because of this, there are now about 20 nurses (for the sponsorship program) in the Critical Care course at Centennial, which is a recognized college. They will wind up with a certificate and while it's only eight weeks instead of 12, it's superior to what was being offered."

And for that the members are "incredibly proud of the strength and unity we displayed, despite the organization's efforts to disband the group," said ICU RN Kelly Cunningham, while Preddy added, "we never, never wavered."

"Continuing to engage our members throughout was key to them collectively staying together," concurred O'Reilly. "Even if it was just small updates, we let them know how things were going. We also kept saying 'we are the union,' which is such a big message to take from this. Many members think ONA is a separate entity; we pay dues and they're supposed to do all this for us. But you can't complain about an issue if you're not willing to work on it yourself."

That will be even more important moving forward. Because the employer has yet to address the team-based nursing model, which would see lesser-skilled staff working outside their scope with unstable and unpredictable ICU patients, these members say they will keep fighting and encourage others to do the same (the model hadn't been implemented by press time). In fact, Preddy noted they have been approached by staff at other Greater Toronto Area hospitals, who want to organize their own groups to push back against similar models of care.

"Always remember there is safety in numbers," said McClelland. "If you're unified and you stick to the message, they will listen eventually. This started out really, really small and grew into, 'let's take it to the Legislature!'"

ONA Mourns Member Who Raised Awareness, Funds for Stem Cell Transplants



Last year, *Front Lines* shared the heartbreaking story of ONA member Shannon Adams, an RN for 17 years, who raised awareness and thousands of dollars for stem cell transplants after being diagnosed with plasma cell leukemia multiple myeloma.

We are deeply saddened to report that Shannon succumbed to this rare and aggressive cancer on January

28, just 13 months after her diagnosis. She leaves behind two young daughters and her husband Brad, who, along with his wife, created the 4,400-member Facebook group, Shannon's Plasma Cell Mates, and embarked on a 10-day, 233-kilometre horseback ride across Haldimand and Norfolk counties last spring to raise awareness about and encourage people to join the stem cell transplant registry.

While Shannon said her husband's ride was never about money, "people were constantly wanting to give so we set up a website for donations to stem cell research at the Juravinski Hospital in Hamilton." The money – \$50,000 at last count – will help finance research, education and equipment, as well as facilities and the infrastructure needs of the unit.

"Although a stem cell transplant was tragically not in the cards for Shannon herself, we hope her family, friends and colleagues take comfort in knowing how much of a difference her life and her life's work has made and will continue to make to others," said ONA President Cathryn Hoy. "On behalf of the ONA Board, members and staff, I extend my deepest condolences to them all on the loss of such a bright light."

Brad is continuing to raise awareness and funds in memory of his late wife. Visit Shannon's Plasma Cell Mates on Facebook to learn more.



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

SHARE IT WITH US!

Send your stories and photos to the *Front Lines* editor at frontlines@ona.org.



“Every day is different,” NP Says of her Role

For a person who gets easily bored, Nurse Practitioner Poonam Sehgal seems to have found her niche.

“I work as an external consultant for long-term care homes at a Local Health Integration Network [now known as Home and Community Care Support Services], which is very interesting – and I haven’t looked back,” she said, noting that many of her previous roles were heavily focused on administrative work. “It’s specific to gerontology, but I’m taking care of all ailments, so it’s still primary care. The role focuses more on acute episodic care and averting transfers to the emergency department, so it’s very collaborative. I don’t get bored because I’ve got different stakeholders and players in each of my seven homes – and every home comes with its own plethora of concerns and patient consults. Every day is different and that’s what drives my passion. I also have partnerships with hospitals, and work to bridge the communication gaps between the homes and hospitals. Another big part of my role is repatriation support, whereby if a patient is in the hospital, I look at innovative ways to get them back into the comfort of their ‘homes’ while still receiving optimal care.”

Filling the Gap

But when the pandemic hit, her role drastically changed.

“In long-term care homes, physicians come in one day a week to see those residents that require medical support,” said Sehgal, who was initially intrigued by the NP role because of the autonomy and added scope to prescribe, diagnose and treat. “During the first wave that changed. Due to the unknown and fear, many providers took on a virtual consultation role. We didn’t know anything about this virus and there were no vaccines at that point; however, we saw the gaps in the system and there was no question we had to help fill them. My NP colleagues and I were going into the homes and dealing with residents with acute episodes of illness as fast as we could. Our first and foremost priority was trying to get people who were infected with COVID-19 better because they were decompensating so rapidly. It was horrible. For every resident we attended to, there were two or three behind us who were equally as sick. All of my homes required support, and this became very challenging at times.”

During the second wave, when vaccines rolled out, Sehgal said health providers felt more assured and began providing face-to-face visits once again.

“Many lessons were taught to us during this time, and the need for regular medical support in the homes was a big one for us all,” she explained. “Homes that had less medical



“I see NPs being better utilized in the attending roles, where we are in one home providing front-line care, but from our scope of practice,” said NP Poonam Sehgal. “NPs in the homes collaborating with physicians and providing holistic health care has enormous potential.”

support during the weeks, hired more help to bridge these gaps. Attending NP roles evolved, with more opportunities for other homes to have them after seeing the benefits during the first wave of the pandemic. Physicians also started hiring their colleagues and physician assistants, who do not have the same skills as NPs, to help them in the homes. These changes, although beneficial for the homes, changed the optics of consulting NPs. We’ve got homes that have a physician every day now and the need for an NP is only for outlier cases where a physician isn’t available, or has left for the day.”

Showcasing Our Worth

Sehgal also believes another key challenge for NPs is appropriate remuneration.

“NPs are overworked and underpaid, it’s very visible. In dire times, NPs worked hard and to our full scope of practice; however, the breadth of our capabilities remain unshown and unknown. As NPs, we need to leverage ourselves and showcase our worth and the diversity of our role, not just on the dire days but on an everyday basis because we have so much to offer. There are so many gaps in our health-care system that we could fill and our role is not being as highly utilized as its potential. For example, there are a lot of unattached patients in the community that are waiting for alternate level of care facilities – retirement homes, hospice care and long-term care — and their needs aren’t being met. Can we fill that void? Can we get them medically stable? We have the competencies and the capabilities to provide those levels of care. We’re not physicians, nor are we claiming to be, but we have medical expertise and training. A collaborative approach to an inter-disciplinary team is the ideal health care a person should receive, and we can do that.”

And how does Sehgal think the NP role can be leveraged?

“It’s about awareness and education,” she concluded. “We’re considered RNs with an extended class licence, and I think what ends up happening is the ‘extended class licence’ gets missed – and that’s a critical miss. We have the education, knowledge and competency to diagnose, treat and prescribe. That scope of practice needs to be highlighted because it gets diluted a lot.”

▶▶▶ FOCUS ON OUR HEALTH-CARE PROFESSIONALS

Occupational Therapists “Jack of All Trades,” Members State

Two ONA members who work as occupational therapists (OTs) in the rehabilitation program at a northern Ontario continuing care centre are used to questions about their roles.

“People confuse us with physiotherapists a lot and while our goals might be similar, we are two very different disciplines,” said Mavia DeNoble, who became interested in the profession when an OT took her under her wing. “OTs really are a jack of all trades. I have worked in chronic pain, return to work, care coordination, acute care and rehab because that’s the great thing about OT: you can work in so many different areas. So, when people ask me what OTs do, I say we do just a little bit of everything.”



OTs Mavia DeNoble (left) and Kait Toohey say they “do just a little bit of everything.”

That includes looking at a patient’s medical history and completing an initial assessment of their physical, cognitive and emotional status, how that person manages daily activities, including dressing, grooming, feeding and toileting, and what they refer to as “instrumental activities of daily living,” which are more complex tasks, such as cooking, shopping, laundry, housekeeping, driving and managing medications. OTs collect information on their patient’s home environment to understand the layout of the home and ensure a safe and functional discharge. They also perform assessments, which include home safety, mobility aids (wheelchairs and walkers), fall risks, and pressure management to prevent skin breakdown.

“From our assessments, we implement interventions or recommendations aimed at optimizing a person’s function and enabling them to participate meaningfully in those activities that are most important to them or that they may be having difficulty with as they recover from an injury or illness,” added Kait Toohey, who wanted to become an OT to “support people to live their best lives and achieve their goals.”

For example, if the goal of one of their patients is to return home and be able to shop for groceries and prepare some meals, “we might look at things

like medication management and finances – really the whole gamut – to help them do that,” said DeNoble. “The assessment and treatment plan is very patient-specific and function-based.”

And multidisciplinary, with Toohey noting that OTs “collaborate with a team to support the patient along their rehabilitation journey,” which could include initial assessments with physiotherapists, social workers and nurses, along with community partners to ensure a smooth transition back to their homes.

“But we also use our specialty-focused areas,” added DeNoble. “Since I’ve been at the continuing care centre, I’ve really tried to make our focus cognition. Our patients have been through so much in acute care, that it’s not always the right place to complete cognitive testing. In the rehab setting, we observe patients over a period of time to monitor any fluctuations in their cognition, determine how their cognitive functioning is, and how it may impact their therapeutic goals or discharge plans. Following an observation period and assessments, we determine if they need further supports. We do cognitive screening on initial assessment and possibly more in-depth cognitive testing throughout their stay. This information helps us determine their daily

functioning and how this translates to returning home, which is an important piece of the puzzle.”

And that continues once their patients have left the continuing care centre, as OTs provide home visits to help them transition back into daily life and integrate into the community – a key component of rehab. The pandemic has, at times, limited their visits, meaning they have had to coordinate with Home and Community Care Support Services, which has OTs and physiotherapists that can step in. However, “they don’t know the patients like we do,” noted DeNoble. “We made it work the best we can, but it’s been a little bit different.”

But what hasn’t changed is how much these two OTs enjoy their profession.

“This work involves a lot of creativity, problem-solving and collaboration, which is a good mix of challenge and reward,” concluded Toohey. “It’s rewarding to walk alongside someone on their journey and do what I can to help them recover their functional abilities and get back to doing those things that are important and meaningful to them. I enjoy working with the geriatric population especially and always try to honour their lived experiences. I learn just as much from them as I hope they learn from me.”



QUEEN'S PARK UPDATE

Read ONA submissions at



ona.org/submissions

ONA Meets with Premier, Provincial Party Leaders

ONA has met with the Premier, provincial party leaders and MPPs to press for urgent action to retain nurses and health-care professionals.

