Giving Your All
ONA members share stories of advocacy, resilience and – above all else – hope in the face of an unprecedented pandemic

ONA Outraged at Hospital Arbitration Award; Calls for Exemption to Bill 124 p.3
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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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BEVERLY MATHERS
Chief Executive Officer
ONA is profoundly disappointed with the arbitration award recently issued for our 60,000 members in the hospital sector, especially in light of the countless sacrifices you have made during the COVID-19 pandemic, and is continuing to call for an immediate repeal of or exemption from wage-restraint legislation.

**Hands Tied**

The one-year contract, issued by Arbitrator John Stout on June 8, provides our hospital RNs, nurse practitioners (NPs) and health-care professionals with a one per cent wage increase retroactive to April 1, 2020 and one per cent on April 1, 2021 (see the award highlights summary document inserted into this issue of Front Lines). Because our hospital members are deemed essential and cannot strike, when your elected Hospital Central Negotiating Team reached an impasse in bargaining with the Ontario Hospital Association this past March, we were required to refer all issues in dispute to an agreed upon arbitrator. The decision of that arbitrator, which was highlighted to Local Coordinators and Bargaining Unit Presidents in the hospital sector during a Zoom meeting on June 10 and at an ONA telephone townhall, is binding, meaning no ratification votes took place.

During the arbitration hearing, ONA maintained that the continuing introduction of inappropriate skill-mix changes, unfilled full-time vacancies, and the over reliance on call-in and on-call agency usage, along with excessive workloads, is making it very difficult for members to provide safe, quality patient care. We also sought normative compensation improvements to wages, premiums and benefits. But the arbitrator’s hands were tied.

“Right from the start of bargaining, we were limited due to the government’s unconstitutional Bill 124 (Protecting a Sustainable Public Sector for Future Generations Act), which caps compensation increases to some public sector workers to a maximum of one per cent annually for three years,” said ONA President Vicki McKenna. “Our members have suffered under austerity measures implemented by successive governments for more than a decade, and once again, this increase does not come close to the rate of inflation. Nor does it reach increases received by male comparators, as the government specifically exempted public sector workers in male-dominated professions, such as municipal police and firefighters, from Bill 124. That means the gender pay equity gap widens. ONA launched a Charter challenge against this regressive bill for interfering with our right to free collective bargaining.”

**Pushing Back**

But even before the bill was passed, ONA participated in a series of meetings with the government that were billed as “consultations,” but were nothing of the sort. We met with Premier Ford last October, urging him not to pass the legislation or to at least provide an exemption to RNs, NPs and health-care professionals, and Treasury Board President Peter Bethlenfalvy.

ONA continues to strongly advocate on your behalf by pressuring the government to repeal Bill 124 or at least provide an exemption for RNs, NPs and health-care professionals as a matter of equity, fairness and respect. But we can’t do it alone.

We have set up an email message for you and your colleagues to send to the Premier, Ministers of Health and Long-Term Care, and the Treasury Board President. At press time, more than 40,000 messages had been sent, at a rate of almost 800 per hour!

ONA staff are also available to assist you in arranging meetings with your MPP to discuss these concerns, and provide key messages.

Sign our emailer and find out how you can help at ona.org/about-bill-124
We Can – and Must – do Better

AS A LEADER IN HUMAN RIGHTS AND EQUITY, ONA is committed to making our members’ workplaces safe and respectful for all regardless of race, creed, sexual orientation, gender identity, disability, and more.

It’s why we have a Human Rights and Equity Team, comprised of front-line members representing five equity groups (racialized members, members with disabilities, Francophone members, members of Indigenous descent, and LGBTQI2S members). It’s why we hold a popular Human Rights and Equity Caucus each November to promote inclusivity and strive to break down any barriers. And, it’s why we acknowledge a wide variety of commemorative dates throughout the year, including Black History Month, International Women’s Day, Day of Mourning, Pride and National Indigenous Peoples Day, and invite you to as well in your own communities.

But the horrific killing of George Floyd in Minneapolis on May 25, and the subsequent rallies, protests and actions across North America have given us reason to pause and reflect. We can – and must – do more to educate ourselves and better understand the challenges, discrimination and stigma faced by our Black communities, including the racism that sadly still exists in health care today.

It is not enough to say we are supportive; it is incumbent upon us all to raise awareness and take actions to make our communities accepting of all as equals. The focus of this year’s caucus, however it ends up taking place, is on understanding the systemic nature of racial discrimination, with a portion of the day focusing on anti-Black racism, as well as the actions we can take to address stereotypes and unconscious bias. In the meantime, the ONA Board of Directors endorsed a strong position statement on this critical issue at our June meeting. We are committed to moving forward with its actions, so we can be that change and make that difference, as we continue to stand in solidarity with our Black and Indigenous members, staff and allies in the fight against systemic racism and injustice. I encourage you to read more at ona.org/hre.

I can assure you that ONA will not tolerate any form of discrimination or harassment, either inside or outside our workplaces. Where we see and hear of this happening, we will take strong action. We are committed to helping build a union, province, country and world where everyone can live with dignity and free from fear. Wouldn’t that be wonderful?

While Pride is celebrated throughout the summer, it’s impossible to commemorate it this year without mourning this terrible tragedy. Many members and staff from the LGBTQI2S community have spoken to me about wanting to reflect on Pride this year as a way to acknowledge all forms of diversity and further dispel discrimination. In fact, we have learned that cities across North America that typically hold Pride celebrations are, instead, holding peace marches in response to the ongoing racial injustices. However you choose to acknowledge Pride this summer – and we hope that you all do – know that your union will be right there with you (see page 19 for more on Pride).

Let me leave you with this one question to ponder. What can I do? I don’t pretend to have all the answers and I have much to learn myself, but I do know this. We can all be kind to one another. We can help replace hate and ugliness with beauty and respect towards all. And we can use our voices for good.
Harnessing the Collective Power of Our Members

SADLY, MANY MEMBERS TELL ME they don’t think they can have an impact on their working lives by being politically active. I’m just one person, they say. Why bother? Well, let me show you.

This spring, ONA formed a small member mobilization staff team to harness the collective power of members to influence provincial decisions. The team came out of the gate running and have many actions planned and on the go, including assisting members across the province to voice concerns to their MPPs about Bill 124 (see page 3) and Bill 175 (see page 15), which has been very exciting to witness.

But I want to focus on just one campaign. On April 6, the team launched a digital campaign in response to the COVID-19 crisis taking place in long-term care (LTC): skyrocketing resident mortality, increased numbers of nurses and health-care professionals testing positive, and the tragic deaths of four health-care workers. We knew that years of chronic underfunding, for-profit corporate ownership and operation of LTC homes, along with a lack of provincial oversight and enforcement of legislation governing this sector, had left homes woefully unprepared.

Through a series of shareables on Facebook, Instagram and Twitter outlining all of our demands – access to personal protective equipment (PPE), additional full-time nurses and health-care professionals testing positive, and the right to work in just one LTC home with pay for lost wages (many members work at more than one) – we raised awareness on what is needed to keep nurses, health-care professionals and residents safe. Members amplified these demands by reacting to, commenting on and sharing the posts.

Each post asked members and supporters to sign an online emailer with these asks to their MPPs, the Premier, the Ministers of Health and Long-Term Care and the Ontario Chief Medical Officer of Health. And did you ever, with 21,481 emails sent as of press time!

On April 14, we went one step further by asking members to participate in a Call the Premier Day of Action for the LTC sector, which focused on demanding he deliver on our asks. Out of 4,544 LTC members, we reached 2,955 by text message, and 1,104 engaged with that text! Our Day of Action social media post was shared 795 times, and I did ONA’s first ever Insta-story, encouraging members to take part.

As a result, 431 telephone calls were made to Premier Ford! Members told me they had never engaged in a province-wide call-in and appreciated the opportunity to focus their outrage about their workplace experiences and concerns for their residents into an action that could lead to meaningful changes. They excitedly relayed how they were able to articulate to the Premier’s staff their realities and what was needed.

In the campaign’s second phase, members were urged to “Tell Us Your Story” from the front lines. These stories were used by ONA to further push forward our demands of government and by our member mobilization team to help guide future actions.

This work has made a difference. The government has applied Directive #5 for hospitals to enable LTC staff to access PPE using a point of care risk assessment. The government implemented the right to work in one workplace to stop the spread of the virus (although we are hearing about some issues regarding this, see page 14). While the demand of increased full-time LTC staffing has not been realized, the government has redeployed nurses and health-care professionals to provide assistance. While a band-aid solution to chronic understaffing issues, we will continue to advocate and with your help, I am hopeful we will get there.

So the next time you think you can’t have an impact, please look at this example – just one of many more to come, I’m sure – and know that you absolutely can. And, when the member mobilizers come calling, I hope you will jump aboard!

Miser sur le pouvoir collectif de nos membres

MEMBERS GET LOUD!

NURSING WEEK 2020: Members Explain Why Nursing is Your Calling

There’s no doubt about it, this was a Nursing Week like no other.

