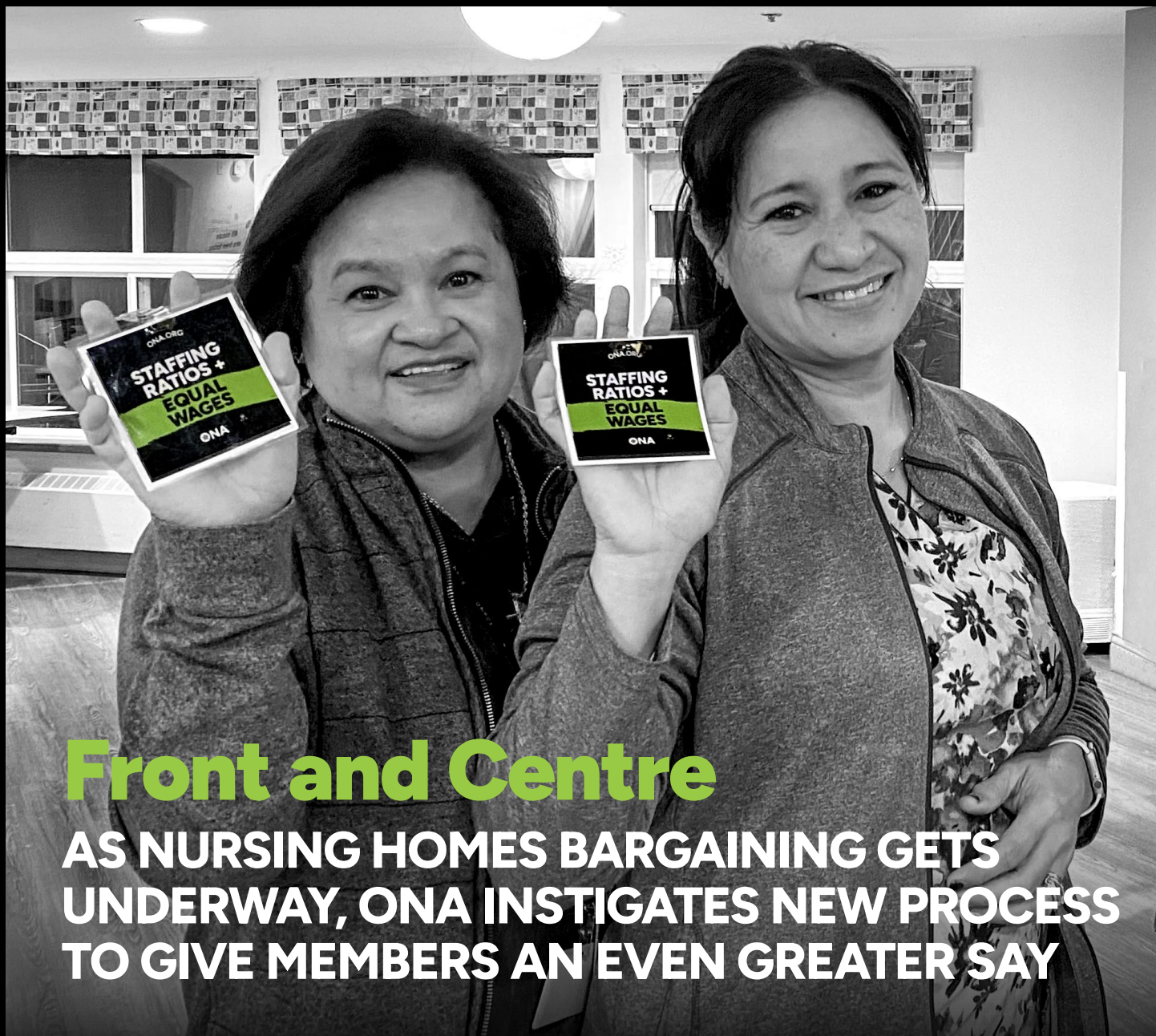


FRONTLINES



Front and Centre

AS NURSING HOMES BARGAINING GETS UNDERWAY, ONA INSTIGATES NEW PROCESS TO GIVE MEMBERS AN EVEN GREATER SAY

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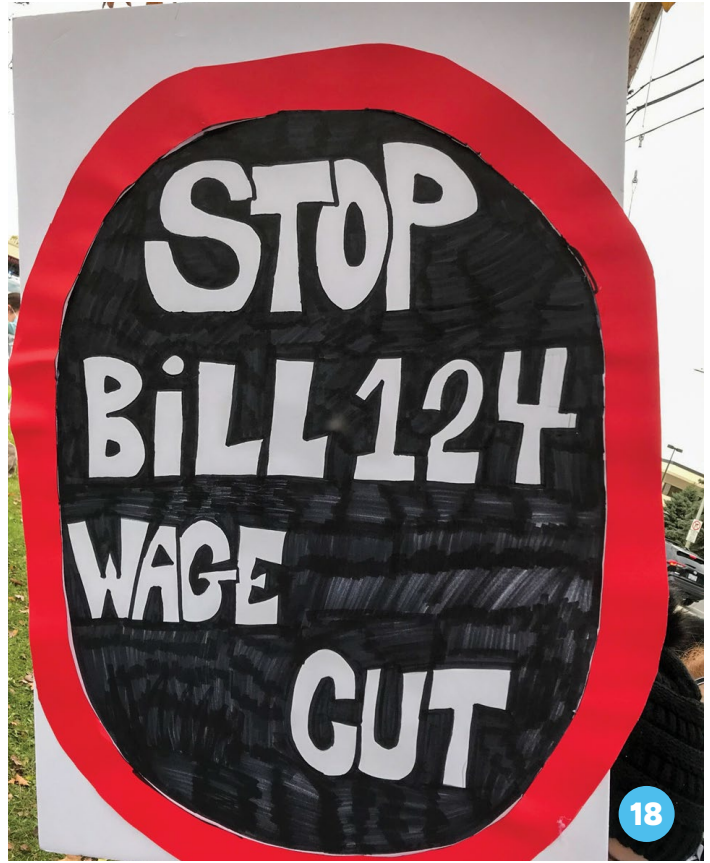
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ONA is the union representing 68,000 registered nurses and health-care professionals and more than 18,000 nursing student affiliates providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Telling the Truth

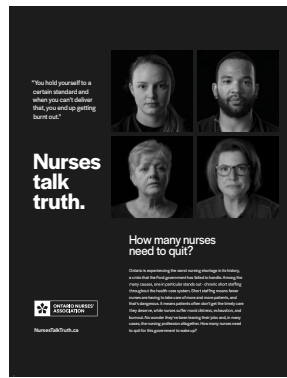
I think [NursesTalkTruth] is a great campaign and I wish I could be part of it.

I'm a personal support worker in an acute care hospital in northern Ontario, and I see the effects of this [staff shortages, underfunding, stress and burnout, and the exodus of nurses and health-care professionals] every day on the nurses and even on myself. I was recently assaulted on a night shift at work and, of course, we didn't have enough staff and resources to provide care.

Keep up the good work with your campaigns. Hopefully one day something will change.

Name withheld at request of author

Editor's Note: Learn more at nursestalktruth.ca.



Heart of the Community

The following letter to ONA President Erin Ariss, seen here (second from left) with several local members, was in



response to the redevelopment announcement by Muskoka Algonquin Healthcare, which would divide specific services between the Bracebridge and Huntsville facilities, and her passionate remarks to a Bracebridge townhall meeting that residents deserve the same full-service hospital that other Ontarians can access.

I am a resident of Bracebridge. I grew up here, left for 15 years, and have recently returned to be closer to family.

My dad is a family ER and OB doctor in Bracebridge, serving all of Muskoka. When I was a kid, he used to sometimes bring me and my siblings to the ER with him. I have very fond memories of sitting under his desk playing with toys, and the nurses always taking time to say hi. Sometimes he would take us to the OB wing to meet a new baby, and the nurses were always so kind! I was homeschooled for two years and spent a lot of time in the hospital cafeteria and library doing my work – again, there was a constant sea of kind nurses. In high school and university, my brother and I would visit him while he was working night shifts to bring snacks and treats for the nurses. The nurses I know are now mostly retired.

My dad always told us nurses are the backbone of the health-care system. Without them, it would all fail. My heart literally hurt hearing that they couldn't speak up, that they

were scared just to show up to a meeting, and that some were being reprimanded for liking comments and posts about the displeasure of this proposal on social media.

THANK YOU for your presence at the meeting. THANK YOU for your powerful speech and sensibility. THANK YOU for all you do that is unseen and unknown; I can imagine it is quite a bit!

For me, the hospital is not just a place for health care, it is the heart of this community.

With sincere gratitude,

Christina Hemens

Listening Ear

I am deeply indebted to nurses, especially during these trying times of COVID.

To make a long story short, I had to seek professional help for mental health issues. But it wasn't until one day a nurse called me and said, "You haven't been in for a while. Why aren't you getting your wound treated?" [that something changed]. After hearing my story, she convinced me to go back to the doctor and get a new referral for care. Needless to say, I was in tears before the call ended.

It's amazing how nurses continue to show stamina and priceless dedication. Eternal thanks to all nurses.

Name withheld to protect identity

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):

- **May:** National Physiotherapy Month
- **May (various dates):** Continuing ONA Health and Safety Caucuses
- **May:** Indigenous Nurses' Day (date TBD)
- **May 1:** May Day (International Workers' Day)
- **May 6-12:** Nursing Week (see page 6)
- **May 12:** International Nurses' Day
- **May 17:** International Day against Homophobia, Transphobia, Biphobia
- **May 19:** Personal Support Worker Day
- **June:** Pride Month (events happening all summer)
- **June 1:** Injured Workers Day
- **June 11-12:** ONA Provincial Coordinators Meeting (PCM) (Ottawa)
- **June 13:** PCM half-day Education Session (topic TBD)
- **June 21:** National Indigenous Peoples Day



Check ona.org for more information.



ERIN ARISS, RN



Follow Erin at twitter.com/erinariss.

Can I Count You In?

JUST A FEW MONTHS INTO THE NEW YEAR and I know this much is true: it's going to be one rollercoaster of a ride.

Even knowing the privatization agenda of the Ford government as well as I do, I was nonetheless cautiously optimistic when we finally secured a meeting earlier this year with Health Minister Sylvia Jones at her Queen's Park office after many attempts. But sadly, that optimism soon turned to anger.

First Vice-President Angela Preocanin, CEO Andrea Kay and I spoke to the Minister about many issues plaguing our health-care system and those who work in it, focusing on the need to heavily invest in primary care to, among other things, finally put an end to hallway nursing, which her government promised to fix when they were first elected in 2018. Instead, it's worse than ever. We wanted concrete funding commitments from her, but it didn't happen.