Together, ONA President Cathryn Hoy and First Vice-President Angela Preocanin met and corresponded with Premier Doug Ford and Health Minister Christine Elliott countless times in recent months to discuss the nursing shortage and the importance of taking immediate steps to retain nurses and health-care professionals.

While the Premier initially presented a proposal for a \$5,000 retention bonus to all Ontario nurses (RNs, RPNs and NPs) in publicly-funded facilities as a first step to address this serious issue, subsequent details are very concerning. The fine print is complex, including

pro-rated payments for part-time nurses and dispersal in two separate payments through employers, with the second delayed until September (after the provincial election). Health-care professionals, who have worked relentlessly throughout the pandemic and are also quitting their professions, aren't included at all.

ONA made it clear that this bonus is a band-aid, exclusionary approach that does nothing to address the issues driving nurses and health-care professionals away. We need real change in how our members are treated by their government. That's why we're continuing to work tirelessly to repeal the wage-suppressing Bill 124 and fight for more support for nurses and health-care professionals.

The government said they plan to launch a webpage with more

information on eligibility criteria for the retention bonus. Additional questions on the bonus can be directed to your employer while any discrepancies with the payment should be forwarded to your Bargaining Unit President. If you don't know who that is, visit ona.org/bup.

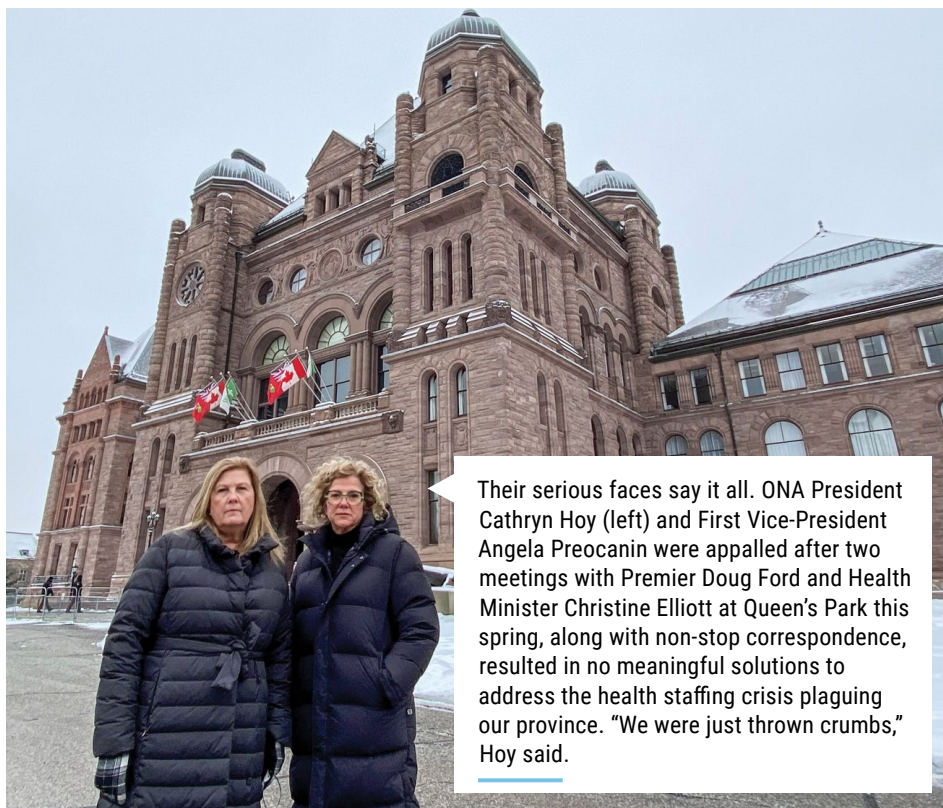
Premier Ford did commit to recreating the Late Career Initiative and New Graduate program, and to work with the Ontario Hospital Association to ensure our members can take vacation time. As we've seen, with this Premier the devil is in the details. ONA will continue our advocacy to hold him to these commitments.

In January, Hoy also met with NDP Leader Andrea Horwath to discuss the nursing shortage crisis. Together, they hosted a press conference on the issue and Hoy called on the government to repeal Bill 124, create more full-time positions, and provide free mental health services for nurses and health-care professionals. Hoy also met with Liberal Party Leader Steven Del Duca in January.

ONA Provides Pre-Budget Submission

At press time, Queen's Park was back in session one last time before the provincial election and the big priority was the 2022-23 provincial budget.

ONA continues to push for a repeal of the Bill 124 wage suppression legislation, and for more funding for the public health-care system. ONA President Cathryn Hoy appeared at pre-budget consultation hearings in January to speak on behalf of members. Not only did she demand the repeal of Bill 124, she highlighted the health human resources crisis



Their serious faces say it all. ONA President Cathryn Hoy (left) and First Vice-President Angela Preocanin were appalled after two meetings with Premier Doug Ford and Health Minister Christine Elliott at Queen's Park this spring, along with non-stop correspondence, resulted in no meaningful solutions to address the health staffing crisis plaguing our province. "We were just thrown crumbs," Hoy said.



and nursing shortage as well as the absence of a viable plan from the government to address them.

Hoy drew particular attention to the untenable working conditions for our members across all sectors, leading to overwork, burnout and moral distress. And she spoke to the urgent need to end for-profit long-term care, stop restructuring and privatization in home and community care, permanently reverse cuts to public health units, and improve clinical placements for nursing students.

ONA's written submission called for the repeal of Bill 124; guaranteed access to N95s or a higher level of protection; development of retention strategies; 10 paid sick days for all workers; wage parity across all health sectors; the expansion of access to mental health supports; and a \$10-a-day childcare deal with the federal government.

Long-Term Care Regulatory Changes Proposed

In January, the government released their first phase of proposed new regulations for the long-term care (LTC) sector after rushing through related legislation, Bill 37 – *Providing More Care, Protecting Seniors and Building More Beds Act, 2021*, to revamp the sector late last year.

ONA spoke out against Bill 37, and continues to push for urgent action to address understaffing and underfunding in this sector. We submitted recommendations to change the regulations to ensure there are no exceptions to the requirement

for at least one RN on-site at all LTC homes at all times. We also urged that the new Infection Prevention and Control (IPAC) lead in homes be an RN who is trained and certified in IPAC Canada-endorsed courses, and that NPs be allowed to serve as medical directors in homes. Critically, we continue to voice our strong opposition to LTC privatization and recommend that no new licences be awarded to for-profit operators.

These regulations are being released in a phased approach. We are now watching for Phase 2 regulations, which will include hours of care by nurses and PSWs. ONA will be pushing for the four-hours-of-care standard to be a minimum standard within each LTC home, not a provincial average or target. This is the only way to get an accurate staffing picture and avoid a situation where those homes that do exceed the four-hours-of-care standard float the provincial average up and provide cover for those homes that regularly do not. We will also continue to advocate for a legislated skill mix of 20 per cent of direct care provided by RNs, 25 per cent by RPNs and 55 per cent by PSWs, along with one NP for every 120 residents.

WSIB “Rebates” Fall Flat

In February, ONA spoke out against Premier Ford's scheme to transfer \$1.5 billion from the Workplace Safety and Insurance Board (WSIB) to employers.

This so-called “surplus” is a result of making it harder for workers, including nurses and health-care professionals, to access support through WSIB. Now, instead of making sure funds are available for nurses and health-care professionals who are injured on the job, Premier Ford is giving \$1.5 billion to businesses as a rebate. ONA has been very clear that the WSIB must reinvest any money back to where it belongs: injured workers.

ONA has also made a submission to WSIB's Occupational Disease Framework Consultation, which proposes that infectious disease should be presumed to be acquired in the workplace for high-risk workers, including ONA members. This means the onus is not on the worker to prove it was workplace acquired; it is placed on the employer to rebut that it was.

New Minister of Long-Term Care

Then Minister of Long-Term Care Rod Phillips made a surprise announcement in January that he will be stepping down immediately both as Minister and as MPP for Ajax. Premier Ford appointed Paul Calandra to take on the Long-Term Care portfolio, in addition to his duties as House Leader and Minister of Legislative Affairs.

IEN Supervised Practice Experience Program

On January 11, the province announced a new program in partnership with the College of Nurses of Ontario (CNO), the Supervised Practice Experience Program (SPEP), to accelerate licensing for internationally educated nurses (IENs). Health Minister Christine Elliott announced that 1,200 IENs had already expressed interest.

ONA has always advocated for streamlining the CNO process to license IENs, as there are too many barriers and roadblocks for IENs who want to work in Ontario. The long and complicated registration process can take years and many IENs get discouraged and give up.

Soon after, ONA wrote to Minister Elliott with feedback that the program must provide training and support for participating RN preceptors. We released policy guidance for Bargaining Unit leaders outlining the parameters that should be met when participating in this program to ensure everyone is able to practise safely.



KNOW YOUR RIGHTS

ONA Looks to Future with Black History Month

When coming up with events and other ideas to acknowledge Black History Month this past February, ONA Region 1 Vice-President Dawn Armstrong, who holds the portfolio of human rights and equity (HRE), had a revelation.

“It is very important that we celebrate the many achievements and contributions of Black Canadians, who have done so much to make Canada a culturally diverse, compassionate and prosperous nation,” she said. “Unfortunately, our Black members continue to face discrimination and racism in the workplace and are underrepresented in nursing leadership roles and specialty nursing areas. This must change. So while we can’t move forward if we don’t acknowledge the past, we also can’t focus solely on the past without having hope and optimism for a better future.”

Offerings

For that reason, and with the expertise provided by ONA’s consultant on anti-racism/anti-oppression, she and ONA’s Anti-Racism, Anti-Oppression working group came up with a new name for the month – one of ONA’s key HRE observances – that we will adopt moving forward: Black History/Black Futures Month (BH/BFM), and a plethora of enticing month-long offerings to match.

That includes a series of eye-catching shareables on social media based on our stunning BH/BFM poster (see image); a meeting of the HRE Book Club (see next page) where a lively discussion of the book *Frying Plantain*, described as a rich portrait of growing up between worlds, took place; and a video series, including an introduction to the month from Armstrong, a conclusion from ONA President Cathryn Hoy and an in-depth look into the historical and contemporary contributions of three ONA members, who are in varying stages of their nursing career: Ingrid Garrick (20-plus years of experience), Lawson Sherwood (a mid-career nurse) and Hilda Oni (just embarking on her career). It is a must-see video for all members, and we encourage you to share with others.