But while you weren’t able to acknowledge all you do for your patients, residents and clients in traditional ways, such as special lunches, galas, bowling and painting parties, and other such gatherings, you found other creative ways to celebrate.

To help, we asked you on social media to share what you love about nursing and why you have made it your calling, tying in with our Nursing Week theme, Our Calling: Care, Compassion, Comfort.

And did you ever! This issue of Front Lines contains just a sampling of those responses in your own words. We will endeavour to publish the rest in upcoming issues, so don’t be disappointed if you don’t see your story here.

“We have planned a membership dinner to celebrate Nursing Week once the pandemic restrictions are lifted,” said Local 7 Coordinator Melanie Holjak, seen here (in a grey turtleneck sweater) social distancing with her fellow Haldimand-Norfolk Public Health Unit public health nurses outside the Simcoe branch.

“This was a significant Nursing Week in many ways,” said ONA President Vicki McKenna. “The World Health Organization designated 2020 the Year of the Nurse and Midwife, and it also marked the 200th birth-anniversary of the founder of modern nursing, Florence Nightingale. While we continue to deal with a devastating pandemic, we echo the outpouring of gratitude and kindness the public, your patients, residents and clients, and their families, and many organizations have shown to nurses and health-care professionals. We hope this has helped to lift your spirits during these difficult days, and that you were able to pause and reflect this Nursing Week, even for just a moment, on the critical importance of your role in our health-care system.”

“We had a socially distanced celebration for Nursing Week at the 99 Regina Street office of the Region of Waterloo Public Health,” said Local 15 Coordinator Muriel Vandepol of the cupcake and coffee offering. “ONA members invited our Canadian Union of Public Employees and management colleagues to drop by and join us in celebrations.”
MEMBERS GET LOUD!

Dryden may be a small town in northern Ontario, but it has some pretty big “stars!”

In recognition of the amazing work of the area’s dedicated nurses, especially throughout the COVID-19 pandemic, local radio station CKDR ran heartwarming profiles on two ONA members.

Region 1 Vice-President Dawn Armstrong, an RN at the Dryden Regional Health Centre for 29 years, told the station she has a strong passion for helping not only her patients, but her members.

“I have been involved in the union since I started my career and have done several jobs within it,” she said, noting that all nurses deserve recognition. “It was always my goal to become a member of the ONA Board of Directors so that I can advocate and be a mentor and leader.”

Dryden Regional Health Centre Bargaining Unit President Angie Barr, an RN for 23 years who currently works in the hospital’s emergency department, revealed to station listeners that she loves crisis and good outcomes.

“Sometimes the sicker my patient is, the more I can do to help them back to health, get them back on their feet, and support them in that time. It’s what I live for.”

“I came to nursing after nearly a decade as a registered massage therapist (RMT), graduating in October 2019. I decided to pursue nursing because I wanted to take the caring, compassionate and helping side of being an RMT and exercise it in my working life in a bigger and more meaningful way. It is a joy and honour to bring comfort to patients in the good times and the bad, and I can say for certain that it is my calling!

Nicole Bradbury, RN

For Nursing Week at Princess Margaret Hospital, we made a video of our nurses social distancing in their personal protective equipment,” said Bargaining Unit President Ingrid Garrick. “We asked them to take pictures on their units and be creative. Our Human Rights and Equity Rep Nazlin Joverj organized and produced the video.” The Bargaining Unit also provided black and white t-shirts to all nurses, depicting an RN with a mask hanging off on the front, and “2020 Year of the Nurse, Stronger Together” on the back, which are shown in the video and “were greatly appreciated,” Garrick noted.
Nursing Week 2020 inspired me to write about what being a nurse means to me.

What is a nurse?
We are patient,
We are kind,
We are trustworthy,
We are honest,
We provide care that allows a person to have dignity, trust and individuality.
We are ethical,
We are respectful,
We are considerate,
We are a friend,
We are a confidant,
We care.

Being a nurse is what defines me. It’s what carries me through each day, proud of my accomplishments and humbled by the effect I can have on another person’s life.

This job is not easy. There are many days I have cried with my patients, while driving home in solace, and with my coworkers. The things we see and deal with are sometimes hard, sometimes gratifying, and sometimes heartbreaking.

But at the end of the day, I am proud to be a nurse. That means no matter what the circumstances, no matter what trouble I carry personally, no matter how I have been affected by the things I have seen and dealt with, I will always be a nurse.

And your nurse is all the above and more because she is me!

Tanaya Lusk, RN

I would like to give a shout-out to all the Bargaining Unit Presidents in Local 67. They went over and above this Nursing Week, as they felt passionately that their members needed to feel appreciated this year. They ensured their members received an ONA lunch bag courtesy of Johnson Inc., many adding extra treats and gift cards. Several of our Bargaining Units, as well as the Local 67 executive, gave generous donations to local homeless shelters and food banks.

Local 67 Coordinator Ann Murray, RN

Local 75 knows the way to their members’ hearts! During Nursing Week, the Local provided Subway sandwiches for the nurses across all campuses and units at St. Joseph’s Healthcare Hamilton. “It was greatly appreciated during these difficult times,” said Local 75 Vice-President Grace Pierias. “We enjoyed some much needed laughter, story-telling and nourishment. This lunch was a home run!”

Nursing is my calling. My profession is my passion. I have many years of experience in nursing. I would like to continue my service for the needy and suffering. It’s a challenge in front of me and every front-line worker. If one human being survives because of my thoughtful care, I will be the happiest person. We get together, work together, and will help our families, communities and country out of this pandemic. Unity is strength.

Daisy Mathew, RN
What I love about nursing are the many opportunities to connect care.

I’m an RN care coordinator with the South West Local Health Integration Network at the Owen Sound hospital. I use clinical knowledge, assessment and communication skills every shift.

I’m fortunate to work closely with hospital nurses who use a very wide skill set (and a large multidisciplinary team). I witness acts of care, compassion and comfort on a regular basis. This is our shared vision.

I also reflect on nursing care received by both my family members and myself over the past year in more than one hospital. We got exactly what we needed, and delivered with excellence!

I’m also the proud mom of two intensive care nurses in London, Ontario and Venice, Florida.

Nursing requires a blend of art and science. It asks us to be critical thinkers. It demands boundaries. It takes tolerance, and needs us to embrace diversity. We celebrate victory, we provide support during setbacks, and we comfort when a cure is not possible.

Kerry Cragg, RN

Like most nurses, I am not one to talk about my profession, but with 2020 being the Year of the Nurse while we are in the midst of a pandemic, I decided to share my story.

I have been an RN for 32 years, thanks to my mom and her dynamic nursing friends that I had the privilege to know growing up. She graduated from Toronto Western Hospital in 1946, and I remember how thrilled she was when I told her I had decided to go into nursing.

Despite the trauma and tragedy that nurses experience, I wouldn’t have changed a thing. People ask why I stayed at the bedside my entire career, but in that moment when you hold someone’s hand as they take their last breath or you hug a family member and tell them it’s going to be OK, you know it isn’t a job, it isn’t about the money. It is indeed a calling, a vocation. I have had the utmost privilege to work with some of the most amazing, intelligent and compassionate health-care providers.

Despite the PTSD I think many nurses live with, we are a rare breed and I am blessed to have been part of this profession. Nursing is such an amazing and often under-appreciated profession.

Janice Wilkins Pappas, RN

I’ve been an RN for 34 years. I’ve worked in almost every area of this profession, but what I remember most are those nurses who have been amazing to work with. You know the ones I mean. They can walk into your room and without asking, can get right in and start helping. They have that special talent. They are my family and my friends, they listen when I cry and complain, and they help me laugh and get through my day! I would never have lasted all these years if it weren’t for my incredible colleagues. It’s been an amazing career, with ups and downs throughout, but I’d do it all again.

Carolyn Budnark, RN

Members from West Park Healthcare Centre in Toronto had a very important message to share during Nursing Week: We are the World. Singing along to the song made famous in the 1980s to raise money for African famine relief, the video, which was posted to YouTube, shares a similar theme in the midst of the COVID-19 pandemic: “The World Must Come Together as One.” Watch at https://youtu.be/hIeOGbBUHAs.
My journey as an internationally educated nurse during the COVID-19 pandemic has completely intensified my profession as a calling.

A calling wherein my education culminates and my values are put into action, which solidifies my worth of existence. The passion to provide safe and quality nursing service amidst the physical and psychological impact of being a front-line COVID-19 health-care worker.

Despite this tragic and traumatic pandemic, nursing has transformed into a kaleidoscope-like workforce in collaboration with the government, unions, and other health-care and non-health-care sectors. Hence, we are able to gear ourselves towards providing compassionate and comforting bedside care and nursing services to our patients, who are struggling to get well while being separated and isolated from their loved ones.

Our role as nurses is to be safe yet fervidly driven to be able to “set the world on fire” – a flame that burns as a constant reminder to do more and be more in our profession! Kudos to all health-care heroes!