Instead, it was the same old rhetoric. Minister Jones reiterated that the Ford government is investing in buildings and infrastructure. Well, that's all very well and good, but who does she think is going to be staffing those buildings and providing front-line care to Ontarians? Despite the Ford government's misleading ads to the contrary, we are in the midst of a staffing crisis that grows worse by the day, and not only are they doing nothing to stop this mass exodus, many of their policies are the root cause. For that reason, we also urged the Minister to put funds into retaining staff, making it clear that without wage increases and other supports, primary care and other sectors will continue to lose desperately-needed staff.

While this meeting was a disappointment to put it mildly, I am not deterred. I and other members of your Board will continue to meet with government officials to bring your serious issues forward and demand quality care for our patients, residents and clients and respect for your work and the value you bring to our health-care system. We will continue to speak out in the media so the public is aware of the damage the policies of the Ford government are inflicting on us all.

This is also a provincial bargaining year – nursing homes is already underway (see the cover story) – and so you also have the ability throughout this process to reiterate what it will take to retain and attract nurses and health-care professionals. And the best way we can voice our displeasure at the Ford government is during the provincial election in 2026. You will hear more about that from us in the weeks and months to come.

I can't stress enough that our collective power will be what wins at the bargaining table and the ballot box. After all, when we come together towards a common goal, we absolutely can effect change. Look at the wage-suppressing Bill 124, for example (see page 18). That nightmare is finally over once and for all and that is thanks to every single one of you who came to a rally, sent an email to your MPP, wrote a letter to the editor, wore a t-shirt with one of our slogans or participated in any other tactic. Combined, that is what made the difference. That is what swung the pendulum in our favour. And so, as 2024 unfolds, we must continue to build our collective strength and power in this bolder union we are building.

Can I count you in?

Puis-je compter sur vous?

QUELQUES MOIS À PEINE APRÈS LE DÉBUT de la nouvelle année, et je sais que c'est tout à fait vrai : cela va être un véritable parcours du combattant.

Même en connaissant parfaitement le programme de privatisation du gouvernement Ford, j'étais néanmoins relativement optimiste lorsque nous avons finalement réussi à obtenir une réunion plus tôt cette année avec la ministre de la Santé, Sylvia Jones, à son bureau de Queen's Park, après de nombreuses tentatives. Mais malheureusement, cet optimisme s'est vite transformé en colère.

La première vice-présidente, Angela Preocanin, la chef de la direction, Andrea Kay, et moi-même nous sommes entretenues avec la ministre au sujet de nombreux problèmes qui affligent notre système de santé et ceux qui y travaillent, et avons insisté sur la nécessité d'investir massivement dans les soins primaires pour, entre autres choses, mettre fin à la pratique des soins infirmiers dans les couloirs d'hôpitaux, un problème que son gouvernement avait promis de régler lorsqu'il a été élu pour la première fois en 2018. Au lieu de cela, la situation est pire que jamais. Nous voulions qu'elle prenne des engagements financiers concrets, mais cela ne s'est pas produit.

Au lieu de cela, nous avons eu droit à la rengaine habituelle. La ministre Jones a réitéré que le gouvernement Ford investit dans les bâtiments et les infrastructures. C'est très bien, mais qui, selon elle, va travailler dans ces bâtiments et fournir des soins de première ligne aux Ontariens? Malgré les discours trompeurs du gouvernement Ford, nous sommes au beau milieu

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ANGELA PREOCANIN, RN



Follow Angela at twitter.com/4angiepreocanin.

Advocating in Your Workplaces

IN HER COLUMN, ONA PRESIDENT Erin Ariss emphasized how Local political action can make a difference when it comes to ensuring the quality practice environments we need to provide safe care. And that is absolutely true. We've seen that time and time again.

But that's not our only option. And I'd like to remind you about another.

In my capacity as First Vice-President with the portfolios of professional issues and political action, I also see very favourable outcomes when we employ our Professional Responsibility and Workload (PRW) reporting process. This unique language is found in most of ONA's collective agreements and is an extremely effective tool for addressing serious practice and workload issues you are experiencing, from too few RNs to provide care to a lack of sufficient education, orientation and/or training to health and safety issues. I encourage you to learn more about it at ona.org/pp.

While ONA Bargaining Units, working in tandem with staff, are largely successful in obtaining memorandums of settlement with your employers to address these issues to our satisfaction, sometimes it takes an extra push. And so, when all other options to reach a settlement with the employer have been exhausted, we move on to the final step of the process: an Independent Assessment Committee (IAC).

An IAC is a panel of three independent RN experts, who assesses and analyzes the evidence from both parties, and reviews and applies best practices and current research to determine whether RNs are being assigned more work than is consistent with the provision of safe, quality patient care. And more often than not, they rule heavily in our favour, issuing recommendations that, if enacted – and you can bet ONA works tirelessly with employers to ensure they do – result in meaningful changes.

Let me tell you about two such recent examples: The Connell 10 medicine unit at Kingston Health Sciences Centre, the second IAC in as many years at that facility, and the medical/surgical unit at Campbellford Memorial

Hospital. While the issues and recommendations are too numerous to list here (99 recommendations for Kingston and 141 for Campbellford!), I can tell you this: Combined, they effectively address the concerns raised by our members on issues such as RN staffing, safe nurse-to-patient ratios and the need for increased RN resources and additional supports; nursing leadership, communications and support; education and equipment; health and safety, as well as nursing recruitment, retention and human resource planning. I encourage you to read the reports at ona.org/pp-iac. It may not have been easy, but suffice it to say the members on these units fought back and won for themselves and their patients. And with determination and perseverance, you absolutely can too.

So, while you're out there fighting for better contracts that value your contributions to our health-care system and improve your working conditions, which is so critical, remember that same advocacy also applies right in your workplace. If something isn't right, when you know that safe patient care is at risk, along with your own professional standards, because of harmful employer policies, I implore you to fill out your workplace forms, which are available on the ONA website (ona.org/pp) and provide a succinct place to document your concerns. They give us the concrete evidence we need to get results. Because as these examples show, you can and will be heard, and ONA will support you every step of the way.

Défense de vos intérêts sur votre lieu de travail

DANS SA CHRONIQUE, LA PRÉSIDENTE DE L'AIIO, Erin Ariss, a souligné de quelle manière l'action politique locale peut faire la différence lorsqu'il s'agit d'assurer les milieux de pratique de qualité dont nous avons besoin pour fournir des soins de manière sécuritaire. Et c'est tout à fait vrai. Nous avons vu cela à maintes reprises.

Mais ce n'est pas notre seule option. Et j'aimerais vous en rappeler une autre.

En ma qualité de première vice-présidente responsable des enjeux professionnels et de l'action politique, je constate également des résultats très favorables lorsque nous utilisons notre processus de rapport relatif à la responsabilité professionnelle et la charge de travail. Ce langage unique se trouve dans la plupart des conventions collectives de l'AIIO et constitue un outil extrêmement efficace pour régler les problèmes graves de pratique et de charge de travail que vous rencontrez, du manque d'infirmiers(ières) autorisées pour dispenser des soins jusqu'au manque d'éducation, d'orientation et/ou de formation suffisantes concernant les questions de santé et de sécurité. Je vous encourage à en apprendre davantage sur le sujet à ona.org/pp.

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NURSING WEEK THEME TELLS IT LIKE IT IS

For Nursing Week this year, we're telling the government, employers and public something you already know.

We are not an option. We are a necessity (Nous ne sommes pas une option. Nous sommes une nécessité) is the theme for Nursing Week 2024, celebrated from May 6-12. Recommended by ONA members on our provincial Nursing Week Advisory Team and approved by the Board, those few words powerfully and perfectly encapsulate the value nurses bring to our health-care system and how critical it is to finally address the crippling shortage and what's driving so many of you away.

"Despite the many challenges ONA members face in every sector and continuous attacks on our health-care system and profession, you not only persist, but continue to provide safe quality care," said ONA President Erin Ariss. "Inherent in our Nursing Week theme is the impact we have through our work and our patient and professional advocacy. It encompasses the things that matter most to us: being respected for our commitment to nursing; our dedication to our patients, clients and residents; and our contribution to the health and well-being of our communities."

HOW TO GET INVOLVED

To amplify that message across the province and acknowledge and celebrate all you do, we encourage you to get involved in Nursing Week. Here's how:

- Download our striking bilingual poster (see the back cover of this issue) from our website (ona.org/nursingweek) and display in your workplaces and communities, with permission.
- Post our Nursing Week shareables, also available on our website, on your own social media platforms.
- Watch a captivating video, featuring ONA President Erin Ariss and First Vice-President Angela Preocanin, along with several members explaining what they are fighting for this Nursing Week and beyond, on our YouTube channel at youtube.com/OntarioNurses.
- Check out your union bulletin board or other communications from your Bargaining Units/Locals to see what special Nursing Week events may be planned and participate where possible.
- Share your photos and videos of those celebrations! Please send to digital@ona.org and you may see them



#NursingWeekONA
USE THIS HASHTAG TO SHARE YOUR NURSING WEEK STORIES AND PHOTOS!

on ONA's social media platforms and in the next issue of *Front Lines*!

- Share your stories and photos directly on social media using the hashtag #NursingWeekONA.

To show how much ONA values you, we are also including a small token of appreciation with this issue. In the enclosed letter, you will find a QR code to a survey asking if you would like to continue to receive a Nursing Week gift each year. Please take a few moments to provide us with this important feedback.

We wish you a very Happy Nursing Week!



Check out our Nursing Week poster, shareables and other resources at ona.org/nursingweek.

EXCITING NEWS FOR ONA RETIREES!