All of these offerings are available on our website (see link, right), along with an array of material and helpful resources from Canada and around the world, including a message from Prime Minister Justin Trudeau, Canada’s Anti-Racism Strategy and five Canadians changing the conversation about race.



“We can’t focus solely on the past without having hope for a better future,” said Region 1 Vice-President Dawn Armstrong, RN, who holds the portfolio of human rights and equity.

Everyone Included

With one of the six priorities in ONA’s Strategic Plan being “everyone included” and our strong anti-racism statement, we believe the future is heading in the right direction. This critical work will be furthered by our Anti-Racism Advisory Team, which is comprised of front-line members committed to strengthening ONA’s policies and approaches to anti-racism and discrimination. We are grateful to them for sharing their knowledge and experiences, which are crucial to making this initiative a success, and look forward to reporting on this work in future issues of *Front Lines*.

“ONA encourages all members to raise your voices and be advocates for positive change,” concluded Armstrong. “Reflect on Black history and ways we can embrace our diverse membership and move forward together – not just in the month of February, but all year long.”

For that reason, the material on our website remains even after BH/BFM is over.



Visit ona.org/black-history-black-futures-month/



 Visit ona.org/pride

With the province lifting public health restrictions at press time, ONA is hopeful that in-person Pride events will once again take place throughout the province this summer.

ONA is proud to recognize and support the diversity of our members and staff, and to join in the fight against discrimination based on an individual's sexual orientation and/or gender identity. We believe in everyone's right to dignity and equal treatment on the job and elsewhere.

"Pride activities give members of the LGBTQI2S communities the opportunity to celebrate their diverse histories, experiences, backgrounds and the progress they have made while reflecting on the work we still must do together," said ONA President Cathryn Hoy. "For that reason, we encourage all members to get involved in Pride, lend your support and celebrate, no matter what form those events may take this year."

In fact, when COVID-19 cancelled in-person events in 2020 and 2021, many members unleashed their creative sides, finding other inspiring ways to get their Pride on, including posting photos of past events and producing videos celebrating diversity. We hope you will do so again this year – and then send your stories and photos to frontlines@ona.org so we can share with your fellow members.

Check the ONA website in the weeks to come for any virtual and other events that may be happening in your area (at press time, the Toronto Pride parade, the largest in the country, was returning in June after a two-year hiatus). We wish you all a very happy Pride!

ONA Fighting Vaccinate-or-Terminate Policies

While ONA encourages members to protect yourselves and your communities by getting vaccinated against COVID-19, we are taking steps to address employer vaccinate-or-terminate policies.

Because of the ongoing pandemic and nature of your work, vaccine policies are considered reasonable; however, employers still have an obligation to comply with the *Ontario Human Rights Code* and to accommodate members who cannot receive a vaccine because of a medical condition or other grounds protected by the *Code*. We believe that employers should look at individual employee circumstances, not issue blanket denials of creed and medical exemptions.

As a union, ONA has a legal duty to represent all of our members. As such, we have filed group and union grievances against employers that have imposed vaccinate-or-terminate policies, including for more than 25 creed and medical exemptions in all sectors. We have also selected lead cases to challenge these policies in the community and home care sectors related to consent, and a lead case in the hospital sector.

If you have any questions, please contact your Bargaining Unit President. If you are not sure who that is, visit ona.org/bup.

Hooked on Books: Human Rights and Equity Book Club Growing!

Like a great story, our Human Rights and Equity (HRE) Book Club just keeps getting better and better!

Launched in February 2021, the book club provides a welcoming and non-judgmental environment for members and staff who love to read to share their thoughts and insights (see Summer 2021 *Front Lines*, page 14). Since that time, interest in the book club has grown.

"Books are entertaining, educational and offer a human rights and equity lens that invites guided, thoughtful conversation," reminded Region 1 Vice-President Dawn

Armstrong, who holds the HRE portfolio. "Anti-Racism, Anti-Oppression Coordinator Kieran Maxwell tries to choose books by Canadian authors with themes that are being addressed by our HRE Team."

Participants are also asked for input into potential titles, and are able to win the next selection. They are given a generous amount of time to read each novel before being invited to a facilitated discussion on our online platform.



To learn more and/or join, visit ona.org/member-services/human-rights-equity/book-club/

“Just see people,” Indigenous Member Implores

An Indigenous member who was taken away from her birth family has an important message for her fellow Canadians: learn from the past and do better in the future.

“In conversations with others, most of them had no idea about the real history of Canada,” said Susan Archibald, an RN who works at Home and Community Care Support Services. “And when they heard about the mass graves at residential schools, they were devastated – as was I. I am even more devastated that there were a lot more bodies discarded that may never be found, as survivors say children were drowned or incinerated. I told them there are resources you can access to educate yourself – and don’t think you’re horrible and living a lie because it’s something you can learn from. It’s not how it affects you now, it’s what you do with the information going forward.”

And, in fact, Archibald is learning herself. A survivor of the Sixties Scoop, she was taken away from her biological mother directly at birth and placed in a White foster family. After being shuffled from one subsequent foster home to another (five in total), at aged two-and-a-half, she was adopted into a White family, who was told her birth mother lived in Toronto and couldn’t afford to keep her. In fact, she belonged to the Moose Cree First Nations band in Moosonee.

“(The government) felt that just because we were Indigenous, we were not able to care for our children,” she said. “What really infuriates me is that I once worked in the neonatal unit of a small-town hospital where babies were born addicted to drugs but able to stay



National Indigenous Peoples Day, acknowledged on June 21, is “a time of reflection,” said ONA member Susan Archibald, RN. “It’s a day to honour those who have passed (at residential schools) and their experiences in life. It’s a day to honour the survivors, and send forward the strength they need.”

with their mothers. That’s not to say those mothers are not able to care for their children; if they’re getting the help they need, they can be provided that support. But Indigenous peoples didn’t get that option, and because of that, I didn’t have access to my culture growing up.”

While Archibald said her “loving and supportive adoptive family did the best they could,” they did not have the ability to teach her about her heritage. By taking the initiative, she began to learn. She spoke to counsellors and

attended workshops that taught her about the medicine wheels and their functions, and other aspects of her culture that “are helping to provide insight into why I am the way I am today, and the difficulties I face.”

She has also been getting to know her birth family, whom she met for the first time in her early twenties after her biological mother reached out, including her four siblings, three of whom were also taken away (the other fled to a hunting camp in the bush with his grandmother at age three to escape a similar fate). While it was many years before they would all meet up again – her birth parents, separated, live in Kapuskasing – she has kept in touch through various channels, including Facebook.

“I can reach out to them at any point and just talk,” she said, “but I can only do so in small doses because of everything else I’m dealing with.”

Sadly, that includes racism and discrimination. While Archibald said she didn’t experience either until she moved to a small city at age 10 “where it was made very clear that I was different in the education system and within my social group,” it has followed her into adulthood. For example, before her daughter was diagnosed with a chronic illness

« When you are given information that changes the way you think about Canada, what are you going to do with that? You’re expecting Indigenous peoples to give you answers, but we’ve been so traumatized by our experiences. If you can listen to those stories and educate yourself, you’ll have a better understanding. And that’s a good start. »

— ONA member Susan Archibald, RN

at age 10, she would frequent the emergency department (ED) with very serious symptoms her family doctor brushed off as “growing pains.” If Archibald brought her in, they would wait for hours and be told nothing was wrong. If her husband, who is White, did so, they waited a far shorter amount of time and treatment was provided. It got to the point where Archibald insisted he go.

And then it happened during Archibald’s own visit to the ED after she had become a nurse.

“I was dressed in track pants and a sweatshirt with messy hair, and I looked terrible and delirious,” she said. “After they took my vitals, my husband overheard the triage nurse and another saying they heard I am ‘a low priority and probably just hung over.’ So, I waited and waited – but I was in kidney failure. There are times now where I actually get dressed up to go to the ED.”

It is for that reason she treats everyone with respect – and encourages others to do the same.

“This is how I personally think and it’s my interpretation of my culture that reflects the way we talk with others through our professional careers and/or day-to-day: just see people. I don’t see the stereotypes of a particular race or culture; I see a person in need of help and support. I give them the best parts of me to make sure they will be OK. That’s how education should be in nursing school. I do hospital discharge planning and often hear the term ‘frequent flyer,’ which makes no sense to me. If they had access to resources to help, they would not need frequent visits. Having that term in hospitals makes patients feel horrible, and they should never be judged. That is the worst thing you can do. Just be kind and understanding.”

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Going, Going, Gone...

Overwhelmed, disrespected and fed up, Ontario nurses and health-care professionals are leaving in droves. What will it take to stop the exodus?

When former ONA member Katelyn Boulet began her nursing career in northern Ontario, she assumed she would stay in the profession she loved until she retired.

She was wrong.

After experiencing anxiety and extreme burnout, her passion for her once “dream job” in critical care dwindled to the point where she felt she had no choice but to walk away. Even a stint in Telehealth and at a vaccine clinic, along with a three-month leave, didn’t ease her anxiety. She now works as a manager in her family’s business producing self-care products.

“There were many reasons why I left, but I felt so much stress just going to work,” she said. “Even though I had a large skill set, it was hard for me to be accepted, the politics got worse and then COVID-19 came along. We were allotted three masks in a bag at the start of our shift and went from throwing our mask out after each patient contact to keeping the same one on all day. We were overwhelmed and it was tough. Time went on and I kept to myself. I wasn’t eating as much because I felt nauseous all the time. I couldn’t sleep. I had wanted to be a nurse since childhood, but I absolutely hated it. When I began calling in sick over a stubbed toe, I knew I had to make a change.”

Tragically, Boulet is not alone. With the COVID-19 pandemic passing the two-year mark, employers impeding the rights of their staff, and, in some cases, still not providing proper COVID-19 safeguards, and the government grossly underfunding health care and implementing draconian legislation, particularly the discriminatory Bill 124 aimed at the pocketbooks of the very professionals they hail as heroes, many nurses and health-care professionals have simply had enough.

Often, those who can are choosing to retire before they planned. Others are moving out of their communities, the province and even the country in search of better work environments, wages and benefits. Others still, like Boulet, are leaving the profession altogether, exhausted from their crushing workloads and fed up with the nonstop disrespect shown to them.