Jacey Cambel

Editor’s Note: Cambel is our Front Lines cover star! “I took this photo while on my break at work,” she said. “It depicts nurses as the ‘heart’ of health care. We provide not only nursing services, but touch and change the lives of our patients through compassion, comfort and the utmost care! We whole-heartedly advocate for our patients – in sickness and in health.”

I have been an RN for a year-and-a-half. I am so grateful to be a part of this wonderful profession, and to join my family in it as well. My great-oma was a nurse in Holland. I never got to meet her as she died during childbirth with my oma. My oma was completing her schooling to become an RN in Holland, however my opa was immigrating to Canada and she joined him. She completed her schooling here and became an RPN. My mother became an RN, and she and I both work in the same hospital: her in the post-anesthetic care unit and me on a rehab/stroke unit. I am proud to call myself a nurse, and to help people at their most vulnerable. I couldn’t imagine doing anything else.

Kara Brethour, RN

While ONA and the public are thanking nurses and health-care professionals on a daily basis, the emergency department (ED) staff at Royal Victoria Regional Health Centre in Barrie wanted to return the favour. “The community has been amazing during these unprecedented times,” said ED nurse Shirley Bauman. “Our ED team has really come together during this pandemic, considering that 2020 is the Year of the Nurse. Thank you, ONA, for all your support.”

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.

▶ Pride: Throughout the summer
▶ Labour Day: September 7
▶ Women’s History Month: October
▶ National Occupational Therapy Month: October
▶ ONA Health and Safety Caucuses: Throughout October (via Zoom)
▶ National Respiratory Therapy Week: October 25-31

*ONA’s September Leadership Summit has been postponed.

Check ona.org for more information
ICU Nurses Help Bahamian People after Hurricane Hits

When one of the most powerful hurricanes recorded in the Atlantic Ocean hit the Bahamas, three ONA intensive care unit (ICU) nurses were only too willing to offer their skills.

In the fall of 2019, Hurricane Dorian struck and completely devastated the Abaco Islands and Grand Bahama. Most structures were flattened and approximately 70,000 Bahamians were left homeless. Thankfully, when disasters like this strike, there are organizations to help the people who have lost everything and are living among the rubble and chaos. One of those is Humanity First, a humanitarian relief organization that has been working on human development projects and responding to disasters since 1995.

Jumped at the Chance
Dr. Amin Bokhari is an internal medicine doctor who works with Humanity First and participates in relief trips. In 2016 and 2017, he was working with the team at Lake of the Woods District Hospital in Kenora – the small, four-bed ICU has internal medicine doctors come in to help treat patients. Although Dr. Bokhari does not visit the Kenora hospital anymore, he still keeps in touch with some of the nurses there – Meg Scully, Meredith Orr and Maggie Williams. After Hurricane Dorian hit, Dr. Bokhari reached out to these nurses and asked if they would be interested in accompanying him on his relief trip to the Bahamas – they all jumped at the chance.

Scully, Orr and Williams set up a Go-Fund-Me to help fund their trip to Coopers Town on Abaco Island. A doctor and 12 nurses usually staff the clinic, but the hurricane left them with a skeleton crew. These nurses supported the remaining staff by assisting with the management of chronic conditions, such as diabetes and hypertension and performing wound care. As there were no emergency services left on the island, the women also acted as a “first responder” team overnight. On the island, there are people living as illegal immigrants – too afraid to access medical care. The team brought medical supplies to these people to ensure they could stay safe.

New Skills
All three women said they would recommend this type of experience to other nurses if they ever have the chance. Although it was a lot of work, they were able to connect with a different community. They were able to contribute their skills, but also pick up new skills along the way. This opportunity allowed them to work outside their comfort zone while thinking critically with the available resources.

“The opportunity to give back to the Bahamian people in their time of need was a privilege,” they said. “The skills and connections we made were invaluable, and will strengthen our nursing practice moving forward.”

Although Hurricane Dorian devastated Abaco Island, the women said it was inspiring to see the way the community came together after experiencing such hardship. Technical skills aside, the women said the Bahamian people taught them a lot about resilience and generosity.
“I Want to Empower Nurses,” RN Recipient of Nursing Now Ontario Award Says

A quick glance at some of the comments from his 10 nominees — role model, patient advocate, mentor, hero — and it’s not hard to see why ONA member Patric Campeau was recently named the RN recipient of the inaugural Nursing Now Ontario Awards.

Yet, Campeau, who cares for rehab patients at St. Joseph’s Continuing Care Centre in Cornwall and is a part-time professor at nearby St. Lawrence College, said he was completely shocked just to be nominated.

“This is my job, and I try very hard to provide these skills to my patients and to empower nurses to be even better nurses. So to hear them make those comments about me is very rewarding. It’s a huge honour that my work is being acknowledged.”

The awards, a joint endeavour of ONA, the Registered Nurses’ Association of Ontario and the Registered Practical Nurses Association of Ontario (RPNAO/WeRPN), celebrate contributions made by nurses to nursing practice and the health and well-being of Ontarians by honouring one RN, one NP and one RPN (see below). The response was overwhelming, with 243 nominations received.

Teaching Best Practice
It’s clear that Campeau, who was presented his award by ONA President Vicki McKenna during a virtual ceremony on May 12, was destined for great things right from the beginning of his career in 2008, when he worked as an RPN in the community.

“I focused on wound care and central venous access devices,” he noted. “I also did a fellowship with the RPNAO, which was perfect timing because the Local Health Integration Network would basically categorize clients, so if one had a venous ulcer, so much money or so many visits were allotted to that client. I really had to teach our nurses best practice and products to make sure we delivered the best possible care within those limits.”

That leadership role expanded in 2013 when Campeau, still working in the community, accepted a faculty position in the Practical Nursing Program at St. Lawrence College, where he describes his current role as a “mix of labs, clinical, therapeutic and interpersonal” teaching.

“That’s also when I entered the RN bridge program with Nipissing University,” noted Campeau, who graduated in June 2019, and may pursue a Master’s degree in the future.

NP, RPN Recipients

Nursing Now Ontario Awards were also given to the following:

Nurse Practitioner Recipient: Michael Borja

Borja is a primary care NP for the East GTA Family Health Team in Scarborough, caring for seniors and mentoring colleagues in clinical assessments, management of chronic illness and program planning. In July 2017, he pioneered the Home to Stay NP-led program for medically complex seniors where NPs provided home visits, follow-up phone calls, care coordination and community referral, reducing emergency department visits and increasing patient satisfaction.

Registered Practical Nurse Recipient: Kelly Karges

Karges is an RPN at Sunbeam Centre, working predominantly with complex, medically fragile children and adults with special needs — providing a strong voice for those who can’t advocate for themselves. In 2015, Karges, a seasoned preceptor and mentor, was proud to lead the creation of a Nursing Professional Practice Council to promote collaboration and shared governance across her organization.
“I felt I had reached as far as I could, and wanted to keep the teaching going.”

And he certainly has. Along with providing compassionate care to patients at St. Joseph’s who have suffered a stroke or hip fracture and want to regain their independence – “I really try to make their day and put a smile on their faces because sometimes it’s the little things that make a big difference” – he also oversees the RPNs and personal support workers.

“I’m in charge of making sure they’re following best practice,” said Campeau, who also received congratulations on his award from Provincial Chief Nursing Officer Dr. Michelle Acorn. “And, I am there to provide support when they need it.”

**Paying it Forward**

It’s not surprising then that he was also called patient, supportive, approachable, and always willing to assist on his own time by his nominees. But for Campeau, who received the 2017 RPNAO Preceptorship of Excellence Award, it’s about paying it forward.

“When I was a new nurse, I was very shy, but I had caring and empathetic mentors who showed me what to do. I wasn’t afraid to ask questions to better my clinical nursing — and I’m trying to pass that on. I mostly hear that I have boosted someone’s confidence when they come to me with a question and I don’t tell them the answer. Instead I ask, What do you think? What was your rationale for that? Why do you think this is happening?” So my approach is a bit different, but my goal is to empower them to make those clinical decisions. I truly hope I can have the same impact on others that my mentors had on me.”

It seems he is. As one nominee put it, “Patric has no idea how much of a role model he is. He believed in me when no one else did. He’s my hero and he deserves the world.”

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**New Process for Dual Dues Refunds**

Due to the COVID-19 pandemic, ONA is changing the way we process dual dues refunds for eligible members.

Because we are unable to send cheques to those who worked at more than one ONA-represented employer and paid monthly dues twice, we will be issuing those payments by electronic fund transfer instead. To facilitate this payment, we require banking information from our approximately 5,500 dual dues members. Visit our secure website at ona.org/update to provide this information and your refund will be deposited directly into your bank account. Our annual list of members who haven’t claimed their refund will appear in an upcoming Front Lines.

If you have any questions, email our Dual Dues Team at DualDuesRefund@ona.org or call our toll-free number at 1-800-387-5580, ext. 7788 and ask for “Dual Dues Refunds.”