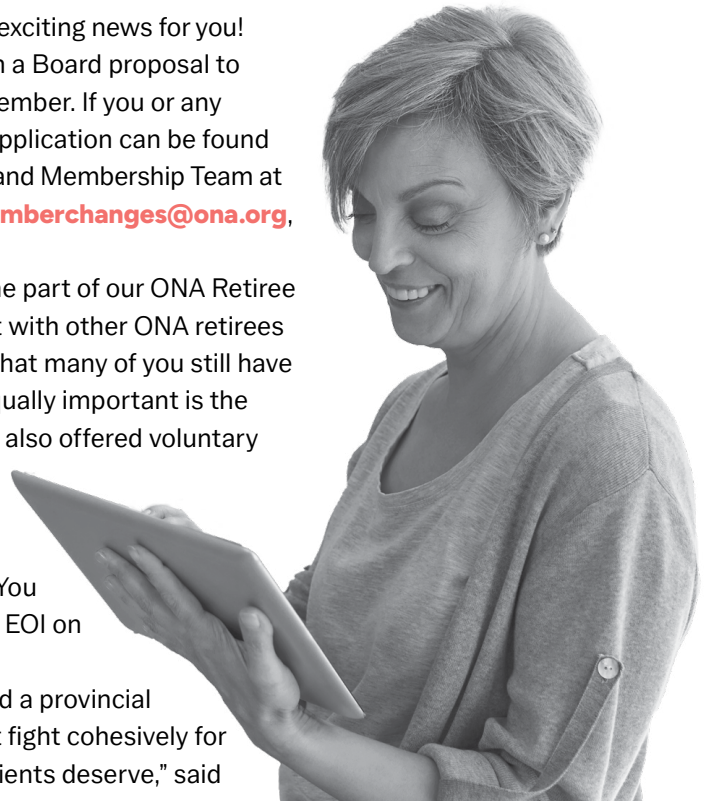
If you are a retired member or just thinking about it, we have some exciting news for you!

After delegates at the November Biennial Convention voted on a Board proposal to eliminate the \$25 annual fee, it is now free to be an ONA retiree member. If you or any retired member you know is interested, the Retiree Membership Application can be found on our ONA retiree page (ona.org/retirees), or by calling our Dues and Membership Team at 1-800-387-5580, ext. 2200. Please send the completed form to memberchanges@ona.org, where it will be reviewed for eligibility under ONA's Constitution.

Even more exciting is that all ONA retiree members will become part of our ONA Retiree Network, launching this fall. This network will allow you to connect with other ONA retirees and members and join us in important actions. After all, we know that many of you still have a passion for your profession and union during retirement – and equally important is the experience and commitment you bring to us. Retiree members are also offered voluntary retiree benefits.

The network will be supported by a Retiree Network Advisory Team, comprised of one ONA retiree from each of our five regions, chosen by Expression of Interest (EOI), Board members and staff. You can also learn about the network's mandate and how to submit an EOI on our ONA retiree page.

"With bargaining in our nursing homes and hospital sectors and a provincial election on the horizon, it's critical that members past and present fight cohesively for the kind of contracts and health-care system we need and our patients deserve," said ONA President Erin Ariss. "Retirees have an important role to play in our union and I can't wait to see what we accomplish together!"



Visit our ONA retiree page at ona.org/retirees.

Members Urged to be Vigilant as Ransomware Attacks Increase

ONA advises members to be vigilant with your email and information technology (IT) space as ransomware attacks (malicious software used to gain access to emails and IT structures to steal or damage files) become increasingly frequent.

For example, last year, hospitals in Windsor, Chatham and Sarnia experienced difficulties with their computer systems and email after a shared service provider suffered a cyber attack. That prompted an investigation to determine if any patient information was compromised.

To help prevent such attacks, we encourage all members to exercise caution. Be suspicious and cautious of emails that you don't recognize. Before clicking, hover over the links to preview the URL. Avoid opening or downloading any attachments from unknown sources.

As a best practice, keep copies of any important files or information, including pay stubs, pension statements, banking information or any other sensitive personal



information. And routinely check your paystubs for accuracy in the event you need to address any concerns with your employer in the future.

FROM CIVIL WAR TO THE PANDEMIC: MEMBER SHARES EMOTIONAL JOURNEY

Despite enduring the unimaginable as a nurse during Sri Lanka's civil war, ONA member Thilaga Srikanthan says it was the maze of re-starting her career in Canada and nursing through the pandemic that have been the most challenging.

Nearly 45 years ago, Thilaga began her nursing career in Jaffna, Sri Lanka. In post-colonial Sri Lanka, Thilaga said that as a Tamil – an ethnic minority in the island nation – she had little control over her career. Rather, these were government decisions based on district quota systems as well as ethno-cultural identity. Nursing was a choice made for Thilaga; however, she proudly maintains that it is a vocation for which she was made: “if anyone were to ask me, I preferred nursing to any other career.”

Thilaga completed her nursing education at the Jaffna Teaching Hospital. Beginning in her second year, Thilaga lived in students' residence, known as “the quarters,” where nursing students, the majority of whom were female, were allowed “no romance” and “couldn't get married until [their] courses were finished.” Sequestered at the quarters, Thilaga and her peers formed sisterly bonds throughout their studies.

CIVIL WAR

Following her studies, Thilaga's capping ceremony took place in 1983 – the same year as the outbreak of Sri Lanka's 26-year-long civil war. Despite the occupational hazards of nursing amidst war, Thilaga immediately began to work as a nurse in the orthopedic surgery ward at the Jaffna Teaching Hospital.

“War was in town,” she said. “You could hear the sound of bombings and shootings as well as bombs dropped by helicopters. The newspapers, the patients, my co-workers – everybody – was talking about the war.”

In a war environment characterized by a mass staff exodus, waning medications and medical supplies, and routine hospital shelling, Thilaga formulated an ethical and accountable professional identity.

“If they dropped a bomb in the hospital, what could we do? I was scared, but I hid, stayed and worked. Wounds and amputations from war-related injuries were patients' most common presenting issues. We saw patients who were casualties of war in the surgical and medical wards as well as in emergency. People would come to the hospital



While ONA member Thilaga Srikanthan, seen here on the right at the 1983 capping ceremony at the Jaffna Teaching Hospital in Sri Lanka, noted that nursing was profoundly influenced by colonialism, aspects of local Tamil culture endured, including nursing graduates holding a ceremonial Hindu lamp called a deepam.

for war-related injuries and die. People were also deceased upon arrival. Once when I was working, a teacher and a student came as patients with bomb-related injuries.”

And while war became the norm for Thilaga, it never got easier.

“I got used to the war-related injuries, but I still had empathy. Others may not understand and think I was working without feelings, but I still cared and was impacted.”

In October 1987, the unthinkable happened. Seventy civilians were murdered at Jaffna Teaching Hospital, including patients, the matron, coworkers and Thilaga's beloved nursing batch-mates. Thilaga was spared, having come home for Deepawali.

NEW LIFE IN CANADA

Thilaga eventually immigrated to Canada, where she got married and started a family. But she was not yet done with nursing.



Thilaga (second from left) reunited with three of her batch-mates at the Jaffna Teaching Hospital in 2013.

With the help of her peers who also settled in Canada, Thilaga was able to navigate the maze that is the bridging program for internationally-educated nurses. The process, she explained, was physically, psychologically and financially draining. Specifically, the bridging program required that Thilaga retrieve her nursing credentials from Sri Lanka. In the context of war and internal displacement, this feat took three attempts over one decade.

Nonetheless, Thilaga persisted. She passed her nursing exam in 2001 and resumed her career as an RN in the Greater Toronto Area. A vibrant community of Tamil-Canadian refugee nurses also began to form around her, offering support, guidance and friendship to others facing similar challenges. Today, this community provides vital guidance and mentorship for new nurses in Ontario of Tamil heritage – all on a volunteer basis and with no funding. Thilaga believes such groups should receive institutional support and recognition.

PANDEMIC CONCERNS

Despite everything she had already been through, Thilaga found working on a cardiology unit during the COVID-19 pandemic the greatest challenge.

“In Sri Lanka, if there was shelling in the hospital, maybe I would die, but it would be just me. I accepted that I could not control if and when the hospital was bombed. But during the pandemic, if I got sick from COVID-19, then everyone – my family, my kids, my husband – could get sick. Both nursing through the war and the pandemic were difficult, but with the pandemic, I was also worrying about the wellbeing of others.”

And while Thilaga has contributed extensive leadership skills to Ontario's pandemic effort, she notes these competencies remain invisible.

“Our health-care system should meaningfully consider how the unique skills and contributions of internationally-educated nurses, including those who have nursed through disaster, can be formally recognized,” she concluded.

The above story was shared with Front Lines by ONA member Thilaga Srikanthan, RN, and her daughter Sinthu Srikanthan, a hospital-based social worker.



DUAL DUES POLICY REINSTATED

We heard you loud and clear.

After further discussions based on member feedback, the ONA Board of Directors has decided to reinstate the dual dues policy effective immediately. That means eligible members who are employed at more than one ONA Bargaining Unit are eligible for an automatic refund of the operating portion of union dues if the total number of dues deductions from all Bargaining Units within the designated time period (January 1 to December 31) exceed 12 deductions.

The decision to rescind the dual dues policy was originally made based on suggestions from Local leaders in the summer and fall about potential financial savings. Since that time, we heard directly from many front-line members about how the cancellation of the dual dues refund would impact you, especially those working part-time and casual, and those from smaller Bargaining Units.

We thank all members who voiced your concerns and shared your experiences. We have listened.

With this announcement, the Board is committed to identifying cost savings elsewhere. We will be looking at how this can be done without impacting the services you rely on.



Learn more at ona.org/dues.

“SHOW YOU MEAN WHAT YOU SAY,” ARA TEAM MEMBER URGES



ONA member Shalini Dass, RN

If we want to truly address racism, we need to do more than just talk about it, a member of ONA's Anti-Racism Advisory (ARA) Team urges.

“First, you must acknowledge that racism and biases exist and is not only the product of individual biases, but is also embedded in our legal system and policies,” said Shalini Dass, who has been an RN for 28 years currently working in public health. “Be open to learning rather than argumentative, reflect on how what you say can be dehumanizing and disrespectful, and transform behaviour, attitudes and language. Second, if you see or hear someone treating another person differently, say something because it's not just the responsibility of BIPOC (Black, indigenous, People of Colour) to stand up for themselves; it's a mutual responsibility. Third, move from talk to action. Show you really mean what you say!”

INCORRECT ASSUMPTIONS

Dass knows of what she speaks. As an immigrant to Canada, she relayed that she has experienced overt and hidden racism, bias and prejudice in all aspects of her life.

“When I came to this country, one of the first questions I was asked was, ‘do you speak English?’ When I answered, ‘yes,’ the response was ‘how well?’ An assumption was made that just because I am an immigrant or a member of BIPOC, my English may not be good. When I spoke, sometimes I was told, ‘your English is very good, there is hardly any accent,’ as if I was supposed to have an accent because I am an immigrant, or if someone has an accent, they are inferior.”

Unfortunately, it only got worse from there. Dass said her family was refused a house rental because the landlord told them they “don't rent to Indian people.” When working as an RN in the community and attending the office of the care coordinator, the receptionist automatically told that care coordinator a personal support worker had arrived to see her. On another occasion, Dass said incorrect assumptions were made about her and when confronted, the accuser

became argumentative, trying to make her accept their beliefs.