Throughout the province, including at this rally in Stratford, members are telling it like it is.

While it is impossible to quantify exactly how many nurses and health-care professionals are exiting, as Ontario and Canada do not systemically collect this type of data, recent studies are telling.

In a January 2022 member survey of 4,467 nurses, conducted by the Canadian Federation of Nurses Unions (CFNU) with Viewpoints Research Ltd., more than half indicated they are considering leaving their current position in the next year with 20 per cent considering walking away from the profession altogether. Here at home, a 2021 Registered Nurses’ Association of Ontario survey found that more than 16 per cent of nurses said they were “very likely” or “likely” to leave the profession after the pandemic. Even more troubling is that 13 per cent of nurses between the ages of 26-35 said they were “very likely” to leave then. That echoes ONA’s own survey last summer, which revealed that of

the 620 members who recently left their profession, 49 per cent were under the age of 40. Boulet, who said she is now sleeping and eating better, picking up hobbies and never feels like calling in sick, was only a nurse for six years.

A Dire Situation

This exodus will only exacerbate the province's nursing shortage, already serious long before the pandemic. The most recent (2020) figures from the Canadian Institute for Health Information show that Ontario maintains its dubious distinction of being dead last out of all provinces when it comes to RN-to-population ratios: just 665 RNs per 100,000 population compared to an average of 814 RNs in the rest of the country. That translates into a shortage of 22,000 RNs, but ONA believes the true number could now be much higher.

While the Ford government announced in its fall 2021 economic statement that it would hire 225 NPs in long-term care (LTC), a sector ravaged particularly hard by the pandemic, fund the specialization of 500 RNs in acute care, add 420 RNs in sectors in the greatest need, fund new bridging programs to add 900 RNs and 700 RPNs by 2024-25, and increase enrolment to nursing programs, adding 1,000 RNs and 1,500 RPNs by 2025-26, that won't even begin to cover the shortfall. With 20,000 nurse vacancies across sectors throughout the province, almost one-quarter of the RN workforce eligible to retire and another quarter close behind, ONA now considers the nursing shortage dire.

Even more tragic is that it didn't have to get to this point. ONA has been sounding the alarm bell about the nursing shortage to a succession of governments for the past two decades, but none have truly listened. At meetings with Premier Doug Ford and Health Minister Christine Elliott this spring, prompted only when ONA President Cathryn Hoy's tweet that the Premier was refusing to meet with nurses went viral, they offered very few meaningful solutions (see page 14).

"I told them that years of health-care cuts and funding freezes meant nurses and health-care professionals were already stretched thin at every shift – we hear stories of one nurse on a unit with 30 patients – made all the worse by the pandemic," said Hoy, who attended with First Vice-President Angela Preocanin and staff. "We provided very viable solutions to retain and recruit nurses (see box on this page). They promised to bring back the Late Career Nurse Initiative and the Nursing Graduate Guarantee, which is very good news and among our solutions, but the details are flimsy at best. They also offered a one-time \$5,000 retention bonus to all RNs, RPNs and NPs providing front-line care in publicly-funded settings, which is exclusionary, confusing and not nearly enough to halt the exodus. We were very clear that in no way is that a replacement for fair salary increases, prohibited by Bill 124. So, fighting against that incredibly damaging bill remains our top priority."

Bottom of the Pay Grid

Hoy's disgust is widely shared. Bill 124 has drawn considerable ire from our members over the past two years, sparking a slew of local political action

ONA has the Answers to the Nursing Shortage. Is Anyone Listening?

Our union knows exactly what it will take to retain and recruit nurses and health-care professionals in our province. Here are our short- and long-term solutions for government and, in some cases, employers:

- ▶ Repeal Bill 124 immediately.
- ▶ Provide decent wages and wage parity across the sectors.
- ▶ Fund the health-care system appropriately to ensure sufficient staff to prevent burnout.
- ▶ Improve working conditions, including ending team-based nursing and ensuring the proper skill mix.
- ▶ Provide additional education and training opportunities.
- ▶ Make more nursing positions full-time instead of part-time or temporary.
- ▶ Supply full PPE, including N95s, all the time.
- ▶ Guarantee 10 permanent paid sick days, plus 14 during a pandemic.
- ▶ Provide free in-person mental health supports for all front-line health-care workers.
- ▶ Stop health-care privatization.
- ▶ Mandate a minimum four hours of hands-on care by nurses and PSWs for every long-term care home resident.
- ▶ Fund additional college and university seats for nursing programs and fix issues with clinical placements.
- ▶ Create new jobs for late-career and recently retired nurses to mentor, along with incentives to bring back retirees.
- ▶ Remove barriers for internationally educated nurses to help fill gaps.
- ▶ Ensure nurses and health-care professionals have a seat at the table where decisions that affect our work are discussed.

tactics to demand it be immediately repealed (see page 6 for recent examples), alongside ONA's provincial efforts.

Introduced in 2019, the bill, over which ONA has launched a Charter challenge, interferes with ONA's ability to freely collective bargain by capping wages and total compensation to one per cent per year for three years to some public sector workers, including most ONA members, but not others, such as municipal police officers or firefighters – male-dominated professions. This, after a decade of wage freezes or below-inflation increases for nurses and health-care professionals. With inflation currently at an all-time high – hovering around 5.7 per cent at press time – the bill's wage restrictions actually amount to pay cuts.

"Police and firefighters put their lives on the line every day, but so do we," said Local 111 Coordinator Peggy Dawson, who added she knows many nurses who are taking a leave of absence to go on well-paying travel assignments because of it. "We don't know what's coming in the door. We don't know if it's Ebola or SARS or another infectious disease. We don't know until we investigate. Some people say, 'but you signed up for this.' I signed up to take care of people no matter their sickness, but I didn't sign up to be at the bottom of the pay grid. We're not looking for a ton of money; we're just looking to be paid for the value we provide."

Local 19 Coordinator Emily Webb concurred, adding the bill "is very unattractive and disrespectful to nurses, and many senior nurses are leaving because of it. Many would reconsider leaving and many retired nurses would return if Bill 124 was repealed and we were provided with the respect to negotiate a fair wage."

Even members not directly affected by the bill are feeling its effects. Local 7 Coordinator Melanie Holjak noted that while public health nurses are exempt because public health programs and services receive, in part, municipal funding, "municipalities are reluctant to agree to cost of living wage increases and point to our peers [in sectors affected by the bill] to justify lower salary increases."

Unfortunately, Bill 124 is not the only piece of legislation affecting the morale of our members and contributing to the nursing shortage. In 2020, the Ford government also introduced Bill 195, which granted employers unprecedented

« As a nurse, I signed up for the TB patient, the COVID-19 patient, etc. But I didn't sign up to be overworked, underpaid and disrespected by the government. »

– Local 111 Coordinator Peggy Dawson, RN



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ONA
Ontario Nurses' Association

Educating the public on the disastrous consequences the prolonged nursing shortage has on their health and wellbeing is a key priority for ONA, with ads like this one frequenting Ontario newspapers and other publications (view and listen to our latest print, social media and radio campaign ads at [keepnursingstrong.ca](https://www.KeepNursingStrong.ca).)

emergency powers to work around the scheduling provisions in our collective agreements and deploy front-line staff to wherever they felt the need was the greatest.

"The sudden power this bill gave my hospital was shocking," said a member who was redeployed to a COVID-19 floor early in the pandemic and asked to remain anonymous. "I had a serious family situation going on, but they didn't care. I was nothing but a piece of equipment. For the first time in my career, I felt like I didn't matter at all. Nurses work in the areas we do for a reason and many of us have additional training. But suddenly we were the property of the government. I say that because I feel like Premier Ford did this to me even more than my employer."

Pandemic Problems

While health-care staffing has been insufficient to meet patient needs for a very long time, there is no question the pandemic has made things worse, with the CFNU member survey showing that 67 per cent of nurses worked at least three of their last five shifts without full regular core health staff.

Increased hospitalizations due to COVID-19 patients; employers' nonsensical new models of care and inappropriate skill mix changes (see page 10 for an example); encroaching

privatization; vaccinate-or-terminate policies; fewer full-time positions in favour of part-time or casual; a lack of minimum care standards for LTC residents – the list goes on – are all contributing factors. And while working overtime is nothing new for our members – data from Statistics Canada shows nurses worked seven extra hours a week before the pandemic with the CFNU member survey noting that 40 per cent work overtime at least once a week now, 33 per cent of which is unclaimed – many report being denied or asked to cancel vacations, work on days off and take on additional shifts, sometimes back-to-back 12-hour ones.

“I know people who have 500 hours of vacation time in the bank,” said Dawson. “They have been denied vacation because of the pandemic and the emergency orders. Shifts are being denied because employers want everyone available. Nurses are not going to stay if you don’t give them vacation or days off. There are employers with hundreds of sick calls, and I would say a large percentage of those are nurses and health-care professionals. Everyone everywhere is dropping. We don’t have that kind of stamina anymore. The younger ones are just not staying.”

Noted an LTC member, who asked to remain anonymous: “Staffing has always been a huge problem in our sector, but it was so much worse in my home during the pandemic. We were exhausted ourselves, but also taking on non-nursing duties because the PSWs were so overwhelmed. RNs and RPNs receive less pay and have fewer benefits than our hospital



ONA has teamed up with our allies and likeminded politicians in pushing for solutions to the nursing shortage, including during a January media conference with NDP leader Andrea Horwath, where ONA President Cathryn Hoy stated, “nurses and health-care professionals cannot do their jobs without safe staffing levels. Without urgent action to fix the shortage, things will only get worse.”

counterparts and much more paperwork. It’s so much harder to attract staff in this sector.”

While the government’s Directive 5 was revised last year to protect hospital and LTC workers, some members still struggle to obtain appropriate personal protective equipment (PPE), which ONA considers to be N95s. Holjak noted that “public health workers are told the work we perform does not warrant protection greater than a surgical mask even though front-line staff at immunization clinics have been in close contact with hundreds of people. Nurses are being dismissed when they conduct a point of care risk assessment and request an N95. This disrespect is contributing to burnout.”

And if those nurses and health-care professionals contract the virus, they are not afforded the appropriate sick time needed to recover. Despite substantial pressure from ONA and our union allies for 10 paid sick days and 14 during a pandemic, Premier Doug Ford only committed to three. Even more disturbing is that some members have told us they are being asked to work if they are asymptomatic but have had a significant COVID-19 exposure to a high-risk contact or family member with symptoms.