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**Nova Scotia Strong**

Like most of us, the members who work on the intensive care unit (ICU) at Lakeridge Health’s Ajax site were lost for what to say when an unthinkable tragedy struck rural Nova Scotia on April 18. Instead, they gathered with signs and symbols of solidarity and love to express their support in ways no spoken words could. ONA joins with these members, and the entire country, in mourning the 22 lives lost so senselessly during the worst mass shooting in Canadian history, including Kristen Beaton, a continuing care assistant with the Victorian Order of Nurses. “At the end of the day, we always have each other,” said one of those ICU nurses, Zena Plummer.

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**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.
Government Actions in LTC

ONA is deeply saddened by the tragic deaths of long-term care (LTC) residents and staff. We know that the conditions of work are the conditions of care. That’s why, from day one of this pandemic, ONA has been pushing government to demand your access to personal protective equipment (PPE), full-time nursing and health-care positions, full-time hours for part-time workers, and for your right to work in one workplace without the loss of wages to prevent the risk of transmission. We continue calling for the phasing-out of private, for-profit LTC (see page 28). We have known for decades the long list of issues plaguing this sector.

The government has been widely criticized for moving too slowly in its response to unfathomable LTC conditions. On April 22, it released the COVID-19 Action Plan for Protecting LTC Homes. This plan includes testing, screening, and surveillance of staff and residents, deploying specialized teams from the hospital, public health and home care sectors, and recruiting additional front-line staff. Weeks later, the government also issued an order preventing staff from working at multiple homes, however, there is a loophole for agency staff and many ONA members report they are not being paid for lost wages. And, while Premier Ford continues to say that PPE is available and all employers must do is call, nurses and health-care workers still have issues accessing the PPE they need based on their clinical and professional judgement.

On April 22, the government requested assistance from the Canadian Armed Forces (CAF) to support five LTC homes in crisis. This request was granted, and the CAF began a 30-day mission in LTC. On May 27, the government outlined key findings from a CAF report detailing the deplorable conditions and care they witnessed in the homes. In response, several measures were announced, including deploying inspection teams to high-risk homes and random spot checks of homes across the province. Military assistance was extended until June 26, 2020.

On May 12, the government issued an order that permits the Ministry of Long-Term Care to install new temporary management at high-risk homes. For weeks, the government refused to act despite the implementation of a similar order in British Columbia in February and calls for action from unions, families and staff. At press time, nine homes have been placed under the direct management of hospitals.

LTC Commission Begins

The province will launch an independent commission into the long-term care (LTC) system beginning in July 2020. The timing was expedited from September in light of the Canadian Armed Forces report (see story above).

As we await details about the scope and mandate of the commission, ONA is calling for a full public inquiry that is truly independent from government and has the full authority to run public hearings with all the powers available under the Public Inquiries Act. ONA will be participating in this commission to ensure that the perspectives of front-line nurses and health-care workers are heard.

Investigations into the government’s response to the LTC crisis are also being conducted by the Ontario Ombudsman, the Patient Ombudsman and the Auditor General. ONA is also seeking participation in these processes, and we already had a meeting with the Auditor General on June 19.

Three Government Tables Launched on COVID-19

ONA, alongside other health-care unions, is relentlessly pressing government on availability and supply of personal protective equipment (PPE). In response, the government has established three tables: the Emerging Science Table is reviewing emerging scientific evidence on COVID-19, including the risk of it being aerosolized under specific conditions; the Domestic Supply Table is reviewing opportunities to create PPE in Ontario; and the PPE Alternatives Table is reviewing alternative forms of PPE that can be used safely on the front lines. ONA leadership and health and safety specialists have representation on all three tables.
Pushing for Pandemic Pay
Since the government announced its temporary pandemic pay program, ONA has been lobbying hard for all health-care workers to be included. More than 5,000 members and supporters signed our emailer to government demanding fairness (ona.org/pandemic-pay). We are deeply disappointed with the government’s final decision on eligibility for pandemic pay because it excludes many important health-care professionals who are working on the front lines of the COVID-19 pandemic. For more information on eligibility and implementation, visit the government’s website: https://www.ontario.ca/page/covid-19-temporary-pandemic-pay.

Province Expands Testing Capacity, Contact Tracing
On May 29, the government announced the next phase of its COVID-19 testing plan, Protecting Ontarians Through Enhanced Testing. The plan outlines three branches of testing: expanding Assessment Centre testing to include asymptomatic individuals who are concerned about exposure; expanding surveillance testing to include asymptomatic front-line health-care workers; and a second round of testing in long-term care homes. It also introduces mobile testing to respond to COVID-19 outbreaks in specific neighbourhoods, regions, hospitals and workplaces.

The government will also release a renewed strategy to support public health units with case management and contact tracing, including launching a new app that will alert Ontarians when they may have been exposed to COVID-19.

Framework Released for Restarting Scheduled Surgeries
The government has released a framework for hospitals to assess their readiness and begin planning for the gradual resumption of scheduled surgeries and procedures. The Financial Accountability Office estimated that as of April 22, up to 52,700 hospital procedures had been cancelled or avoided, and every week that the COVID-19 outbreak continues, up to 12,200 more procedures are delayed.

The framework outlines the criteria that must be met before hospitals can resume scheduled surgeries, including ensuring that the hospital and its region have a stable number of COVID-19 cases; a stable supply of personal protective equipment and medications; an adequate capacity of inpatient and intensive care unit beds; an adequate capacity of health human resources; and the availability of post-acute care outside the hospital that would be required to support patients after discharge. The government has not yet announced additional funding that will be allocated to the health sector specifically to clear the backlog of elective surgeries.

Home and Community Care Bill Moves Forward Quickly
The government is moving forward with Bill 175, the Connecting People to Home and Community Care Act, 2020 – a key legislative component in their long-planned restructuring of home and community care. The legislation purports to be the path to more flexible, integrated and responsive home and community care; however, ONA

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References
is concerned that on many issues, the legislation misses the target.

At press time, the government was rushing Bill 175 through the Ontario Legislature despite the COVID-19 pandemic, and it will likely become law in July. ONA President Vicki McKenna appeared before the Committee on June 15 to highlight concerns on behalf of our members in the home and community care sector. We also put forward a submission to government, available at ona.org/submissions.

For ONA members, the Local Health Integration Networks will be rebranded to become “Home and Community Care Support Services,” with a reduced mandate to focus exclusively on home and community care supports and long-term care placement. Eventually, they will be folded into the Ontario Health Teams. Though light on details, the legislation suggests that a significant amount of care coordination work will be transferred to health-service providers, including public and private hospitals and primary and community care clinics.

The legislation also permits the continued contracting out of home care services to for-profit home care companies. Of equal concern, the patient Bill of Rights for home care will be removed from legislation and put into regulations, weakening the public oversight.

Crucially, Bill 175 avoids the twin issues of underfunding and understaffing in home and community care. ONA is concerned that no commitments are being made to improve working conditions and compensation in the sector as a means to recruit and retain more health-care staff.

We need your help to bring the message to your MPP about the important role of care coordination. Contact onamail@ona.org for help setting up a meeting with your MPP and to receive a complete lobby kit with all the information you need.
Bargaining Team Elections and Survey: Lots to Have Your Say about this Fall!

With the conclusion of bargaining in our hospital, nursing home and Victorian Order of Nurses (VON) sectors, ONA is gearing up for the next round.

But before we can do that, we need to elect our new negotiating teams and determine what you want to see in your next contracts. And this is where you come in. Interested in running for a position on one of the teams? The call for nominations goes out in August. If that's not quite for you, you can still have a say on the composition of the teams.

The elections for our Hospital Central Negotiating Team, Nursing Home Central Negotiating Team and VON Central Negotiating Team take place concurrently this October. If you work in those sectors, keep an eye on your mail this October for information on the candidates running and how to cast your vote by telephone or computer. You can also visit ona.org. Results will be posted on our website and included in the winter issue of Front Lines.

Bargaining Survey

The new teams will receive orientation early in 2021 and set their negotiating priorities based on the results of our member bargaining survey, which will launch in mid-October. We need your help here too.

Please take a few minutes and complete the survey when you see it; it will make all the difference. Plus, you will be entered into a draw for a fabulous prize if you do!
Using Your Cell Phone to Communicate Personal Health Information with Physicians

Members have a professional and legal obligation to maintain the confidentiality and privacy of patients’ personal health information (PHI), which includes not using your own cell phone to share such information with physicians.

While this was thought to be a northern and rural issue because physicians may be some distance from the health-care facility, upon further investigation, ONA discovered that the practice of sharing PHI with physicians via personal cell phones appears to be more widespread across the province.

Unauthorized disclosure of a patient’s PHI is a risk because mobile devices, such as smartphones, generally store and retain data on the device itself. Mobile devices are also vulnerable to loss and theft because of their small size and portability.

**Members’ Responsibilities**

Under the College of Nurses of Ontario (CNO) Practice Standard: Confidentiality and Privacy – Personal Health Information, nurses have an ethical and legal responsibility to maintain the confidentiality and privacy of PHI. The Personal Health Information Protection Act (PHIPA), 2004 also requires that PHI be kept confidential and secure.