“Such experiences are not only dehumanizing, but disrespectful,” she explained. “I have been overlooked for opportunities. My credentials, experiences and knowledge have been minimized. I have been told I could use the ‘race card,’ as if my experiences are not legitimate. There are cliques everywhere, and I feel like an outsider as people oftentimes do not accept me as part of their group. That impacts my ability to trust people. These experiences may not be pleasant, but I do not let the weight of racism bury me. I look at each experience as a learning opportunity. I shake it off and step up.”

MEANINGFUL SOLUTIONS

It is for that reason Dass, who has been an ONA member for 20-plus years and became active during the pandemic, wanted to get involved with the ARA Team, which “provides consultation to address issues of racial discrimination and anti-Black racism, shares experiences as appropriate, and seeks remedies,” she said.

“Because I have lived experience of racism, I felt I could contribute to the purpose of the team. As a nurse, I advocate for my clients and I realized

it was time for me to advocate for myself and my BIPOC peers. And as a racialized woman, I am able to share my experiences, negative impacts of certain policies and procedures on BIPOC, and contribute to finding solutions and preventative measures. Through open and honest dialogue, we can raise awareness about racism and discrimination, and create a space where people can learn.”

And allies have a big part to play in evoking change, Dass said, emphasizing that she has met “some very nice people in my life who have acknowledged and accepted me for who I am and we have nurtured lifelong friendships.

“Racism has negative effects, not only for individuals, but on allies, organizations and society at large. For example, allies miss out on having great friends and colleagues while organizations lose exceptional talent. We need to work together, BIPOC and allies, to find meaningful solutions. It is also imperative for allies to practice attentive compassionate listening, believing and trusting BIPOC as they share their challenges and stories, reflecting on them and making a commitment to transform.”

ONA Launches Community of Support

This past February, ONA acknowledged and celebrated Black History/Black Futures Month (BH/BFM) with an exciting new pilot.

Communities of Support

On February 28, ONA launched our first Community of Support for members who identify as Black. Communities of Support are part of Priority 3 of ONA's four-year Ant-Racism and Anti-Oppression (ARAO) Action Plan: *Support for Members, Elected Leaders, Staff and Management from Indigenous, Black, Racialized and Historically Marginalized Groups*, and Priority 4: *General Support, Resources and Tools*. The plan is guiding our union in addressing the ongoing racism and oppression that exists for so many of our members and staff, and within our communities. We encourage all members to familiarize yourselves with the plan, along with other ARAO resources, including new eLearning opportunities, at ona.org/arao.

The launch is part of a pilot to offer and receive support for members who identify with specific groups in ONA's membership. A Community of Support is a virtual setting:

- That allows a safer space to find support.
- That rebuilds trust and strengthens solidarity.
- Where members can share commonalities, seek guidance and feel empowered.

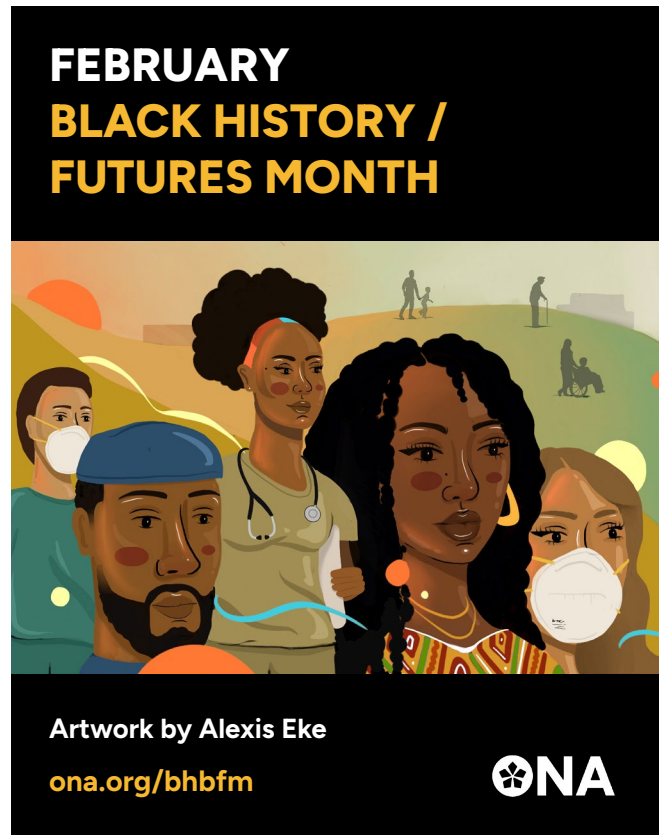
With a Community of Support, members are guided by peer-facilitators in discussions that allow members to feel heard. Peer-facilitators co-lead each session, with the support from staff on the ARAO Team. The first offer gave staff and the peer facilitator an opportunity to discuss the possible needs of this group.

"ONA will continue to offer space for our members to come together and support each other during the next year of the pilot," said Region 3 Vice-President Karen McKay-Eden, who holds the portfolio of human rights and equity. "These are lessons learned."

Over the next year, we plan to pilot additional Communities of Support for ONA members who are from other historically marginalized communities.

Other Resources

Also as part of BH/BFM, in which we honour Black Canadians whose achievements have shaped who we are, we once again showcased the powerful illustration (shown on this page) that we commissioned last year from Toronto artist Alexis Eke, who noted its aim is to "unify the themes of 'Black Resistance,' nursing and the strong female presence within the nursing community," for our bilingual poster, social media shareables and virtual background. It joined a plethora of material on our website to commemorate the month, including historical



information, digital offerings, resources from other organizations and a detailed list of events across the province, many of which our members participated in. You can still check them out at ona.org/bhbfm.

"Tragically, Black members continue to face discrimination and racism in the workplace and are underrepresented in nursing leadership roles and specialty nursing areas," added McKay-Eden. "For this to change, all members must raise your voices and be advocates, not just during this month, but every day of the year."



Learn more at ona.org/arao.

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ona.org/careers_recruitment@ona.org



PHARMACARE PLAN UNVEILED

Federal Health Minister Mark Holland has unveiled the federal government's pharmacare plan, which will cover diabetes treatments and contraception for Canadians.

Minister Holland was joined at the announcement by federal NDP Health Critic Don Davies, who called this legislation a "game-changer." The NDP had made universal and public pharmacare legislation a condition of their supply-and-confidence agreement with the Liberals.

"This is a historic win, and access to these medications will change lives," said Canadian Federation of Nurses Unions President Linda Silas. "But I know this isn't the full dose of pharmacare that Canadians need. Canada's nurses will be watching closely every step of the way to ensure our governments come through on their promise to expand coverage to include a comprehensive list of essential medications."

INCREASED CANADA HEALTH TRANSFERS

The federal government has announced \$3.1 billion in new funding for Ontario.

The deal aims to create more primary health-care teams and health-care professionals. It comes at a time when Ontario struggles with acute staffing shortages, emergency room closures and lengthy wait times for surgeries.

ONA maintains that increased Canada Health Transfers must come

with strings attached to ensure that funding increases staff and improves patient care instead of padding corporate profits. Read ONA's statement on the announcement at ona.org/news-posts/20240209-federal-funding.

ONA'S SUBMISSION ON PRE-BUDGET CONSULTATIONS

On January 10, ONA President Erin Ariss presented our pre-budget submission to the Standing Committee on Finance and Economic Affairs.

In our submission, we provided 24 recommendations to the government on improving our public health-care system for patients and health-care workers. We also highlighted the health-care staffing crisis, violence against nurses and health-care professionals, retention and recruitment challenges, unreliable funding streams, privatization of health-care and home and community care, hurdles faced by nursing students and accountability within our health-care system. Read the submission at ona.govtsub_2024prebudgetsubmission_20240130.pdf.

GENDER AFFIRMING ADVISORY COMMITTEE ACT VOTED DOWN

On February 29, MPP Kristyn Wong-Tam moved the second reading of Bill 42, which aimed to create a *Gender Affirming Health Care Advisory Committee Act*.

The Committee's mandate would be to make recommendations to the Health Minister for improving access and coverage for gender-affirming health care and improving mental health outcomes for gender-diverse Ontarians. During the debate, MPP Wong-Tam said that the bill will

protect gender diverse people, adding, "it also reduces and shields them from transphobic violence, something that we know can be very, very deadly."

Unfortunately, the bill was voted down by the Ford government.

LTC HOME INVESTIGATIONS UNIT "TOO LATE"

Ontario will provide \$72.3 million in funding for a 10-person investigations team to "strengthen oversight and resident safety."

The creation of the unit under the *Fixing Long-Term Act* will allow investigators to refer cases to prosecutors. However, this announcement comes a little too late. There are more than 626 long-term care homes in the province, and 10 inspectors are not nearly enough to conduct province-wide inspections.



NURSING AGENCIES CONTRIBUTED TO SHORTAGES: AUDITOR GENERAL REPORT

The Ontario Auditor General's 2023 Annual Report, which assesses value-for-money audits of Ontario's public

sector, has found that nursing agencies contributed to staffing shortages at public hospitals. For example, one hospital spent about \$8 million on agency nurses in the emergency department in 2022/23, compared to \$2.4 million in 2021/22.

The report also highlighted many concerns about the financial sustainability of increased privatization in Ontario's care delivery. Read the full report at auditor.on.ca/en/content/annualreports/arbyyear/ar2023.html.


ONA OPPOSES BILL 135

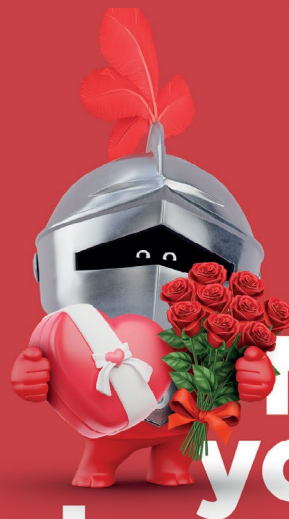
On October 4, 2023, Health Minister Sylvia Jones introduced Bill 135, which expanded the role of client service provider companies in home and community care. The bill came into effect in December 2023, increasing the role of for-profit service providers. ONA opposed the legislation, and ONA President Erin Ariss shared her concerns with the Standing Committee on Social Policy. Read our submission at [ona.govtsub_bill135_20231114.pdf](#).

BILL 151 FURTHER PRIVATIZES HEALTH CARE: ONA

Late last year, the government introduced Bill 151, giving the Minister of Infrastructure oversight of properties belonging to Public Health Ontario, Ontario Health, and Ontario Health at Home.