At the height of the omicron surge earlier this year, some hospitals dealt with the shortage of nurses and health-care professionals by calling a Code Orange, meant for emergency situations where mass casualties are expected, which Hoy considers “an

Hanging by a Thread: Why Nurses are Leaving

Results of the Canadian Federation of Nurses Unions Member Survey (January 2022) of 4,467 nurses paint a sobering picture of why the nursing shortage is so severe. Among the findings:

- 83 per cent** report insufficient staffing.
- 67 per cent** worked at least three of their last five shifts without full regular core health staff.
- Seven in 10** report workplaces or units are regularly at overcapacity.
- 40 per cent** work overtime at least once a week.
- Two in three** say the quality of health care has deteriorated in the last year.
- 44 per cent** are dissatisfied with their current job.
- 94 per cent** experience symptoms of burnout.
- 93 per cent** faced some form of violence in the past year.
- 59 per cent** of early-career nurses are considering leaving their current job,
- 56 per cent** of mid-career nurses, and **20 per cent** of late-career nurses.

egregious abuse of the system. The policies contain provisions that allow hospitals to mandate staff to work, but the nursing shortage was neither unforeseen nor unexpected. And while Premier Ford gleefully talks about adding beds and reopening operating rooms and surgeries, who does he think is staffing those beds and taking care of those patients?”

Lack of Mentors

Unfortunately, not Wendy McNeil, a nurse for 40 years, whose heartbreaking open letter of resignation on her Facebook page sparked provincewide support and media interest.

“Under the current circumstances in our health-care system and at [my employer], I feel I am unable to meet the bare minimum standards of safe, timely and competent provision of care for my patients, placing both the public and myself at risk,” she wrote.

A key concern with nurses like McNeil leaving before they planned is that they take their vast wealth of experience and knowledge with them, leaving fewer nurses to mentor those entering the profession, including new graduates and internationally educated nurses (see page 15). Without them and other sufficient supports, ONA fears overwhelmed graduates will quit before their careers even get going. A brief on burnout released last fall by Ontario’s science table supports that, referencing “evidence of high stress and the intention to leave nursing” as particularly common among recent graduates.

“Many nursing students and graduates have not had the opportunity to get a solid foundation of nursing in clinical settings during the pandemic – and, in some cases, haven’t even touched a patient,” said Preocanin, adding that ONA has been lobbying the government tirelessly to ensure these students are not used to fill staffing gaps with excessive unpaid placements.

Mental Health Support

The toll the nursing shortage is creating cannot be overstated. When overwhelming workloads impact their ability to provide the care they know their patients, residents and clients deserve, it can create a heavy psychological burden on nurses and health-care professionals.

While the 2020 CFNU report, *Mental Disorder Symptoms Among Nurses in Canada*, showed that nurses’ mental health was already at the breaking point before the pandemic, with almost half (47.9 per cent) of participants screening positive for a mental disorder, the situation is much worse now. The CFNU’s 2022 member survey shows that 94 per cent of nurses are currently experiencing symptoms of burnout and 45 per cent severe burnout, with two in three saying their level of stress at work due to the pandemic is high or



“Nursing was once my biggest passion and my greatest achievement – and I wish it could have turned out differently,” said former ONA member Katelyn Boulet, who quit the profession last fall, but still maintains her licence in case of better days to come. “I know many other nurses are feeling like this. There is something deeply wrong with the system, and I hope it can be fixed for all present and future nurses.”

very high. Unsurprisingly, nurses with clinical symptoms of burnout are more likely to consider leaving the profession (41 per cent) than those with some (26 per cent) or no (11 per cent) symptoms, the survey revealed.

Despite that, nurses and health-care professionals have little or no free counselling or mental health services in place or long waits for what their employers do provide. Due to Bill 124, ONA is unable to negotiate improved mental health supports because that would take us over the total one per cent compensation threshold. While we launched the four-week Mindwell program with the CFNU, which offers training and tools to better manage stress and difficult situations, more needs to be done by our employers and the provincial and federal governments.

“Our members have seen so much death throughout the pandemic, they are just broken,” said Preocanin. “They are exhausted, disrespected, dealing with increased violence – the CFNU member survey shows that a mindboggling 93 per cent of nurses experienced some form of violence in the past year – and are literally crying out for help. But tragically, they aren’t getting it.”

Not Giving Up

What they are getting is ONA’s commitment to continue fighting on their behalf.

“There can be no denying that Ontario’s health-care system is on the brink of collapse because of the critical shortage of nurses and health-care professionals,” concluded Hoy. “ONA has the solutions to fix it once and for all, which we take forward to the government and the media at every opportunity. But it will take a concerted effort on the government’s part – along with the appropriate amount of funding – to make it happen. We will not give up until they do. You can be sure of that.”



NURSING NEWS

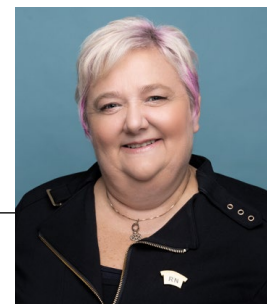
ONA Names Interim CEO, New CAO

The ONA Board of Directors has named an interim Chief Executive Officer (CEO) and added the position of Chief Administrative Officer (CAO).

The announcement comes on the heels of the retirement of CEO Beverly Mathers, RN, this past February, who assumed that position in 2018. ONA President Cathryn Hoy, RN, will take over as CEO on an interim basis, while Senior Director, Labour Relations Andrea Kay, RN, has been named CAO. The CAO will



President/Interim CEO
Cathryn Hoy, RN.



CAO Andrea Kay, RN.

work in partnership with the interim CEO, leading the day-to-day staff operations. The Board determined that the CAO position must be an RN or health-care professional.

The interim appointment of Hoy as CEO will allow time for Kay to transition and grow into the CEO role on a permanent basis.

“Breaking Point:” ONA, Allies Sound Alarm on Health-care Crisis

ONA has joined with our allies in demanding that Premier Ford immediately address the “full-blown” and growing emergency in our health-care system.

During a Zoom media conference on January 19 organized by the OFL, which represents one million workers across the province, Region 3 Vice-President DJ Sanderson, OFL President Patty Coates, CUPE Ontario President Fred Hahn, Elementary Teachers’ Federation of Ontario President Karen Brown and NDP Leader Andrea Horwath, spelled out the serious inadequacies that have led to Ontario’s “worst public health crisis since the COVID-19 pandemic began,” including staff and bed shortages, canceled surgeries, lack of testing, tied up ambulances and insufficient paid sick time.

“Our province was in crisis before the omicron surge, and things have only gotten worse,” said Coates. “This government has continued to chronically underfund public services, and repeatedly failed people in this province. It is far past time for real and meaningful action.”

“I am here to deliver a very clear message: Ontario’s health-care system is on the brink of collapse,” Sanderson added. “It is being held together by a workforce that is stretched so thin, we are breaking. We have a critical shortage of nurses and health-care workers...who are overworked, burned out, and constantly fearful that our patients, residents and clients are not getting the care they need and deserve. I have never seen the situation so dire. This health-care disaster could have been prevented had the Ford government listened to front-line workers and acted on our advice” at the beginning and throughout the pandemic.

Instead, the group noted, it implemented short-cuts and half-measures, and catered to big business, consistently putting economic concerns ahead of public health and the wellbeing of Ontarians.



Region 3 Vice-President DJ Sanderson, RN

Join Statement Lists “Bare Minimum” Demands of Government

A joint statement endorsed by more than 30 unions and organizations, including ONA, puts forward several demands to the Ford government:

- 1 Recall the legislation for an emergency session to address the deepening public health crisis.
- 2 Repeal Bills 124 and 195.
- 3 Legislate a minimum of 10 paid sick days for all workers (and an additional 14 during the pandemic).
- 4 Hold an emergency summit of all stakeholders in the health-care system and develop a rapid response plan to hire thousands of RNs, RPNs, PSWs and other health-care workers.
- 5 Require health-care and educational institutions to provide airborne precautions to staff, patients, residents and students.

“These demands represent the bare minimum of what is required to confront this unprecedented crisis,” the statement reads. “They are only the start.”



Read more at ofl.ca.

ONA Advocates for RRT Members

ONA is urging the government to add Registered Respiratory Therapists (RRTs) to the list of first responders with presumed entitlement to psychological supports and paid sick leave under the Workplace Safety and Insurance Board insurance plan for post-traumatic stress.

In a letter to Health Minister Christine Elliott, Minister of Labour, Training and Skills Development Monte McNaughton and Associate Minister of Mental Health and Addictions Michael Tibollo, ONA, which represents RRTs across the province, stated that while the expansion of the Ontario Psychological Association's COVID-19 Psychological Support Program to health-care workers is welcome, we urge the government to also recognize that access to mental health support should not just be limited to the pandemic.

"RRTs are a vital part of the front-line care team in many areas," the letter states. "They are highly educated and skilled health-care professionals who attend to patients to manage airways and breathing. RRTs are often witness to and experience a wide array of critical and traumatizing events. According to a pre-pandemic survey conducted by the Respiratory Therapy Society of Ontario (RTSO) regarding mental health, in which many ONA members participated, more than one-third of the RRTs who responded were showing signs of PTSD. These health-care professionals need access to mental health support during the pandemic – and beyond. Unfortunately, because RRTs have yet to be recognized as first responders, they do not have access to the same supports available as their colleagues. This glaring omission must be corrected by government right away."

Our support of the RTSO's advocacy on this issue garnered much gratitude from the organization, which noted on its Facebook page (see image above) that "we are so grateful to have this strong support from our colleagues and friends at ONA!"



We've Got Your Back, ONA Tells Student Conference

ONA is continuing to advocate on behalf of our 18,000 nursing student affiliates, the annual national conference of the Canadian Nursing Students' Association (CNSA) heard.

Under the theme, *Nursing Outside of the Box*, the conference, held virtually from January 21-23, featured guest speakers, panels

and regional breakouts where delegates discussed issues with their provincial counterparts, compared notes and shared best practices. ONA was a gold sponsor of the event.

During the Ontario Regional breakout, attended by ONA First Vice-President Angela Preocanin and staff, students spoke largely about their concerns with clinical placements, which continue to be challenged by the pandemic.