Under the CNO Practice Standard: Documentation, nurses are expected to safeguard PHI by maintaining confidentiality and acting in accordance with information retention and destruction policies and procedures that are consistent with the standards and legislation. Nurses meet this standard by ensuring that they use a secure method of transmitting PHI.

Because personal cell phones are not a secure method, nurses who do so are in violation of CNO standards and the legislation. ONA members should not use their personal cell phones to receive and/or transmit patients’ PHI unless there are clear organizational policies permitting this practice, and the employer is providing encrypted devices for its safe transmission and storage.

**Employers’ Obligations**

Employers must also comply with their obligations under PHIPA to maintain the confidentiality and privacy of PHI and ensure that our members’ nursing practice is consistent with the CNO standards.

The confidentiality and security of such information can be accomplished through the use of strong passwords and encryption to safeguard electronic PHI being communicated through mobile devices. Employers should have policies that require the use of such safeguards. Without encryption, any emails, voicemails, pictures or text messages containing a patient’s PHI could be inappropriately accessed or disclosed if the mobile device is lost, stolen or inadvertently viewed by a friend or family member. Unauthorized disclosure can also occur during the wireless transmission of personal data.

Bargaining Unit Presidents, with the support of their ONA Labour Relations Officer, should table this issue at Labour-Management Committee meetings to discuss the employer obligations under PHIPA and stress the importance of developing employer-related policies. Further, the employer must provide secure devices for the transmission of such information to physicians who are not on the unit. Such policies should address the confidentiality and security of PHI.
ONa Joins Call for Women’s Rights

It was the last human rights and equity commemorative event ONA would recognize in person before COVID-19 made social distancing the norm.

On International Women’s Day, acknowledged on March 8, an enthusiastic contingent of members and staff, led by Region 3 Vice-President DJ Sanderson, joined the Toronto rally and march under the international theme, I am Generation Equality: Realizing Women’s Rights. The theme recognizes that despite some progress, real change has been agonizingly slow for the majority of women and girls throughout the world. In fact, according to the United Nations, not one single country can claim to have achieved gender equity.

“This is completely unacceptable in the year 2020, and I am proud that ONa is part of the growing international movement of advocacy and support, as we recognize the achievements — and honour the struggles — of all women on this special day,” said ONA President Vicki McKenna. “There is much to be done, but nurses and health-care professionals are leading the way and tackling women’s issues head on, whether they are fighting for pay equity or trying to end violence and harassment in the workplace. Their knowledge, compassion and determination make them fierce advocates for their patients, residents and clients, as well as strong role models for all girls and women.”

Keeping Pride Alive!

Although there will be no public Pride parades or other events this summer due to COVID-19, and some may be celebrated differently in light of the serious anti-Black racism issues around us (see page 4), ONA is committed to participating in any way we can.

Many events will be taking place virtually this year, including the largest parade in the country, Toronto Pride, and members of the ONA Board will be tuning in, where possible. Check the Pride page of our website regularly for updates on these online events across the province.

We also produced an uplifting video bursting with colourful photos of our members at past Pride celebrations and highlighting our strong commitment to human rights. As in previous years, we have developed posters and social media shareables for you to download and pass along.

We hope you find other ways to acknowledge this important event as well. Let us know at frontlines@ona.org and you may be featured in a future issue of Front Lines and/or on our website!
Giving Your All:
ONA members share stories of advocacy, resilience and – above all else – hope in the face of an unprecedented pandemic

So much has happened and changed since the COVID-19 pandemic began, but one thing has remained constant: the dedication and determination of our members on the front lines.

"Every day, we receive emails and phone calls from our members about your experiences, the challenges you face, your efforts to push back, and why

ONA is your lifeline now more than ever," said ONA President Vicki McKenna. “Some of these stories are uplifting, some are tragic, but all are important.”

Keeping You Safe
In fact, these stories have formed the basis of ONA’s lobbying work, which hasn’t stopped since the outbreak began. You told us in the early days that you didn’t have the personal protective equipment (PPE) you needed, so ONA’s top priority has been to pressure the government and the Chief Medical Officer of Health to apply the precautionary principle – or erring on the side of caution when the science is unclear – to their COVID-19 infection prevention and control guidelines.

And we have had success. Working with the government to develop principles regarding PPE, we won amendments to Directive #5, which provide much-needed clarity on the use of PPE in hospital settings (see the Spring issue of Front Lines). On April 10, revisions were made to extend that directive to long-term care (LTC). ONA continues to meet with the government and speak out in the media to ensure that nurses and health-care professionals in all sectors are protected
when caring for patients, residents and clients. Our very successful multimedia ad campaign also helped get the message across (see page 27). You can help by signing our online emailer at ona.org/ppe.

Wins in LTC
Nothing has been more heartbreaking than hearing about your realities at our LTC homes, echoed in the recent military report (see page 14). While we have advocated for years on appropriate staffing, inspections and infection control measures, COVID-19 has brought these serious inadequacies to the forefront, with the vast majority of outbreaks and deaths occurring in this sector.

ONA filed an injunction against the for-profit Rykka Care Centres, and its operating partner Responsive Group, which owns and manages a chain of LTC homes that had seen more than 50 resident deaths due to COVID-19: Eatonville Care Centre, Anson Place and Hawthorn Place. We filed a similar application regarding Henley Place, managed by Primacare Living.

The Ministry of Labour has been called regarding the tragic death, and ONA is working with them throughout the investigation.

“While there will be much discussion about Ontario’s pandemic preparedness and protection of nurses and health-care workers, this is not the time for speculation,” added McKenna. “I know this is a very difficult time for everyone, especially those of you working closely with COVID-19 patients, residents and clients. I share in your grief. ONA will formally memorialize Brian in the future.”

Because of Brian’s deep love for dogs, especially his own two, ONA has made a donation to one of his favourite charities, Second Chance dog rescue in London.

His family also told us they would appreciate donations to CanadaHelps.org, which provides aid to a variety of organizations during COVID-19, or the Ontario branch of the Canadian Cancer Society. A memorial page has been set up on ONA’s website with links to these charities for those who wish to make a donation in Brian’s name.

Fallen Hero: ONA Mourns Loss of Member to COVID-19

It was a day we hoped would never come. But on May 12, during Nursing Week, ONA received the devastating news that Ontario lost its first RN to COVID-19.

ONA member Brian Beattie worked at Kensington Village long-term care in London. Well-liked and deeply respected, he considered his coworkers and residents to be his “other family” and was a strong advocate for keeping both safe during the pandemic.

“My family is devastated,” his niece Amber Overholt told ONA. “We did not see my Uncle Brian often, due to his dedication to his work, but we all spoke to him frequently via phone calls or texts. He loved his job – we always knew that. However, since his passing, hearing all the stories from colleagues and those he cared for truly opened our eyes to how much he touched others’ lives. Thank you to all who have shared.”

“We mourn the loss of Brian, a caring and skilled RN, who will be greatly missed,” said ONA President Vicki McKenna. “I have spoken with his family and the dedicated RNs who worked alongside him to offer our deepest condolences and our full support.”

See ona.org/news-posts/ilm-brian-beattie

For the most up-to-date information on COVID-19 and important resources, visit ona.org/coronavirus.
SARS outbreak and COVID-19 pandemic, the province was “unprepared.” Those LTC homes must now follow directives, the ONA collective agreement, and occupational health and safety laws regarding access to PPE, communications, testing, cleaning, staffing, cohorting of residents, and self-isolation.

With the province launching an independent commission into the LTC system – we are calling for a full public inquiry – ONA will be participating to ensure the voices of our members and your residents are heard (see page 14). Help us move our Premier and MPPs to make a commitment to protect LTC at ona.org/protect-now.

In Awe

“There is no question that your stories have helped us with these successes, and you have my promise that ONA will continue to do our part to protect you and those in your care,” noted McKenna. “Where we see blatant violations, we will use all venues open to us, including the grievance-arbitration system, occupational health and safety laws, and the courts. We will keep the government on its toes and continue to advocate for full pay for health-care workers who are in self-isolation after exposure to COVID-19 and that all health-care professionals receive pandemic pay, not a select few (sign our online emailer at ona.org/pandemic-pay). It seems so inadequate to say thank you for all you do when I am simply in awe of your steadfast commitment to your patients, residents and clients in the face of such adversity.”

To acknowledge that work, what follows are stories from our members – some in their own words. They speak of their dedication, struggles, advocacy, and positivity as they battle a virus on the front lines the likes of which we have never seen. We hope to share many more in future issues of Front Lines, so please keep them coming to frontlines@ona.org.

For news and information on COVID-19, visit ona.org/coronavirus

Care and Dignity “Amidst a Terrible Crisis”

While the long-term care (LTC) sector has come under intense scrutiny since the pandemic began, ONA member Samantha MacNeill, RN, shared a heartwarming story of the lengths RNs and other staff went to at one home to ensure their resident received the final dignity he deserved.