In a letter to MPP Brian Riddell, Chair of the Standing Committee on Social Policy, ONA highlighted that the proposed legislation makes it easier for the government to sell public health facilities to private, for-profit developers, further privatizing health care. Read ONA's letter at [ona.govtsub_bill151_20240220.pdf](#).

 **View ONA submissions to government at ona.org/submissions.**



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Front and Centre

AS NURSING HOMES BARGAINING GETS UNDERWAY, ONA INSTIGATES NEW PROCESS TO GIVE MEMBERS AN EVEN GREATER SAY

While ONA members have always helped determine the proposals we bring to the provincial bargaining tables through our regular Have Your Say surveys, we are amplifying your voice for the upcoming rounds.

For the first time in the history of our union, ONA members have been given the ability to not only view the proposals that are being taken to the employer groups beforehand, but to vote on them. This decision was made following the last round of hospital bargaining based on member requests for more transparency in the negotiations process.

"We heard you loud and clear and have taken action," said ONA President Erin Ariss. "This new process truly puts members front and centre in the development of our provincial bargaining demands and what we present to our employers during negotiations. This may be new territory for us, but we are absolutely committed to ensuring your voice is heard and reflected in every step."

DEMAND-SETTING MEETINGS

That commitment began with our current round of nursing homes bargaining, which got underway in mid-April following the election and orientation of our new Nursing Homes Provincial Negotiating Team (NHPNT) last fall (see sidebar on page 16).

"Premier Ford needs to listen to what nurses are saying, put more funding into long-term care staffing and provide incentives for nurses to stay."

— NHPNT MEMBER IRENE AGUIAR



Get bargaining updates at ona.org/bargaining

Following in the footsteps of our unprecedented hospital bargaining campaign early last year, where members engaged like never before in a series of escalating actions that resulted in a favourable arbitration decision, the ONA Board of Directors approved a similar campaign to enable our 2,500 nursing home members working in more than 210 nursing homes in the province to organize the power they need to win on their bargaining demands.

One key difference is that the NHPNT presented amended collective agreement language – our bargaining priorities – during a virtual demands ratification meeting on March 7 to interested nursing home leaders and members, who were then able to ask questions on the priorities before voting on them. They voted 100 per cent in favour of presenting the proposal package to employers during bargaining. You can review those proposals at Access ONA (access.ona.org), and will need your ONA credentials to do so.

With provincial bargaining gearing up in other sectors, including hospitals in 2025, this is a process we are committed to continuing.

The nursing homes priorities were based on feedback from two demand-setting meetings, set-up for nursing home leaders and front-line members according to region,

and the results of our Have a Say bargaining survey, which asks members in all sectors what you want to see in your next contract. Responses are tallied and every single comment, totalling dozens of pages, is read and considered. The current state of and threats to our health-care system and member realities on the front lines also helped form those priorities. Through this process, the NHPNT noticed consistent themes emerging, namely that staffing was a key priority to our members.

“Resident acuity level has increased and with that staffing issues come into play in all classifications, especially in light of the pandemic,” said NHPNT Chair Melissa Tilley. “We are losing nurses in this sector left, right and centre. The government and employers need to make long-term care attractive and they can do that through compensation and staffing, understanding that a nurse is a nurse regardless of the sector.”

A recent report from the Canadian Institute for Health Information provides the statistics behind this reality, finding that the number of RNs working in long-term care has dropped by more than 6.3 per cent, even as the need increases, and is now at the lowest level since 2015. Meanwhile, there was a 9.2 per cent growth in nurses working at for-profit nursing agencies.

ESCALATING ACTIONS

At the same time our bargaining priorities were being determined and voted on, we were discussing tactics with leaders and members at our Nursing Homes Contract Action Committee meetings, which began in February, to support the NHPNT and ensure a strong united voice behind the demands they presented to the participating nursing homes.

“It’s critical that we take collective action to persuade employers to give our nursing home members a new contract that includes what they and their residents need for safe, timely and appropriate conditions of care and work,” added Ariss. “It’s going to take more than negotiating at the table to win. It will take all of us standing up to together.”

Those actions began with a province-wide sticker up event on March 20-21, where we asked every ONA member in participating nursing homes to wear stickers to show how serious we are about this round of bargaining (see cover photo), followed by a well-attended protest outside Extendicare head office in Markham, timed to coincide with our Provincial Leadership Meeting, as this campaign is also focusing on exposing nursing homes’ profits and directly linking the connection between profit

VON MEMBERS RECEIVE SURPRISING COMPENSATION IMPROVEMENTS



After receiving a very disappointing arbitration award last December, our members in the Victorian Order of Nurses (VON) sector have been given some welcome news.

Just as *Front Lines* headed to print, came word that NPs, RNs and RPNs who work at VON will receive unexpected compensation improvements. These improvements are being made through an agreement with the employer, following an increase in funding provided by the provincial government. During a special meeting on March 19, VON members were given the opportunity to learn the details of these compensation improvements, ask questions and share feedback. Learn more at ona.org/bargaining.

This announcement follows a disappointing round of VON provincial bargaining (see photo of our members at the bargaining table above). After the employer failed to bring an offer to the table that we could present to our members, we went to arbitration last June. In December, Arbitrator John Stout issued a decision that includes wage increases of 1.5 per cent and 2.0 per cent for 2023 and 2024, respectively. This amounts to a real wage cut after inflation and cost-of-living increases are factored in, is far below the increases nurses in the hospital sector received, and will do nothing for retention and recruitment.

Calling the arbitration decision “disappointing and frustrating,” ONA President Erin Ariss immediately put the government and employer on notice that ONA is committed to amplifying the issues of VON members as part of our fight back for better staffing and equity.

and the understaffing crisis. Recently released fourth quarter 2023 financial highlights from Extencicare showed that revenue increased 12.8 per cent or \$39.8 million to \$350.2 million from fourth quarter 2022.

“The Ford government needs to make employers of for-profit homes re-invest, ensure staffing is appropriate and increase wages because pay inequality with hospitals is huge,” said NHPNT member Christopher Bolestridge. “They need to tell them to stop putting money in shareholders’ pockets and put it into residents’ care where it belongs.”

If we are unable to resolve issues at the bargaining table, ONA and the participating nursing homes have agreed to mediate any outstanding issues before Mediator Sheri Price on May 1-2. Should that also fail, we will proceed to arbitration before Arbitrator John Stout on June 26. Collective actions will escalate as we move through these stages to amplify our demands, and we encourage you to participate to ensure our success.



Learn more at ona.org/nh.

Meet Your New Bargaining Teams



Following recent elections for our members in the nursing homes and hospital sectors, we have two strong provincial bargaining teams in place. We thank all members for putting their names forward and to those of you who casted a vote.

Nursing Homes Provincial Negotiating Team

(pictured with ONA President Erin Ariss, First Vice-President Angela Preocanin and CEO Andrea Kay)

- REGION 1:** Christopher Bolestridge, ONA13, Elizabeth Centre (elected at October Area Coordinators Conference (ACC)).
- REGION 2:** Melissa Tilley, Chair, ONA105, Springdale Country Manor (OMNI).
- REGION 3:** Genevieve Tiri, ONA111, Leisureworld Caregiving Centre (elected at October ACC).
- REGION 4:** JoAnn Carey, ONA9, Valley Park Lodge (acclaimed).
- REGION 5:** Irene Aguiar, ONA8, Iler Lodge (Revera/Extencicare).

Hospital Provincial Negotiating Team

- REGION 1:** **Full-time:** Jason Dupras, ONA20, North Bay Regional Health Centre.
Part-time: Awis Mohammed, ONA73, Thunder Bay Regional Health Sciences (elected at February ACC).
- REGION 2:** **Full-time:** Rachel Muir, ONA83, The Ottawa Hospital (acclaimed).
Part-time: Kelly Gagnon, ONA84, Queensway Carleton Hospital.
- REGION 3:** **Full-time:** Devin Stephanian, ONA95, Unity Health Toronto.
Part-time: Jane Penciner, ONA6, North York General Hospital (acclaimed).
- REGION 4:** **Full-time:** Heather Bache, ONA70, Hamilton Health Sciences (acclaimed).
Part-time: Marianne Fletcher, ONA71, Joseph Brant Hospital (elected at February ACC).
- REGION 5:** **Full-time:** Jasen Richards, ONA100, London Health Sciences Centre.
Part-time: Jo-Dee Brown, ONA8, Hotel-Dieu Grace Healthcare.

HCCSS Settlement Step in Right Direction

Last November, ONA reached a settlement with Ontario Health for our more than 4,300 members working in Home and Community Care Support Services (HCCSS) across the province, which we consider “a good start.”

The two-year agreement, which runs from April 1, 2022 to March 31, 2024, provides wage increases of three per cent per year for all classifications, and improved shift and weekend premiums, mental health coverage and vision care.

Using many of the same tactics from our successful hospital bargaining campaign last year, ONA set up regular contract action team meetings for members in this sector to plan actions and show unity. In fact, this deal was reached during conciliation just a few days after our phone and email drive that targeted Premier Ford, Minister of Health Sylvia Jones and Ontario Health President Matthew Anderson.

Hundreds of phone calls were made and emails sent by members on the need for safe staffing and fair wages.

“While this is a good start, there are still improvements needed to ensure the HCCSS sector provides fair wages and safe staffing for these highly educated and dedicated care coordinators, nurse practitioners, clinical care specialists, clerical support workers, mental health and addictions nurses and palliative care nurses,” said ONA President Erin Ariss. “You have my promise that we will be bringing these issues back to the bargaining table next round.”



Returning the Favour

The solidarity of our union allies throughout ONA’s hospital bargaining campaign last year was vital to its favourable outcome and so on February 6, we returned the favour. At a rally attended by several hundred union members outside the Sheraton Centre Toronto Hotel, a large contingent of ONA members from many sectors gathered to support hospital workers from CUPE’s Ontario Council of Hospital Unions, SEIU Healthcare and Unifor, who were at the bargaining table to secure a fair and equitable contract and government investment in improved staff-to-patient ratios. “I’m here showing solidarity for people in this sector, as Doug Ford is butchering health care,” said Kerry Blackwell, who was part of a large group from HCCSS Central, ONA16. ONA97 Coordinator Liz Romano couldn’t agree more, noting she and her members were there “because they were so supportive of us. It gave us a sense that this wasn’t just ONA, it was all unions.” Victoria Akinsola from a rehabilitation centre, and Barbara Wilson, who works in long-term care, had a message familiar to many members: “We’re here to support hospital workers get better wages, staffing and care.” After all, as ONA knows well, a win for these members at the bargaining table is a win for us all.