"For many of you, clinical placements are a top concern," said Preocanin. "In some situations, you are relegated to online placements with no opportunities for hands-on experience. In others, you are on the front lines with little mentorship or support. The result is that many of you are already feeling burned out. That is why together, we have pushed the government to take steps to improve the ongoing issues with clinical placements – and will continue to do so. ONA is also calling on the province to fund a late-career program for recently retired and late-career nurses with decades of experience to mentor and support nursing students."

During the conference, James Matthew Mortel Besa, a fourth-year nursing student at Selkirk College and CNSA Person of Colour Caucus Chair, presented his research on racism, noting that it continues to be prevalent in nursing schools and health-care settings. Recruitment and retention strategies must explicitly address the invisibility, underrepresentation and racism experienced by visible minorities in nursing, he added. Read his full report, including its five key recommendations, at cnsa.ca.

Parisa Jamali, a fourth-year nursing student from Ryerson University, was elected Ontario Regional Director during the conference while Lori Sliman from MacEwan University in Alberta is the new CNSA President. ONA congratulates these student leaders and looks forward to working with them to support all Ontario nursing students over the next year.



ONA Even More Important during Pandemic, Student Scholarship Recipients Say

With an array of strong contenders, it wasn't an easy decision, but ONA has chosen the recipients of our 2021 Nursing Student Scholarships, our Reese Fallon Memorial Scholarship, and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship.

The scholarships, worth \$1,000 each (except for the Reese Fallon Memorial Scholarship, which is \$2,000), are intended to assist students pursuing education in nursing or a regulated health professional field cover some of their post-secondary

expenses. Applicants must be immediate family members of an ONA member and submit an essay of 300 words on the topic, "The Importance of ONA for Nurses." Judging by their words, these aspiring nurses and health-care professionals really understand the critical work of our union, especially during the COVID-19 pandemic.

Beginning with this issue, *Front Lines* is printing the names and pictures of the recipients, along with snippets from their winning essays. Congratulations and good luck with your studies!



Read the full essays at
ona.org/students



Reese Fallon Memorial Scholarship

JANINE TING: Sister of Justine Ting from Local 100, London Health Sciences Centre

"In speaking with my sister (a nurse) and other nurses, I learned that they have been bombarded with fast-changing policies and updates. However, one constancy has been the unrelenting support from ONA. ONA's actions have been rooted in the fair, safe treatment of nurses, especially during the pandemic. I am grateful to step foot into my nursing career with the backing of a union that will unequivocally value myself and my colleagues."



CFNU Scholarship

PAIGE NESCI: Daughter of Dara Nesci from Local 16, York Region Health

"As a nursing student, having ONA to support me eases my stress. During the pandemic, many nursing students lost out on valuable clinical placement opportunities, which were replaced by virtual placements and labs. ONA quickly recognized that these virtual experiences could not replace valuable in-person placements. They are developing a plan and fighting to get nursing students back to in-person placements safely. I know that thanks to ONA, I will be able to experience these opportunities myself."



MALLORY WYLIE: Daughter of Jane Wylie from Local 99, Kingston Health Sciences Centre

"Nurses and health-care professionals were presented with a new challenge when COVID-19 took over. ONA has been working hard to closely monitor the situation as it changes and respond in the appropriate manner. They have provided information to the public while supporting those on the front lines by ensuring safety measures are consistently met. I am proud of this trustworthy union and truly excited to be part of it in the near future."

Deadline to Apply for 2022 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 2022 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.

▶▶▶ FROM THE INSIDE...

COMMUNICATIONS AND GOVERNMENT RELATIONS TEAM: Keeping You in the Know and on the Go!

In our continuing series on how ONA's many staff teams support our members' work, we turn our attention to the Communications and Government Relations Team.

If you have read an issue of *Front Lines*, attended an ONA rally, seen one of our campaign posters or heard a mention of ONA in the news, you have already been touched by the work of our dedicated Communications and Government Relations Team (CGRT).

Comprised of three Communications Officers, a Media Relations Officer, two Digital Communications Specialists, two Government Relations (GR) Specialists, a Campaigns Officer, a Member Mobilizer and two Communications Assistants – all highly-educated experts in their field – the team is overseen by two leads (one for Communications and one for GR) and an Executive Lead. The ONA President holds the portfolio of Communications and GR and she, along with other members of the Board of Directors, works very closely with CGRT.

"All members of CGRT have one goal in mind: to provide the tools and information ONA members need to help effect change," said Executive Lead of Communications and GR Lawrence Walter, who has been with ONA for 35 years. "In many ways, we are a go-to team in the organization, as the work we do to support our members regularly impacts other teams – and vice-versa."

◀ With an additional 20,000 new followers across all platforms in the past two years, we are amplifying our voice on social media. ▶

— ONA President Cathryn Hoy, RN

And that work is as varied as it is ever-changing. Here is a run-down of just some of the ways CGRT assists members.

Communications

Recognizing that an informed membership is an engaged one, CGRT is dedicated to ensuring our members are kept in the know about ONA activities, government directives and other information pertinent to your working lives via our website, social media platforms (ONA is on Facebook, LinkedIn, YouTube, Twitter and Instagram), *Front Lines*, which also highlights our members' stories, ebulletins (including sector-specific ones), highlight documents, guides, brochures, direct emails, podcasts and town halls. They also assist members on their own initiatives, such as flyers for events and Local websites, to ensure consistent messaging.

A key function of the team is keeping the public informed about government actions that impact nurses' and health-care professionals' ability to provide them with quality care. We do so through media releases and advisories, letters to the editor/opinion editorials, editorial board meetings with key media outlets and, where warranted, media conferences. Our powerful print/social media/TV/

radio public awareness campaigns – *Holding the Line and Keep Nursing Strong* are two recent examples – generally contain an ask of the public to assist with our cause, which many willingly provide.

With the full input of member representatives from each region, CGRT is also the team that brings you Nursing Week each year.

Government Relations

With the unpredictable nature of the pandemic and a slew of regressive and discriminatory legislation, including Bill 124, exacerbating our members' already stressful working conditions, our GR work has only increased.

CGRT lobbies the government for needed changes to our health-care system, accompanies Board members to government meetings, and liaises with representatives from other parties and our allies to ensure the voices of RNs and health-care professionals are heard. They analyze and summarize government announcements and press



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Number of times ONA was mentioned in the news in the first two months of 2022 alone

conferences for the Board, members and staff. They prepare written and oral submissions on new government legislation and the Ontario budget, along with speaking notes for the Board for various political events.

Liaising with the 18,000 provincial nursing students who are affiliate members of ONA to ensure their issues are brought before government tables is another focus of CGRT.

Member Mobilizing

But we can only do so much provincially – and that is where you come in.

While ONA has always encouraged and supported our members on their political action efforts, with the addition of a dedicated member mobilizer to CGRT in 2019 and a new strategy, this work has really taken off. In fact, with CGRT's help, we are seeing thousands of nurses and health-care professionals – many of whom have never been politically active – fight collectively for workplace and political change on issues that matter most to them and those under their care. And this work is yielding impressive results, many of which you can read about in the pages of *Front Lines*. We encourage all members to get involved where you can.

Here for You!

CGRT maintains a central email box, checked frequently, where members can ask questions and seek support. Contact them at cgrintake@ona.org. They are here to help.

The Team's Work in Action

Here's just one example of how a single event is supported by all members of CGRT, guided by the team leads and Executive Lead.

Let's say you want to hold a safe rally outside of your MPP's office to protest the wage-suppressing Bill 124, as the members on page 7 did this past fall.

Our Member Mobilizer/Campaigns

Officer can discuss the details of the event and show you how to mobilize your members, garner support from other members, ensure you have permits (if needed), help with petitions, emailers, etc.

Our Media Relations Officer can issue a media advisory about the event to alert your local press, arrange interviews and help spread the word in your community.

Our Communications Officers/Digital Communications Specialists can prepare flyers, arrange photos, and promote your event via social media, our website, direct emails, ebulletins – you name it. Once the event is over, they'll make sure it's covered on social media and in *Front Lines* so other members can be inspired!

Our Government Relations Specialists will be behind the scenes the entire time taking this issue to our elected officials using all means possible, and liaising with other parties and allies to seek their support and possible attendance.

Our Communications Assistants will help with all of the above, including ensuring you have the materials you need to stage a successful rally.

It may not take a village to help you pull off an event like this, but it certainly takes a committed team – and CGRT is exactly that!



ONA Mourns Passing of Staff Member

ONA is devastated by the sudden and unexpected passing of staff member Joe Buote on January 16.

A Labour Relations Officer on the North District Services Team, Joe provided outstanding representation to countless members in his region during his time on staff, and we know you join with ONA in mourning his loss. We take comfort in knowing that he passed away doing what he loved best: preparing for a day of ice fishing and sledding, with perfect snowy conditions to match.

Joe leaves behind his loving soulmate Rachèle Bruyère, her children Bo, Nathalie and Ashley Cyopick, and his son Jarrod Buote. We send our deepest condolences to them, along with the ONA staff and members who were blessed with his presence and advocacy.

Staff generously donated funds for his family, matched by ONA. Many also donated a tree to plant in his memory.



IN BRIEF...

No PPE Stockpiles? No Surprise, Says ONA of Report's Finding



ONA is unsurprised by revelations in the recent Auditor General's report that the province discarded a stockpiled supply of N95 respirators.

The report, issued late last year, found that at the start of the pandemic, Ontario was unprepared to respond with sufficient personal protective equipment (PPE) as a result of long-standing issues identified but not addressed by the Ministry of Health. The Ministry had not maintained a sufficient centralized emergency PPE stockpile, leaving the province with minimal usable inventory to distribute in a time of acute need.

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Ontario Nurses' Association

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"Despite lessons that should have been learned from the SARS Commission, and our own dire warnings to the Ford government in January 2020 to put pandemic protocols in place in all health-care sectors, no action was taken," said ONA President Cathryn Hoy. "This reports confirms our suspicions that N95 respirators were in short supply and not forthcoming in Ontario, despite the premier's assurances otherwise. It is deplorable and inexcusable that our front-line RNs and health-care professionals have suffered immeasurably because of it."

Elections Act not Unconstitutional, Judge Rules

An Ontario Superior Court judge has ruled that Premier Doug Ford's restrictions on third-party campaign advertising are not unlawful.

In December, Justice Ed Morgan dismissed a challenge by the Working Families coalition of unions, including ONA, stating the government's amendment to the *Election Financing Act* "does not infringe on the right to vote" guaranteed by the Canadian Charter of Rights and Freedoms.