I am a nurse advisor redeployed to provide clinical support and guidance to Peel Region’s five long-term care (LTC) facilities. Over the course of my few months working with the teams at the LTC homes, I have heard stories of hope, ingenuity, support and genuine care for their residents.

None of these stories compare to this. The administrator from one of those homes, Marianne Klein, RN, shared an experience of one of their beloved residents, a retired RCMP officer, who sadly passed away the night before. The resident was struggling the day before and they knew he was close to the end of his life. Mary Connell, RN, our dementia care advisor, asked our volunteers to knit some red hearts so that one could be given to the resident and one to the resident’s son.

Due to the infection prevention and control measures that have to be observed for COVID-19, the resident was not able to receive the honour guard and proper funeral that he deserved. Mary went to extraordinary lengths to arrange for a send-off to ensure his departure from his home was dignified and respectful. She contacted Peel Police, Mississauga Fire and Emergency Services and Peel Regional Paramedic Services and requested them to drive by the home, with lights and sirens on, as a form of an honour guard. She also had a Canadian flag delivered to the home in which to drape the resident.

In the middle of the night, there was some issues with getting the resident ready for the funeral home. A call came to Marianne, who got out of bed, contacted her colleague, Sara Kaur, RN, and they both went into the home to prepare the resident. Upon arrival, Marianne also contacted the medical director of the home, who happened to be the resident’s family doctor. He attended the home in the middle of the night to support her and Sara. The resident left the home, through the front doors, with the red heart on the left side of his chest and draped with a Canadian flag.

The team’s main priority is to strive to provide the best possible care to all residents. They wanted to ensure the utmost respect and dignity for their resident. We are hearing about so many experiences of lack of regard for LTC residents and staff, that I felt compelled to share this amazing story of respect, team work and dedication. This is one memory that I will forever hold close to me as a true testament of the human spirit amidst a terrible crisis.
Public Health Nurses Play Key Role in Containing Virus

While so many COVID-19 news stories focus on long-term care homes and hospitals, our public health members throughout the province are playing an instrumental part in helping contain the outbreak in their communities. Here is one such example. On May 29, the Haldimand-Norfolk Health Unit (HNHU) was notified that three workers at a local farm had been admitted to hospital with symptoms consistent with COVID-19. All three tested positive. An outbreak was declared, and a multidisciplinary team from HNHU, including public health nurses, public health inspectors, support staff and health promoters, worked together to implement an outbreak plan to contain the spread of the infection.

“Due to a language barrier involving the farm workers, as well as the large number of positive cases, public health nurses were sent to the site of the outbreak,” said Local 7 Coordinator Melanie Holjak. “The nurses worked at the bunkhouses daily with a translator on the phone to coordinate swab testing of all workers, assessment of symptoms, contact tracing, referrals to health-care services, and implementation of isolation plans. They worked in full personal protective equipment for upwards of eight hours at the farm to ensure the COVID-19 positive migrant workers received the necessary assessments and medical care required.”

At the time this photo was taken, 164 farm workers had tested positive for COVID-19. As HNHU received information of other symptomatic workers that required investigation and assessment, the on-site work was expanded to other bunkhouses in Norfolk County.

“These nurses did not hesitate when asked to report directly to the centre of the outbreak nor have they complained about the difficult environmental conditions, including no restroom on site, rain, sun exposure and heat,” noted Holjak. “They are role models for the values and principles underlying quality, compassionate and patient-centered care. I am so proud of the tireless efforts I see from all public health workers as they care for and support those affected by this terrible disease.”

“Their dedication to protecting workers and the community is admirable,” said Local 7 Coordinator Melanie Holjak of HNHU public health nurses (left to right) Nicholas Dushenko, Agnes Zabinska, Eric Robertson and Angela Swick, who have been performing on-site work at area farms. “The rest of the public health nurses have been assigned in-office COVID-19 management work. They all work long hours, and I feel blessed to work alongside them.”

Strike a pose! Trying to boost their spirits with humour while working on the COVID-19 unit at The Ottawa Hospital are (left to right) RNs Leah Dale, Penny McDougall and Shelley West Vecchio.
When there is a challenge or a need, nurses will rise up and give it their all. That’s the message from the members of Local 214, who work at the Children’s Hospital of Eastern Ontario (CHEO).

“From volunteering to assist in long-term care (LTC), screening centres and at a youth shelter, to supplying masks and gowns to LTC, it’s about pediatrics helping others and each other,” said CHEO Bargaining Unit President Karen McCoy.

The Local recently applied for ONA Political Action 26.11 funds and made a $1,000 contribution to the Youth Services Bureau (YSB) of Ottawa, a not-for-profit social service agency that provides mental health services, employment programs, emergency shelter, community health and housing services, and justice programs to youth in the area. During the COVID-19 pandemic, YSB was set up as an isolation centre as a Kids Come First Initiative (a health team that includes CHEO and YSB).

“CHEO nurses volunteered to be deployed to the YSB and to care for these youth, to support a safe place for them should they need to isolate,” noted McCoy. “Imagine the challenge of self-isolating when one doesn’t have a home. The executive of Local 214 made an additional donation of $900 to the Ottawa Food Bank, as 37 per cent of their clients are children. To quote the supportive tweet from CHEO’s CEO Alex Munter, who called hospital nurses the best: ‘keeping kids healthy and out of hospital.’ It speaks to the heart of pediatrics.”

Members from the neonatal intensive care unit at Peterborough Regional Health Centre send an important message during the early days of the COVID-19 pandemic: “We’re here for you. Please stay home for us.”

These members from Arnprior Regional Health, including former Bargaining Unit President Elaine Mawdsley (with glasses), sport caps to help with the comfort of their masks.
“I Feel Safe and Respected,”
Member Says of her LTC Home

While not the reality for many members, there are employers who are doing the right thing and keeping staff and patients/residents/clients safe. Here is one such example from one of our dedicated and resilient long-term care members, Sandra Kravets, who works in a 60-bed home.

Our home was proactive and stopped visitors before they were told. They also implemented staff not working at more than one health-care facility before it was mandatory, and even allowed those who work another job not in health care to go on leave and work that other job. They are mostly able to top up hours for the ones who stay. Student nurses were also hired and given hours. We have supplies and our home has been following Ministry guidelines for personal protective equipment (PPE). Nursing staff wear a full face shield along with a mask, as an added precaution.

The employer has a protocol for staff coming into work: They take their temperature after they have done everything else, such as sanitize, punch in and mask. That way, any cold/hot air on them when they first walked in doesn't give a false reading, as a scanner is used on the forehead.

I feel very safe at work.

Our home is not filling beds as they become available over fears of bringing in a possible active case, even though they are tested prior to admission. The nurse practitioner and dietitian have been stopped from visiting because they go to other facilities. Our doctor is doing rounds via phone.

Activation has been beefed up by giving high school and college students summer jobs taking care of FaceTime chats, etc. with residents and their families, so we have fewer calls to handle. We have a plexiglass screen for residents to visit with their family on the patio. One visitor at a time for 15 minutes.

Any resident returning from hospital with a negative swab is isolated for 14 days. PPE is available and expected to be used! Signs for donning and doffing are outside the isolation rooms. We have not had any positive swabs. We are very lucky!

We set up lounge space as dining rooms to keep residents apart for meals, and remind them to stay six feet apart throughout the day. This can be difficult due to our small facility and residents with dementia who wander.

Extra cleaning staff constantly wipe surfaces, charts, etc. Staff are allowed to fill up their dispenser from home with hand sanitizer. Our Health and Safety Team met up to twice a week to keep up with the Ministry guidelines and everyone is cooperative. We are down to weekly, as it has been quite stable.

Coping Mechanism:
Putting Pen to Paper

When an ONA member found a creative way to cope with stress after the COVID-19 pandemic hit, she never imagined how much she’d be helping others too.

Brittney Campagnolo decided to write two poems to describe the way she was feeling, both physically and emotionally. While originally written just for herself, the poems have been shared throughout North America.

“I wrote the first poem right around the time that masks were mandated at work, my garage was broken into, and it was just a scary time,” she said. "I wrote to get it all out and help me cope. I wasn’t sure how people would receive it, but decided to post it to my Facebook account anyway. I got a massive response and it was shared all over the province in online papers.”

That inspired Campagnolo to make a video, putting her poem to music and visuals, and asking health-care workers to send her pictures of their masked faces through Facebook. The response was overwhelming, with Campagnolo receiving more than 100 pictures from all over Canada and the southern United States. The video has been viewed thousands of times.

It was then Campagnolo decided to write a second poem, which she discussed in an online interview with Guelph Today (she stresses things have changed since she wrote that poem and the protests she refers to are the COVID-19 conspiracy ones that were happening in the United States at the time).

And, she might not be done yet.

“I’m not actually a writer,” Campagnolo noted. “But maybe I’ll do more of it when 2020 hits us with something else.”