IT'S FINALLY OVER: FORD LOSES BILL 124 APPEAL

The fight over wage-suppressing Bill 124 has ended once and for all with the Ontario Court of Appeal siding with the lower court's decision to strike this legislation down.

On February 12, the Ontario Court of Appeal released its ruling on Bill 124, which capped total compensation for ONA members and other largely female-dominated public sector workers at one per cent for each of three years, finding it violated the constitutional rights of unionized employees to meaningful collective bargaining, as guaranteed by s. 2(d) of the *Canadian Charter of Rights and Freedoms*.

"Because of [Bill 124], organized public sector workers, many of whom are women, racialized and/or low-income earners, have lost the ability to negotiate for better compensation or even better work conditions that do not have a monetary value," the court wrote in its 2-1 majority opinion, which largely agreed with the Ontario Superior Court's ruling on the bill in November 2022.

Soon after the Ontario Court of Appeal's decision, the Ford government announced it would not appeal to the Supreme Court of Canada, and on February 23, repealed Bill 124 in its entirety through an Order in Council, as was permitted through the legislation. That means we are truly done with Bill 124.

"This heinous bill should never have been passed in the first place," said ONA President Erin Ariss. "Instead of trying to work with nurses and health-care professionals on fixing what ails our broken health-care system, the Ford government chose to take direct aim at us."

FIVE-YEAR FIGHT

Our fight against Bill 124 began close to five years ago when it was first introduced by the Ford government in an attempt to help eliminate the deficit on the backs of Ontario workers. ONA immediately sprung to action, launching a Charter challenge with our union allies and meeting with government officials, while our members took to the streets at every opportunity decrying the bill, spoke out in the media, and lobbied MPPs.

"This egregious attack on the wages and benefits of those who have held and continue to hold our health-care system together, during a pandemic and beyond, was the final straw for so many, and we have seen a mass exodus of nurses and health-care professionals," added Ariss. "Understandably, you were fed up with being disrespected and devalued by this government with no end in sight."

In the lower court ruling, the Ontario Superior Court found Bill 124 resulted in "substantial interference with collective bargaining, both collectively and individually," declaring it "void and of no effect." Our elation at the decision was short lived as the Ford government announced it would appeal that decision, wasting taxpayers' money to continue to attack us. That appeal was heard in June 2023, and this initial decision was ultimately upheld by the Ontario Court of Appeal.

WHAT THE RULING MEANS

ONA had the foresight to include a reopener clause in the collective agreements of members subject to Bill 124. As a result, we have already achieved arbitrated decisions providing additional wages for our hospital and some of our long-term care members. We are now looking at fighting for improvements in workplaces that did not achieve reopeners and wage equality across sectors more broadly.

"You made this happen by not sitting back while the Ford government trampled all over your rights, and this is absolutely *your* win," concluded Ariss. "But we need you to continue your steadfast advocacy as we don't expect the Ford government's attacks on public health care to end anytime soon. They need to listen and respect those of us who actually provide care on the front lines, and work with us to repair the damage done. Let's use our collective strength to make that happen!"



Read more at ona.org/about-bill-124.



"We have fought Bill 124 in the courts, our communities and the streets. ONA members have been integral to this fight and will continue to be until we achieve the fairness, respect and justice we deserve," ONA President Erin Ariss (middle) told a Queen's Park media conference, along with other union heads and NDP leader Marit Stiles, on February 12.

Dead Tired: Report Shows Serious Risks of Overworked Nurses

A recent report from the Canadian Federation of Nurses Unions (CFNU) is shedding light on the dire impact excessively long working hours have on nurses and their patients – and it's eye-opening.

Released this past January, *Safe Hours Save Lives: Study on Safe Working Hours for Nurses*, authored by researcher Dr. Heather Scott-Marshall, examined three outcomes of occupational fatigue: risks associated with patient safety, risks of workplace conflicts and lateral violence, and risks posed to nurses' overall health and well-being.

The findings are grim, revealing that fatigue is associated with long-term health conditions such as heart disease and diabetes. Its effects are also similar to those of alcohol intoxication, posing a significant safety risk. Yet, while pilots, for example, are subject to regulations that limit their on-duty period to a maximum of 13 hours, no such safeguards exist for nurses in Canada.

Fatigue is also linked to work-related injuries in nurses, costing our health-care system nearly a billion dollars annually, the report states, noting there is also a growing body of evidence linking fatigue to safety incidents in health care.

"Nurses are working more overtime than ever before, enduring shifts as long as 24 hours, as they try to meet the needs of their patients amidst a crisis-level staffing shortage," said CFNU President Linda Silas. "How can anyone be expected to function at their best after more than 20 hours straight on the job? This is the reality for many nurses, day in and day out. The findings are clear: excessive hours of continuous work have a profound impact on nurse fatigue, with consequences that extend far beyond the workplace."

One nurse who was interviewed for the study echoed these alarming concerns, stating that "you're working with all these meds, and yet you can't even drive yourself home... you don't even know if your car is moving towards the middle of the road."

The report concludes with several recommendations to reduce fatigue-related risks (see below), with Silas noting that "the next step is meeting with provincial and territorial politicians and the decision-makers in health care, and bringing this evidence to the policy level and into the collective agreement. It's time we talk more about safety, and that includes hours of work. We owe it to our nurses and our patients. It's a matter of safety and respect."



Read the full report and executive summary at nursesunions.ca.

WAKE-UP CALL

Safe Hours Save Lives outlines key recommendations for government and employers to reduce fatigue-related risks for nurses. They include:

- Stop mandating nurses to work overtime.
- Establish legislation and regulatory limits on consecutive work hours for nurses.
- Adopt international standards for managing risks related to fatigue, including designated napping spaces, fresh food for nurses on extended or overnight shifts, and nurses' transportation home post-shift.
- Implement formal fatigue risk management programs.

Open Enrollment Opportunity for May.



To celebrate Nursing Week, for the month of May 2024 ONA members will be eligible to apply for the following WITHOUT a medical:

- Long term Disability
- Extended Health with Optional Hospital
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ONTARIO NURSES' ASSOCIATION



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ONA Passes Act of Kindness on to Students

Just as intended, ONA took an act of kindness and passed it on.

During the height of the COVID-19 pandemic, ONA received a cheque from a patron who requested it be put to good use. And the Board did exactly that, deciding to use the money for an extra nursing scholarship. Dubbed the "Act of Kindness Award," this one-time scholarship joins our nine other 2023 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."

Front Lines is featuring the names and pictures of the recipients, along with snippets from their winning essays.

 **To read their full essays, go to ona.org/students.**



REESE FALLON MEMORIAL SCHOLARSHIP

HANNAH MILTON, daughter of Milton George Monickaraj, HCCSS Central East, ONA3
"I thank ONA's relentless efforts for nursing student placements during COVID-19. Due to ONA's fight, immediate action was taken to ensure nursing students could access in-person clinical placements safely."



CFNU SCHOLARSHIP

REBEKAH HUSKINS, daughter of Nicole Huskins, St. Mary's General Hospital, ONA55
"ONA played a very important role in the long battle to have Bill 124 repealed and continues to be essential in the fight for rights in other areas, such as safe staffing and preventing workplace violence."

Deadline to Apply for 2024 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 2024 ONA Scholarships (up to nine 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.**

Students Explore "Endless Opportunities"

ONA First Vice-President Angela Preocanin is surrounded by a group of enthusiastic Ontario nursing students at the Canadian Nursing Students' Association's National Conference in Edmonton, Alberta this past January. Under the theme, *Nursing Without Limits: Exploring the Endless Opportunities*, the conference provided interactive sessions to help students navigate challenges and learn about the transition from being a nursing student to a new graduate nurse. In her role as Secretary-Treasurer of the Canadian Federation of Nurses Unions (CFNU), Preocanin highlighted CFNU's advocacy work, working conditions and nursing trends across the country. ONA sponsored the conference and also staffed a booth to hand out swag depicting our renewed brand, including pens and stickers, and our nursing student brochure so that students could learn more about being affiliate members of our union.





GRACIE GILBERT,
granddaughter of Janet
Connolly, St. Joseph's
Health Care, ONA45

"ONA advocates for the health-care system and the patients it serves. The organization works to improve the quality of care in Ontario by supporting policies that promote patient safety and well-being."



JULIA CHESHIRE,
daughter of Lauri
Cheshire, Lakeridge
Health, ONA51

"ONA is a strong voice for nurses in the political sphere, advocating for policies and legislation that support their professional interests and the interests of their patients."

ONA IN THE NEWS

ONA was cited a total of **456** times in the news in the final quarter of 2023, with the most common topics being the cost to hospitals of using nursing agencies, increasing health-care system privatization, amalgamations among public health units and widespread coverage of the strike by ONA members at Hastings & Prince Edward County Health Unit.

The most viewed television news report was an interview with ONA President Erin Ariss regarding the urgent need for RN retention and recruitment to stop emergency department closures. ONA also published an opinion editorial about Ontarians suffering "outrage fatigue" about the actions of Premier Doug Ford (see below).



No treat: ONA President Erin Ariss speaks to reporters at an NDP media conference about the growing trend of agency nurses on October 31, 2023.

Overcome Outrage Fatigue, ONA Urges Ontarians

The following are snippets from the op-ed, *Are Ontarians Suffering from Outrage Fatigue?*, penned by ONA President Erin Ariss. It appeared in *Healthy Debates* on January 17, 2024 (read its entirety at healthydebate.ca/2024/01/topic/ontarians-outrage-fatigue/).

Anyone paying attention to the goings on at Queen's Park will know that a growing list of legislative moves from the Ford Conservative government are clearly aimed at both destroying our not-for-profit, cherished health-care system while rewarding corporate providers with large chunks of taxpayers' health-care funding dollars.

This government's actions have fostered a social conscience in Ontarians that hasn't been this robust in decades. Yet, changes to health care is resulting in a somewhat subdued reaction. Are Ontarians suffering from outrage fatigue when it comes to this government's destruction of this sector?

A quick review of the provincial government's actions makes the wholesale move of health-care privatization clear. But the evidence from around the world and right here in Canada is also clear. Private, for-profit health care costs more, does not reduce wait times (and sometimes lengthens them) and results in worse health outcomes for patients – all while draining the public system of desperately needed health-care workers and funds.

It is understandable that some people may be burnt out when it comes to fighting back, even for what they value most. But without each of us speaking out, the Ford Conservatives will continue full steam ahead destroying the public health-care system every one of us will need one day.