Working Families launched the challenge last summer when Premier Ford invoked the never-before-used notwithstanding clause to allow the legislation to stand just one day after it was struck down by the court.

"While this is an unfortunate win for Premier Doug Ford in attempting to silence his critics, I can assure all ONA members that we will do everything within our power and the confines of this law to tell Ontarians the truth," said ONA President Cathryn Hoy. "We are not defeated!"

OHC Head Named Top 10 of 2021



ONA Executive Director Natalie Mehra

Ontario Health Coalition (OHC) Executive Director Natalie Mehra has been named the Top 10 of 2021 by the *Toronto Star*.

In looking at the people and events that made headlines last year, the *Star* noted that Mehra and the entire OHC, "played a critical – and unheralded – role during the COVID-19 crisis in pushing for measures to address health inequities exacerbated by the pandemic and in highlighting continuing problems in long-term care facilities."

"As a longstanding and proud member of the OHC, ONA has worked tirelessly with Natalie and her organization on issues of mutual concern," stated ONA President Cathryn Hoy. "Her dedication to the maintenance and preservation of our publicly-funded and administered health-care system – along with quality, timely care for all who access it – is unparalleled, and we are so fortunate to have her fighting with us. Though I know Natalie isn't in this work for the accolades and awards, she very much deserves this recognition."



HEALTH AND SAFETY

Immediately Confirm, Track Symptoms, LTD Denial Shows

A recent long-term disability (LTD) loss serves as a strong reminder to ONA members about the importance of immediately seeking medical attention when you're sick to confirm symptoms, and then keeping track of how you're feeling.

The Case

The member involved in this case was absent from work beginning in June 2020, suffering from migraines, vertigo and chronic fatigue. They were initially denied LTD benefits after the insurer found that the symptoms did not correlate to a functional impairment.

In our appeal, ONA submitted the opinions of several of the member's doctors, all of whom agreed that a return to work was untenable. One of those doctors believed the member, who worked at a large urban hospital, had an undiagnosed COVID-19 infection in early 2020 and had become a "long-hauler," meaning their symptoms are prolonged, can cause additional damage and are often life changing. However, as the member was never diagnosed, this is purely speculation.

Unfortunately, the insurer disagreed with that assessment, maintaining their decision to deny benefits. They claimed that although the member was symptomatic, they were not at a level to support functional impairment.

"We're now at the time when members are being denied LTD benefits from contracting COVID-19 in early 2020," noted ONA LTD Specialist Brandon Walker. "Sadly, I expect to see more of these cases."

Seeking Immediate Medical Care and Treatment

"We know that nurses and health-care professionals can be prone to self-diagnose and self-treat because they know what to do," said North District Services Team Manager Terry McArthur. "But where there are longer-term implications and there ends up not being a diagnosis by a doctor, we can be left in this type of situation. So, ONA's advice is to seek medical attention when you aren't feeling well."

However, in cases of COVID-19, that is not always so cut and dry, as members can have one or more tests come back negative even if their physicians are convinced that because of their symptoms, the virus is present.

"Particularly in the early days of COVID-19, members were going for tests, but they weren't necessarily positive because the testing was so flawed," said Labour Relations Officer Diane Peckham, noting there is significant research to support this. "This was a new procedure, often the swabs were not proper, and people weren't getting the right training – and that's the bigger challenge ONA has in getting benefits for members."



Region 5 Vice-President Alan Warrington, RN, holds the portfolio of occupational health and safety.

So, yes, get the diagnosis, but remember, it's not the be-all and end-all as the tests can still produce false negatives. It is also your symptoms, limitations and restrictions and how those affect your work."

Keeping a Journal

For that reason, Peckham advises members that if a COVID-19 or other medical test comes back negative to "create a designated journal or a diary of chronological actions and events, which show sleep patterns, pain levels, social activities, activities of daily living, such as hygiene, laundry and housework that surround your illness disability, and then, if relevant, keep track of memory lapses, as in difficulties with comprehension and retention. That can help us continue to advocate for you."

Workplace Safety and Insurance Board (WSIB) Appeals Team Labour Relations Officer Agnes Wintersinger concurred, noting that "we are also seeing the WSIB deny claims due to negative COVID-19 test results, despite members showing symptoms consistent with COVID-19. In addition to keeping a journal, we recommend maintaining regular contact with your family physician concerning your symptoms and, where possible, seeking referrals to specialists (especially for long haul cases)."

If you believe your illness was occupationally acquired, as can often be the case in COVID-19, we recommend filing a WSIB claim (see box below).

“The key message on top of that is if you do file a WSIB claim, make sure you also file an LTD claim within the timeframe,” added Peckham. “Sometimes members don’t remember to do both and you can’t assume you’re going to get WSIB. And if you do get WSIB and haven’t filed LTD and then WSIB cuts you off in two years, you can’t go back to LTD because you’ve missed the timeline to file an application. Employers are supposed to tell members to do both, but they don’t always.”

Holding out Hope

Another key message? If you are denied LTD benefits, there is still hope. ONA may be able to take your case to arbitration depending on the language in your collective agreement and the merits of your case. If there are no rights to arbitration, ONA can still assist with an appeal on your behalf. We can also work with our partners, where applicable.

“We have a special project with the Occupational Health Clinics for Ontario Workers for WSIB appeals concerning COVID-19, and their experts are taking a look at our cases where we don’t have a positive test but all of the symptomology,” said Wintersinger. “Depending on the case, their opinions may strengthen our ability to appeal the WSIB’s denial decision, and that’s going to be very helpful to our members.”

Ill Due to a Workplace Exposure of COVID-19?

Suffering from a Psychological Injury Due to Work-related COVID-19 Trauma or Stress?

Here’s what you need to do:

- ▶ File a Form 6 with the Workplace Safety and Insurance Board (WSIB).
- ▶ Notify your employer.
- ▶ Seek medical attention.

You must file a claim within six months of the date of your exposure/illness. The WSIB will make a decision on your claim. If the WSIB denies your claim, contact ONA’s WSIB Intake at 1-800-387-5580 (press 0 and ask for WSIB intake or dial extension 7721) or WSIBintake@ona.org.

ONA Welcomes Strengthened Health-care Worker Protections

ONA is celebrating a long-fought victory to strengthen laws to protect health-care workers from violence on the job.

Last November, Ottawa introduced Bill C-3, which amended the Criminal Code to recognize violence against health workers as an aggravating factor during sentencing. The legislation, which took effect on January 17, also criminalized intimidating or obstructing health-care workers or patients seeking care at hospitals and other health-care facilities, as seen across the country during anti-vaccination protests.

“Independently and with the Canadian Federation of Nurses Unions (CFNU), ONA has lobbied the government and employers for decades for the same kind of measures to protect front-line nurses and health-care workers that exist for workers in other sectors who perform high-risk jobs,” said ONA President Cathryn Hoy. “It is heartening and a relief that our voices have finally been heard. After all, if we are not safe, neither are those in our care.”

Each day, nurses and health-care professionals face violence from your patients, their families and sometimes co-workers, leaving far too many injured, unable to return to work, traumatized – and worse, as in the case of ONA member Lori Dupont, who was tragically murdered while working in the recovery room at a Windsor hospital in 2005. A subsequent inquest revealed a workplace culture that downplayed the seriousness of violence, perpetrating the common myth that violence is simply part of the job.

In 2019, the House of Commons Standing Committee on Health included the amendment to the Criminal Code as one of the recommendations in its wide-ranging study, *Violence Facing Health Care Workers in Canada*. Other key recommendations include the development of a national public awareness campaign to educate Canadians on the violence faced by health-care workers and the valuable role you play in providing care, along with collaborating with the provinces and territories to address staffing shortages by updating the Pan-Canadian Health Human Resources Strategy. We urge the federal government to also implement these recommendations.

“This represents the culmination of a long fight to protect nurses and all health-care workers from the very troubling physical and emotional assaults they experience all too often at work,” added CFNU President Linda Silas. “It’s a critical step towards making health-care workplaces safer and addressing one of the underlying factors that is driving nurses out of their jobs and the nursing profession altogether.”



Nurses and Violence Against Women Shelter Workers: Increasing Survivor Safety Together

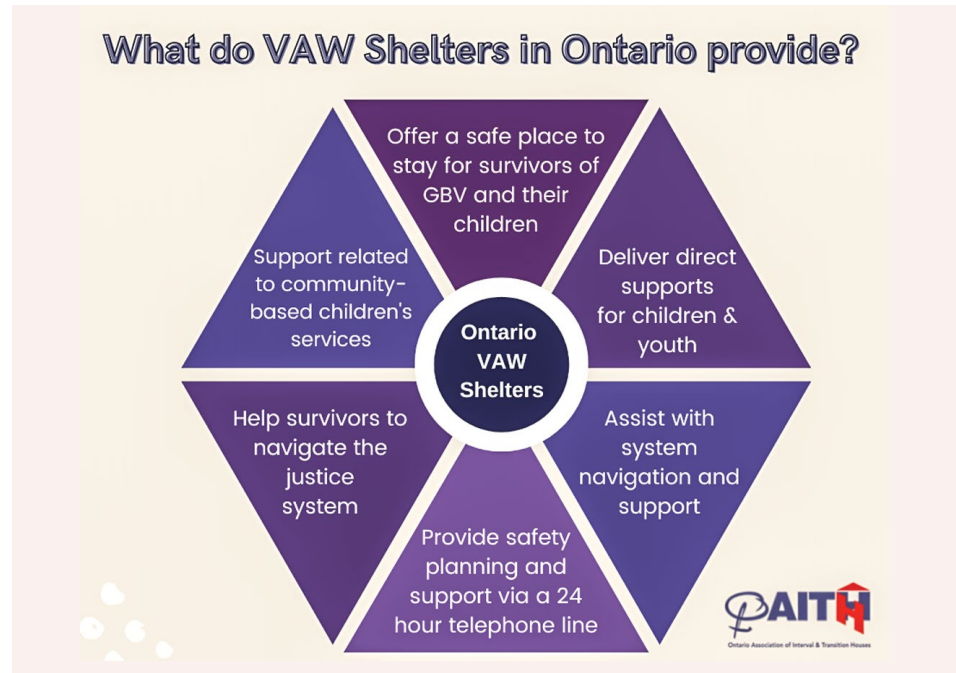
As a regular financial donor, ONA has a long-standing partnership with the Ontario Association of Interval and Transition Houses (OAITH), a coalition of first-stage emergency women's shelters, second-stage housing organizations and community-based women organizations working towards ending violence against women. Here, OAITH Communications and Resource Coordinator Amber Wardell explains the vital role our members play in this critical work.