View her video at https://m.youtube.com/watch?v=YFRFh4MYBdg&feature=youtu.be.
**“No Such Thing as a Typical Day on COVID-19 Unit”**

*Front Lines* wanted to know what it’s like on a designated COVID-19 unit. ONA member Gagan Grewal, RN, who works on one such unit let us know.

There is no such thing as a typical day on a COVID-19 unit. It can be unpredictable. We have a virus that we are learning new information about each day. A virus that can cause a change in the status of the affected patient in the blink of an eye. We have policies that have changed multiple times simply because we just did not know enough. I was never fearful of entering this role.

In my COVID-19 unit, we have the strongest foundation of teamwork. From nurses to doctors to respiratory therapists to physiotherapists to housekeeping and others, we each play an important role in ensuring the best patient outcomes while also making sure each of us is safe.

One significant role in our unit is that of “safety officer.” These officers are alternating RNs who watch each person donning and doffing their personal protective equipment so no self-contamination occurs and that we enter and exit patient rooms safely. They also play the role of “runners” to grab things for patient care for the nurses inside the rooms to minimize the number of times we are exposed, while ensuring our patients receive the care they need.

I have been the last person a COVID patient sees before passing. The challenge for me is experiencing a patient who could not be with their loved ones in their last moments. A virtual good-bye is all that they are left with as some families fear to enter hospital premises, along with the visitor restrictions in place. I always send my patients off with a small prayer.

I feel comfort in having done all that I could throughout this pandemic. I feel grateful that I have a team of nurses looking out for each other during such a challenging time. I express gratitude to my fellow nurses who lead with love, and to those who are on the front lines facing hardship, but still manage to maintain positivity to help uplift their patients during this difficult time.

**Member Implores all Levels of Government for PPE**

ONA member Eliana Kleinberg may not have been working on the front lines when COVID-19 hit our province, but she was still advocating for those who were.

Kleinberg, a hospital RN who recently returned from maternity leave, penned an eloquent letter to Prime Minister Justine Trudeau, Premier Doug Ford and Mayor John Tory this past March to express her serious concerns about a lack of personal protective equipment (PPE) and other safety measures for health-care workers in the early days of the COVID-19 pandemic.

“I’m not blind to the reality nurses are facing just because I’m at home,” her letter read. “I get the emails from my union, informing me that nurses are being threatened when they refuse to work in unsafe conditions, that the government has stripped nurses of their union rights, and that they can be redeployed anywhere and told when they must show up to work. You are sending the soldiers of this war to the battlefield with no guns and helmets. How could this be possible?”

Kleinberg said she wrote the letter “because it angered me that our country was so unprepared despite having a SARS outbreak not long ago. We also knew very little about the transmission of the virus and it scared me to think that nurses were not being properly protected and that I could be asked to return from my maternity leave in these conditions.”

In bringing their attention to a change.org petition for PPE and other needed equipment, which received more than 200,000 signatures, Kleinberg asked the three leaders who will take care of their patients if nurses get sick.

“As nurses, we signed up to prevent, treat and protect the health of our citizens,” she wrote. “We signed up to work long hours and be away from our family. We signed up to be there for people in their most vulnerable times. We did not sign up to fully risk our lives with free exposure to a deadly virus. We did not sign up to see a lack of medical equipment we’re using up as cases rise. We did not sign up to sleep in garages and basements, staying away from our families because we don’t want to put them at risk.”

While Kleinberg said she did not receive a direct response from any of the three leaders, “maybe two or three weeks later, the Prime Minister said he had a plan for PPE for our front-line workers.” And we’re betting that Kleinberg’s letter helped!
ONA Campaign Focuses on “Fighting the Good Fight”

It wasn’t the campaign we anticipated running when 2020 began, but it quickly became just the one we needed.

Dubbed “Fighting the Good Fight,” the campaign launched soon after the COVID-19 pandemic hit, highlighting the steadfast commitment of the province’s nurses and health-care professionals working day and night to provide the best and safest care possible, and bringing attention to the serious risk those workers face.

Through a series of powerful full page print ads in key newspapers (see back cover), two radio ads, a television ad, a refreshed Nurses know website, and a strong supporting social media campaign, ONA asked the public to send a template letter to their MPP demanding that nurses and health-care professionals have access to fit-tested N95 masks and other personal protective equipment (PPE). And, they certainly did, with more than 21,000 people lending their support!

While we have had great success in increasing public awareness through this campaign and the government has issued directives to ensure nurses in hospitals and long-term care have access to PPE as needed, based on their professional assessment of risk, follow-through has been inconsistent. Because of that, ONA will continue to find innovative ways to advocate on behalf of our members and your patients, residents and clients.

ONA Joins Instagram!

Now here’s something to comment on: ONA is on Instagram!

We hope our presence on this social media platform – we’re already on Facebook, YouTube and Twitter – will be another effective way to further connect with our members, especially nursing students.

We’d like to say a big thank you to all who have already followed our page. In fact, after just two months, we have gained more than 1,100 followers! We love the engagement you have shown, and hope it only grows from here.

To find us on Instagram, search @ontario.nurses. Don’t forget the “dot” in between Ontario and nurses!

Be sure to follow us so you don’t miss out on the latest ONA news, actions and events.

See more at nursesknow.ona.org

ARE YOU A REGISTERED NURSE?

ONA WANTS YOU!

Empower yourself by empowering others. Come join the Ontario Nurses’ Association’s growing team!

ona.org/careers
recruitment@ona.org
COVID-19 Deaths Higher in for-Profit Homes, OHC Data Shows

Data released by the Ontario Health Coalition (OHC) at the height of the COVID-19 pandemic shows a significantly higher death rate from the virus in long-term care (LTC) homes that are owned by for-profit corporations than non-profit and publicly owned municipal homes.

The research, conducted by OHC member and former ONA staffer Rabbi Shalom Schachter, analyzed the death rates in 93 Ontario LTC homes with outbreaks of COVID-19 that resulted in death from April 28 to May 5. The total number of deaths tracked was 1,057, with 700 in for-profit homes, 275 in non-profit homes and 82 in municipal homes. The data also shows that the rate of death has increased in for-profits (28.52 per cent) faster than in non-profits (14.15 per cent), while it declined in municipal homes (-18.46 per cent).

In expressing condolences for the terrible loss of the life, the OHC said it hopes the analysis, which measured the proportion of deaths over the total number of beds in homes with COVID-19 outbreaks, can contribute meaningfully to improving care, saving lives and preventing a repeat of this tragedy.

“These statistics) raise momentous questions about the different practices regarding staffing, working conditions and wages, levels of care and profit-taking,” said OHC Executive Director Natalie Mehra. “The disproportionate power of the for-profit industry, and of providers in general, over advocates for residents and workers must end. The government must revoke licences and appoint interim management to take over homes in crisis. Ontarians need a concrete commitment that they will stop the for-profit privatization of LTC and chronic care.”

On May 1, the OHC led a province-wide Day of Action in which Ontarians were asked to join a virtual rally by posting their picture with a sign calling on the government to undertake concrete measures to improve LTC, including permanently improving wages and working conditions, and implementing a four-hour minimum care standard and better infection control measures.

In the weeks since, the OHC also called on the government to finally implement repeated recommendations to improve access to personal protective equipment, workplace safety, and infection control in light of the military report on LTC homes; issued a fact checker and briefing note on homes inspections; and sent an open letter to Premier Ford, signed by 100 organizations, including ONA and Local 75, calling for the commission into LTC to be under the Public Inquiries Act, fully independent and to not delay immediate action to stabilize and support the workforce to stop COVID-19 LTC outbreaks.

Read more at ontariohealthcoalition.ca
Day of Mourning Even More Meaningful

Each year on April 28, ONA acknowledges a very somber occasion that was, sadly, even more meaningful this year.

The National Day of Mourning commemorates those who have tragically been injured, made ill or killed on the job due to workplace hazards or incidents. For ONA, it hits very close to home as we remember RNs Nelia Laroza and Tecla Lin, who died after contracting SARS; Lori Dupont, RN, who was murdered while working at a Windsor hospital; and the fact that health-care workers continue to have some of the highest rates of injury and illness statistics in the workforce. ONA member Brian Beattie, who passed away from COVID-19, now joins this very tragic list (see page 21).

“This year has brought challenges we could never have imagined, as our members selflessly and expertly care for patients, residents and clients under very difficult conditions,” said ONA President Vicki McKenna. “We know you are fearful and exhausted. So, on April 28 – and every day – we honoured and thanked you too.”

While ONA leaders and members normally attend National Day of Mourning events across the province, COVID-19 meant they could not proceed. However, we made sure ONA’s presence was felt, with First Vice-President Cathryn Hoy providing a video message for the virtual event hosted by the Toronto and York Region Labour Council, and taking part in the Canadian Labour Congress’ call to light a candle at home to show solidarity with front-line workers and remember those lost. ONA also prepared special downloadable bilingual posters acknowledging those battling this deadly virus on the front lines. One of those posters is pictured above.