Don't let outrage fatigue make you accept less than you deserve.

HEALTH AND SAFETY CONSIDERATIONS WHEN ONBOARDING AGENCY STAFF

As ubiquitous staffing issues continue to strain our health-care system, many employers have swayed towards hiring agency nurses as a makeshift solution. However, one of the most overlooked factors in this dilemma is the lack of adequate health and safety onboarding of these workers, which ultimately impacts the whole workplace.

What if an agency nurse isn't trained on proper flagging procedures when identifying a patient at risk for workplace violence, putting other staff at risk as well? What if agency staff are expected to be involved in a code response? Have employers trained them to be aware of their role and responsibilities relative to other team members? These are just a few questions for which ONA has realized many employers do not have a clearcut answer.

As a higher percentage of agency staff are hired by organizations, the workplace's capacity to mitigate safety hazards will gradually diminish without proper onboarding.

RECENT CASE

The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) agrees, as this recent case from Montfort Hospital in Ottawa shows:

A worker was deployed as an agency sitter and during their shift, was injured in a violent incident with a patient. The MLITSD inspector issued an order after finding that the employer failed to ensure agency sitters at the workplace were provided information relating to the risk of violence from all patients with a history of violent behaviours they may encounter.



This order helps to protect the health and safety of agency staff hired by health-care facilities by putting the responsibility on the employer engaging in their services to ensure they have received training on health and safety policies that directly impact them. These control measures in the workplace will, in turn, protect the health and safety of ONA members as well.

TRAINED, TESTED AND DRILLED

To ensure a safe deployment, agency staff need to be informed of any hazards in their work, and be trained, tested and drilled in the measures and procedures relevant to their work to keep themselves and others safe. Joint Health and Safety Committee (JHSC) members should ask the employer about their policies for

agency staff to ensure these workers receive all necessary health and safety training.

To facilitate this process, the JHSC should request an organizational risk assessment (see sample on next page) in relation to health and safety onboarding of agency staff, to be conducted in consultation with the JHSC. Below is a checklist containing factors that should be included in the risk assessment. If, after completing this checklist, any of the boxes remain unticked, the JHSC ONA representative should immediately advise the Bargaining Unit President.

If your employer does not adequately protect you and other staff in your workplace, you may also use this checklist as evidence of inadequate information and training in any potential complaint made to the MLITSD.

Organizational Risk Assessment Checklist

Reporting/Escalating Unresolved Health and Safety (H&S) Concerns

- Who to report H&S concerns to (i.e. who is the supervisor responsible for agency workers' H&S).
- How to report workplace hazards/safety gaps, including lack of personal protective equipment (PPE).
- How to submit an incident report, should it be necessary.

H&S Measures and Procedures

Trained, tested and drilled in all H&S measures and procedures, including but not limited to:

- Respiratory Protection/Infection Control.
 - How and where to obtain PPE based on point of care risk assessment, including the manufacturers' Safety Data Sheets for PPE in stock.
 - Donning and doffing of PPE (including a place to don/doff and where to safely dispose used PPE); the care, use and limitations of all PPE.
 - Ensure fit-testing is done for an N95 mask or greater respiratory protection.
 - How to identify clients who require all modes of transmission-based precautions.
 - Cleaning/disinfection protocols.
- Violence Prevention
 - Code White.
 - Flagging.
 - Security.
 - Personal safety devices (i.e. alarms).
 - How to identify residents with a history/risk of violence that includes responsive behaviours, and access their care plan if in circle of care.
- Patient Transfer
 - Zero lift policy.
 - Lift equipment, transfer aids, including slider sheets to reposition residents.
- Workplace Hazardous Materials Information Systems
 - Dangers and hazards associated with the chemicals and substances worker may come into contact with while on the job.
 - Safety Data Sheets for any chemicals used in the facility.
 - Product Safety Sheets for any medications used in the facility.
 - The storage, preparation and use of antineoplastic drugs, safe use of equipment and related emergency procedures.
- Emergency Preparedness
 - Evacuation procedures.
 - Emergency codes and how to respond (i.e. Code Red – fire, Code Brown – hazardous spill, etc.)
 - Orientation to the building and work area, and knowledge of the locations of exits, locked doors, emergency equipment, staff washrooms, etc.
 - Location of emergency equipment such as fire extinguishers, alarms, etc.
- Sharps Use and Disposal
- Supervisor Competency Training, should it be determined that the agency worker will be acting in a supervisory role under the *Occupational Health and Safety Act* (e.g., the only RN working on shift)

New Tool Helps Workers with Chronic Conditions

A new evidence-based tool from the Institute for Work & Health (IWH) will help workers with chronic and episodic health conditions continue to work safely, comfortably and productively in their jobs.



The free bilingual Job Demands and Accommodation Planning Tool (JDAPT), launched online last year, allows workers with chronic conditions to learn about potential supports and accommodations specific to their job demands. Workers can implement them on their own or, if needed, seek support from their employer, without necessarily having to disclose their condition.

Chronic conditions include mental health disorders such as depression and anxiety, Crohn's disease, colitis, multiple sclerosis, migraine, rheumatic diseases, chronic fatigue syndrome, musculoskeletal conditions such as low-back pain, HIV/AIDs, as well as many forms of cancer and rare diseases. They are often referred to as episodic because they tend to worsen, improve or fluctuate over time. Given their unpredictability and the fact they are often invisible to others, they create unique challenges in managing workplace disabilities.

ONA has a long relationship with the IWH, an independent, not-for-profit research organization that aims to protect and improve the health of working people.



Learn more at iwh.on.ca and access the JDAPT tool at aced.iwh.on.ca/jdapt.

PRIVACY AND CONFIDENTIALITY: TIPS FOR PROTECTING YOUR PATIENTS AND YOURSELF

ONA's Legal Expense Assistance Plan (LEAP) Team represents health-care professionals when there is a complaint or report to their regulatory college. Every year, many of LEAP's cases involve allegations of privacy breaches, and some of these cases result in disciplinary consequences.

As a health-care professional, you have legal and ethical obligations to protect a patient's health information. These obligations are established by your regulatory college and by the *Personal Health Information Protection Act (PHIPA)*.

PHIPA governs the collection, use, storage and disclosure of personal health information (PHI). PHI is defined very broadly and includes anything that might identify a patient. The legislation requires health-care facilities to audit their health records systems. Many privacy breaches that LEAP deals with result from random employer audits.

Privacy breaches tend to fall into two categories:

1. Unauthorized access to a patient's health information.
2. Disclosure of a patient's health information without consent.



Protect your patients and your licence by adhering to the following tips from our LEAP Team.

ACCESS TO A PATIENT'S HEALTH INFORMATION

- Do not access the health records of a patient unless you are currently in their "circle of care" and have a clinical reason to do so. You can't access the records of a patient you cared for even a few days ago unless there is a clinical reason to access it today.
- Do not access health records for "educational purposes."
- Do not access your own health record or those of your family members, even with consent. Always use official channels.
- Do not access your hospital's tracker tool to see which patients are likely to be admitted to your unit. You are not considered to be in their circle of care.
- Always log out of the electronic system. Do not let anyone, including physicians, access records under your password.
- Change your password frequently.
- Report to your employer if you accidentally access health records.

DISCLOSURE OF A PATIENT'S HEALTH INFORMATION

- A patient's family is not entitled to their PHI unless they are the substitute decision maker or power of attorney.
- Always ask a patient for consent before sharing their health information. Document this consent.
- Do not provide information to family members over the phone unless you are able to identify them.
- Do not release health information to third parties, such as employers or police without patient consent or a court order. It's best to refer third party requests to a supervisor or the health records department.
- Remember, PHI is very broadly defined – there can be a privacy breach even if someone's name is not revealed.
- Do not use your personal cell phone to record or share PHI.
- Understand and follow your regulatory college standards and your employer's policies.

 If you have questions about privacy issues, please contact LEAP Intake at (416) 964-8833 or (toll-free) 1-800-387-5580 or at LEAPIntake@ona.org.

ONA WINS FIRST CASE ON MANDATORY VACCINATION POLICIES



ONA has received our first award – a win – against mandatory vaccination policies, which require that members either receive the vaccine or face disciplinary consequences such as a suspension, indefinite leave of absence, and/or termination when there were reasonable alternatives.

ONA filed a policy grievance challenging the mandatory COVID-19 vaccine policy at Quinte Health System, one of the lead hospital cases in our litigation against such policies. Like other hospitals across Ontario, Quinte Health implemented its mandatory vaccination policy in the fall of 2021. It required that all staff have one dose of the COVID-19 vaccination by October 1 and the second dose by no later than October 31 of that same year, failing which the policy directed that employees be terminated. Grievances were filed for nine ONA members who were terminated.

Arbitrator Hayes, who heard the case, found that while the mandatory vaccination policy of Quinte Health was reasonable when it was introduced, the termination of members under the policy was not reasonable and conflicted with the just cause principle enshrined in the collective agreement. He found that the nurses should never have been terminated, but rather placed on an unpaid leave of absence. He struck that part of the policy that imposed termination and reinstated the nurses as Quinte employees. Arbitrator Hayes also remitted any further remedies to the parties, including the question of when the employees should have been returned to the workplace.

WHERE DO OTHER LEAD CASES STAND?

While the majority of hospitals are maintaining their mandatory vaccination policies, employers in other sectors have rescinded or paused them. In long-term care, many employers rescinded or paused such policies and members have been reinstated with full service/seniority.

Our other lead cases are as follows:

Home Care: Victorian Order of Nurses (VON) Brant

On September 14, 2023, right in the middle of litigation for this sector, the VON announced it was rescinding its mandatory vaccination policy for all VON employees at all locations and replacing it with a policy that recommended the COVID-19 vaccine.

Home and Community Care Support Services: Erie St. Clair

A hearing date in this matter was held on December 19, 2023, where ONA's expert witness Dr. James C. Doidge testified. Continuation hearings occurred in February and March, with the upcoming dates, as of press time, scheduled for April 27 and 29, July 7, 10 and 12, 2024.

Hospitals: Soldiers' Memorial Hospital and Niagara Health System

ONA retained infectious disease expert Dr. Rau while the hospitals have Dr. Loeb as their expert – the same experts who testified in Quinte Health.

- **Soldiers' Memorial Hospital:** ONA completed three hearing dates of the policy grievance, with the last held on October 25, 2023. At press time, Dr. Rau was scheduled to be cross-examined on the next day of hearings on April 16, 2024. There are further hearing dates scheduled for April 25, June 18-19 and July 2-3 of this year.
- **Niagara Health System:** A case management date was scheduled on February 6, 2024, where the Arbitrator provided direction about the litigation of the case. As of press time, continuation hearing dates are scheduled for April 24, June 5 and 12, July 17-18 and September 13, 2024.