In the same way the broad scope of nursing may not always be fully recognized, the agencies often thought of as “women’s shelters” in Ontario offer much more than just residential services.

Many Violence Against Women (VAW) shelters and services provide education, counselling, children’s services, transitional support and advocacy in addition to a safe place to stay for survivors of gender-based violence (GBV) and their children. VAW shelter agencies often work with nurses and others in the health-care sector to help survivors increase their safety through:

- Providing GBV-focused education and resources to local health-care professionals (provincial training is also available via training.oaith.ca).
- Coordinating and collaborating with sexual assault nurse examiners regarding services for sexual assault survivors through sexual violence/domestic violence treatment centres.
- Developing safety and risk management plans to assist hospital staff experiencing GBV.
- Providing confidential, 24-hour assistance to GBV survivors via a local crisis line (survivors can also call the provincial helpline).
- Ensuring survivors are connected with appropriate GBV and health-care resources.
- Case conferencing/collaborative case management.

For many survivors, the pandemic has been a time of increased abuse and severity of violence, and decreased



access to services and supports. Women living with an abusive partner may have very limited opportunities to safely connect with a VAW agency or may be concerned about the safety of congregate care settings in relation to COVID-19. Some survivors may not be aware that shelter, counselling and support programs continue to be open throughout the pandemic. We release an annual list of Ontario femicides, and reported 58 total victims this year, a 52 per cent increase from last year.

As identified by Dr. Jacqueline Campbell, creator of the Danger Assessment (DA) tool (and the DA – 5 for health-care providers), RNs and other health-care professionals are a vital piece of the puzzle when it comes to the ability of VAW shelters and services to help GBV survivors increase their safety. By being aware of the

scope of services in their community, identifying signs of high risk of lethality and serving as a bridge to abuse and violence-focused supports, nurses and health-care professionals can ultimately save a life in more ways than one.

From all VAW shelters across Ontario, thank you for all you do to promote the safety and health of women and children experiencing violence.

Safe Shelter

- Find a shelter at sheltersafe.ca.
- Contact the Assaulted Women’s Helpline at 1-888-388-2915.
- Learn more about OAITH at oaith.ca.



Chronique de la
présidente, AIOO
CATHRYN HOY, RN



SUITE DE LA PAGE 4

Vous avez plus que jamais besoin de l'AIOO comme dernier rempart. Je peux vous assurer que votre Conseil est engagé et plus que prêt à relever le défi et à se battre pour vous à chaque occasion. Au cours de nos 100 premiers jours, nous avons déjà accompli beaucoup de choses.

Nous sommes dans les médias tous les jours et nous lançons des campagnes percutantes pour nous assurer que le public est au courant des défis auxquels notre province et nos membres font face et peut nous appuyer dans nos demandes. Tellement de gens veulent nous aider! Nous faisons équipe comme jamais auparavant avec nos alliés du mouvement syndical pour atteindre des objectifs semblables en matière d'équité pour les travailleuses, sachant que nos revendications ont plus de poids lorsque nous agissons collectivement plutôt que seules. Chose plus importante encore, nous insistons sans relâche auprès du gouvernement pour qu'il finance notre système de santé nettement inadéquat et veille à ce que les voix des infirmières et infirmiers de première ligne et des professionnels de la santé soient entendues. Malgré leurs tentatives, nous ne serons pas réduites au silence!

En fait, la première vice-présidente de l'AIOO, Angela Preocanin, et moi-même avons rencontré le premier ministre Doug Ford et correspondu avec lui à d'innombrables reprises. Si nous n'avions pas exercé une pression publique persistante, ces réunions n'auraient jamais eu lieu. Il semblait tout à fait prêt à continuer de balayer vos graves préoccupations sous le tapis et à laisser les choses se détériorer à un tel point que beaucoup d'entre vous démissionnent (voir l'article annoncé en couverture). Mais nous lui avons fait part de vos histoires déchirantes de la première ligne. Nous lui avons dit exactement ce qu'il fallait faire pour régler les problèmes qui nous assaillent.

Bien sûr, puisque des élections qui se profilent à l'horizon, il s'est risqué à faire quelques promesses en espérant ainsi nous faire disparaître. L'abrogation du projet de loi 124 n'en était pas une. Puis il a agité une carotte de « prime de maintien en poste » de 5 000 \$, une mesure vide de sens qui n'inclut pas toutes les infirmières (et qui ne s'applique à aucun autre professionnel de la santé) et qui ne sera même pas complètement versée avant les élections provinciales (voir les détails à la page 14).

Bien que nous espérons qu'il prendrait vos préoccupations au sérieux et offrirait des solutions raisonnables, ses actions – ou plutôt son inaction – sont plus éloquentes que ses paroles. Nos actions seront donc tout aussi éloquentes aux urnes en juin, et tous les jours qui précéderont l'élection (pour en savoir plus, lisez la chronique d'Angela Preocanin et l'encart portant sur l'élection dans ce numéro de *Front Lines*).

Le message de l'AIOO au gouvernement est clair comme eau de roche : vous avez laissé tomber les infirmières et les professionnels de la santé à maintes reprises. Mais nous ne sommes pas vaincues. Nous sommes fortes, nous sommes unies, et nous ne disparaîtrons pas!



Suivez Cathryn at twitter.com/CathrynOna



Chronique de la première
vice-présidente, AIOO
ANGELA PREOCANIN, RN



SUITE DE LA PAGE 5

que la plupart d'entre nous aient connues jusqu'à maintenant. Je n'ai jamais vu nos professions se dégrader autant et nos préoccupations être si ignorées par le gouvernement. Aucune d'entre nous ne peut se permettre de baisser la garde alors que les enjeux sont si grands.

L'AIOO a de nouveau appuyé plusieurs membres enthousiastes des cinq régions pour former des comités des élections locaux et se joindre à nous dans ce travail essentiel. Une partie de leur rôle consistera à organiser des centres d'appel pour communiquer avec les membres de l'AIOO et leur faire part des faits nécessaires pour leur permettre de voter de façon éclairée. Pour beaucoup d'entre elles, il s'agit d'une tâche qui n'est pas aisée, mais qu'elles accomplissent par souci d'apporter leur contribution. Je vous implore d'écouter ce qu'elles ont à dire. Elles demanderont aussi aux membres de leur région de les aider d'autres façons, et j'espère que vous envisagerez de faire du bénévolat.

Je ne m'attends pas à ce que toutes les membres soient à l'aise de faire de la sollicitation à froid, mais je tiens à vous rappeler que le fait de participer aux élections et d'être actives sur le plan politique revêt un sens différent d'une personne à l'autre. Pour certaines, il pourrait s'agir simplement d'afficher une pancarte ou de porter un macaron. Pour d'autres, il pourrait s'agir de parler à vos amis, à votre famille et à vos collègues ou de poser une question à tous les candidats de votre réunion locale sur la façon dont ils ont l'intention de régler les problèmes de notre système de santé en difficulté.

Où qu'en est-il de la mobilisation des étudiantes infirmières dans votre collectivité? Avec l'action politique locale et les questions professionnelles, je suis aussi maintenant responsable de la liaison avec le corps étudiant, et je peux vous dire que ces jeunes gens sont engagés et veulent aider. Ces personnes sont aux prises avec de graves problèmes qui leur sont propres et savent que l'AIOO les appuie.

Nous encourageons tous les membres à se rendre à ona.org/vote et à en apprendre davantage sur les programmes des partis, nos principaux enjeux et des renseignements précis sur la façon de participer. L'encart sur les élections inclus dans ce numéro est également un bon point de départ.

Néanmoins, la chose la plus importante que vous pouvez faire est de voter le 2 juin en faveur d'un gouvernement qui fera des soins de santé une priorité et qui respectera le travail que vous faites pour les patients, les résidents et les clients de cette province. Ensemble, nous *pouvons* avoir une incidence significative aux urnes. Vous devez absolument y croire.

Même si ce sont sans aucun doute les moments les plus difficiles que nous ayons vécus en tant qu'infirmières et professionnels de la santé, il est néanmoins excitant pour moi, en tant que première vice-présidente, de vous voir vous joindre à nous dans cette lutte. C'est parti!



Suivez Angela at twitter.com/4angiepreocanin



ONA IN ACTION

Landmark ONA Award Recognizes Personal Time

A significant victory on the interpretation of ONA's Hospital Central Collective Agreement requires one of our hospitals to pay double-time for RNs who return to work on short notice.

This precedent-setting award is a recognition of the importance of respecting ONA members' personal time away from the workplace.



Case and Argument

In 2020, the Hospital Central Collective Agreement was amended to increase the amount of premium to double-time for all hours worked during a call-in and call-back on standby.

A grievance was filed on behalf of an ONA member at Cambridge Memorial Hospital for failing to provide premium at double-time for a call-in. The full-time member had just completed a two-day, two-night rotation and was called by the employer at 4:22 p.m. on her day off to work a 11.25-hour tour starting at 7 p.m. The member accepted and worked the tour.

In December 2021, Arbitrator McNamee released his decision in favour of ONA, determining that the member was entitled to double-time premium for the full 11.25-hour tour. He relied on a binding award between the Participating Central Hospitals and ONA, which supported our interpretation of the collective agreement.

In dismissing the employer's arguments, Arbitrator McNamee decided that full- and part-time ONA members can claim double-time when they return to the workplace within 24 hours to work a 7.5- or 11.25-hour tour.

Importance to ONA Members

Arbitrator McNamee's decision is the first award on double-time premium for call-ins. According to this award, ONA members that accept a call-in and return to the workplace within 24 hours of their last shift to work a 7.5- or 11.25-hour tour are entitled to double-time.

Despite this success, hospitals across Ontario are failing to recognize Arbitrator McNamee's award and similar cases are proceeding to arbitration.

Because of this award, ONA members that accept a call-in and return to the workplace within 24 hours of their last shift to work a 7.5- or 11.25-hour tour are entitled to double-time.

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NURSING WEEK • MAY 9 – 15, 2022



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FIGHTING FOR CHANGE.**

ONA
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www.ona.org/nursingweek