Half of Health-Care Workers on COVID-19 Front Lines Need Mental Health Support: Poll

Almost half of Canadian health-care workers involved on the front lines of the COVID-19 outbreak feel they need mental health help, a recent survey shows.

The survey, conducted in April by research firm Potloc and the Canadian Public Health Association, revealed that 47 per cent of respondents said they needed psychological support. In response to questions about their current work situation, health-care workers described feeling anxious, unsafe, overwhelmed, helpless, sleep-deprived and discouraged.

“That number doesn’t surprise me at all,” said ONA President Vicki McKenna. “It’s physically and mentally exhausting, and that does take a toll. Some of them are feeling it, particularly those who are working directly with COVID-19 patients, or in COVID-19 units. They make sure everything else is done and everyone else is looked after until they finally get around to themselves. And that’s one thing that we are very aware of: encouraging them to be conscious of each other and making sure they look after themselves.”

Forty-five per cent of respondents also felt they needed more training, the survey noted, with 40 per cent wanting more medical staff at their facilities, adding to their anxiety.
manifestations et les actions qui ont suivi partout en Amérique du Nord ont été l’occasion pour nous de faire une pause et de réfléchir. Nous pouvons – et nous devons – en faire plus pour nous informer et mieux comprendre les défis, la discrimination et la stigmatisation auxquels font face nos communautés noires, et en particulier le racisme qui malheureusement existe encore aujourd’hui dans le domaine des soins de santé.

Il ne suffit pas de dire que nous les soutenons; il nous incombe à tous de sensibiliser les gens et de prendre des mesures pour faire en sorte que nos communautés traitent toutes les personnes sur un pied d’égalité. Le caucus de cette année, quelle que soit la forme qu’il prendra, mettra l’accent sur la compréhension de la nature systémique de la discrimination raciale, avec une attention particulière portée sur le racisme envers les Noirs, et examinera par ailleurs les mesures que nous pouvons prendre pour contrer les stéréotypes et les préjugés inconscients. Entre-temps, le conseil d’administration de l’AIIO a adopté une prise de position ferme sur cette question cruciale lors de notre réunion de juin. Nous sommes déterminés à aller de l’avant avec les mesures adoptées dans cette déclaration, afin que nous puissions représenter ce changement et exercer cette différence, alors que nous continuons d’être solidaires de nos membres noirs et autochtones, de notre personnel et de nos partenaires dans la lutte contre le racisme et l’injustice systémiques. Je vous invite à lire la déclaration en suivant le lien ona.org/hre.

Je peux vous assurer que l’AIIO ne tolérera aucune forme de discrimination ou de harcèlement, que ce soit à l’intérieur ou à l’extérieur de nos milieux de travail. Lorsque nous serons témoin de tels abus, nous prendrons des mesures énergiques. Nous nous engageons à contribuer à l’établissement d’un syndicat, d’une province, d’un pays et d’un monde dans lequel chaque personne peut vivre dans la dignité sans crainte. Ne serait-ce pas merveilleux?

Bien que la Fierté soit célébrée tout au long de l’été, il sera impossible de participer à cette commémoration sans nous associer au deuil de cette terrible tragédie. Plusieurs de nos membres et membres du personnel de la communauté LGBTQI2S m’ont communiqué leur souhait que les célébrations de la Fierté de cette année engagent une réflexion afin que toutes les formes de diversité soient reconnues et que toute forme de discrimination soit rejetée. Nous avons par ailleurs fait savoir que nous apprécions ce travail et de professionnels de la santé dont le test était positif, et chez les pensionnaires, le nombre accru d’infirmiers(ières) et de professionnels de la santé comme moi, et les quatre décès tragiques chez les travailleurs de la santé.

Ce printemps, l’AIIO a formé au sein du personnel une petite équipe de mobilisation en vue de miser sur le pouvoir collectif des membres pour influer sur les décisions des provinces. L’équipe est entrée en action et a immédiatement planifié de nombreuses mesures directes, notamment en aidant les membres de toute la province à exprimer leurs préoccupations à leurs députés provinciaux concernant le projet de loi 124 (voir la page 3) et le projet de loi 175 (voir la page 15), c’était un moment excitant à observer.

Mais je ne m’attarderai que sur une seule campagne. Le 6 avril, l’équipe a lancé une campagne numérique en réponse à la crise de la COVID-19 survenue dans le secteur des soins de longue durée (SLD) : la montée en flèche du taux de mortalité chez les pensionnaires, le nombre accru d’infirmiers(ières) et de professionnels de la santé dont le test était positif, et les quatre décés tragiques chez les travailleurs de la santé.

Nous savons qu’avec les années de sous-financement chronique, l’exploitation et la gestion des foyers de SLD par des entreprises à but lucratif, le manque de surveillance provinciale et l’absence d’application des lois régissant ce secteur, les foyers de SLD étaient terriblement mal préparés.

Grâce à une série de messages décrivant toutes nos demandes qui ont été partagées sur Facebook, Instagram et Twitter, soit l’accès aux équipements de protection individuelle (EPI), l’ajout de personnel infirmier à temps plein et de professionnels de la santé, ainsi que le droit de travailler dans un seul foyer de SLD et l’indemnité pour salaire perdu (de nombreux membres travaillent dans plus d’un foyer), nous sommes parvenus à accroître la sensibilisation à l’égard des besoins en vue d’assurer la sécurité des infirmiers(ières), des professionnels de la santé et des pensionnaires. Les membres ont amplifié l’effet de ces demandes en réagissant aux messages, en les commentant et en les partageant.

Chaque message demandait aux membres et aux sympathisants de signer une messagerie électronique contenant ces demandes adressées à leurs députés provinciaux, au premier ministre, aux ministres de la Santé et des Soins de longue durée et au médecin hygiéniste en chef de l’Ontario. Et vous avez réagi vigoureusement, 20 182 courriels ont été envoyés à ce jour!

Le 14 avril, nous avons franchi un pas de plus en demandant aux membres de lancer un appel au premier ministre lors d’une Journée d’action pour le secteur des SLD, lui réclamant de concrétiser nos demandes. Sur les 4 544 membres du secteur des SLD, nous avons réussi à joindre 2 955 membres par message texte, et 1 104 d’entre eux se sont engagés par le truchement de ce message! Notre message pour la Journée d’action a été partagé 795 fois sur les médias sociaux, et j’ai rédigé ma toute première story Instagram de l’AIIO pour encourager les membres à y participer.
Ainsi, 431 appels téléphoniques ont été effectués au premier ministre Ford! Les membres m’ont dit qu’ils n’avaient jamais participé à un appel téléphonique à l’échelle de la province et qu’ils ont apprécié le fait de pouvoir clamer leur indignation pour ce qui est de leurs expériences et préoccupations en milieu de travail à l’égard de leurs pensionnaires dans le cadre de cette action qui pourrait déboucher sur d’importants changements. Ils ont raconté avec ferveur qu’ils ont été en mesure d’expliquer aux collaborateurs du premier ministre la réalité de leur vécu et ce dont ils avaient besoin.

Au cours de la deuxième phase de la campagne, nous avons exhorté les membres à « raconter leur histoire » sur les premières lignes. Ces histoires ont été utilisées par l’AIIO pour faire avancer nos demandes auprès du gouvernement et par l’équipe de mobilisation des membres pour permettre d’orienter les interventions futures.

Ce travail a fait une différence. Le gouvernement a appliqué la directive no 5 aux hôpitaux pour permettre au personnel des SLD d’avoir accès aux EPI par l’entremise d’une évaluation des risques au point d’intervention. Le gouvernement a appliqué le principe du droit de travailler dans un seul lieu de travail pour enrayer la propagation du virus (bien que nous entendions parler de certains problèmes à cet égard, se reporter à la page 14). Bien que la demande d’augmentation du personnel des SLD à temps plein n’ait pas été réalisée, le gouvernement a réaffecté des infirmiers(ières) et des professionnels de la santé pour les aider. Bien qu’il s’agisse d’une solution de fortune aux problèmes chroniques de manque de personnel, nous continuerons de faire front et avec votre aide, j’espère que nous y arriverons.

Ainsi, la prochaine fois que vous penserez ne pas pouvoir exercer une incidence, pensez à cet exemple – un parmi tant d’autres à venir, je n’en doute pas – et sachez que je suis certaine que vous en êtes capables. Et lorsque les membres mobilisateurs feront appel à vous, j’espère que vous n’hésiterez pas.

Ainsi, 431 appels téléphoniques ont été effectués au premier ministre Ford!

ONA Census: Every Member Counts!

Submit your contact info and you could win $100!

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

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

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

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

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

* All updates from any source will be included in the draw
It takes determination, focus, and endurance to keep going. But a fighting spirit on its own isn’t enough.

The nurses and health-care professionals on the front lines need the proper personal protective equipment to keep them safe. It’s their uniform and their armour, the best line of defence for their patients, residents, and clients.

And when the shift is over, the protective equipment provides one last assurance: it’s safe to go home.

Learn more at nursesknow.ona.org.