We will continue to keep you updated as litigation proceeds.

The arbitrator found the nurses should never have been terminated, but rather placed on an unpaid leave of absence



ERIN ARISS, RN

SUITE DE LA PAGE 4

d'une crise de dotation en personnel qui s'aggrave de jour en jour, et non seulement ils ne font rien pour arrêter cet exode massif, mais bon nombre de leurs décisions politiques en sont la cause profonde. Pour cette raison, nous avons aussi exhorté la ministre à consacrer des fonds au maintien en poste du personnel, en indiquant clairement que sans augmentations salariales et autres mesures de soutien, les soins primaires et d'autres secteurs continueront de perdre du personnel dont ils ont désespérément besoin.

Bien que cette réunion ait été, et c'est peu de le dire, une déception, je ne suis pas découragée. D'autres membres de votre conseil d'administration et moi-même continuerons de rencontrer des représentants du gouvernement pour faire valoir vos problèmes graves et exiger des soins de qualité pour nos patients, nos résidents et nos clients, ainsi que le respect pour votre travail et la valeur que vous apportez à notre système de santé.

Nous continuerons à nous faire entendre dans les médias pour que le public soit conscient des préjudices que les politiques du gouvernement Ford nous font subir.

Nous sommes également dans une année de négociation provinciale – les efforts de négociations concernant les maisons de soins infirmiers sont déjà en cours (voir l'article couverture) – et vous avez donc également la capacité, tout au long de ce processus, de réitérer ce qu'il faudra pour retenir et attirer les infirmiers(ières) et les professionnels(elles) de la santé. Et la meilleure façon d'exprimer notre mécontentement envers le gouvernement Ford, c'est lors des élections provinciales. Nous vous en parlerons davantage dans les semaines et les mois à venir.

Je ne saurais trop insister sur le fait que c'est notre pouvoir collectif qui l'emportera à la table des négociations et dans les urnes. Après tout, lorsque nous nous unissons pour atteindre un objectif commun, nous pouvons tout à fait provoquer des changements. Regardez par exemple la loi 124 qui supprime les salaires (voir page 18). Ce cauchemar est enfin terminé une fois pour toutes, et c'est grâce à chacun d'entre vous qui êtes venu à un rassemblement, ou qui avez envoyé un courriel à votre député provincial, écrit une lettre à la rédaction, porté un t-shirt avec l'un de nos slogans ou pris part à toute autre tactique. Être unis, c'est ce qui a fait la différence. C'est ce qui a fait pencher la balance en notre faveur. C'est pourquoi, alors que l'année 2024 se déroule, nous devons continuer à renforcer notre force et notre pouvoir collectifs dans ce syndicat plus audacieux que nous sommes en train de bâtir.

Puis-je vous compter?



ANGELA PREOCANIN, RN

SUITE DE LA PAGE 5

Bien que les unités de négociation de l'AIO, travaillant de concert avec le personnel, réussissent généralement à obtenir des protocoles d'entente avec vos employeurs pour régler ces problèmes à notre satisfaction, un effort supplémentaire est parfois nécessaire.

Ainsi, lorsque toutes les autres options pour parvenir à une entente avec l'employeur ont été épuisées, nous passons à la dernière étape du processus, soit un comité d'évaluation indépendant (CEI).

Un CEI est un groupe de trois infirmiers(ières) autorisées expertes indépendantes qui évaluent et analysent les données probantes des deux parties afin de déterminer si les infirmiers(ières) autorisées se voient attribuer plus de travail que ce qui est compatible avec la prestation de soins sécuritaires et de qualité aux patients. La plupart du temps, elles tranchent largement en notre faveur, émettant des recommandations qui, si elles sont mises en œuvre – et vous pouvez être sûr que l'AIO travaille sans relâche avec les employeurs pour s'assurer qu'elles le soient – entraînent des changements significatifs.

Permettez-moi de vous donner deux exemples récents : L'unité de médecine Connell 10 du Centre des sciences de la santé de Kingston, le deuxième CEI en autant d'années dans cet établissement, et l'unité médicale/chirurgicale de l'hôpital Campbellford Memorial. Bien que les enjeux et les recommandations soient trop nombreux pour être énumérés ici (99 recommandations pour Kingston et 141 pour Campbellford!), je peux vous dire ceci : Ensemble, ils répondent efficacement aux préoccupations soulevées par nos membres concernant des enjeux comme la dotation en personnel infirmier autorisé, les ratios infirmière-patient sécuritaires et la nécessité d'accroître les ressources et le soutien supplémentaire pour les infirmiers(ières) autorisées; le leadership infirmier, les communications et le soutien; l'éducation et l'équipement; la santé et la sécurité, ainsi que le recrutement infirmier, le maintien en poste et la planification des ressources humaines. Je vous encourage à lire les rapports à ona.org/pp-iac. Cela n'a peut-être pas été facile, mais il va sans dire que les membres de ces unités se sont battus et qu'ils ont gagné pour eux-mêmes et pour leurs patients. Et avec de la détermination et de la persévérance, vous pouvez aussi le faire.

Alors, pendant que vous vous battez pour de meilleurs contrats qui valorisent votre contribution à notre système de soins de santé et qui améliorent vos conditions de travail, ce qui est très important, n'oubliez pas que cette même défense des droits s'applique également directement dans votre milieu de travail. Si quelque chose ne va pas, lorsque vous savez que la sécurité des soins aux patients est à risque, ainsi que vos propres normes professionnelles, en raison de politiques d'employeur nocives, je vous implore de remplir vos formulaires sur votre milieu de travail, qui sont disponibles sur le site Web de l'AIO (ona.org/pp) et qui sont un endroit succinct où consigner vos préoccupations. Ils nous fournissent les preuves concrètes dont nous avons besoin pour obtenir des résultats. Car, comme le montrent ces exemples, vous pouvez et serez entendus, et l'AIO vous soutiendra à chaque étape du processus.

MOMENTUM TOWARDS IMPROVING RETIREMENT BENEFITS, PENSION SURVEY SHOWS

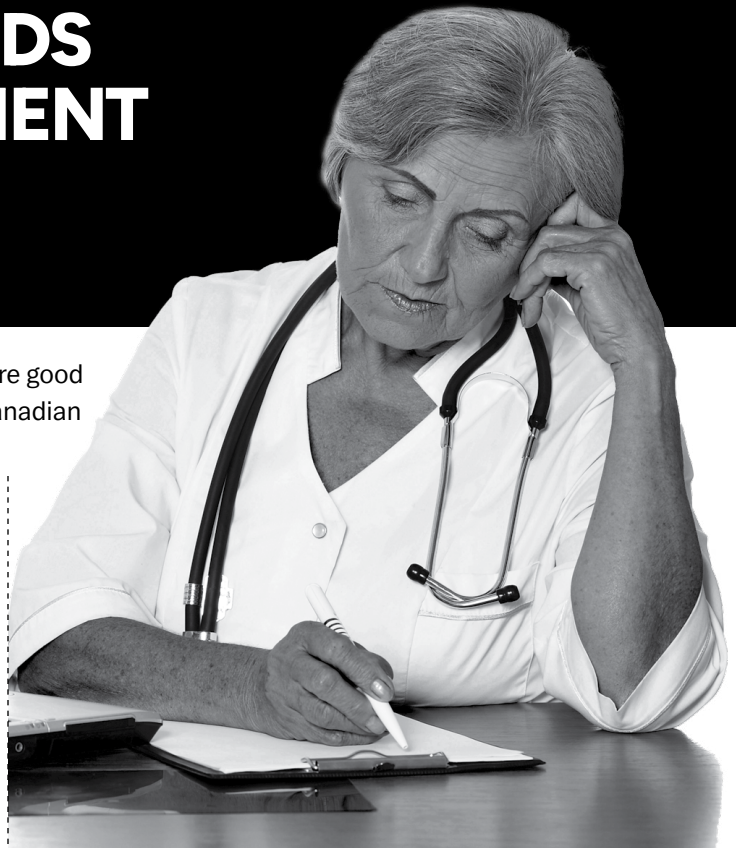
The majority of employers surveyed recognize that pensions are good for retention, recruitment and productivity, the most recent Canadian Employer Pension Survey (CEPS) finds.

The annual public opinion survey, commissioned by the Healthcare of Ontario Pension Plan (HOOPP), which covers the majority of ONA members, captures the perspectives of Canadian employers on the impact of the current economic climate on business, the state of retirement security in Canada and the impact of offering retirement benefits on employee recruitment, retention and overall wellbeing.

The most recent survey, released last year, shows a momentum towards adding or improving retirement benefits, with 23 per cent of employers stating they have enhanced or added their offerings in the past year, or plan to in the year ahead. That's up six points from the previous year.

Specifically:

- 90 per cent of employers agree it's important to offer benefits that will reduce employee financial stress and 82 per cent cite retirement benefits as a cost-effective way to do that.
- Employers who offer retirement benefits rank retention (64 per cent) and recruitment (59 per cent) as the top benefits of doing so.
- 73 per cent of employers who offer retirement benefits said they improve employee productivity compared to only half (52 per cent) of employers who do not offer them.



90%

OF EMPLOYERS AGREE IT'S IMPORTANT TO OFFER BENEFITS TO REDUCE EMPLOYEE FINANCIAL STRESS

The less positive news is that some employers may be underestimating how much their workers want access to pensions. Seventy-seven per cent of employers who don't offer retirement benefits believe their employees would choose a higher salary over a pension. But the most recent Canadian Retirement Survey, also commissioned by HOOPP, shows the opposite is true: 61 per cent of workers would prefer a pension over a pay hike.



Read more at hoopp.com.

OMERS Podcast Series Helps Members Plan for Retirement

The Ontario Municipal Employees Retirement System, the pension plan of some ONA members, has launched a podcast series to help kick-start retirement planning.

Featuring in-depth conversations with OMERS leaders, including President and CEO Blake Hutcheson,

and external guests, the *Pension Blueprint* podcast explores different aspects of the pension landscape across Ontario. Episodes are packed with educational content about the OMERS plan, from factors to consider

when choosing the best time to retire to ways to maximize monthly retirement income. Some episodes take a deeper dive into the latest buzzworthy topics around pensions and retirement.



Check the series out at omers.com/the-pension-blueprint-podcast.

WE ARE NOT AN OPTION.

We are a necessity.



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